

# FROM THE EDITOR

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## SEXUAL VIOLENCE — THE NEGLECTED EPIDEMIC

South Africa is thought to have one of the highest incidences of sexual assault in the world. About 50 000 rapes were reported in 2001 alone, although it is thought that this is just a small percentage of the total number. One of the main reasons that rape is so prevalent in South Africa is that the justice system is so ineffective in dealing with it. Most rapists walk free. Of 50 000 reported cases in 2001 only about 5 000 resulted in convictions. Similar statistics were reported by the South African police service in 2002, but a very worrying statistic is that more than 40% of survivors of sexual assault who reported their cases to the police between February 2002 and March 2003 were girls under 18, with 14% being 12 years or younger. This would mean that pre-teens and teenagers are at much higher risk of sexual assault than the population as a whole. In 2000 and 2001 the reported incidence of rape and attempted rape of children increased, even as the incidence among adults began to stabilise. Far too many girls have no safe haven from sexual violence, and many girls are coerced to have sex and subjected to sexual harassment by male relatives, boyfriends, schoolteachers and male classmates.<sup>1</sup>

In 2002, a government study once again found that only 7.7% of reported rape cases resulted in convictions and that a large number of cases were still being withdrawn after having been registered, despite police instructions not to do so.

The causes put forward by sociologists in an attempt to explain the high incidence of sexual assault are many and varied. They include societal attitudes in a male-dominated

and patriarchal society, lack of empowerment of women, the culture of violence as a legacy of the apartheid years, and a number of 'rape myths', among the most hideous of which is that sex with a virgin is a cure for AIDS.

An important component of this neglected epidemic is sexual violence against both men and young boys. Between September 2000 and April 2003 a private hospital group that provides post-exposure prophylaxis (PEP) for survivors of sexual violence treated 67 male patients out of a total of 1 465 (4.5%).<sup>2</sup> Other private clinics have reported similar statistics. In the 2003 annual report by Judge Hannes Fagan (the inspecting judge of prisons) he said that South Africa has one of the highest proportions of prisoners for its population in the world, possibly the highest in Africa. Four out of every 1 000 South Africans are in jail and prisons hold 70% more people than they were designed to accommodate, which is known to contribute to the spread of HIV/AIDS. During the Jali Commission (investigating corruption in prisons) rape was said to be most prevalent among awaiting-trial prisoners because of overcrowding and the fact that there are no separate holding facilities for people who have been accused of different classifications of crime. Compounding these circumstances, most male prisoners do not report rape and awaiting-trial prisoners have no access to social workers or other professionals. During the commission interviews, police inspectors reported that they could not recall any prosecutions involving cases of sodomy in prison.

The HIV Clinicians Society has over the years been very concerned about this largely neglected field of patient management. The Society receives calls on a regular basis from members seeking guidance on how to deal with victims of sexual assault. We believe that to deal with the epidemic the justice system needs to be strengthened in order that more cases are brought to court and more rapists convicted of this heinous crime. We as doctors, however, have to play our part in providing the required evidence in a proper manner which will make the prosecutors' task so much easier. The other issue at stake is the provision of PEP for survivors of sexual assault. We believe that the article by Dr Adrienne Wulfsohn on p. 21 both addresses the issue of appropriate management of a case of sexual assault and also provides guidelines as to how forensic specimens should be obtained. This will empower doctors to deal more adequately with patients who have been sexually assaulted and play their part in combating this neglected epidemic.

### DES MARTIN

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1. See, e.g. Human Rights Watch, *Scared at School: Violence Against Girls in South African Schools* (New York: Human Rights Watch, 2001).
2. Human Rights Watch interview with Mandé Toubkin, Johannesburg, 19 May 2003: Mandé Toubkin, 'Rape: A Social Responsibility Project. Can It Be Managed in The Private Health Care Environment?', Power Point presentation, 2003.