

A socio-psychological perspective on the phenomenon of infant rapes in South Africa

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ABSTRACT

In the context of much social violence South Africa has recently witnessed an increase in the reported cases of rape of young children and even infants. In this article the author wishes to move away from an individual focus on the dynamics underlying the rapist but rather wants to present a socio-psychological perspective on this phenomenon. It will be argued that the rape of infants must firstly be understood within the context of rape as whole. Emphasis will also be given to specific social and political factors present in South African society which may place children at risk of abuse and sexual violence. The interpersonal relationships which may be typical of families of victims will also be explored. Finally intervention and management strategies for mental health professionals working with victims and their families will be suggested

Keywords: Infant, Rape, South Africa

Introduction

Family life in South Africa is characterised by a multitude of violent phenomena which are increasingly drawing public attention. Domestic violence has reached an unacceptable high with 25 % of women reported assaulted by their partners every week.¹ Physical and sexual abuse of children is also rife and this is becoming more evident as people become more willing to report such cases. South Africa has also been referred to as the world's rape capital² with horrifying numbers of reported cases. Van As, Withers, du Toit, Millar and Rode³ indicate that at some time one woman in three, and one man in five has been sexually assaulted in South Africa. They also argue that it is very difficult to determine child sexual abuse and assault but they give a rough estimate of at least one girl in four and one boy in ten by the time they reach the age of 18.³

There are also alarming figures of so-called "family murder" where one family member wipes out the whole family system. All these phenomena are taking place in a country where the HIV/AIDS pandemic is also having devastating effects on South African families. More and more adults are succumbing to the virus and consequently a rising number of AIDS orphans are being left alone and often very vulnerable to physical and sexual abuse. Furthermore uncertainty and controversy exist among the larger population around the relationship be-

tween HIV and AIDS giving rise to many dangerous myths such as the necessity for sexual intercourse with a virgin as a way of curing oneself of the virus.

In this bleak context of violence acerbated by poverty and widespread crime it is understandable that mental health professionals may feel despondent and powerless when working with families. Moreover, in the past couple of years another alarming phenomenon has increasingly been reported in the media and elicited much emotionally heated debate, namely the rape of infants or very young children.

Much has been written about the dynamics surrounding the rape of women but it is difficult to envisage an adult man raping a baby only a few months old. South Africans have been horrified by this phenomenon which they feel points to a country in a state of total moral degradation "...200 cases of child rape in Cape Town. This remains a blight in our society....A civilised society should not allow this to happen unchecked..."⁴

Work in the area of child abuse is always emotionally taxing for those health professionals involved. Faced with the rape of infants and young children it would be unthinkable not to experience extreme emotional reactions as well as feeling exceptional rage towards the perpetrators of such acts. However, if one's reactions are left at an emotional level it may not be in the best future interest of the children of this country. It is paramount to gain a socio-psychological understanding of the phenomenon so that possible interventions may be implemented as soon as possible.

In this article the author wants to examine the phenomenon of increasingly younger children and even infants being raped in South Africa, especially some of the explanations that have been proposed thus far. It will also be argued that there is no

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one singular explanation for this phenomenon and that many of the arguments presented in the media thus far may often hide political agendas and not always have the interest of the children at heart. Proposed interventions and management strategies that need to be implemented in order to protect South African children will also be discussed.

An overview of some facts regarding the rape of infants and children will now be presented before moving to a contextual explanation of the phenomenon.

Some facts regarding the rape of children in South Africa

One particular case of infant rape grabbed the public's attention a couple of years ago catapulting this whole problem into the public arena. In November of 2001 a nine-month baby girl was allegedly gang raped by six men in the Northern Cape. It was subsequently found, based on DNA testing, that the perpetrator was in fact the mother's ex-boyfriend. The young baby had to receive a total hysterectomy and also suffered extensive damage to her colon and anus. She was named by the press Baby Tshepang which means "have hope" in the Tswana language. It was speculated at the time that this may have been an act of revenge against the mother who had recently broken up with the man.⁵

This particularly vicious attack drew considerable public response, but was soon obscured by political debate as people speculated as to the reasons as well as who should accept social responsibility for such acts.

Pitcher⁶ has argued quite strongly that the government's controversial views on the absence of a link between HIV and AIDS may be responsible for perpetuating crimes of this nature. He writes the following, "The failure of the political leadership to frankly acknowledge the causes, effects, and treatment of HIV/AIDS has been the fertile ground for bizarre and dangerous myths to take root and flourish".⁶

The Coalition for Children's rights also challenged the South African government to break its silence on child abuse and the link between HIV and AIDS," When our president says that HIV doesn't cause Aids, knowing the myth that HIV-positive men believe they will be cured if they have sex with a baby, or virgin, what message are we sending to the country?"⁷

These arguments have been strongly challenged by the South African government who expressed its dismay at the occurrence of such acts.⁷

Juan Miguel Petit⁸ on a United Nations Human Rights fact finding mission to South Africa at the end of 2002 concluded the following regarding the occurrence of child rape:

1. The rape of young children and even babies in South Africa is not to be seen as a new phenomenon. Prior to 1994 fewer cases were reported and this has changed since then.
2. Both boy and girl children are victims of rape, some estimates suggesting that where babies are concerned the ratio of boy to girl victims is 50: 50.
3. The majority of rapes are reportedly committed by family members or individuals who are known to the child.
4. Perpetrators of rape are also getting younger. There have been alarming cases of young boys and teenagers being implicated in the rapes of younger children. There is also a trend towards gang rapes.

Rape as a larger phenomenon in South Africa

In an attempt to understand this phenomenon there has been much emphasis on understanding the intrapsychic functioning of the rapist. People in the media have described these perpetrators as intrinsically evil, perverted or even deranged individuals. Mental health professionals may have attempted to assess the psychopathology inherent to the person. However, this author wants to argue that although an understanding of the personality structure or even pathology of such individuals may be necessary, focusing solely on the individual intrapsychic factors when trying to understand the motivation behind these acts may not be sufficient.

Research was carried out at the Red Cross War Memorial Children's Hospital in Cape Town which examined cases of child rape there over a period of nine years between 1991 and 1999. This showed that these acts were committed by so-called "normal" people who had shown no previous background of mental illness. There was also a tendency of multiple rapists and many perpetrators were first degree or second degree relatives of the victims.³

It will be argued that in order to understand this phenomenon one must place the rape of small children and infants within the larger context of the dynamics of rape as a whole. Many people still view rape as a purely sexual act, thus making the rape of a young child particularly incomprehensible. However, the main body of research in this area has shown that rape is more related to power and the domination of women.⁹ Therefore although a sexual act and violation, sexual gratification is not the core dynamic.

In a similar vein rape has been described by Groth, Nicholas and Birnbaum¹⁰ as an act which is in fact a pseudo-sexual act and that issues of hostility (anger) and control (power) are at play rather than passion (sexuality). Therefore it is faulty to regard rape as an expression of sexual desire also because this may shift the responsibility for the rape from the rapist to the victim.

It will be argued that an awareness and understanding of the dominant social discourses in South African society such as gender inequality and dominance over women, as well as violence, poverty and unemployment are in fact essential in order to understand why rape is so pervasive in this country and these will be examined next.

Individual factors which may be implicated in infant rape

Gender Inequalities

When the new government came to power in 1994 a new constitution was drawn up which came into effect in 1997 using non-discrimination as one of its most important guiding principles. In this document the government committed itself to the abolition of race and gender inequality.¹¹ However, although gender equality is advocated in the South African constitution and the rights of women and children are supposedly protected by legislation, the social reality is often very different.

Jewkes and Abrahams⁹ argue that rape must be understood, especially in South African society, "within the context of the very substantial gender power inequalities which pervade society". Rape is essentially to be seen as a way in which men assert their dominance over women. Therefore, as mentioned earlier, any attempt to understand the rape of children as a sexual act or sexual perversion is not helpful. It is rather to be

seen as a manner of controlling people who are perceived to be weaker than oneself. Wood and Jewkes¹² argue in this respect that one examines both sexual and physical violence against women these must be seen as part of men's repertoire of strategies of control.

South Africa is overwhelmingly a patriarchal society where young women are often targets of abuse and violence. It has recently become apparent that many young school girls are increasingly becoming the targets of sexual assault by teachers as well as fellow pupils.¹³ Jewkes, Levin, Mbananga and Bradshaw¹⁴ argue that such abuse is not just to be viewed as a violation of the girl's body, but also has profound negative effects on her right to education and should receive urgent attention.

Societal violence and the aftermath of apartheid

It has been argued that there is a close correlation between rape and the degree of interpersonal violence found in a society.¹⁵ South Africa's culture has also been described as one of violence.¹⁶ Crime statistics, although not often very reliable point to an increase in violent crimes such as murder, highjackings, armed robbery and rape.¹⁷

Much blame for the type of violent behaviour reflected by the rape of infants has been placed on the legacy that apartheid has left on this country. For example Simpson¹⁸ argues that in the aftermath of apartheid people have been taught that violence is the most important manner in which to resolve any kind of conflict.

There have been further speculations on the role of the legacy of apartheid especially on black families and communities. Apartheid was largely responsible for breaking up and disrupting family life and communities. People often had to move far away from home to find work or were forcibly removed from their homes. This caused large numbers of people to be left without family roots and social support. Apartheid also caused social inequality as well as enormous deprivation.¹⁹

In this process of disempowerment black men were taken away their dignity and self-esteem. The consequences that South Africa may face today is a social context where some men may feel that they can only assert their masculinity and dominance over less powerful people, such as women and children.

An examination of the phenomenon of rape in the middle seventies painted a scenario which rings true even today.²⁰ A specific subculture of violence was described which often forms part of the context for rape. It was argued that in the context of our dominant value system there exists a subculture whose values are often very different from those in authority. This subculture is mainly represented by the lower classes and the poor. The dominant culture can function within the laws of civility because it has little need to resort to violence to get what it wants. However the subculture may feel compelled to resort to violence in order to be heard. In this context it is easy for young men to use violence and physical aggression as way of life.

Poverty

Jewkes and Abrahams also reflect on the specific relationship between rape and poverty.⁹ They argue that in township and rural settings where there are few opportunities for recreation

and development competition over women may become very important and rape and violence may become two primary male activities.

In a society where great numbers of the population are exposed to great poverty, opportunities for men to feel powerful and dominant are few. It is then easy for them to turn to crime and violence towards women and children. Jewkes and Abrahams argue that, "Thus the arena in which peer group status, respect and self-esteem can be won or lost is one in which the central action is control of women".⁹

Rape of virgins as a way of curing HIV/AIDS

Much as been speculated around the idea that a strong belief exists in the African culture that having sex with a virgin will cure one of HIV/AIDS. There is a lot of debate around this issue but increasingly more authors seem to focus on this aspect. For example Deane¹³ quotes an anthropologist at the University of Durban-Westville, Suzanne Leclerc-Madlala, who describes the myth as follows:-

"The 'virgin cure' myth is based on the belief that a man will somehow get an infusion of 'clean blood' through intercourse with a virgin. Virgins are believed to have special immunity against sexually transmitted diseases because of a dry vaginal tract. Prepubescent girls are not seen as having the same vaginal secretions as adult women. Virgin girls are seen as physically clean, morally clean, uncontaminated and able to transfer these properties to others."

If this idea is indeed prevalent this makes infants and young children particularly vulnerable in a country where the HIV/AIDS virus is so widespread. Particularly in a society where girls, whether intentionally or by coercion, are increasingly becoming sexually active at a younger age.

A recent survey conducted by The University of South Africa at the Daimler Chrysler plant in East London in the Eastern Cape found that 18% of the 498 workers believed that having sex with a virgin would cure HIV/AIDS. A previous study in 1999 by sexual health educators in Gauteng found that 32% of the participants interviewed indicated that they believed the myth.²¹

A recent article described a case study where a young girl was raped in the former Transkei by a man infected with HIV/AIDS as a way of curing himself.²² It was argued that the myth of the virgin cure is prevalent in the community. The Medical Association of South Africa issued a statement in 2002 in The South African Medical Journal in which it argued that, "Infant rape appears to be related to the myth that intercourse with a young virgin can allow the perpetrator to rid himself of HIV/AIDS. This is seen as an act of purification."²³

However other researchers have vehemently challenged this theory. Jewkes, Martin and Penn-Kakana, argue that they have not found any overall evidence that this myth is the driving force behind the rape of infants.²⁴ Instead they ascribe the blame to the social factors discussed earlier, "Many people in South Africa have been extremely brutalised by the political violence in the country's past, the disruption of families and communities, high levels of poverty, and the very high levels of violence of all forms. The direction of much of this violence at women and girls might be explained by sex inequalities, a culture of male sexual entitlement, and the climate of relatively impunity for rape"²⁴

Interpersonal and Family Factors

It is also important to examine the family context within which the rape of infants and young children may be likely to occur.

Many of the cases reported in South Africa reflect poor supervision of children and disrupted family situations. Poor supervision of children within the family has generally been ascribed as a general contributing factor to abuse.²⁵ Early research into child abuse argues that in families characterised by conflict and where there is much disruption, children are less supervised and more vulnerable to sexual victimization.²⁶

Researchers have also theorised about the type of family within which sexual abuse of children is more likely to occur and have speculated that families that experience high levels of social isolation are more at risk.²⁵ Many of the cases in South Africa have taken place in impoverished black communities which, as argued earlier, have suffered much from familial and community disruption.

Authors such as Petit⁸ as well as Van As, Withers, du Toit, Millar and Rode³ have alluded to the fact that in the majority of cases where infants had been raped the perpetrator was known to the victim. The hypothesis may be put forth that in these cases the rape of the child may in fact NOT only be an act of violence and abuse against the child but also an act of punishment against the mother. Therefore the dynamics in terms of dominance and power may in fact be quite similar to the ones found in an adult rape. (Potgieter, personal communication, April 2003). However, in the case of an infant rape the sexual act is displaced from the woman and aimed at the child. In this process the child is therefore the victim of an attack which is in fact aimed at the mother.

In a similar manner in which rape has been used as wartime terror campaign against certain nations, the rape of children can be viewed as a way of terrorising and punishing the mother. Bogert and Dufka²⁷ argue that in the rest of Africa one finds the widespread phenomenon of where sexual violence against women and girls is used as weapon with which the civilian population is terrorised by different factions during conflicts.

In the same manner the rape of infants may be understood as an act of brutality not only against the child, but specifically against the mother. The "punishment" is therefore much more damaging and has furthermore a dramatic impact on the family as a whole.

Recent South African research has examined the impact that the trauma of a child may have on the family as a whole.²⁸ When a child is traumatised there is a simultaneous or secondary traumatisation of other family members.²⁸ Therefore by hurting a child in fact the perpetrator is hurting the mother and the rest of the family in a far more damaging manner.

In the classical family therapy theory of Salvador Minuchin triangulation occurs when the parents cannot communicate directly with each other. Consequently interpersonal messages between the parents are given via the child often causing much distress in the child.²⁹ In the case of an infant rape the child is also "triangulated" and the act of violence aimed at the mother is carried out towards the child. Consequently one could term the rape of infants a "triangulated rape" where the message of anger and punishment which is meant for the mother is sent through the child.

The Role of alcohol abuse

The high level of alcoholism found in the more impoverished communities in this country may also play a significant role.⁸ In cases examined several sources reported that in every rape of a child the perpetrator was drunk.⁸

These findings are in line with other findings where it has been noted that alcohol often seems to be connected with the sexual abuse of children.²⁵ Alcohol abuse is often viewed as a way in which the sexual abuse of children may eventually be rationalised or excused by the perpetrator.

A multidimensional perspective on infant rape

Thus far this article has focused on the different individual factors that may be implicated in the etiology of infant rape. Formulating a contextual scenario in which all these factors are integrated may be useful in gaining a multidimensional understanding of this phenomenon.

First of all South Africa is a society where the dominant social discourses are ones that disempower women and children and where dominance and even violence against these two groups is inevitable or even encouraged. South Africa's social and historical context is one characterised by poverty and serious social problems which have been exacerbated by the HIV/AIDS pandemic. The latter has led to certain myths, such as the rape of virgins as way of curing HIV/AIDS, which possibly makes young children vulnerable to violence and abuse.

Within this larger context poor families are often disrupted lacking in social support and are consequently isolated. Poor interpersonal relationships in a family may lead a perpetrator to abuse the child in a so-called "rape triangulation" so as to punish the mother and the rest of the family. Perpetrators who may suffer from alcohol abuse and who may be unemployed and feel that they need to exert power over those more vulnerable than themselves, may also be more likely to commit these acts.

Possible Prevention and Intervention Strategies

Although the focus of this article has been on a socio-psychological understanding of this phenomenon it is important for this discussion to move beyond mere understanding and also focus on the changes that must take place so as to protect the children in this country. An understanding of possible contributing factors must also not be allowed to become a pawn in a purely political debate where blame is thrown around and responsibility incorrectly ascribed.

Given the public outcry that has followed these acts a number of authors have proposed urgent interventions that need to be carried out in order to address this problem.

The College of Medicine of South Africa²³ urged the government in 2002 to act on the following:-

1. Openly and actively debunk the "young virgin" myth.
2. Engineer new policies and protocols for the investigation of pediatric rapes to ensure more complete forensic evidence that will withstand legal scrutiny.
3. Install a system of collating records of all infant and child rapes so that the data can be collected nationally and the true scale and nature of this problem can be better appreciated.
4. Change present legislation to ensure more harshly punitive sentencing in order to deter would-be rapists and to remove

convicted perpetrators from society.

5. Initiate community awareness campaigns to educate all communities about the scourge and to create a climate of abhorrence towards this crime.
6. Investigate all the other motives, as well as the psychological profile of the perpetrators
7. Ensure that all rape victims, but especially child rape victims, are offered post sexual assault antiretroviral prophylaxis.

Jewkes and Abrahams⁹ argue that in order for infant rapes to be prevented it is necessary that, "Community definitions of rape need to be reframed so that all acts of coercive sex are viewed as rape, irrespective of circumstances, and develop an environment in which men are deterred from rape through the threat of punishment." The view of addressing communities through educational programmes is also supported by others.⁶

The Special Rapporteur from the United Nations Commission on Human Rights also put forth certain recommendations after visiting in South Africa in September 2002.⁸ Some of the recommendations are listed here:

1. Victims of sexual violence must be provided with prophylaxis against HIV/AIDS.
2. Access to treatment, care and support must be made available to children living with and affected by HIV/AIDS.
3. Serious efforts need to be made to alleviate poverty and unemployment, as many acts of sexual violence against children appear to result from anger and boredom. Access to free adult education and skills training must be facilitated.
4. Although there are many different and very committed actors working on behalf of children's rights, in the country, there are many problems concerning the coordination of their activities. There is currently no specific referral centre, no first entry point for children who have been abused. There needs to be a collective structure, such as a multi-sectoral children's ministry to bring the many actors together, for example a National Centre on Child abuse and Neglect, or an autonomous agency for children, fully resourced and with qualified staff. The exact role to be played by Government and civil society in the protection of children's rights need to be clarified.

This author would like to argue that the responsibility for addressing this enormous problem must be shared by a number of role players. It must also be approached on two levels; first of all on the level of prevention and secondly on the level of intervention for those working with the victims. The victims of these crimes should receive the utmost care and attention from all the professionals involved.

First of all it is essential that political and moral leadership be taken by the government with regards to the education of the larger public. It is also paramount for it to take an unequivocal stance on the relationship between HIV and AIDS, which is based on scientific research, and not speculation. Government must accept established scientific opinion and develop appropriate public policy to combat the AIDS pandemic.

Other government driven actions that need to be carried out must include an improvement of the legal system so that proper punishment be administered to rapists and act as a de-

terrent to would-be-rapists. The immediate provision of antiretroviral drugs to rape victims at state hospital is also essential. It is also important that proper medical legal services be accessible to poor communities for the victims of rape.

On a longer term basis it is also pressing to address social problems such as poverty and unemployment in order to create a new society in which people do not have to feel compelled to resort to violence and abuse.

Mental health professionals such as psychiatrists, psychologists and social workers must also be involved in those communities who may be at risk.

Medical professionals have to receive proper training in how to deal with these very young victims of sexual violence. Training programs in medico-legal work should be part of the training for those working in district surgeon services.³⁰

Mental health professionals also have a paramount role to play in preventing this type of violence. Community education programmes are essential as many distorted beliefs still exist in South Africa around the role of women and the rights of men over women. These need to be addressed through education and psychological programmes at grassroots level.

Social support must be provided to families who may be at high risk because of social isolation and economic problem and structures must be set up to protect vulnerable children. Communities have reacted angrily against these incidents threatening acts of violence over the perpetrators. However energy should rather be focused on developing community structures which provide protection and shelter for children who may be at risk.

When working with these cases medical professionals should work closely with other mental health professionals. It is paramount that counselling must be made available to all the members of the family who have been exposed to the rape of a child. Although often too young to receive psychological counselling, children who have been raped at a very early age must be offered psychological assistance on a long-term basis.

Conclusion

In this article the author has attempted to create a deeper understanding of the socio-psychological context within which children may be more at risk for this type of sexual violence.

It has been argued that infant rape is a complex phenomenon which escapes simplistic explanations and which must be addressed by a number of role players, both at governmental and public health levels.

The rape of infants is a rapidly increasing problem in South Africa which has caused people from all walks of life to experience deep emotional reactions. It is probably true to argue that we are still not fully aware of the extent of this phenomenon and it is therefore essential to continue research on this area.

It is essential that a multidisciplinary approach be developed to intervene on primary, secondary and tertiary levels so that South African society may become one where children are protected and feel safe.

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Commentary

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The motives behind the act of rape have been debated for many years. Many theories have been proposed but to date there has still been no unifying, easily understood philosophy which has gained complete acceptance by all authorities and which satisfactorily explains the phenomenon of rape in all its manifestations. Most work has concentrated on the dynamics predisposing to the rape of adult women or adolescent girls. The psychosocial factors leading to the rape of children in general have been relatively poorly studied and the work by Professor Marchetti-Mercer done in the South African context is particularly welcome and overdue. The impact of the social milieu on the incidence of rape is well known. This probably explains the temporal and geographic differences in the incidences, trends and patterns of rape, which are often linked to periods of political and social upheaval in communities.

The phenomenon of penetrative infant rape is poorly described and documented throughout the world. The word infant is derived from the French "enfant" - literally unable to speak.¹ In Britain it tends to be used loosely to indicate a pre-school child but in universal medical parlance, an infant is an individual less than 1 year of age. Many authors have used the definition loosely with regard to the rape of young children and referred to these cases as infant rape. I think that it is important to make the distinction accurately. The disproportion between the erect adult penis and the infant genital tract is so great that an extraordinary degree of brutality and destructive force is required to even attempt penetrative rape. The diameter of the vagina in infant girls is approximately 1cm and is capable of a very limited degree of stretch. The pelvic outlet in young girls is said to be "heart shaped" with the narrowest part situated anteriorly.² In order to accommodate the mature erect penis it is probable that it is first necessary to forcibly break down the rectovaginal septum by the insertion of a finger or other blunt implement.³ It is inconceivable that penetration could occur in the young infant without prior injury to increase the caliber of the vaginal tract. Subsequent determined attempts at penile penetration in such immature individuals cause significant perineal and sometimes intra-abdominal injury. The genital tract usually tears in a posterior direction into the anorectum but anterior tears and disruptions of the vaginal fornix and peritoneal penetration with evisceration have also been described. The injuries thus caused are potentially immediately life threatening.

The extreme brutality of this attack distinguishes the rape of infants from the rape of older girls and women. Professor

Marchetti-Mercer notes that the incidence of crimes associated with violence appear to be increasing. Is this disturbing trend merely being reflected in the pattern of rape assaults? Perhaps there are many socio-political factors that deprive potential attackers of their social and personal dignity to such an extent that violence becomes a social commodity or tool but these theories still do not satisfactorily explain the selection of the most vulnerable of our society as victims for such a repulsive crime. In this regard the theory of triangulation goes some way to understanding the possible motives for these attacks. The use of the young female infant as a vehicle for revenge against her mother is deeply disturbing but plausible.

The author quotes Petit⁴, suggesting that boy and girl infants suffer this type of attack with equal frequency. This statement is made in Petit's report without indicating its source or ascertaining its veracity. Boys are, without doubt, frequently the victims of various forms of sexual abuse but most large studies in different countries show that girls are the victims of rape 1.5 to 3 times more frequently than boys.⁵ In the study by the Red Cross Hospital group, only 13 % of victims were male.⁶ In a large French study 14% of victims were male.⁷ The phenomenon of anal rape in a male infant under the age of 1 year has not been reported to my knowledge. All infants requiring perineal repair seen in the Johannesburg University hospital complex have been female. This may be a reflection of different patterns of injury after anal and vaginal penetrative rape in early life. The anus of a young boy is capable of considerable stretch (for example during the passage of a hard stool bolus) and it is possible that these boys do not suffer the same degree of perineal disruption.² and as a result are not presenting to the surgeon for repair. Older boys do suffer anal tears (usually muco-cutaneous) after anal rape but very rarely require diverting colostomy and perineal repair.

The gender distribution of rape cases is of crucial importance given the well-known contribution of gender inequality and imbalance of power to the incidence of rape. Inaccurate reporting of the gender incidence of rape in infants is disingenuous. Clinical evidence at present tends to indicate that infant girls are much more frequent victims of this abhorrent crime.

It is becoming increasingly apparent that perpetrators of rape on children are often little more than children themselves. This presents an opportunity to intervene to protect younger children by providing safer care and surveillance and a target audience to whom preventative education can be directed.

Despite prioritization of the problem of child rape, the present low conviction rate⁸ of perpetrators speaks for itself. The criminal justice system is still failing most child rape victims and fails to provide an environment of intolerance of further attacks. The moratorium on crime statistics creates fur-

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ther suspicion and mistrust.

The extent to which the “virgin cleansing myth” contributes to infant rape is debatable⁸⁻¹⁰ but Professor Marchetti-Mercer correctly indicates that there is little doubt as to its prevalence in many South African populations. Although work is commencing on the psychosocial profile and motives of child sex abusers, it is unlikely that many of the very few convicted perpetrators are going to volunteer such information. The true contribution of this myth to the problem will probably remain speculative. Urgent education is needed to dispel the myth in the relevant communities. One child raped¹¹ as a result of the myth is surely one too many!

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