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CHILD SEXUAL ABUSE IN SUB-SAHARAN AFRICA: CHILD PROTECTION IMPLICATIONS FOR DEVELOPMENT WORKERS

Kevin Lalor

INTRODUCTION

The sexual abuse of children is as pervasive in sub-Saharan Africa as it is in other parts of the world. As elsewhere, it is most commonly perpetuated by family members, relatives, neighbours and others known to the child victim. The sexual victimisation of children may also be commercialised in the form of juvenile prostitution, child pornography, trafficking of children for sexual purposes and child marriages.

Public awareness of child sexual abuse in sub-Saharan Africa is low. Whilst newspapers and other media have given this issue increasing attention in the last five years or so, most countries in the region have not had the clinical studies, sample surveys or nationwide polls of childhood abuse experiences that we see in wealthier regions. This is largely the function of a poorly resourced academic/research sector, where such work is typically conducted elsewhere. Also, however, there is a widespread resistance to the notion that child sexual abuse occurs at all and that it is ‘un-African’ and ‘against our culture.’ Such resistance to acknowledging the nature and incidence of child sexual abuse is normal in societies where empirical evidence to the contrary is lacking. Indeed, this was the case in Ireland also until the very recent past.

This paper reviews the extant literature relating to the sexual abuse of children in sub-Saharan Africa. This includes the peer-reviewed academic literature and the NGO and UN ‘grey’ literature that has largely focused on the *commercial* sexual exploitation of children. The dominant explanations for the occurrence of child sexual abuse in sub-Saharan Africa are described. Finally, some conclusions and suggested recommendations around future research and policy engagement in this area are presented.

CHILD SEXUAL ABUSE IN SUB-SAHARAN AFRICA

Three early studies of child abuse (Fraser & Kilbride, 1980; Loening, 1981; Okeahialam, 1984) in Kenya, South Africa and Nigeria are notable in that no instances of child sexual abuse are recorded. Perhaps the earliest study of child sexual abuse in Africa was by Westcott (1984), who described 18 cases of child sexual abuse at a Cape Town Hospital. Victims ranged in age from two to 12 years and the majority (80 percent) were female. In over half of the cases, the offender was a relative, a neighbour or a friend of the family.

A second early study of child sexual abuse in South Africa (Jaffe & Roux, 1988) examined 88 cases in the same Children’s Hospital. Of these 88 children, 90% were female and most were in the four to six year old

age group. In 57 percent of cases, the perpetrator was known to the victim. The largest category of perpetrator (16) was that of a neighbour, followed by father (14).

Levett (1989) surveyed 94 female students of the 1986 second year psychology course at the University of Cape Town. The sample was predominantly White (78 percent), with 22 percent Coloured women and no Black participants. Results indicated that 43.6 percent of the sample reported sexual abuse or harassment before age 18. Of these experiences, almost half (47.5 percent) were forms of contact sexual abuse (the most common being unwanted touching), the remainder being non-contact (the most common were being followed by men and exposure to an exhibitionist). Some 7.5 percent of the sample experienced a rape or attempted rape.

Haffejee (1991) described 37 cases (34 females and three males) of child sexual abuse detected over a six-year period in a hospital in Durban, South Africa. Perhaps reflecting the clinical nature of this sample, a majority of these children had experienced vaginal or anal intercourse. Of the 35 perpetrators identified, 23 (67 per cent) were intrafamilial, the majority being fathers, stepfathers or uncles. Seven (18.9 percent) were strangers. Ten of the 35 children were found to have a sexually transmitted disease (eight had gonorrhoea and two had syphilis). No screening for AIDS took place. This study was important in highlighting the existence of child sexual abuse in a population (South African Indians) where it had not previously been recognised.

Collings (1997) of the University of Natal's Child Abuse Research Unit surveyed a sample of 640 female university students regarding their unwanted sexual experiences involving physical contact whilst a child of 17 years or younger. Results indicate that 223 (34.8 per cent) of the total sample experienced contact sexual abuse before the age of 18 years (for example, 26.3 percent experienced 'genital fondling' and 5.8 percent experienced 'sexual intercourse'). Perpetrators were typically (over 70 percent) four or more years older than respondents and the overwhelming majority (93 percent) were male. They were primarily acquaintances (40.4 percent), strangers (28.7 percent) and relatives (22.7 percent). Step-parents constituted 3.9 per cent of perpetrators and biological parents 4.3 percent.

Targeting a sample more representative of the general population than previous clinical and University studies, Madu and Peltzer (2000; 2001) surveyed 414 South African secondary school students with a mean age of 18.5 years regarding their experiences of contact sexual abuse before the age of 18, with "an adult or person at least five years older than the child or a person in a position of power." A very high prevalence rate of 54 per cent of the total sample reported experiencing contact sexual abuse before the age of 18 years. Sixty five of the 414 respondents (15.7 percent) experienced oral, anal or vaginal intercourse or had fingers or objects placed in their anus or vagina. Sixteen (3.9 percent) indicated that the sexual intercourse was carried out forcibly. The authors attribute these high prevalence rates to absent parents (migrant

workers), high numbers of stepfathers, the special vulnerability of unaccompanied and street, children as well as poverty (which in turn enables the entrapment of children with the lure of gifts).

Cross-study comparisons

What are the main findings of this child sexual abuse research, largely carried out in South Africa? Although differing definitions of sexual abuse are used (particularly the variation in whether experiences below age 18 or 17 are studied) and differing operationalisations are employed (for instance, ‘sexual touching by force’, ‘unwanted genital fondling’, ‘unwanted sexual touching’ and ‘kissing, stroking or touching’), some common trends emerge.

Specifically, between 3.2 per cent and 7.1 per cent of all respondents report experiencing unwanted or forced sexual intercourse as a child. Only one study (Madu, 2001) allows a male/female comparison; females report a higher prevalence of penetrative child sexual abuse. Large variations are reported in the prevalence of non-penetrative sexual abuse. For instance, Madu and Peltzer (2000; 2001) report that approximately 10% of respondents experienced sexual touching by force during childhood. Other studies report much higher levels; Collings (1997) reports prevalence levels of 26.3% of unwanted genital fondling amongst a sample of female University students. Levett’s (1989) high prevalence level of 36.1% is no doubt a function of the wider definition employed in that study; that is, being kissed stroked or touched intrusively (on genitals, buttocks or breasts) in a sexual way against your will before age 18.

Table 1: Cross-study comparison of prevalence of child sexual abuse in South Africa

	Kissed sexually by force			Touched sexually by force			Oral, anal or vaginal intercourse by force			Overall prevalence of contact sexual abuse		
	Male	Fem.	Total	Male	Fem.	Total	Male	Fem.	Total	Male	Fem.	Total
Madu (2001), N=649 University students, contact sexual abuse before age 17	4.7	8.6	7.3	3.5	6.1	5.2	2.3	5.5	4.5	21.7	23.7	25.6
Madu & Peltzer (2000; 2001), N=414 secondary students, contact sexual abuse before age 17	*	*	13.3	*	*	10.2	*	*	7.1	56	53.2	54.3 ¹

Collings (1997), N=640 female University students, unwanted physical sexual experiences below 18	n/a	*	*	n/a	26.3 ²	26.3 ²	n/a	5.8 ³	5.8 ³	n/a	34.8	34.8
Levett (1989), N=94 female University students, sexual abuse and harassment before 18	n/a	*	*	n/a	36.1 ⁴	36.1 ⁴	n/a	3.2 ³	3.2 ³	n/a	47.5	47.5
Collings (1991), N=284 University males, unwanted sexual experiences below 18	*	n/a	*	1.8 ⁵	n/a	1.8 ⁵	4.9 ³	n/a	4.9 ³	36.3	n/a	36.3

*not reported

¹High prevalence rates here are probably because the definition employed in this study did not specify ‘by force.’ Rather, sexual abuse was defined as experiences with an adult or person at least five years older, before the age of 17

²unwanted genital fondling

³unwanted sexual intercourse

⁴kissed, stroked or touched intrusively (on genitals, buttocks or breasts) in a sexual way against your will

⁵unwanted sexual touching/kissing

Child sexual abuse studies in countries other than South Africa

While the bulk of research on child sexual abuse in SSA has been conducted in South Africa, a small number of studies have been conducted elsewhere. Meursing, Vos, Coutinho, Moyo, Mpofo, Onoko, Mundy, Dube, Mahlangu & Sibindi, (1995) employed a variety of strategies to research the nature and incidence of child sexual abuse in Zimbabwe; record review, structured interviews with child protection professionals and focus groups. Rape cases at seven major police stations in Bulawayo were also collated. Table 2 below illustrates that a considerable incidence of child rape occurs in this city. In total, Meursing et al. provide an age breakdown of 1,025 rape victims in Bulawayo between 1985 and 1991. Thirty eight percent were 15 years of age or younger.

Table 2: Reported rape cases at seven major Bulawayo police stations by age group of victim, selected years

Age group (years)	1985 (n=106)	1988 (n=150)	1991 (n=215)	Total, 1985-1991 (n=1025)
	%	%	%	%
≤ 11	20	8	15	14
12-15	20	27	26	24
≥16	60	65	59	62

Source: Meursing, K., Vos, T., Coutinho, O., Moyo, M., Mpofo, S., Oneko, O., Mundy, V., Dube, S., Mahlangu, T. & Sibindi, F. (1995), 'Child sexual abuse in Matabeleland, Zimbabwe.' **Social Sciences and Medicine**, 41(12), 1693-1704.

Armstrong (1998) investigated 36 cases of child sexual abuse amongst the Shona of Zimbabwe, largely from a legal perspective. She describes the remedies enacted by families to compensate them for the rape of a girl-child; for example, the payment of fines (in eight of the 36 cases) or the marrying of the rapist and victim to fulfil the girl's *lobola* (bride price). She notes that "a girl who has had sexual intercourse, whether consensual or not, has less chance of contracting a marriage that will contribute lobola to the family. Thus, the sexual abuse of a girl has grave economic consequences for the family" (1998: 144). The focus of this research was on the relationship between the informal (tribal) and formal (legal) remedies used by families to deal with the sexual abuse of a girl-child. As such, the demographic, familial and psychological particulars of the 36 cases were not systematically examined.

Lema (1997) describes 20 cases of child sexual abuse, which presented at the Department of Obstetrics and Gynaecology, University of Malawi between 1995 and 1997. Half of the victims were less than ten years old. Lema estimates that these cases are merely the tip of the iceberg, and were reported due to the serious injury caused in the rape of very young children.

McCann, Lalor & Katararo (in press) describe the childhood sexual abuse experiences reported by a sample of Tanzanian University students. Participants (N = 487) from the University of Dar es Salaam completed a questionnaire which assessed abusive childhood sexual experiences, gathering information about age of victim, duration of abuse, perpetrators, amount of force or persuasion involved and potential causes of child sexual abuse. The overall prevalence rate for child sexual abuse was 27.7%, with rates being higher for females than for males. The average age of the victim when abuse occurred was 13.8 years. There was a considerable amount of force or persuasion involved in the abusive behaviour; a betrayal of trust, bribes and physical force were cited frequently. Poverty and superstition were the primary explanations given for child sexual abuse.

Sexual exploitation of school children

There is widespread concern in many parts of sub-Saharan Africa regarding the levels of sexual exploitation and assaults against schoolgirls by male pupils and teachers. This has been documented in South Africa by Human Rights Watch (2001). In three provinces visited by Human Rights Watch, cases of rape, assault and sexual harassment of girls committed by teachers and male students were documented. Girls were fondled, raped in school toilets, empty classrooms, hallways and in hostels and dormitories. Another Human Rights Watch report, from Zambia (Human Rights Watch, 2002), notes the exposure to sexual violence faced by schoolgirls on their way to and from school. Even within school children are not safe, with numerous instances of teachers sexually abusing girls being noted. The reader is also referred to Mgalla, Schapink & Boerma (1998) who outline a programme to protect school girls from sexual harassment in Tanzania.

Child sexual abuse by UN agency staff

A number of high profile incidents in recent years have illustrated the importance of recognising the potential for child sexual exploitation by development workers, soldiers and UN peacekeepers in situations of war/conflict such as refugee camps. A February 2002 report by UNHCR and Save the Children-UK in Guinea, Liberia and Sierra Leone revealed alarming levels of sexual violence and exploitation of refugee and other children (UNHCR & SC-UK, 2002). An assessment mission conducted in October-November 2001 interviewed 1,500 adults and children and uncovered allegations of sexual violence and exploitation against UN peacekeeping forces, international and local NGOs and government agencies responsible for humanitarian response. Most of the allegations involved male national staff, trading humanitarian commodities and services, in exchange for sex with girls between the ages of 13 and 18. In addition to generalised complaints against agency staff and UN peacekeepers, allegations against 67 individuals were collected. The children most vulnerable to sexual exploitation were those without the care of their parents, children in child headed households, orphaned children, children in foster care, children living with extended family members and children living with just one parent. A number of the men interviewed believed that sex with a virgin could cleanse a man of sexually transmitted diseases.

The lack of senior and international staff presence in the refugee camps reportedly allowed staff to behave with impunity. For victims, there were no adequate mechanisms for reporting abuse safely and confidentially (p. 5). In a shocking indictment of the level of care provided for refugees, the role of basic food supplies was highlighted in the sexual exploitation of young girls:

“In every meeting, insufficient ration was raised as a primary factor contribution to sexual exploitation. Food given to the refugee community for thirty days was said to finish within ten days and refugees did not have land to grow their own food to supplement. When the food finished and the family needed more, the immediate option was to get money quickly and buy

food. The girls would become a means to access money quickly and easily. 'I am a mother of seven children and when the food finishes my youngest child keeps crying and pulling on my skirt, what do you think you can do if your daughter brings you some?' (refugee woman in Liberia)" (UNHCR & SC-UK, 2002: 8).

The report concludes with a 'Framework Plan of Action' to combat sexual violence and exploitation of children in the region. Many of the principles and actions in this Framework can be applied to other settings for vulnerable children, be they refugees, returnees, street children, incarcerated children, orphans, etc. For example,

- Provide general guidance on the behaviour and conduct expected of staff
- Provide gender awareness training for UNHCR staff.
- Ensure humanitarian assistance reaches a minimum level where refugees have no other means of meeting their basic needs
- International staff to more regularly visit and monitor camp activities; devise rota to ensure senior international staff are present in camps at all times
- Strengthen reporting mechanisms
- Carry out information campaigns to ensure that all groups in the refugee community, especially children, understand their entitlements and rights (food, services, repatriation etc.). This information should not only be given to community leaders.
- Deploy more female staff, especially at the level of direct contact with refugees.

Child sexual exploitation by UN Peacekeepers

The need for child protection to be integrated to mission planning and delivery has been highlighted by recent allegations of sexual exploitation of children by UN peacekeepers in the Democratic Republic of the Congo, Eritrea, Liberia and elsewhere. A full analysis of this topic is beyond the scope of this paper. Indeed, at the time of writing, the United Nations continues to formulate its response to these instances of child sexual exploitation. The primary features of this on-going controversy are outlined below.

Troops serving MONUC (UN Organisation Mission in the Democratic Republic of the Congo), the UN Peacekeeping Mission in the Congo, have been accused of sexual misconduct, including prostitution of minors. The allegations were initially raised in early 2004. The UN Office of Internal Oversight Services published an investigation report (United Nations, 2005) in which details of the offences were described. Some 20 'case reports' were compiled; of these, one case involving a UN civilian was substantiated. The remaining 19 cases involved military personnel; six were fully substantiated, two were partially substantiated and in the remaining eleven cases perpetrators were not clearly identified. Most involved girls (some as young as 13) having sex with UN Peacekeepers in exchange for goods or for small sums of money:

“the majority of the victims identified in the investigation were between 12 and 16 years of age. They were poor village children whose lives had been significantly affected by civil war and whose encounters with foreigners prior to the arrival of MONUC in their land had been limited. Most were illiterate, with only a handful reportedly having attended school” (United Nations, 2005: 8).

In March 2005, a UN General Assembly report authored by Prince Zeid al Hussein, Jordan’s UN ambassador, was issued as a response to repeated allegations of sexual abuse by UN peacekeepers, *A comprehensive strategy to eliminate future sexual exploitation and abuse in United Nations peacekeeping operations* (A/59/710)

<http://daccessdds.un.org/doc/UNDOC/GEN/N05/247/90/PDF/N0524790.pdf?OpenElement>.

The report makes a range of recommendations designed to make peacekeepers drawn from the militaries of UN member states more accountable.

The events in DR Congo have created a ripple effect across other UN Peacekeeping Missions. In April 2005, the UN Mission in Ethiopia and Eritrea (UNMEE) established a committee to investigate three allegations of sexual abuse made by Eritrean women (two Irish soldiers were repatriated from the same mission in 2003 for taking pornographic photos of young Eritrean women). Such sexual relations between UN Peacekeepers and minors is in breach of the Department of Peacekeeping Operations *Ten Rules: Code of Personal Conduct for Blue Helmets* and the Secretary General’s bulletin on special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13). Secretary-General Kofi Annan has repeatedly expressed his ‘zero-tolerance’ for such behaviour. In April 2005 Louise Frechette, the UN deputy Secretary General, toured UN Peacekeeping missions to assess the problem and highlight the Secretary General’s zero-tolerance policy on sexual abuse.

In May 2005, the UN Security Council held its first ever meeting devoted to the topic of sexual exploitation and abuse by UN Peacekeepers. As cited on the United Nations Information Service:

“the [UN] Council condemned, in the strongest terms, all acts of sexual abuse and exploitation committed by peacekeepers and reiterated the importance of ensuring that they were properly investigated and appropriately punished. The Council was deeply concerned that the distinguished and honourable record of accomplishment in United Nations peacekeeping was being tarnished by the acts of a few individuals and underlined that the provision of an environment in which sexual exploitation and abuse were not tolerated was primarily the responsibility of managers and commanders” <http://www.unis.unvienna.org/unis/pressrels/2005/sc8400.html>

Gender differential in HIV infection rates and the ‘sugar daddy’ phenomenon

A number of studies have noted the higher incidence of HIV amongst adolescent females, relative to males in SSA. Delius & Walker (2002) note that in the 15-24 age group, the risk of HIV infection for young women outnumbers that for young men in the sub-Saharan Africa region by a ratio of 2:1. Gregson et al. (2002) explain that the greater incidence of HIV in adolescent females in sub-Saharan Africa, relative to adolescent males, is due to (a) higher probability of infection in male-to-female sexual intercourse than female-to-male intercourse, for a variety of physiological reasons and (b) adolescent females’ greater exposure to previously infected partners. It is this aspect of HIV transmission that Gregson et al. examine in rural Zimbabwe, finding that “young women form partnerships with men 5-10 years older than themselves, whereas young men have relationships with women of a similar age or slightly younger” (2002: 1896). They conclude “the substantial age difference between female and male sexual partners in Manicaland (rural Zimbabwe) is the major behavioural determinant of the more rapid rise in HIV prevalence in young women than in young men” (2002: 1896).

The involvement of adolescent girls in relationships with older, wealthier men is frequently referred to as the ‘sugar daddy’ phenomenon. Writing of Cameroon, Calvès et al. (1996) describe the context for this behaviour:

“The exchange of gifts between lovers is a cultural norm in Cameroon (at least in Yaoundé and in the East). Sex is perceived as an activity where the woman gives and the man receives. The male lover is then seen as a debtor and he is expected to support his partner or to provide her with food, gifts, or money, in return for her sexual services (1996: 7).

For poor adolescents, such relationships maybe related to their very survival, but it is also found among university students or the children of white collar workers to finance expensive items such as clothes, jewellery, books and so on. Transactional or exchange sex can occur across the spectrum of ‘need.’ Amongst the poor/powerless, certainly it is exploitative. Perhaps less so amongst the well off.

EXPLANATIONS FOR CHILD SEXUAL ABUSE IN SUB-SAHARAN AFRICA

Explanations for the sexual abuse of children in SSA may be broadly grouped into three categories; rapid social change, a STD/HIV avoidance strategy and a male-dominated social structure:

Rapid Social Change

A conclusion shared by a number of studies is that child sexual abuse is on the increase in SSA. Twenty five years ago Fraser and Kilbride (1980: 231) suggested, “child abuse and neglect are associated with a disintegration of clan authority occasioned by such factors as interethnic marriage, migration into towns and other modern social and economic forces.” Loening (1981) also attributed the increase in child abuse

to a breakdown of the traditional culture, due to rapid and radical social change. Okeahialam (1984: 69), too, noted the perception that child abuse in Africa is a product of modernisation and that such abuse did not previously exist. Haffejee (1991) suggested that child sexual abuse is a recent phenomenon amongst the Asian community in South Africa, due to social and cultural change. However, he acknowledges there is little scientific data to support this view. Larsen, Chapman and Armstrong (1998: 263) describe child sexual abuse as a “significant problem” in rural societies in South Africa. Again, social breakdown is implicated:

“There has been a very serious breakdown of family structures in the area of our study because of the effects of the migratory labour system and rapid urbanization. This is illustrated by the fact that many children come from single parent families, and few of the remainder come from intact marriages. With this has come a breakdown in previously accepted standards of sexual behaviour because of cultural confusion and the impact of powerful secularist media.”

Lema (1997: 743) also comments that “over the past one to two decades there has been an escalating wave of sexual abuse of young girls [in sub-Saharan Africa] ... The situation appears to have taken a dramatic turn for the worst over the past five years or so in Malawi.” However, Lema acknowledges that there are no reliable medical or legal records to support this claim.

Thus, the view that child abuse (including sexual abuse) is a recent phenomenon in SSA has widespread currency. But, are such assumptions valid? However plausible the idea that rapid social change may contribute to an increase in child maltreatment, such claims are usually speculative, anecdotal and unsubstantiated in the SSA context, given the lack of data on child abuse (either from the present or the past). Moreover, history shows that child sexual abuse has been recorded in what were ‘traditional’ extended-family based societies; for instance, in early-Christian Ireland (Lalor, 2001) and the Byzantine Empire (Lascaratos & Poulakou-Rebelakou, 2000). Why should child sexual abuse not also have occurred in African societies in the past? It might be reassuring to imagine that child sexual abuse is a recent phenomenon, attributable to modern, Western values, but there is very little evidence for (or against) this widely held view.

Child Sexual Abuse as a STD/HIV Avoidance Strategy

A further feature of the literature is the frequently cited perception that child sexual abuse may, in part, be explained by beliefs in the ‘cleansing’ nature of sex with virgins and young girls. That is, sexual intercourse with children may cure one of disease, or in other ways bring good fortune or financial success. Meursing et al. (1995), writing of Zimbabwe, claim

“It is widely known that some traditional healers advise clients seeking luck in farming, business, gambling or other monetary affairs, to secure this luck by having sex with very young girls, often the client’s own daughter” (Meursing et al., 1995: 1694).

However, no empirical evidence is provided to back up such a claim. Lema (1997: 745) writes:

“The scare of HIV infection and Aids ... is thought to be a major contributing factor to the increase in sexual assaults of young girls, who are considered to be relatively free of the infection. There are also beliefs in some areas of sub-Saharan Africa, that having sex with a young virgin girl may cure sexually transmitted diseases such as gonorrhoea. Stories are also told to the effect that some local medicine-men prescribe sexual intercourse with young prepubertal or immediate post pubertal daughters as a remedy to men seeking advise on ways to get rich quickly and retain the wealth ... It is not certain though if and to what extent these are practiced in Malawi.”

Lema acknowledges that evidence is only anecdotal and that further research on this topic is required. Madu and Peltzer (2000) also speculate that a major contributing factor to the increase in sexual assaults on young girls/virgins in sub-Saharan Africa is the belief that such females are less likely to be infected with the HIV virus. Citing Lema (1997), they report that, in some areas, it is believed that such intercourse will actually cure STDs. Thus, Lema’s speculation reappears in Madu and Peltzer (2000). So long as the lack of empirical evidence is acknowledged, raising this issue is quite valid. However, there is the danger that this secondary and tertiary citing of an unsubstantiated anecdote will lend undeserved credibility for the position held.

Is there any evidence that children are sexually targeted as an STD/AIDS avoidance strategy? Meursing et al. (1995) conducted focus groups with a sample of traditional healers on the issue of child sexual abuse in Zimbabwe. Conflicting views emerged:

“Male traditional healers deny advising men with STDs to have sex with a virgin in order to get ‘cleansed’. However, female healers state that their male counterparts are involved in such practices” (Meursing et al., 1995: 1697).

The authors conclude by saying: “The use of sex with young girls as a ‘cleansing’ method for HIV and STD needs more investigation, but during this study two cases were reported of young girls who became infected with HIV and STD because of ‘cleansing’ practices, making it likely that this practice is more widespread” (Meursing et al., 1995: 1703).

A sample of 54 adults in Tanzania (UNICEF, 1999) were asked why adults might have a preference for juvenile prostitutes. Thirteen respondents (four men and nine women) agreed that it is because children do not have AIDS. On the other hand, 29 respondents (15 men and 14 women) agreed that it was to 'increase the variety' of their sexual lives. Another factor considered important was the cheaper rate charged by children. The researchers conclude that "the supposed myth that children are targeted for sex as a means of avoiding/curing AIDS is by no means universally held in Tanzania" (UNICEF, 1999).

The viewpoint that child sexual abuse (or the demand for younger prostitutes) is a STD/HIV avoidance strategy has widespread currency. However, whilst it may be the case, it has not been satisfactorily investigated or substantiated.

A Male-Dominated Social Structure

A further explanation for child sexual abuse (and sexual assaults generally) in SSA is the male-dominated nature of society. That is to say, a social structure which prioritises the needs and wants of males over females. A common theme is the 'uncontrollability' of male sexual urges and the role of physical force in sexual relations. Buzzard (1982) described the strongly held ideology in Kisumu, Kenya that men must have access to sex constantly. Men are also viewed by women as morally weak and lacking in self-control in relation to sex. Nelson (1987) makes similar observations of the Kikuyu of Kenya:

"Kikuyu understandings of male sexuality by both men and women concur in considering the male sex drive to be strong and in the view that men need both a great deal of sex and variety in their sexual partners" (Nelson, 1987, cited in Standing & Kisekka, 1989: 102).

Similar issues were explored in Zimbabwe, using a series of focus groups. The focus groups revealed divided views on the rape of teenage girls, especially amongst men:

"Respondents consider male lust to be the most common motive for the rape of a teenage girl, and say that some men prefer to have sex with young girls because they are 'tight' and can be easily duped or paid off with a few coins or a small gift. Many boys and men lay the responsibility for provoking lust squarely on the shoulders of the girl, while finding excuses for males succumbing to temptation. They give examples of girls who have 'brought it on themselves' by acting older than they were, lying about their age, or dressing in a seductive manner" (Meursing et al., 1995: 1697).

Thus, the sexual abuse of children may be facilitated by a widespread belief in the urgency of male sexual relief and a certain tolerance or expectancy of the use of physical coercion in sexual relations. Furthermore, the emphasis on children's obedience to adults and male supremacy over females allows men

to yield a double authority over girls. It is important to note that these views were expressed in a small number of focus groups and cannot be considered representative of general beliefs and attitudes throughout Zimbabwe, let alone SSA.

Kaboberi-Macharia (1998: 52) suggests that incest is facilitated in Eastern and Southern Africa as a result of socialisation pressures to respect parents and elders. Armstrong (1998: 145) also suggests that the African child's socialisation through obedience to elders heightens vulnerability to abuse. She suggests "we need to find ways to combine the cultural norm of respect with a kind of autonomy that enables children to question their elders and their authority in appropriate circumstances."

A number of authors have noted the centrality of sexual prowess in prevailing cultural conceptions of manhood in parts of SSA. Campbell (2003) describes the 'macho sexuality' in the identity of mine workers in South Africa, characterised by "repertoires of insatiable sexuality, the need for multiple sexual partners and a manly desire for the pleasure of what is locally called flesh-to-flesh sexual contact" (p. 32). Poverty and lack of opportunity appear to play a role in such conceptions of manhood. Pervasive poverty distorts men's opportunities for social status through wealth and, as a substitute, sexual prowess becomes central in men's quest for status:

"Where many young men are unable to command the resources to marry and establish their own households, manhood has come to be associated with multiple sexual partners and unquestioned, sometimes violent, authority over women" (Delius & Walker, 2002, p. 6).

An environment where the sexual drive of men is viewed as being somehow ungovernable, together with low levels of female empowerment, increases the risk of sexual violence for women and girls. It is important to note that such conceptions of male virility are not unique to sub-Saharan Africa. Townsend and Dawes (2004) note the 'deep urgent need to satisfy sexual appetites' common in Puerto Rican culture and the 'virility and potency' that give rise to frequent extra-marital sexual relationships amongst Filipinos. Many other instances could be cited worldwide, not least the incidence of infidelity in the United States first noted by Alfred Kinsey.

Silberschmidt (2001) examines male sexual behaviour and constructions of masculinity in East Africa from a socio-economic perspective. She argues that men's traditional sources of social value and esteem (warriors, cattle herding, head of household) have been eroded due to the socio-economic changes in the region: "in their frustrating situation, multi-partnered ("extramarital") – often casual sexual relations – have become essential for masculinity and self-esteem" (p. 657). Silberschmidt suggests that sexual and physical violence against women and children in the region may be explained by men's economic powerlessness and marginalisation:

“Possessing no means to change their economic status, many seem to be yielding to an exaggerated ‘owner’/macho behavior and physical violence against women. As one man interviewed put it: ‘there is always a tendency for men to want to overcome women and to show them how aggressive we are. This gives respect and self-respect to us men.’ In this way, men may translate their economic subordination into a symbolic expression which is perhaps culturally rewarding, if politically displaced” (Silberschmidt, 2001, p. 665).

Focus groups with men and women in Dar es Salaam highlighted widespread acceptance of male promiscuity and the impossibility of male monogamy: “Both men and women agreed that men have a much stronger sexual desire than women. ‘Men need a lot of sex;’ therefore, ‘it is impossible for men to be monogamous”” (Silberschmidt, 2001, p. 666).

Unequal gender roles, which equate masculinity with sexual prowess, multiple sex partners and physical aggression and dominance over women, are seen as key stumbling blocks in the fight against the HIV pandemic in Southern Africa (Unaid, 2004). In the executive summary of *Facing the future together* (Unaid, 2004), Unicef Executive Director Carol Bellamy states:

“Many women and girls simply find it impossible to engage in sex as equal or even willing partners. Inequality, often expressed in the form of violence, strips them of the ability to turn down unwanted sex or negotiate safer sex. Poverty and HIV are deeply intertwined. As the burden of caring for the sick, the dying and the orphaned forces millions of African women deeper into poverty and batters their energy and self-esteem, so it increases the pressure to resort to high-risk ‘transactional’ sex – sex in exchange for money or goods – or sex with older ‘sugar daddies’ who offer the illusion of material security. And as more and more women and girls take to the streets as their only means of survival, the need to confront gender inequality becomes inescapable” (Unaid, 2004: 6).

KEY RESEARCH FINDINGS AND SOME AREAS FOR FUTURE STUDY

Certain features of the research on child sexual abuse in sub-Saharan Africa are worth highlighting.

1. Child sexual abuse occurs in sub-Saharan Africa and is not ‘un-African.’ Child sexual abuse research is in its infancy in sub-Saharan Africa. Nationwide surveys of the general population have not been conducted and there exists only a scattered literature of small, clinical and university-based studies, most of it conducted in South Africa. However, from the work that has been done, we can say that child sexual abuse is at least as prevalent in SSA as it is in other parts of the world. This should not be surprising. Finkelhor (1994) aimed to illustrate the international epidemiology of child sexual abuse and

found that research studies in 19 countries produced findings similar to North American research (incidence rates ranging from 7-36 per cent for women and 3-29 per cent for men). He concludes (1994: 412),

“Studies from a variety of countries suggest that sexual abuse [of children] is indeed an international problem. In every locale where it has been sought, researchers have demonstrated its existence at levels high enough to be detected through surveys of a few hundred adults in the general population ... As such epidemiological findings are available for more and more countries, the responsibility of proof shifts to anyone who would argue that sexual abuse is rare or nonexistent in their locale.”

In a process similar to that which occurred in the US in the 1970s and in Ireland in the 1980s, many parts of sub-Saharan Africa are now ‘discovering’ child sexual abuse. While this process has been occurring in South Africa for at least 20 years, outside of South Africa it is only in the last ten years that countries in SSA have begun to address the problem of child sexual abuse in their practice and professional literature (for example, Meursing et al., 1995 (Zimbabwe); Armstrong, 1998 (Zimbabwe); Lema, 1997 (Malawi)). Similarly, wider public awareness, as reflected in newspaper coverage of the issues, has appeared only in the last few years.

2. Most child sexual abuse in SSA is not ‘commercial’. A second trend of note is the proportion of child sexual abuse in SSA perpetrated by people known to the child. A small number of studies identify the perpetrators of oral, anal or vaginal intercourse. Of these, ‘strangers’ are a small proportion of offenders; for instance, 7.7% (Madu and Peltzer, 2000; 2001) and 5.3 percent (Madu, 2001). In other words, the perpetrators of penetrative sexual abuse (oral, anal or vaginal intercourse) are more likely to be known to their victims; that is, family, neighbourhood or community members. This is noteworthy given the low levels of awareness in the region that child sexual abuse occurs in the home and family to a greater extent than it does in ‘commercial’ contexts. The focus of UN agencies to date has primarily been on the *commercial* sexual exploitation of children (International Labour Organisation, 2001; UNICEF, 1999; UNICEF & ANNPCAN, 2001; UNHCR & SC-UK, 2002). Is it the case that it is somehow less threatening to focus on *commercial* sexual exploitation, where poverty or ‘foreigners’ can be blamed than it is to confront the reality that most children are sexually abused by those they know and trust?

3. We need to be aware of the heightened vulnerability of certain children to abuse by sexual predators. Risk of abuse is heightened for children who do not have careful monitoring by diligent parents/guardians/caregivers. It is also heightened for impoverished children who are susceptible to the material gains available through commercial sex (for example, street children, refugees, orphans, incarcerated children).

4. Ignorance about HIV may increase the incidence of child sexual abuse. A widespread explanation for child sexual abuse in sub-Saharan Africa is the belief that intercourse with a virgin or young girl may have cleansing or curative powers and may act as a cure for HIV and other sexually transmitted diseases. This belief has its parallels in 19th century Europe, when it was thought that venereal diseases could be cured “by means of sexual intercourse with children” (de Mause, 1974, p. 49). The noted 19th century French physician, Tardieu, noted the widespread view that sexual relations with a young girl could cure syphilis (Tardieu, 1878). In his 1878 text, Tardieu cites an earlier study on prostitution in Paris (Parent-Duchâtelet, 1857) which also notes that such superstitious beliefs were a significant cause of disease in young girls. Olafson, Corwin and Summit (1993) wrote that “in 18th century London, many believed that sexual congress with a child would cure venereal disease, and 25% of capital rape prosecutions at the Old Bailey between 1730 and 1789 involved victims younger than 10” (1993, p. 8). Referring to a more recent period, Weinburg (1955, cited in Renvoize, 1993) reports that there were groups in 20th century America who still believed that, just as one can catch venereal disease from an infected partner, so one can also ‘catch’ purity and cure such infection by having intercourse with one’s pre-pubertal daughter.

5. Child sexual abuse in SSA carries the risk of HIV transmission. The high risk of disease transmission as an outcome of child sexual abuse in SSA is of serious concern. The high incidence of HIV/AIDS in the general population (for example, 24.6 percent of 15 to 49 year olds in Zimbabwe; 37.3 percent of 15 to 49 year olds in Botswana) (UNAIDS/UNICEF/WHO, 2004) and the incidence levels of penetrative sexual abuse of children reported in some studies expose children to high levels of risk.

For instance, let us assume a prevalence rate of five percent for penetrative sexual abuse in childhood in South Africa (Collings (1997) reports a rate of 5.8 percent for sexual intercourse during childhood amongst a sample of 640 female University students; Madu (2001) reports a rate of 4.5 percent for ‘intercourse by force’ (2.3 percent for males and 5.5 percent for females) amongst a sample of 722 male and female University students). Such a prevalence rate of penetrative child sexual abuse, coupled with the high incidence of HIV in the region, brings considerable risk of infection for sexually abused children. Assuming that the perpetrators of penetrative sexual abuse against children are no more or less likely to have HIV/AIDS than the general population (and assuming that all perpetrators are aged 15-49), we can estimate that slightly over one percent of *all* children in South Africa will have experienced penetrative sexual abuse with an HIV/AIDS infected person by the time they are 18 years old (calculated by dividing the estimated proportion of children sexually abused in South Africa (five percent) by the estimated proportion of the adult population living with HIV (21.5 percent). Should the perpetrators of child sexual abuse turn out to be *more* likely to have HIV/AIDS, this figure will be higher. This estimate does not include consensual sexual activity that may occur before age 18.

Should similar incidence figures for penetrative child sexual abuse (that is, five percent) be the case in other countries in the region, we can ‘guesstimate’ that 1.87 percent of *all* children in Botswana will have experienced abusive penetrative sex with an HIV/AIDS infected person before age 18.

Table 3: Guesstimates of proportion of *all* children in various countries who have experienced penetrative sexual abuse with an HIV/AIDS infected person

	Estimated prevalence of penetrative sexual abuse during childhood (%)	Estimated incidence of HIV/AIDS among 15-49 year olds* (%)	Guesstimates of proportion of <i>all</i> children who have experienced penetrative sexual abuse with a HIV/AIDS infected person (%)
Botswana	5	37.3	1.87
Zimbabwe	5	24.6	1.23
South Africa	5	21.5	1.08
Zambia	5	16.5	0.83
Mozambique	5	12.2	0.61
Ireland	4.13	0.1	0.004

*(UNAIDS/UNICEF/WHO, 2004)

In contrast, the comparable estimate for Ireland, for example, is 0.004 percent (based on 4.13% incidence of penetrative child sexual abuse amongst the general population (McGee et al., 2002) and a 0.1 percent national incidence of HIV/AIDS (UNAIDS/WHO, 2004). Surprisingly, this issue has not yet received sufficient attention in the HIV/AIDS literature, nor in the child sexual abuse literature. A number of studies reported high STD incidence levels amongst child sex abuse victims (Haffejee, 1991 (28.57%); Argent, Bass & Lachman, 1995 (17%); Larsen, Chapman & Armstrong, 1998 (65.9%)). However, none of these studies specifically tested for HIV/AIDS.

Given the high incidence levels of HIV/AIDS in the region, the potential infection of child sexual abuse victims with life-threatening diseases is a further likely outcome of child sexual abuse that has not been adequately appreciated in the region.

CONCLUSIONS FOR POLICY, RESEARCH AND ACTION

Research on child sexual abuse in sub-Saharan Africa come predominantly from South Africa. They illustrate that child sexual abuse (typically perpetrated by family members or others known to the child) occurs amongst all ethnic groups. Respondents report being ‘touched sexually by force’ (5.2 percent, Madu, 2001) and ‘unwanted genital fondling’ (26.3 percent, Collings, 1997). Rates for childhood experiences of abusive sexual intercourse are less divergent; 7.5 percent for ‘rape and attempted rape’

(Levett, 1989), 5.8 percent for 'sexual intercourse' (Collings, 1997), 3.86 percent for 'sexual intercourse by force' (Madu and Peltzer, 2000; 2001), and 4.5 percent for 'oral/anal/vaginal intercourse by force' (Madu, 2001).

Regarding the causes of child sexual abuse in sub-Saharan Africa, three explanations are dominant. Firstly, the disintegration of clan authority and exposure to the harmful elements of modernity, due to rapid social change. It is widely believed, throughout the region, that there has been a dramatic and sudden increase in child sexual abuse in recent years. However, no comparative empirical data exists to substantiate (or refute) these perceptions. Secondly, intercourse with young girls is reported to be a common 'cure' for sexually transmitted diseases, including HIV/AIDS. This, it is suggested, may explain some of the incidence of child sexual abuse. Furthermore, young girls may be desirable as sexual partners as men may reason that they are less likely to be infected with HIV. Whilst this explanation may have some validity, this issue has yet to be adequately investigated. Thirdly, explanations for the sexual abuse of children are sought in the male-dominated nature of society. Particularly, common perceptions of the 'uncontrollability' of male sexual urges and views on the role of physical force in sexual relations. A number of authors refer to the African child's socialisation of obedience and acquiescence to adults as a vulnerability factor for sexual abuse.

Insufficient data exists on the nature and incidence of child sexual abuse in SSA. Moreover, research work has been largely confined to Southern Africa. The current focus at NGO and UN agency level on commercial sexual exploitation of children and its relationship with widespread poverty is welcome. However, the challenges of recognising child sexual abuse in homes and communities must also be faced by the governments of SSA, civil society actors and international organisations. This is particularly so given the potential in the region for deadly STDs being spread by the sexual abuse of children. Within sub-Saharan Africa, Southern Africa is already home to the highest incidences of HIV/AIDS and the shocking decline in life expectancy and the increase in orphaned children this creates. Base-line epidemiological data is required on the nature and incidence of child sexual abuse in SSA to identify target areas for intervention.

Increased public awareness of the sexual abuse of children will lead to the increased likelihood of children being supervised, carers being sensitised to risk variables and offenders being reported and prosecuted. In the context of SSA, wider public awareness should be an important weapon in reducing the incidence of child sexual abuse and, by association, the spread of HIV/AIDS.

Development workers are often in positions of care/guardianship of vulnerable children, whether it be in shelters, clinics, refugee camps, drop-in centres, orphanages etc. Such workers should have a sophisticated understanding of the nature and incidence of child sexual abuse and the particular vulnerability of

impoverished adolescent girls. A promotion of greater gender equality, coupled with children's rights and the promotion of sexual education and refusal skills will help to increase children's resilience to sexual exploitation.

Development agencies working with vulnerable children should have clearly articulated policies and procedures around child sexual abuse. The Canadian International Development Agency (CIDA) *Action Plan on Child Protection* (2001) is a good example of children's rights and child protection taking centre stage in development initiatives (the CIDA Plan select two foci; child workers and children effected by conflict, and details organisational changes to orient and focus child protection endeavours on these selected areas).

Given the high status of expatriate staff in many regions and the implicit trust and access to children, minimal child protection safeguards should be in place. For example

- Vetting staff to ensure they have no history of offences against children
- Thorough taking up of references from previous employers
- Adequate monitoring and supervision of staff with access to children

Projects working with gender equality and empowerment of girls have an important protective role. Development programmes will also help by raising standards of living and reducing girls'/women's' vulnerability to exchange sex due to poverty. The law is an important instrument of social change. Other regions in the world have illustrated that clear definitions of proscribed offences in law, together with mandatory reporting from child protection professionals (and a justice system with the structures and resources to penalise offenders, as required by law) can lead to a safer, better protected environment for children and a more vigilant populace, generally.

However, the media, civil society, educators and NGOs all have a role to play in monitoring and supervising children, not least by raising awareness of the nature of child sexual abuse amongst staff, volunteers and all relevant stakeholders.

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