

"Cindy" reaches for the door in a futile attempt to leave her room at the Teddy Bear Clinic for Abused Children in Johannesburg, South Africa, where she will undergo a genital exam to assess the physical effects of the sexual abuse she has suffered. Cindy was brought to the clinic after a nine-year-old boy admitted to playing sexual "games" with her. The boy said he learned the games from his sexually abusive stepfather.

When Cindy does exit the clinic, she will be walking into a future that may prove all the more challenging for having been sexually abused. Like millions of other little girls around the world who have been victimised, Cindy will grapple with the psychological trauma of abuse long after her physical wounds have healed. Compared to girls who have not been violated, Cindy is much more likely to experience a range of short- and long-term behavioural and emotional problems like low self-esteem, depression, suicidal impulses, alcohol abuse, substance abuse and sexual risk-taking later in adolescence and adulthood. She is also more likely to be physically or sexually abused as an adult. Unlike the vast majority of children who have endured such abuse, however, Cindy is lucky. Her trauma has been recognised and is being addressed. With early response, sensitive caregivers and supportive treatment, she has a good chance of not becoming another casualty in the global epidemic of child sexual abuse.

sexual abuse of children

“It was a terrifying experience. When I tried to resist, he pinned my arms above my head. It was so painful and suffocating that I fainted, for I only remember getting up in the morning and finding stains of blood on the bed sheet.” Thirty-two-year-old “Laxmi” is remembering the sexual abuse she experienced at age 13. While her description captures the fear and violation associated with rape, what she is describing is her wedding night: The attacker was her adult husband.¹

While it is widely accepted that child sexual abuse exists in virtually all societies around the world, varied cultural practices lend different interpretations to its meaning. These ethnic disparities make understanding and addressing the global problem of sexual abuse against children a daunting task.

The silent scourge

The term “child sexual abuse”^{*} generally is used to refer to any sexual activity between a child and a closely related family member (incest) or between a child and an adult or older child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the victim because of his or her young age, implied force.²

What constitutes sexual abuse varies across cultures, and legal interpretations of the age of consent also differ. Where laws stipulate an age, the range is from age 12 to age 16 and, in a few countries, up to age

18.³ While some experts consider peer assault among minors to be within the realm of child sexual abuse, many laws do not recognise this type of violence as such unless there is a significant age difference — usually three or more years — between those involved.⁴

Determining the scale of child sexual abuse worldwide is complicated, not only because it is difficult to define the abuse cross-culturally, but also because of its hidden nature. Children typically do not have the wherewithal to defend themselves against abuse, and they often lack the resources to report or even acknowledge their victimisation. In many instances, a victim’s dependent relationship to the perpetrator makes it that much more unlikely that the abuse will be reported. Protective surveillance — either by parents, caregivers or health, social and child welfare systems — is also challenging because many sexually abused children do not have visible injuries. Detecting such mistreatment

^{*}The forms of child sexual abuse presented here are of a noncommercial nature. Child prostitution and pornography are discussed in Chapter 3. The trafficking of girls and women is discussed in Chapter 7.

“requires a high index of suspicion and familiarity with the verbal, behavioural, and physical indicators of abuse.”⁵ As such, most victims of child sexual abuse suffer in silence.

Nature and scope

Methodological and ethical challenges associated with interviewing young children make research into child sexual abuse difficult. As a result, most population-based analyses are retrospective: Adults (age 18 and older) and, in an increasing number of surveys, adolescents (usually age 15 and over), are asked whether they had ever been exposed to “unwanted” sexual activity during childhood. “Childhood” in these studies varies from under 18 years of age to under 12 years of age.⁶ Unwanted sexual activity is often broken out by researchers into two main categories: “contact” abuse, including vaginal or anal penetration with a penis, finger or an object, or giving or receiving oral sex; and “noncontact” abuse, such as being forced to watch pornography, to disrobe or to view each others’ genitalia.

Outcomes of these studies vary widely. According to data collated from 25 countries worldwide, estimates of exposure for girls range from as low as 2 percent in Samoa and Serbia and Montenegro to 30 percent or higher in Barbados, Costa Rica and Switzerland. For boys, estimates range from 1 percent in Norway to 20 percent in Nicaragua.⁷ It is generally impossible to compare these statistics because none of the research is standardised. Exactly what constitutes child sexual abuse and which types of abuse are included differs from study to study.⁸ Based on available data, the World Health Organization estimates that approximately 25 percent of girls and 8 percent of boys around the globe have been subjected to some form of child sexual abuse.⁹ Given its hidden nature, these numbers most likely underrepresent the true scope of the problem.

Regardless of its limitations, the growing body of research on child sexual abuse has shed light on some common characteristics of this type

While women do commit sexual violence against children, the vast majority of abusers are men, regardless of the sex of the victim.

of violence. Girls, for example, are significantly more likely to be abused than boys. In many parts of the world, however, boys may be even less likely to report violence than girls, making the true extent of child sexual abuse against boys a critical area for further study. In one notable survey

of secondary school and university students in Sri Lanka, 12 percent of girls reported sexual abuse as children, compared to 20 percent of boys.¹⁰ But these findings are exceptional. A review of international studies found that girls are one-and-a-half to three times more likely to report child sexual abuse than boys.¹¹ Research from the United States indicates that compared with boys, girls are at twice the risk of sexual victimisation throughout childhood and at eight times the risk during adolescence.¹² Police statistics from countries as culturally dissimilar as Lithuania, South Africa and the United States show that the majority of all reported rapes are committed against girls, a sizeable proportion of which are under age 12.¹³ In addition, research indicates that girls are at much greater risk of incest than boys. Cross-culturally, from 40 percent to 60 percent of sexual abuse in families involves girls under age 15.¹⁴ Perpetrators who abuse boys are more often from outside the family, although in the Sri Lanka research cited earlier, boys identified family members as the primary perpetrators.¹⁵ Both boys and girls with physical and/or learning disabilities are especially vulnerable.¹⁶

While women do commit sexual violence against children, the vast majority of abusers are men, regardless of the sex of the victim.¹⁷ Contrary to popular perception, few perpetrators are strangers. Most are fathers, stepfathers, grandfathers, uncles, brothers, cousins, neighbours or family friends. They may be men who exploit their positions of power in the community, such as teachers, religious leaders or doctors. They also can be older children and young men — boyfriends, schoolmates or other acquaintances.

The peak age of vulnerability to child sexual abuse has been estimated at between age seven and age 13, but abuse at younger ages may be significantly underreported because of issues of detection, disclosure and, in the case of retrospective studies, recall.¹⁸ Media coverage of “virgin cure” infant rape in sub-Saharan Africa has drawn special attention to the problem of sexual abuse of very young children in that part of the world. The “virgin cure” is certainly not limited to Africa. Evidence suggests that it is currently practised in Asia as well as the Caribbean and apparently was not uncommon in Renaissance Europe.¹⁹ Allegedly related to a myth that intercourse with a virgin girl is a cure for HIV/AIDS and other sexually transmitted diseases, the extent of virgin-cure infant rape has been contested by researchers in South Africa.²⁰ Its prevalence remains unknown there as well as in other in parts of the world, but the effects are unarguably devastating for a baby:

Dr Lorna Jacklin, paediatrician and founder of the Teddy Bear Clinic for Abused Children in Johannesburg, South Africa, examines a two-and-a-half-year-old girl who was sexually abused by a man living in the same house as her family. The girl's mother realised something was wrong when her daughter began to simulate sexual movements and became hyperactive. Dr Jacklin believes that the child had been penetrated digitally or that the tip of a penis had been forced into her. During the checkup, the little girl spread her legs without hesitation — as she had been trained to do by her abuser.

Images: Mariella Furrer



“To penetrate the vagina of a small infant, the perpetrators first need to create a common channel between the vagina and the anal canal by forced insertion of an implement. Rape in this manner can be immediately life threatening. The tearing of the perineal body, rectovaginal septum, and anterior anal sphincter can cause infants to die from haemorrhage or abdominal sepsis despite medical care.”

The Lancet, 2002

Image: Mariella Furrer

“To penetrate the vagina of a small infant, the perpetrators first need to create a common channel between the vagina and the anal canal by forced insertion of an implement. ... Rape in this manner can be immediately life threatening. The tearing of the perineal body, rectovaginal septum, and anterior anal sphincter can cause infants to die from haemorrhage or abdominal sepsis despite medical care.”²¹

The problem of underreporting

Even if children are able to articulate their experiences and to recognise that they have been violated, they may correctly realise that reporting the abuse could result in rejection by caregivers who are more intent on protecting the family’s reputation than preserving the rights and welfare of the victim. For example, when “Joan” from Zambia finally managed at age 16 to tell her mother that she had been abused by her stepfather since she was nine years old, her mother threw her out of the house. Joan never reported her case to the police.²²

While parental denial is a cross-cultural phenomenon, the issue of family rejection is all the more distressing for many child sexual abuse victims in sub-Saharan Africa, where a disproportionate number of these children have been orphaned by the HIV/AIDS pandemic. Another 16-year-old from Zambia described the dilemma of young girls who have lost their caregivers and are left with very few choices:

“After my mother died, I went to my mother’s mother. In 2001, she died, so I stopped school. ... Then we went to my auntie, my mom’s younger sister. ... Most girls find that they start keeping up [having sex] with stepfathers or uncles. Most are raped — they have no say. They think if you [go] to the police, there will be no one to [take care of them]. So they keep quiet.”²³

Sometimes reluctance to come forward also can be related to overwhelming fears of punishment by the perpetrator, who may threaten to hurt or kill a child for speaking out. In places where the honour of a family or community resides in the sexual purity of its female members, revelations of child sexual abuse can result in extreme forms of retaliation against a victim, no matter how obvious her innocence. In one case from Pakistan in 1999, a 16-year-old girl with severe learning disabilities who was raped in the Northwest Frontier Province was brought to her community’s judicial council. Even though

the crime was reported to the police and the perpetrator was arrested, the council decided that she had brought shame to her tribe, and she was killed in front of a tribal gathering.²⁴

In a 1998 study conducted in the United States among children age 10 to age 18, 48 percent of boys and 29 percent of girls who had been sexually abused said they had never told anyone — not even a friend.²⁵ Those who acknowledge abuse often do so years after it has occurred, by which time the constellation of personal and social problems typically associated with child sexual abuse already may have begun.

Short- and long-term impact

Child sexual abuse has a host of negative physical and psychological repercussions, including reproductive-health problems, depression, suicidal tendencies, anxiety, posttraumatic stress disorder, sexual dysfunction and substance abuse. Girls who are sexually abused in childhood may be more likely to engage in sexual risk-taking later in

When “Joan” from Zambia finally managed at age 16 to tell her mother that she had been abused by her stepfather since she was nine years old, her mother threw her out of the house.

life, compounding their long-term risk of sexually transmitted diseases and early pregnancy. One study from the United States found that girls who experience childhood sexual abuse are nearly three times more likely than nonvictimised girls to become pregnant before age 18.²⁶

Of the various forms of child sexual abuse, studies show that forced abuse and penetration, repeated incidences of abuse and parental incest have the most severe impact on victims. Another factor that worsens severity is a marked age difference between the victim and perpetrator. Lack of support from family members or caregivers also increases the potential for distress among child abuse victims.²⁷ On the other hand, a positive response can bolster a child’s natural resiliency and coping skills. Unfortunately, in too many instances, children do not receive the support they need.

Protection and prevention

The Convention on the Rights of the Child, adopted by the United Nations in 1989 and ratified by every member state except the United States and Somalia, requires countries to “undertake to protect the child

from all forms of sexual exploitation and sexual abuse” and further obliges them to “take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.”²⁸ In acknowledging and respecting cultural differences, however, the Convention does not specify a universal age for sexual consent, nor does it delineate harmful traditional practices. A “child” or “minor” is defined as “every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” As a result, while the Convention is one of the most accepted and effective of all international agreements, its directives regarding child sexual abuse may be open to cultural interpretation, allowing some of the practices that promote child sexual abuse to continue.

In the words of one expert, “There is a sense in which abusers often extend, rather than reject, socially tolerated attitudes towards adult-child relations.”²⁹ Given that girls are at a significantly greater risk than boys of child sexual abuse, it is probably also true that male abusers of girls are reinforcing, rather than rejecting, socially accepted gender

In Kenya in 1991, 19 schoolgirls were killed and 71 others were raped by a gang of male students. In her comments about the incident, the deputy principal stated, “The boys never meant any harm against the girls. They just wanted to rape.”

norms related to male dominance and violence. One glaring example of this was a widely publicised case at a secondary school in Kenya in 1991, where 19 schoolgirls were killed and 71 others were raped by a gang of male students. In her comments about the incident, the deputy principal stated, “The boys never meant any harm against the girls. They just wanted to rape.”³⁰

Perceptions that condone and reinforce gender-based violence exist even among those working in the systems whose stated purpose is to protect and assist victims. Within health and social-services sectors, the judiciary and law enforcement, discriminatory attitudes may limit, or even preclude, appropriate response. In South Africa, for example, where a notoriously small proportion of sexual-assault incidents are reported to police, a 2002 study found that cases involving girls aged 11 to 17 are often “treated as suspect” because of the belief that these older girls are sexually active and, therefore, potentially complicit.³¹

The conviction rate for all rapes reported to the police, whether of a child or an adult, is around 7 percent in South Africa.³² In the United States, it is approximately 16 percent for reported cases — but when

estimates of unreported rapes are factored in, only 6 percent of all rapists are likely to go to jail.³³ Convictions for child rape are especially challenging because of issues of evidentiary substantiation. Even so, the burden of proof may sometimes be so extreme as to beg the question of whether social customs that condone violence at least partly contribute to the failures in child protection, as in this case from Nigeria:

“Sometime in 1999, an uncle sexually assaulted [his niece] of six years. The matter was taken to court and prosecuted. In giving judgement, however, the magistrate set the accused person free for lack of corroboration. This was in spite of the bloodied panties, the testimony of the mother who noticed the pains while bathing her, and the medical evidence from a government hospital. The magistrate said [corroboration] meant testimony from another person who witnessed the alleged act ...”³⁴

Thus, any efforts to address child sexual abuse must include building the capacity of law enforcement and the judiciary, as well as social services, to promptly and effectively deal with suspected or confirmed cases. Just as importantly in relation to long-term prevention, states must make a serious effort to understand the motivation behind the behaviour of abusers and put in place appropriate prevention programmes.

In many countries, prevention and response initiatives are already well underway. Nevertheless, many children’s advocates are concerned about how long it may take before these initiatives will yield tangible results. As such, they have turned considerable attention to raising awareness among children, their families and communities. Grassroots activities include public education about the underlying causes of child sexual abuse, parental-monitoring programmes, life-skills workshops for adolescents and support groups for high-risk children. Another widely applied preventive strategy involves school-based education for children on concepts and skills that promote protection from sexual abuse.

As an institutional entry point for victims and their families, healthcare systems are critically important.³⁵ An agency’s ability to provide immediate medical support — such as treatment for sexually transmitted diseases, including post-exposure prophylaxis for HIV/AIDS and, with older girl victims, emergency contraception — can do much to limit the potential negative health impacts of the abuse. By treating a victim with

Burial of three-year-old Sbhongile, who was raped and murdered in November 2003 in Soweto, Johannesburg. Her funeral had been delayed, as the family was too poor to pay for it. In the end, a local funeral company offered their services free of charge. Sexual abuse and murder of extremely young children has been increasing in South Africa in recent years.

Image: Mariella Furrer

compassion and sensitivity, a healthcare provider can also reduce the victim's immediate distress and act as a role model to family members, whose support is so critical to a child's recovery.

Sexual abuse of children is a global problem that cuts across class, religious, ethnic and national boundaries. Even in the most remote places, child sexual abuse may be widespread. In the British colony of Pitcairn in the South Pacific, for example, six men — almost half the adult male population of the tiny island — were found guilty in 2004 for sex offences against the island's girls. The eldest of the convicted men was 78 years old, and the victims were allegedly as young as five years of age. It was the revelations of one victim to a visiting British policewoman that initiated an investigation, which led to other

disclosures. According to one woman who used to live on the island, "The girls are treated as though they are a sex thing ... men could do what they want with them."³⁶ Whereas some islanders defended the practice as a longstanding tradition, conversations with the victims revealed that many of them suffered from depression, insomnia and suicide attempts.³⁷

Addressing the epidemic of child sexual abuse requires societies to recognise, rather than minimise or disavow, its impact on victims. Most importantly, states must acknowledge the rights and vulnerability of their children and take measures to protect them. Otherwise, child sexual abuse will remain a silent scourge. ■

Dr Elli Georgiou at the Karl Bremer Hospital in Cape Town, South Africa, talks to a four-year-old girl who was sexually abused by a six-year-old relative. The girl said she and the boy went behind a fence, where he lifted her skirt, pulled her panties down and “slept with her” (she used a Xhosa expression for this). The boy was too young to be prosecuted or receive treatment at a programme for sex offenders, so his case was referred to the social welfare department, which intended to do one-on-one counselling with the boy. Experts agree that children who exhibit sexual interest long before puberty are likely to have been exposed to prior sexual abuse.

Lisa’s fourth birthday party is not taking place at home with family and friends. Instead, she is celebrating at the Teddy Bear Clinic for Abused Children in Johannesburg, South Africa. Her father could not attend the festivities — he is in police custody for repeated sexual abuse of Lisa and her older brother.

Images: Mariella Furrer



A three-year-old girl six days after she was abducted from a friend's first birthday party, raped and badly beaten. Police arrested the perpetrator shortly afterwards. The incident caused a public outcry in South Africa, as the man — who had been in prison for raping a boy — had been released less than a month earlier, after the government granted him amnesty. He was freed on the grounds that the South African legal system considered his attack on the boy to be indecent assault, as the crime of rape only involves female victims. Apparently his release was an error, as amnesty cannot be granted to sex offenders or murderers.



Furaha's story

"One evening, at around 7 p.m. in July 2004, I was on the way to collect water. It was about a five-minute walk from my house. I was alone and I had two Jerricans. I filled them with water and took the first home.

"On the way back to collect the second, a young man who was our next-door neighbour came up from behind and grabbed me. I had been walking along a small track, and he took me into the bush. He asked me to sleep with him and I refused. I started screaming. While I was still standing up he was taking off my skirt. When I refused, he pushed me to the ground and then removed it. He took me by force. He was 20 years old. I felt so much pain when he raped me. He just left me there. I left the other Jerrican, ran home and told my mother what had happened.

"That night, I couldn't sleep. My mother went to tell his family, and the boy denied it. The next day I wanted to go to the general hospital, but on the way we met my aunt, who told us to go to DOCS [Doctors on Call Services]. I went there accompanied by my mother, uncle and two aunts. My family did not reject me — they helped me look for medical care. I carry on going to collect water, but not when it is dark."

At DOCS in the Democratic Republic of Congo, "Furaha" received free medical services and was given post-exposure prophylaxis, as well as antibiotics. When she returned to DOCS three months later for an HIV test, her result was negative.

In addition to providing medical support, the staff at DOCS asked a lawyer to help prosecute the case. The police arrested the neighbour the day after the rape and put him in jail. Unfortunately, his parents were able to secure his release, most likely through the payment of a bribe. He is now studying in Bukavu.

Following a school campaign to sensitise school children about sexual violence and teach them what to do if they are abused, more girls have

“While I was still standing up he was taking off my skirt. When I refused he pushed me to the ground and then removed it. He took me by force.”

come to DOCS for treatment and advice. A worker there explained that many girls in Goma in the DRC are raped by civilians: “It is a culture where men think they can do anything to a woman and not be accused. The culture has been damaged by war and impunity.”

Images: Georgina Cranston/IRIN

A man waits behind bars at the Bellville Police Station in Cape Town, South Africa, after being arrested for the indecent assault of a friend's 10-year-old son. The man had frequently offered to help out his friend by looking after the boy. On at least one occasion, he made the child masturbate him in the shower. Because the boy was too shy to give a verbal statement to investigators, he wrote the details of the assault in a letter.

Image: Mariella Furrer

