



Child sexual abuse and links to HIV and orphanhood in urban Zimbabwe

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Background to the research

- Research shows high levels of child sexual abuse worldwide (Finkelhor 2004)
- A recent meta-analysis of 65 studies in 22 countries suggests that child sexual abuse may be higher in Africa than any other continent (Pereda 2009)
- In sub-Saharan Africa, HIV has infected more young people than any other region

So, is there a link between child sexual abuse and HIV in Africa?

- Recent research suggests Yes...
- There are both direct and indirect links between child sexual abuse and HIV in countries with high prevalence of HIV/AIDS (Andersson 2008), *i.e.*,

HIV/STI infection can be a direct result of penetrative sexual abuse, enhanced by:

- Increased sexual risk behaviours observed among perpetrators (Dunkle 2006)
- Immature reproductive tracts of young victims
- Genital injuries resulting from coercion

And sexual abuse can lead to HIV indirectly by predisposing individuals to risky behaviour later in life (Maharaj 2007).



Background to the research

However:

- Most findings from Africa are drawn from research with adults, asked retrospectively about child sexual abuse (thus prone to recall & distortion bias)
- There is limited evidence from current populations of children, who are living in different economic and epidemiological conditions than previous generations
- Clinical studies have been small ($n < 200$) and predominantly from South Africa
- Few community or clinical studies of child sexual abuse have included HIV testing

Also

- There is little data on the risk factors for abuse, including orphanhood
(numbers of orphans are high and rising in many African countries, Hosegood 2007)



Objectives

The Family Support Trust is an NGO working with Harare Central Hospital to offer integrated medical and psycho-social treatment services to victims of child sexual abuse (from birth to 16 years).

The FST clinic offers a good opportunity to learn about:

- child sexual abuse (characteristics of victims, abusive experiences & perpetrators)
- and its links with HIV infection and orphanhood
- among a current population of children (0-12 years) and adolescents (12-16 yrs)
- in a context of high HIV prevalence (approx 18% among adults, UNAIDS 2007)

Such data can help guide efforts to prevent child sexual abuse and consequent HIV infection.



Methods

Since the clinic's inception in 1998, patient records have been hand-written

In 2000, the clinic introduced standardised forms for:

1. the Counselling Intake, a psycho-social assessment conducted by a counsellor
2. the Medical Intake, a physical examination conducted by a doctor

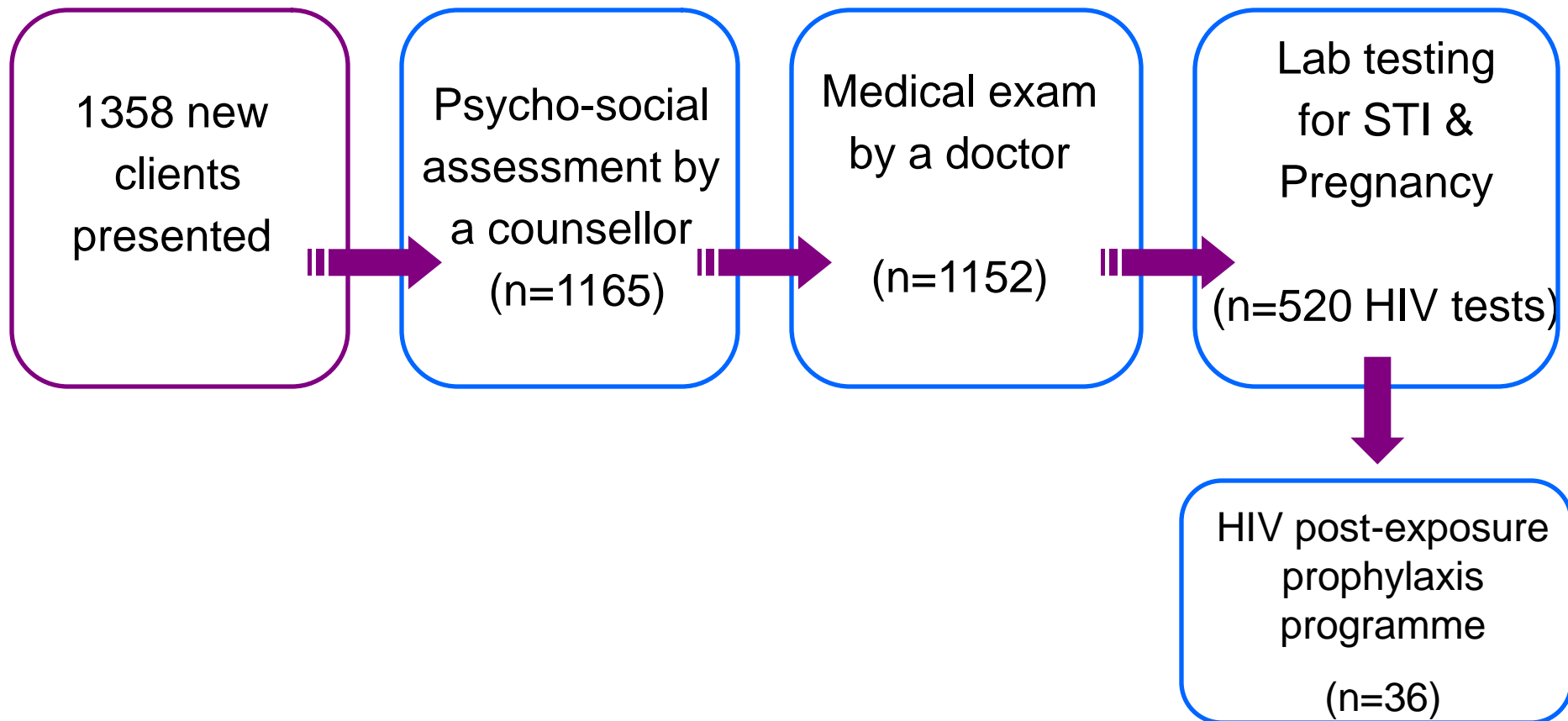
In 2004, we created a database (EpiData2) with fields for all information recorded on:

- both the Counselling and the Medical intake forms
- laboratory results (for HIV, syphilis, pregnancy)
- the post-exposure prophylaxis programme to prevent HIV

Data

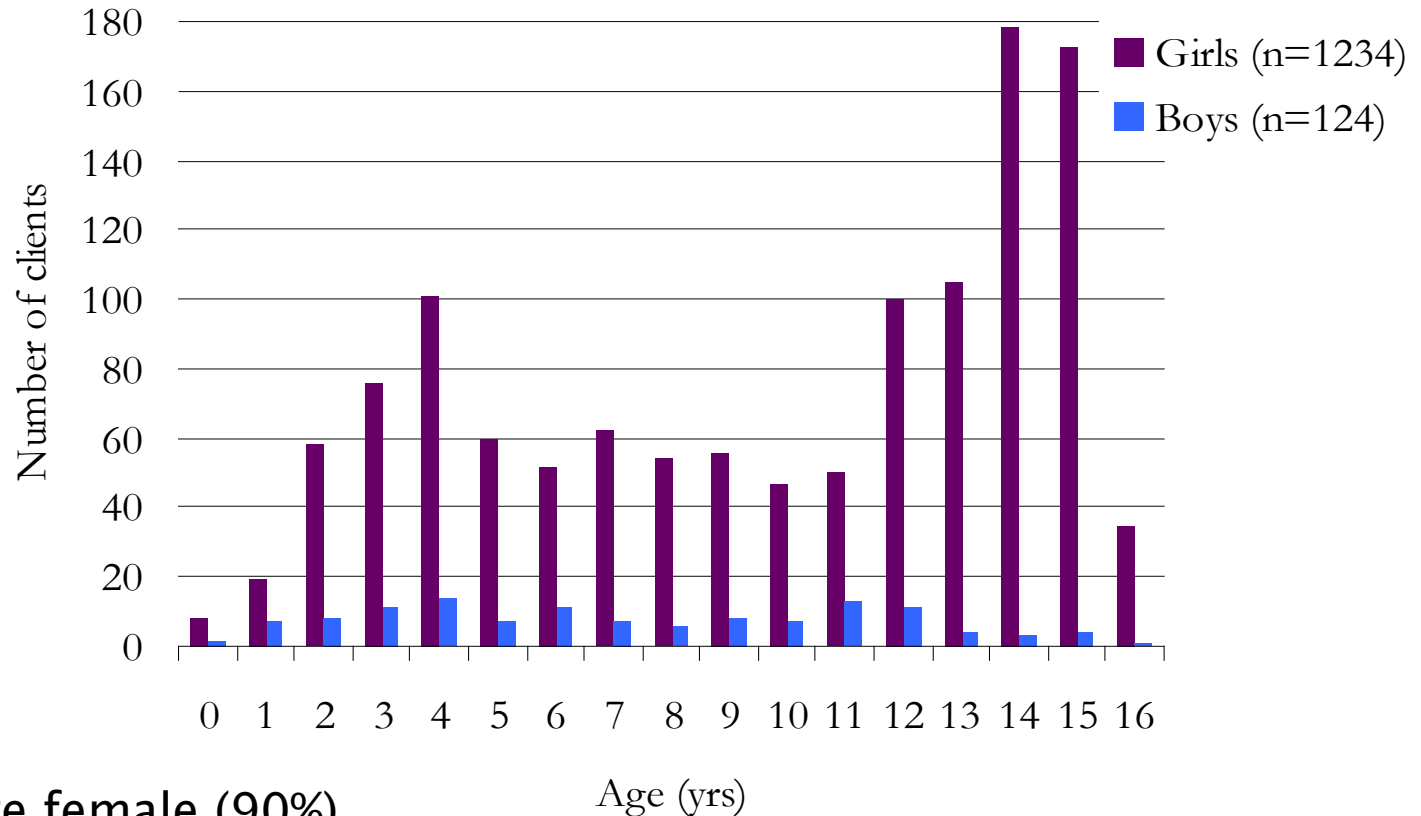
We entered and analysed records for all new clients presenting at the clinic over one year (July 2004 to June 2005)

This included the following data:



Characteristics of clients

– Age & sex of new clients, July 2004–June 2005



- Most clients were female (90%)
- On average, male clients were younger than females (40% vs 26% aged 0–5 yrs)
- Most boys were classified by a doctor as ‘pre-pubertal’ (92% vs 50% of girls)
- Among girls, almost equal numbers under 12 yrs (52%) and 12–16 yrs (48%)



Characteristics of the abuse

Some of the most common answers reported (by gender and girls' age)

	Boys (n=111)	Girls <12 yrs (n=548)	Girls >=12 yrs (n=506)
Type of abuse	Anal penetration (60%) Fondling (24%)	Vaginal penetration (88%) Fondling (14%)	Vaginal penetration (97%) Fondling (15%)
Evidence of infection from genital exam	13%	25%	31%
Location of abuse	Own home (54%) Neighbour's home (20%)	Own home (45%) Neighbour's home (18%)	Boyfriend's home (34%) Own home (20%)
Abuse discovered by	Mother (49%) Grandmother (12%)	Mother (49%) Aunt (12%)	Mother (35%) Aunt (15%)
% presented within 72 hours of abuse	5% (3/57)	9% (23/265)	4% (13/320)

- 94% of clients reported penetrative sexual abuse, occurring most often in the child's own home (or a neighbour's home)
- Mothers played the most important role in discovering abuse and accessing the clinic
- Few clients presented in time to qualify for PEP (only 6% within 72 hrs)



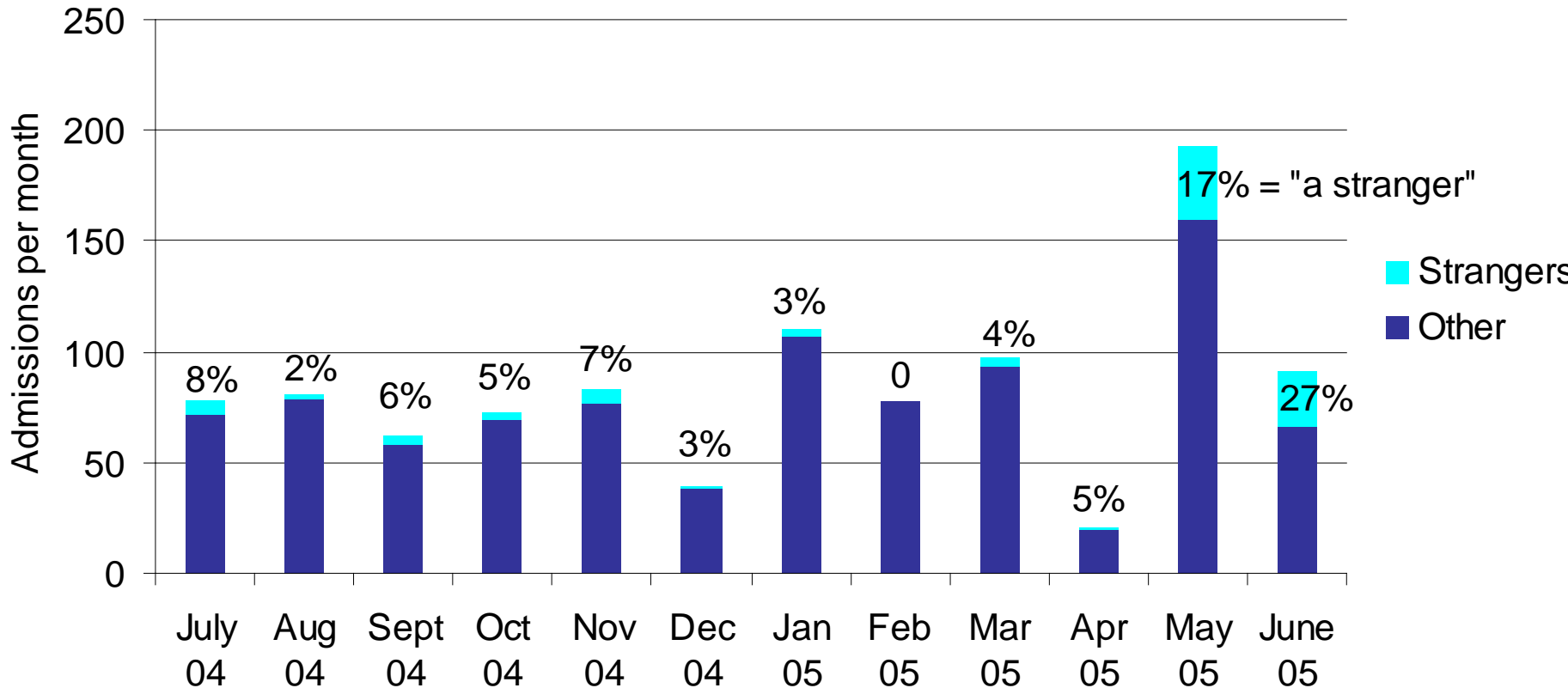
Characteristics of perpetrators

	Boys (n=111)	Girls <12 yrs (n=548)	Girls >=12 yrs (n=506)
% Perpetrators >10 yrs older than child	57%	55%	25%
% Perpetrators who are married/divorced	28%	49%	37%
Perpetrator's relationship to child	Neighbour (23%) Uncle (14%)	Neighbour (24%) Uncle (14%)	Boyfriend (42%) Neighbour (13%)

- Some perpetrators were minors themselves (~20%), but, most were many years older than their victim
- The victim-perpetrator age gap was greater for young boys and girls (<12 yrs) than adolescent girls
- About 40% of perpetrators were married or divorced (for perps over 16 years old)
- In most cases the perpetrator was known to the client, usually a relative (18%) or neighbour (18%), or a 'boyfriend' for 42% of adolescent girls.

Characteristics of perpetrators

– *proportion who are “strangers”*



- Relatively few clients described the perpetrator as a stranger (9% on average)
- EXCEPT in May and June 2005, ‘a stranger’ was the most common answer
- This timing coincides with Operation Murambatsvina – ‘Clean Up Trash’ – when the destruction or repossession of homes led some families to reside in open spaces.
- The overall number of clients also jumped in May 2005, possibly due to the Clean Up



STI testing

Syphilis

- Of 510 syphilis tests, one child tested positive

HIV

- Of 520 HIV tests, 31 children (6%) tested positive at presentation

(16 of these were confirmed in a second test; the other 15 were missing a confirmatory test)

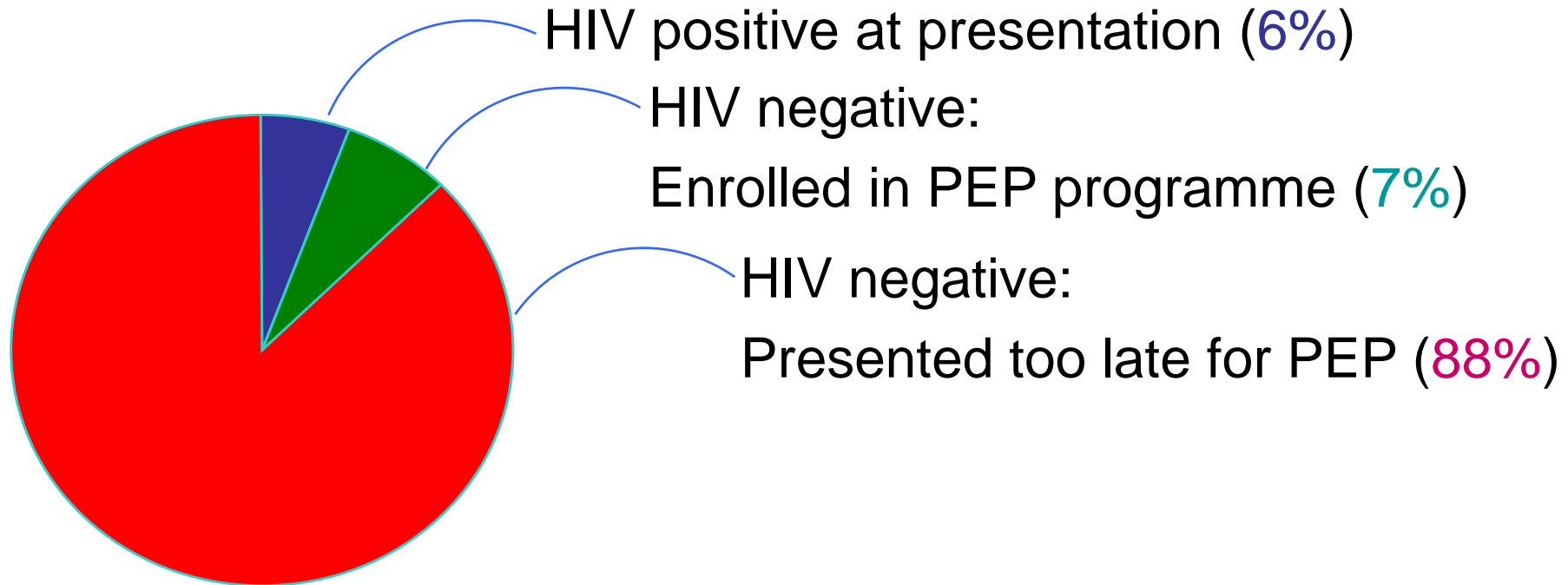
- This is more than treble the national estimate for children under 15 years
- But true prevalence among clients likely to be higher, since the time between abuse and testing was not always sufficient for HIV sero-conversion (and few children who tested HIV-negative returned for a follow-up test)

It is possible that some infections resulted from mother-to-child transmission at birth, however:

- Most HIV-positive maternal orphans were over age 10 (10/13) and
- Almost all had experienced anal or vaginal penetration so sexual abuse is a plausible cause of infection

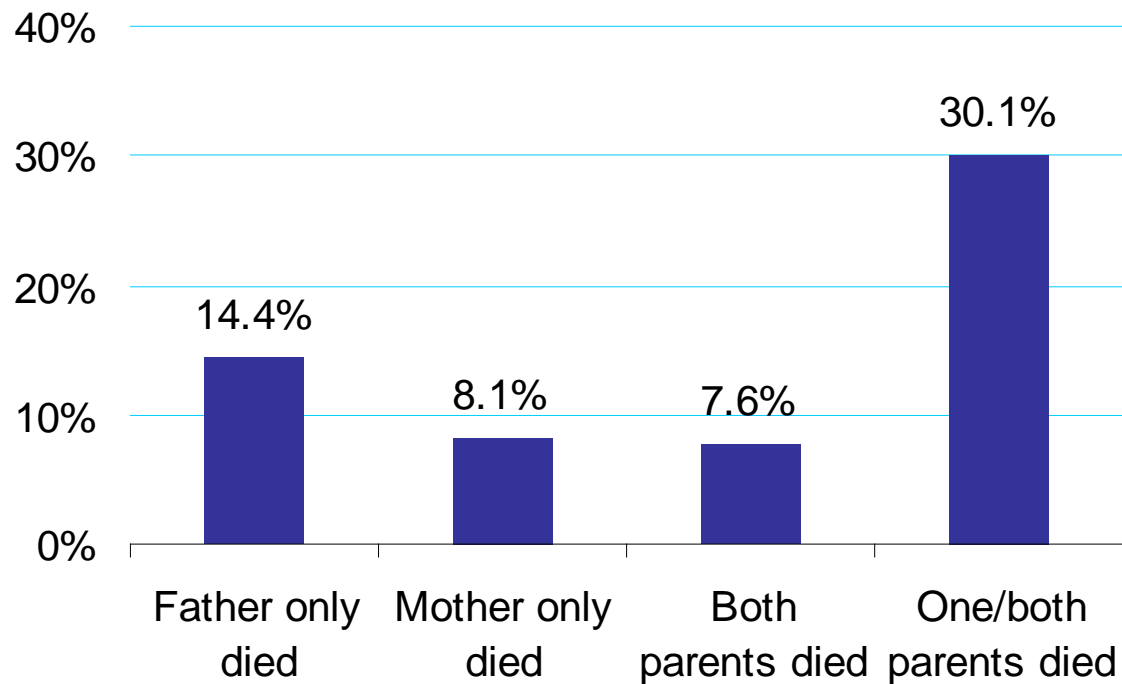


HIV status of clients & PEP enrolment

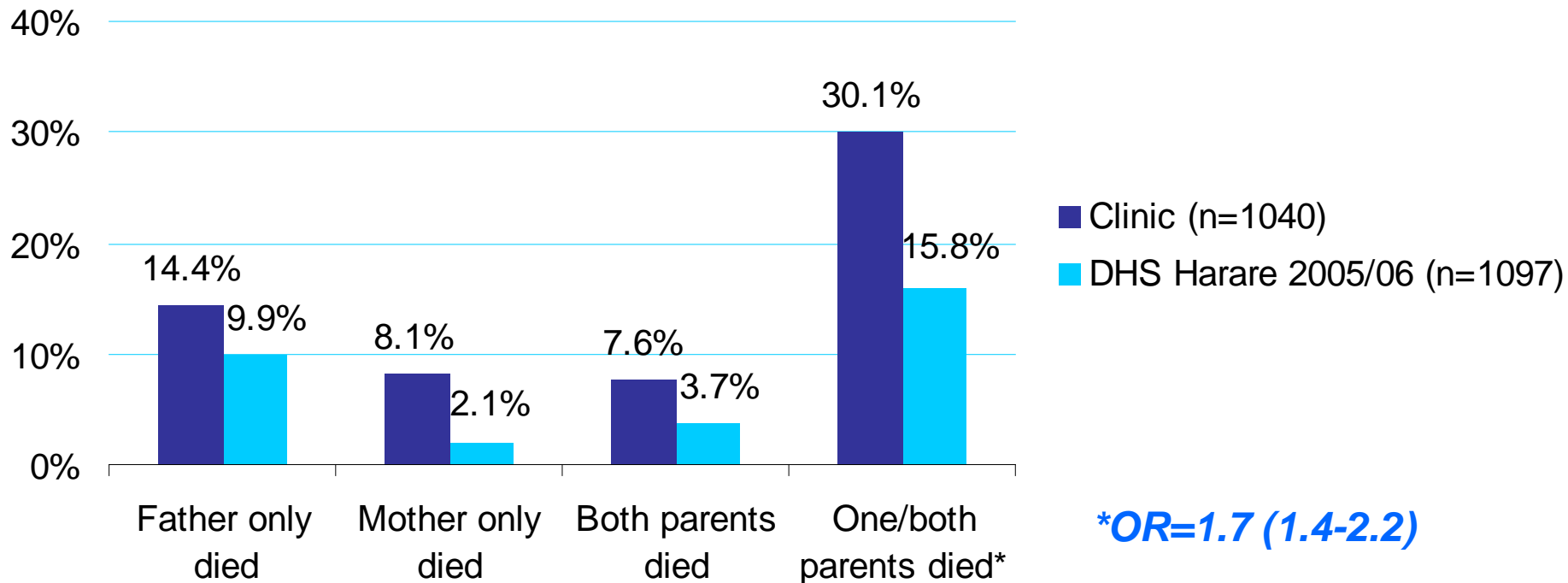




Orphan prevalence among females, 0–16

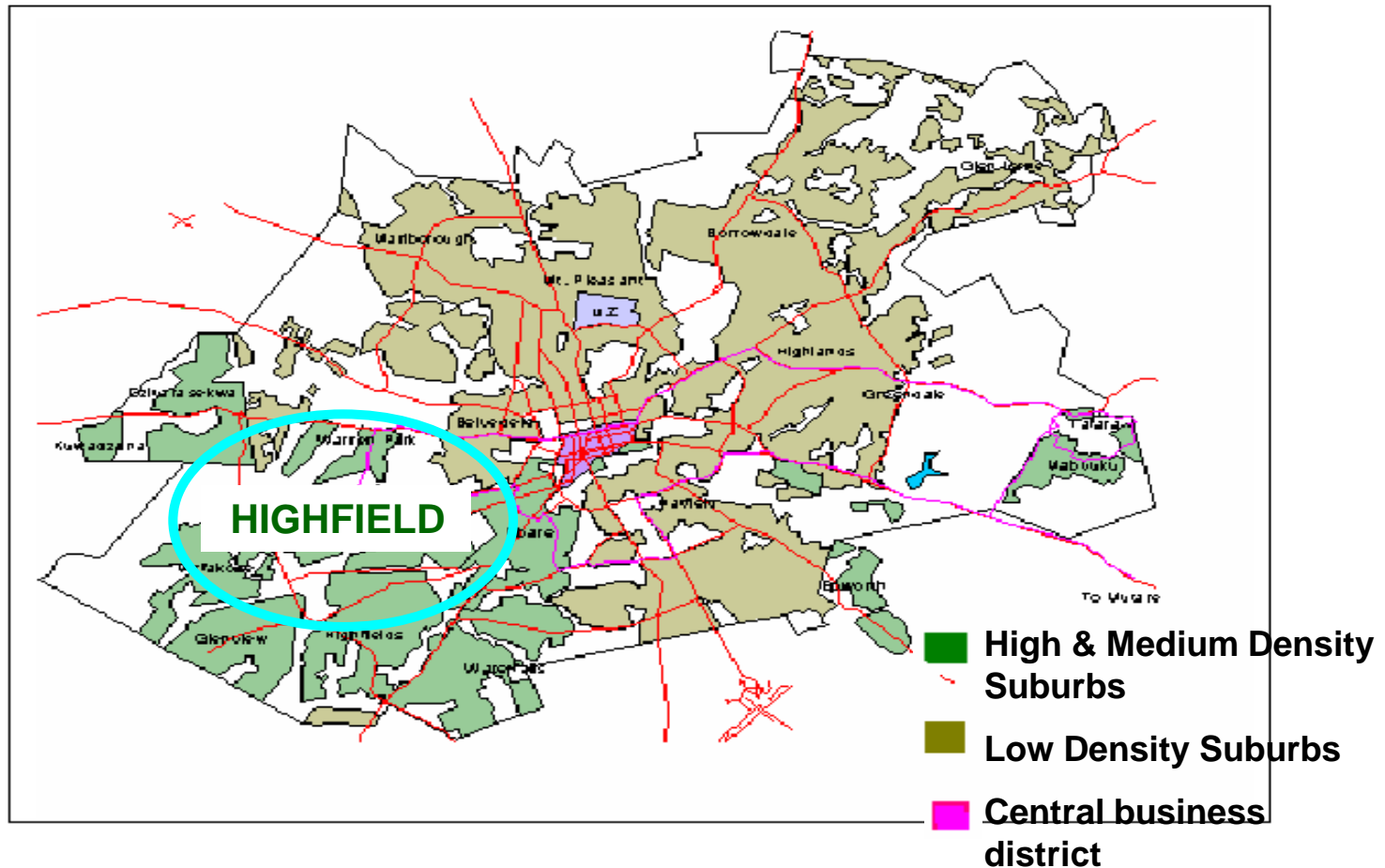


Orphan prevalence among females, 0–16 *compared to girls in DHS Harare 2005/6*



- In a case-control type analysis, we compared orphan prevalence among female clients to a representative sample of girls in Harare (the Demographic Health Survey 2005/06)
- There was almost twice the proportion of orphans among the clinic vs community sample

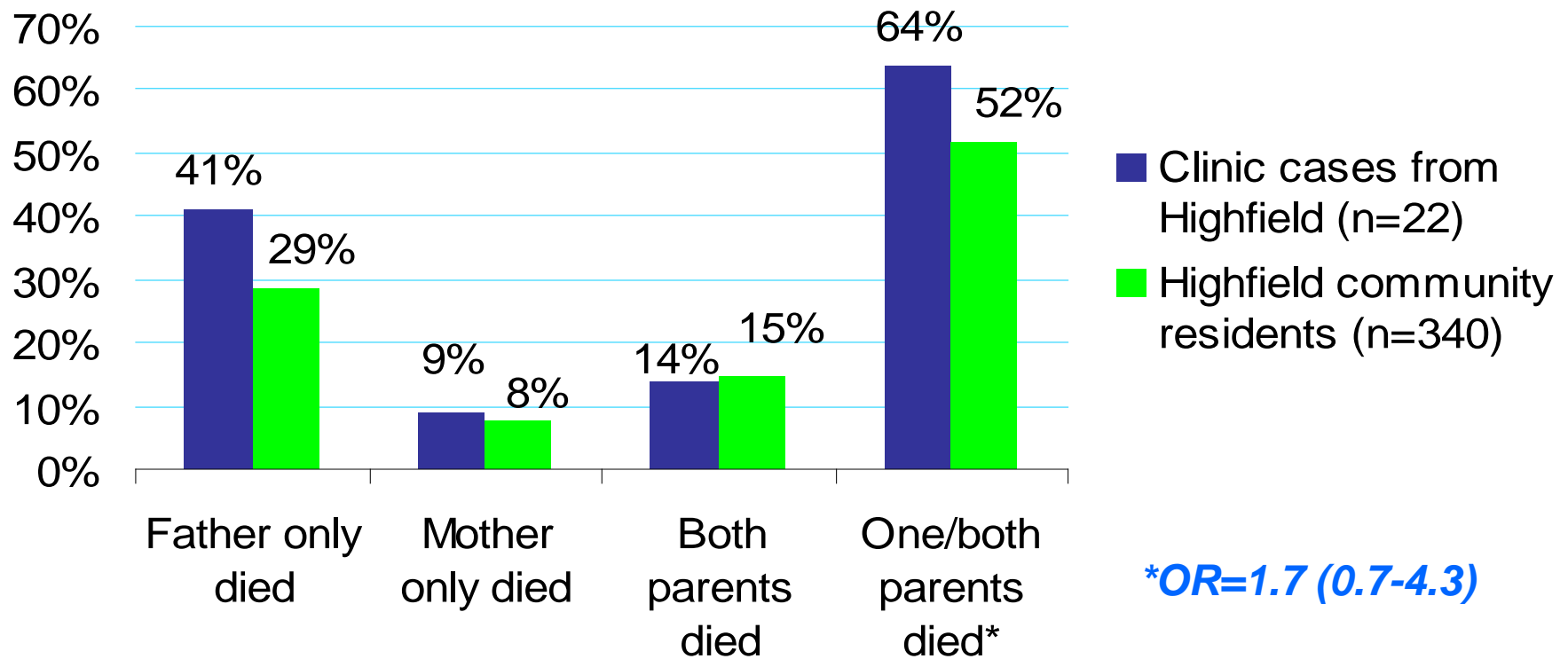
Orphan prevalence among females, 14–16 *compared to girls in neighbouring community*



- Since most clinic clients come from areas surrounding the clinic, we also compared orphan prevalence with a representative sample of girls from Highfield



Orphan prevalence among females, 14–16 *compared to girls in neighbouring community*





Links with orphanhood

Thus, girls presenting at the clinic were more likely to be orphaned than a representative sample of girls in ...

1. the Harare DHS 2005/06, and
2. neighbouring community of Highfield.



Limitations

- Who do children attending the clinic represent? The most extreme cases of sexual abuse? Or, those fortunate to have a guardian escort?
- The results only represent those clients for whom data are available. Missing data varied across variables, with some missing for large proportions of the sample.
- Why this is: Data were not collected for research purposes, but to serve clients, usually under demanding circumstances.
- Training sessions with staff could help improve the collection and quality of clinical data.



Summary

– What have we learned?

Analysis of clinical records for boys and girls aged 0–16 years in Harare have helped to identify:

Perpetrators – most often identified as a:

- *neighbour* or *relative* by young girls and boys (<12 years)
- *boyfriend* by adolescent girls; and as a
- *stranger* during times of community disruption

Vulnerable groups of young people – orphans are disproportionately represented among clinic clients compared to community samples

HIV prevention needs – High numbers of children in Harare experience penetrative sexual abuse but very few present in time to qualify for HIV prophylaxis. And, a higher proportion of clients are already infected at presentation compared to children in the general population.



Implications

– for child protection, HIV prevention and future research

- More immediate presentation of sexual abuse can help to prevent HIV and recurrent abuse, and assist in examination and prosecution.
- Comprehensive outreach activities to encourage early reporting of sexual abuse requires additional funding and strong links between clinics and community-based organisations
- This analysis shows that sensitive research on child sexual abuse can be enhanced from the analysis of routine clinical records, even in challenging economic settings.
- Further research should explore the vulnerability of orphans to sexual abuse.

