

# Repeated Sexual Assault and HIV Seropositivity: A Case Report

**B Meel**

*Professor, MBBS, MD, DHSM (Natal), DOH (Wits), MPhil HIV/AIDS Management (Stellenbosch), Research Associate, Nelson Mandela University, Port Elizabeth 6031 South Africa*

## Abstract

**Background:** Sexual assaults are on an epidemic level in the Transkei region of South Africa, despite the government efforts to bring it down. Human Immuno-deficiency Virus (HIV) is also proportionally high in this region of South Africa.

**Objective:** To highlight the problem of sexual assault and HIV infection in the Transkei region of South Africa.

**Case history:** This is a case report of 15-year-old teenagers (SD) who was a schoolgirl in standard 6 when she was assaulted. SD was sexually assaulted repeatedly by an older man of 28 years. She was found sero-converted on HIV testing. On physical examination the introitus was red and bruised. A copious amount semen-like infected fluid was observed in her vagina. The case history, findings, beliefs, and compliance with HIV drugs are discussed.

**Conclusion:** There is high risk of repeated sexual assault and HIV infection in the Transkei region of South Africa. Government must look deeper to prevent these rape attacks as well as HIV infection.

**Keywords:** *Sexual assault, HIV infection, antiretroviral drugs*

## Introduction

South Africa has one of the highest rates of sexual assault in the world<sup>1</sup> and it also has the highest prevalence of HIV infection.<sup>2</sup> Several models are currently underway to provide Post Exposure Prophylaxis (PEP) following sexual assault at public health services, but it varies from center to center and province to province. There has been an increase in the number of sexual assault incidences reported at the Sinawe Centre in the Mthatha area of South Africa. Rape has emerged as the most serious public health problem in South Africa.<sup>3</sup> This may reflect either an increase in sexual assault reporting awareness or a real increase in actual cases or both.<sup>3</sup> The HIV prevalence

rate is 13.7% in Mthatha area, and just over a half (7%) of HIV positive rape victims were aged 16-25 years.<sup>4</sup> There are thus challenges that remain a high priority in the rural regions of South Africa, including HIV education and prevention of HIV infection.<sup>4</sup>

A study conducted on the state of sexual assault services in the country found there are many gaps in the services provided to sexual assault survivors as well as a large amount of variability.<sup>5</sup> There is an inconsistency in the performing of an HIV test before initiating PEP, differences in the types of drug regimens being offered, differences in prescription of the drugs and the type of support services provided.<sup>5</sup> Christofides et al. (2006) found that only 50% of the

patients who were given seven days of PEP drugs returned for their next supply and this led to a change in policy to give patients the full one-month supply.<sup>6</sup> This low level of completion (15%) was confirmed in a separate study that included one of the Western Cape rape centres.<sup>6</sup> Even lower rates of adherence have been reported in the Eastern Cape. At the Sinawe Centre in Mthatha, Meel reported adherence as low as 3%.<sup>7</sup> A recent cost effectiveness study of providing PEP to prevent HIV transmission in South Africa has shown that the cost of averting HIV transmission was dependent on completion of PEP.<sup>6</sup> The purpose of this case report is to highlight the problem of repeated sexual assault, HIV infection and PEP adherence in this region of Transkei. The reasons for non-compliance to PEP are also discussed in this presentation.

### **Case history**

SD, a 15-year-old schoolgirl in standard 6 was presented at the Sinawe Centre with a history of sexual assault by an older man of 28 years. The perpetrator used to call her his girlfriend. Nursing staff on duty took the case history and carried out voluntary pre-test and post-test counselling. SD was kept for three days at the perpetrator's house and experienced repeated sexual assaults. The accused endured this relationship for a long time and underwent repeated sexual assaults on several occasions. On genital examination, there was an old, ruptured hymen. The introitus was red and bruised. Copious amounts of a semen-like substance were observed in her vagina. SD was found to be HIV seropositive.

### **Discussion**

It is very unpleasant to hear about rape cases, especially those of child rape like that of SD, and they are difficult to research. Rape has different meanings for different people. It is also attached to a lot of stigma and discrimination especially in socio-economically poor communities. Rape is under-reported and, therefore, under-estimated. The statistics are either

not available or if they are available are generally incomplete. Transkei was a former black homeland and mainly Xhosa-speaking people are staying here. It produced a lot of national and international leaders but remained grossly underdeveloped. There were a lot of women who were raped during the apartheid era and promiscuous behaviour still exists. Probably, the culture of rape was a legacy of apartheid, and it will take time to recover from this culture of rape of women.<sup>8</sup>

It is known to everyone that the people are very poor in the Transkei region of South Africa. There is poor infrastructure and a high illiteracy rate. The society is very fragmented, and the use of alcohol is very common.<sup>9</sup> In such a situation, children such as SD and women in general are weak and therefore the most vulnerable individuals in poor communities. This case of SD is thus just the tip of an iceberg. SD was taken into captivity for days and sexually assaulted repeatedly because of masculine power. Rape is associated with a close linkage between the concepts of sex and power.<sup>10</sup>

Many girls are reluctant to report rape. If a girl is sexually abused by her father, the mother is usually reluctant to report this to the police. Poverty takes away this right and it remains a family secret. Poverty even forces girls to have sex in exchange for food. Moreover, the father of a child is often the bread winner. Awareness of child abuse in the community is low, reporting of crime is poor, and prosecution of rape is difficult.<sup>11</sup> Sometimes a child is forced into marriage in exchange for lobola (gift in the form of money or cattle or sheep). Poverty alleviation is not only important to feed human beings, but it is also important to control HIV infection by reducing the incidences of rape.<sup>11</sup> It is not clear in the case of SD whether the mother or father played any role in sending the child to an old perpetrator. Even so, it would still be considered statutory rape as she was only 15 years

old. Responding to the need to avert HIV infection, the South African government adopted a policy in December 2002 to provide anti-retroviral treatment as part of a comprehensive service for people who have been sexually assaulted, but the government is not doing enough to prevent rape.<sup>11</sup>

A 'think tank' meeting on AIDS prevention in the high HIV prevalent countries in Southern Africa concluded that 'high levels of multiple and concurrent sexual partnerships by men and women with insufficient, consistent, correct condom use, combined with low levels of male circumcision are the key drivers of the epidemic in the sub-region.<sup>12</sup> The rate of rape reported to the police in 1996 was 240 cases per 100 000 women. The research suggests that this represents the tip of the iceberg of sexual coercion in the country. A representative community-based survey found that in the 17-48 age group there are 2070 such incidents per 100 000 women reported per year.<sup>1</sup> HIV transmission arising from the widespread rape and forced sexual abuse is not preventable by condom use and male circumcision. The police and criminal justice system should be tough with criminals. Hardly any rapist is using a condom, and probably they are HIV positive themselves and want to spread HIV infection. Hospitals cannot help as they are under-resourced. SD was only offered a course of antibiotics along with psychotherapy. Social workers cannot reach the rural areas where there is not even a proper road.

The 'think tank' should also think about the widespread prevalent myths of virgin rape as a cure for HIV/AIDS.<sup>13</sup> HIV infected subjects are supposed to transmit the infection to only one subject during his lifespan, but this is not true as evidenced in the victims of rape. SD was exposed to repeated cycles of rape. This behaviour is fueling the HIV epidemic in South Africa. The forecasting of the future of HIV/AIDS in South Africa depends upon forecasting the incidences

of rape such as that of SD. Effective patient support must be in place to improve compliance to PEP after a sexual assault.

## Conclusion

There are life threatening risks associated with repeated rape and the government must look deeper into the underlying cause of rape and HIV infection.

**Ethical Issue:** The author has ethical permission for case report publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa.

**Conflict of Interest:** None

**Funding:** Self-funded

## References

1. Jewkes R, Abrahams N. The epidemiology of rape and sexual coercion in South Africa: An overview. *Soc Sci Med*, 2002; 55 1231-1244.
2. UNAIDS. 2006 Report on the global AIDS epidemic. 2006. UNAIDS. 6-30-0060. Access 30/06/2006 (Accessed 25.08.2021).
3. Meel BL. Trends of rape in the Mthatha area, Eastern Cape, South Africa. *SA Fam Pract* 2008;50(1): 69-71.
4. Meel BL. Incidence of HIV infection at the time of incident reporting in victims of sexual assault between 2000 and 2004 in Transkei, Eastern Cape, South Africa. *African Health Sciences* 2005;5(3):207-212.
5. Christofides NJ, Jewkes RK, Webster N, Penn-kekana L, Abrahams N, Martin LJ. Other patients are really in need of medical attention: the quality of health services for rape survivors in South Africa. *Bulletin of the World Health Organization*, 2005;83:495-502.
6. Christofides NJ, Muirhead D, Jewkes RK, Webster N, Penn-kekana L, Conco DN. Women's experiences of and preferences for services after

- rape in South Africa: interview study. *BMJ*, 2006; 332(7535):209-213.
7. Meel BL. HIV/AIDS post exposure prophylaxis for victims of sexual assault in South Africa. *Med Sci Law* 2005;45(3):219-24.
  8. Armstrong S. Rape in South Africa: an invisible part of apartheid's legacy. *Focus Gend.* 1994; 2(2):35-9.
  9. Meel BL. Alcohol-related traumatic deaths in Transkei region of South Africa. *Internet Journal of Medical Update* 2006;1(1):13-18.
  10. Drieschner K, Lange A. A review of cognitive factors in the etiology of rape: theories, empirical studies, and implications. *Clin Psychol Rev* 1999; 19:57-77.
  11. Meel B. Poverty, child sexual abuse and HIV in the Transkei region of South Africa. *Afr Health Sci.*2011;11S (1): SS117-21.
  12. Helperin DT, Epstein H. Why is HIV prevalence so severe in Southern Africa? *The Southern African Journal of HIV Medicine*, March 2007:19-25.
  13. Meel BL. The myth of child rape as a cure for HIV/AIDS in Transkei: a case report. *Med. Sci. Law*, 2003;43(1):85-88.