Correspondence

Child sexual abuse exacerbated by inadequate services

To the Editor: The editorial entitled ‘Rape in South Africa – a call to action’ implores me to respond. The author aptly describes the landscape of sexual violence as it intersects with medicine and the limitations in the response. Child sexual abuse (CSA) is included in this lament, and on this I wish to cast some more light. The inherent nature of CSA includes secrecy, serious threats, perpetrators who are part of the extended family, victims who are often preschool children, and a host of other factors that complicate management. The grooming process and access that perpetrators have to children precludes immediate alarm. It is clear that children need specialised services, including psychological, social, medical and legal services, necessitating a multi-professional approach. Currently, these are seldom available outside the private sector, and are often subcontracted by NGOs to protect children. Successful prosecution is also seldom possible.

As described by Dr Naidoo, the absence of services is apparent for rape victims, but even more so for CSA victims. Finkelhor reports that community epidemiological surveys confirm a prevalence of 20% of CSA. CSA is no small problem, just as is rape. My concern is the lack of training and of specialist clinics at academic hospitals may well play a role in many cases of dodging doctors, dodging of examining children, and dodging court witnesses.

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There are many professionals who do sterling work. I respect persistent prosecutors, prudent police personnel, and sterling social workers. I am sorry to say that the lack of training and of specialist clinics at academic hospitals may well play a role in many cases of dodging doctors, dodging of examining children, and dodging court witnesses.
