

DEFILEMENT AND RAPE CASES AT ARTHUR DAVISON CHILDREN'S HOSPITAL AND NDOLA TEACHING HOSPITAL, NDOLA, ZAMBIA

RESEARCH REPORT

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Zambia has not been spared by the scourge of defilement and rape as these cases have continued being reported. However, statistics obtained do not reflect the actual number of cases as some are not reported. The purpose of this study was establish the proportion of sexual assault cases reported and seen at Arthur Davison Children's Hospital (ADCH) and Ndola Teaching Hospital (NTH) in Ndola District, Zambia

The study was conducted at Arthur Davison Children's Hospital and Ndola Teaching Hospital, Ndola, Zambia. A retrospective study was done by conducting a 5 year record review of data captured at the two hospitals from January, 2012 to December, 2016 was conducted. Convenient sampling method was used. The data was collected using a data capture form and analyzed using SPSS version 20.0.

The findings revealed that a combined total of 1210 defilement and rape cases were reported and attended to from January, 2012 to December, 2016. The majority of cases 720 (59.5%) were seen at NTH while 490 (40.5%) were seen at ADCH. Both females and males were victims of sexual assault though more females were affected. There was an alarming annual increase in the number of cases reported and attended to at ADCH from 2012 (12), 2013 (32), 2014 (100), 2015 (168), through to 2016 while a similar picture was observed at NTH where an increase was observed from 2012 (121), 2013 (126) up to 2014 (195). Then from 2015 (166) to 2016 (112) there was a decrease in the number of cases seen at

NTH. From the data available at ADCH the majority of cases (65.3%) came from low cost areas (Chipurukusu, kaloko, Chifubu, Nkwazi) while 16.7% medium cost areas (Pamodzi, Ndeke) and 13.7% high cost areas (Kansenshi, Northrise, Itawa), while 4.3% had no known area of residence. The majority of victims were aged 15 to 24 years at both hospitals. The laboratory results obtained at ADCH revealed that not all the recommended tests are done on all sexual assault victims. 116 were not tested for HIV, 219 for Syphilis and 404 for Hepatitis B. Analysis of swab specimen results showed that only 247 were tested for of Trichomonas vaginalis and 255 for spermatozoa. Most of the victims tested showed an absence of these parameters. Spermatozoa was seen in only one patient. Our study has shown that sexual assault cases are prevalent in Ndola District on the Copperbelt province of Zambia and the number of cases are on the increase. Further research needs to be done to establish the reasons why the cases of rape and defilement are on the increase in our society.

Introduction

According to the Zambian Penal Code Act of 1930 amended in 2005, any person who has unlawful carnal knowledge of a woman or girl, without her consent, or with her consent, if the consent is obtained by force or by means of threats or intimidation of any kind, or by fear of bodily harm, or by means of false representations as to the nature of the act, or, in the case of a married woman,

by impersonating her husband, is guilty of the felony termed "rape". Any person who unlawfully and carnally knows any child commits a felony and is liable, upon conviction, to a term of imprisonment of not less than fifteen years and may be liable to defilement of a child. A "child" means a person below the age of sixteen years [1]. Therefore, where the woman or girl is below 16 years of age, its defilement and not rape. It does not matter whether the girl agreed to have sex or not. From the foregoing definition, rape is first and foremost about consent (i.e. the consent being absent or coerced) and secondly it is about age. Cases of school teachers raping their students, pastors raping their sheep, family men raping housemaids and step daughters and bosses raping subordinates are not new on the Zambian scene. Worse still, some men rape or defile their own daughters. Attempts to find answers to the causes of rape have led to reasons like temptation, false signals, lust and might. Whatever the reason for or against it, rape is a crime, and a rapist is a criminal. Therefore in the name of human rights, justice and fairness the criminal should be punished and the crime checked other than abetting it. Rape is also a conscious process of intimidation by which men keep women in a state of fear. It is an emotional crime, a crime of insult and revenge. It is much different from theft, a usually impersonal crime where the motive is dearly mercenary [2]. Zimbabwe's most

prominent organisation fighting child sexual abuse confronted traditional healers to take action over the myth that having sex with a virgin can cure Acquired Immunodeficiency Syndrome (AIDS), one reason behind the rape of young girls [3].

Rape is the most underreported crime in America [4]. Statistics from the Zimbabwe Republic Police indicated that in 2012 to the first quarter of 2014 a total number of 3,571 adult women and 7,411 female juveniles were raped [5]. It is sad that some male parents, brothers, cousins or other relatives who are supposed to protect the child have indeed become a threat to the child. Zambians are now waking up to one of the worst forms of human torture and the seriousness of the brutal crime of child defilement [6].

Victims of rape and defilement suffer from severe forms of physical, mental, emotional and spiritual trauma. Trials are especially traumatizing and many victims report that the day they testified in court was the worst day of their lives. The victims are not only traumatized by the actual crime, but also by the negative attitude of their communities towards them [7].

In Accra, rape and defilement have become household words in the country due to the high rate at which they occur. Hardly would a day pass without the newspapers, the radio stations or the television reporting

on these criminal acts. Statistics from the Women and Juvenile Unit (WAJU) of the Ghana Police Service, in Accra, for instance indicate that in the year 2001, 58 women from age 18 and above were raped while 204 children some five years and below were defiled. In 2002, 134 women were raped while 533 children were defiled [8].

Rape and sexual violence are widespread issues in Kenya, specifically in Nairobi's slums, such as Kibera. Though the Sexual Offences Act harshly criminalizes rape, sexual assault, and even attempted rape, reports have shown that in practice the police do not enforce the illegality of these crimes [9].

In South Africa police crime statistics released in September 2012 state that in the years 2011/2012, there were a total of 9,193 sexual offences reported to the South African Police Services (SAPS) in the Western Cape. This translates into just under 27 cases per day. In total, 64 514 sexual offences were reported countrywide for that period. However, many incidents of rape go unreported. Some studies estimate that if all rapes were reported, the figures could be as high as 84 000 for the province and just over 500 000 for the country [10].

The Zambian situation in relation to rape and defilement cases leaves much to be desired. A retrospective study was conducted to establish the proportion

of sexual assault cases seen at Arthur Davison Children's Hospital and Ndola Teaching Hospital in Ndola District, Zambia

Methods

The study was conducted at seen at Arthur Davison Children's Hospital and Ndola Teaching Hospital in Ndola District, Zambia. Ethical clearance was obtained from the Tropical Diseases Research Centre Ndola reference number TRC/C4/30/2016 to conduct the study.

Convenient sampling method was used. Case records of all sexual assault victims reported and seen from January, 2012 to December, 2016 were reviewed. A total of 1210 records were analyzed. 490 for ADCH and 720 for NTH. Data capture form was used to collect Demographic data, laboratory findings for tests for HIV, Syphilis, Hepatitis B, Spermatozoa and Trichomonas vaginalis. The data was analyzed using SPSS version 20.0.

Results

Table 1 shows the total number of cases reported and attended to at Arthur Davison Children's Hospital and Ndola Teaching Hospital. There were a combined total of 1210 defilement and rape cases seen from January, 2012 to December, 2016. Both females and males were victims of sexual assault.

Table 1: Frequency and Distribution by Gender of Sexual Assault Cases at Arthur Davison Children's Hospital (ADCH) and Ndola Teaching Hospital (NTH): 2012 - 2016.

Hospital		Total N (%)	Gender Female	Gender Male
ADCH	Total	1210	490	490
	N (%)	490 (40.5)	472 (96.3)	18 (3.7)
NTH	Total	1210	720	720
	N (%)	720 (59.5)	719 (99.9)	1 (0.1)
NTH	Total	1210	1210	1210
	N (%)	1210 (100)	1191 (98.4)	19 (1.6)

Figure 1: Distribution of Sexual Assault Cases at Arthur Davison Children's Hospitals (ADCH) and Ndola Teaching Hospital (NTH) by Type : 2012- 2016

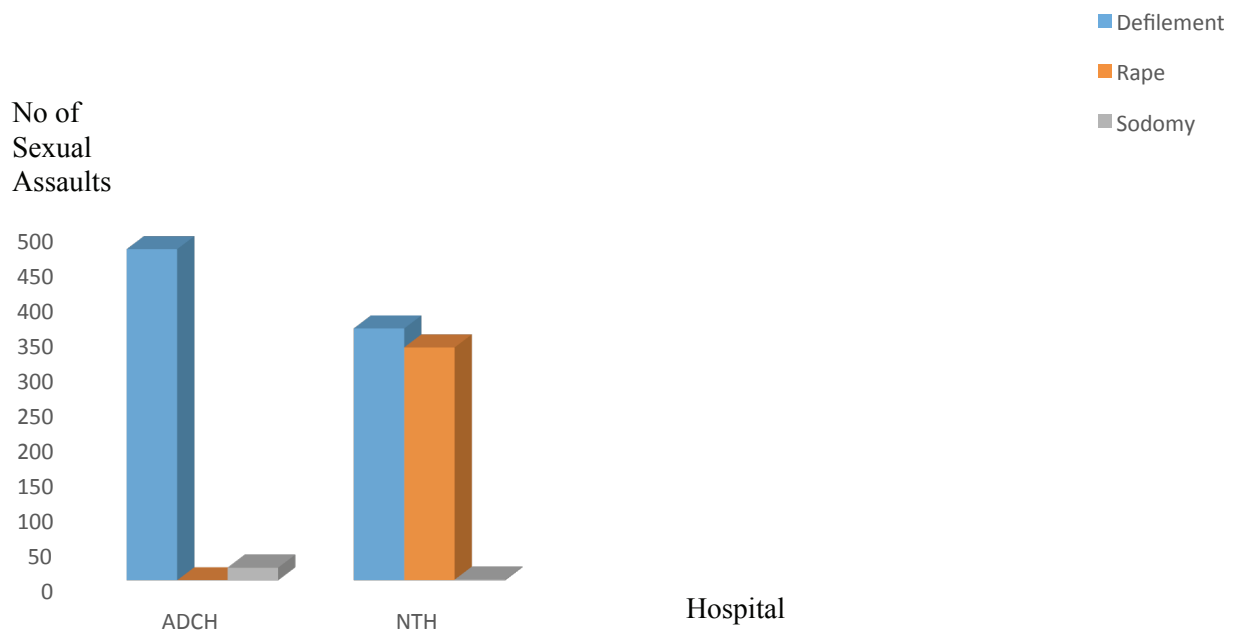


Figure 2: Annual Trends of Sexual Assault Cases at Arthur Davison's Children's Hospital and Ndola Teaching Hospital : 2012 - 2016

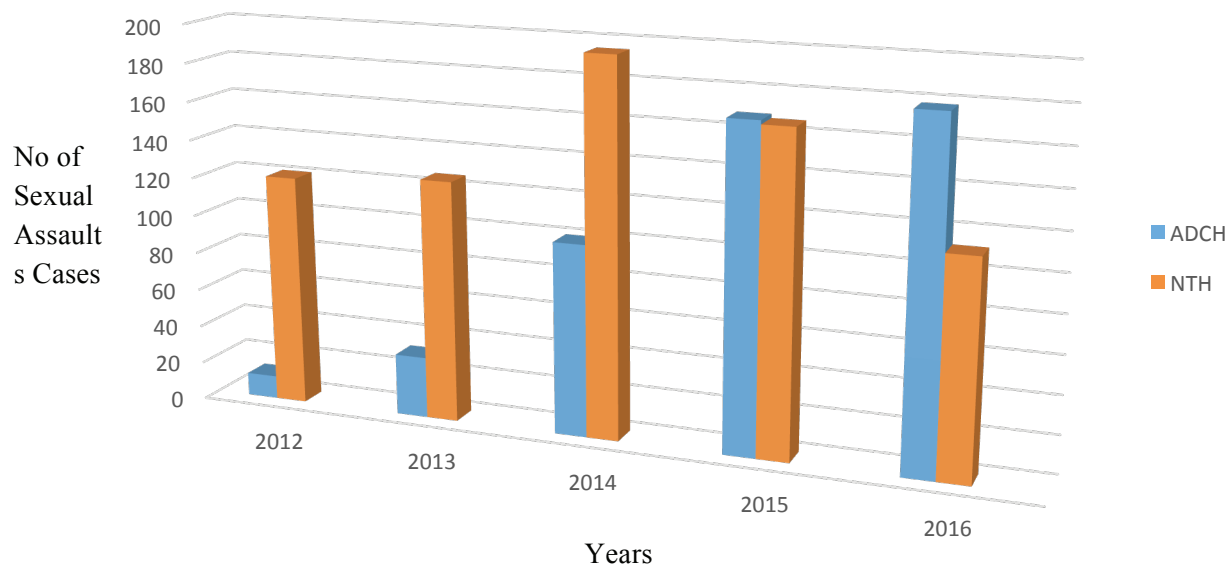


Figure 3: Distribution by Residence of Sexual Assault Victims at Arthur Davison Children's Hospital (ADCH) and Ndola Teaching Hospital (NTH): 2012- 2016

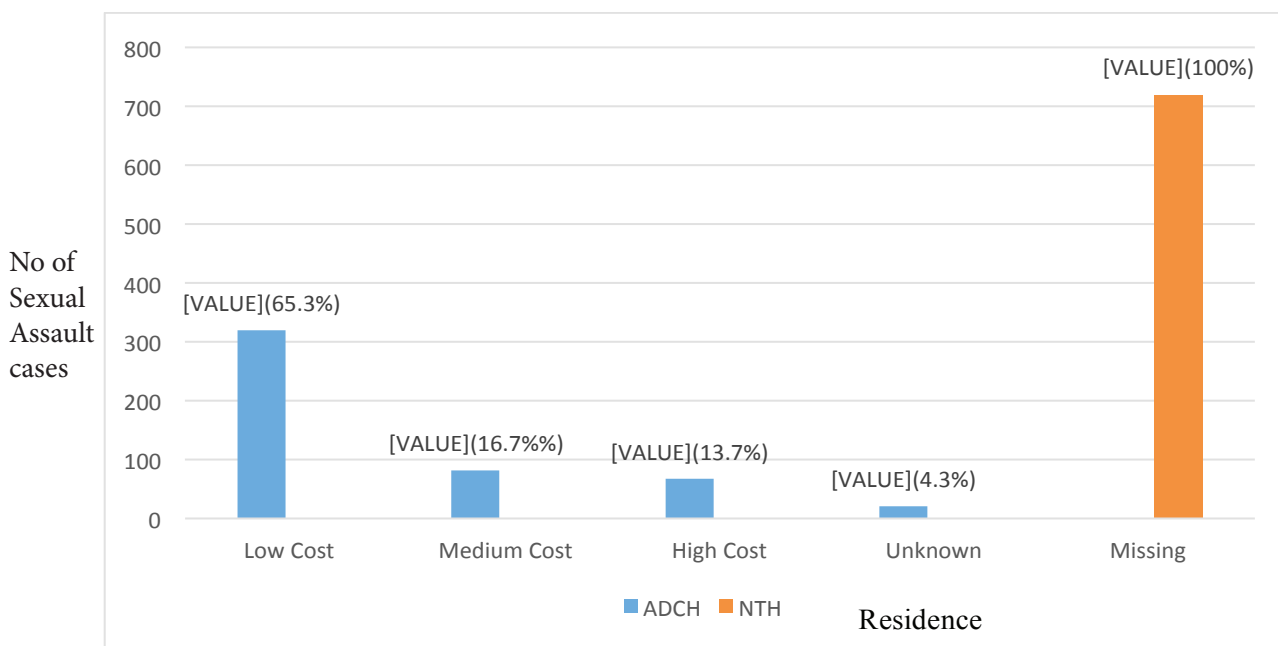


Table 2: Distribution by Age Group of Sexual Assault Victims at Arthur Davison Children's Hospital (ADCH) and Ndola Teaching Hospital (NTH): 2012- 2016

Age Group (Years)	Total N (%)	Hospital N (%) ADCH	NTH
Under fives	156 (13.0)	155 (31.6)	1 (0.1)
5-14	132 (11.0)	123 (25.1)	9 (1.3)
15-24	589 (49.2)	212 (43.3)	377 (53.4)
25-34	177 (14.8)	0 (0)	177 (25.1)
35-44	65 (5.4)	0 (0)	65 (9.2)
45 and above	77 (6.4)	0 (0)	77 (10.9)
Total	1196 (100)	490 (100)	706 (100)

Table 3: Distribution of HIV, Syphilis, Hepatitis B and Swab Results in Sexual Assault Victims at Arthur Davison Children's Hospital: 2012- 2016.

Serology Results	Test N (%)		
	HIV	Syphilis	Hepatitis B
Reactive	14 (2.9)	6 (1.2)	2 (0.4)
Non-Reactive	360 (73.5)	265 (54.1)	84 (17.1)
Unknown	116 (23.7)	219 (44.7)	404 (82.4)
Total	490 (100)	490 (100)	490 (100)
Swab Results	Trichomonas vaginalis	Test N (%) Spermatozoa	
Present	2 (0.4)	1 (0.2)	
Absent	245 (50.0)	244 (49.8)	
Unknown	243 (49.6)	245 (50.0)	
Total	490 (100)	490 (100)	

Discussion

This study provides information about the proportion of defilement and rape cases reported and attended to at Arthur Davison's Children Hospital and Ndola Teaching Hospital on the Copperbelt province of Zambia. This study revealed that a combined total of 1210 sexual assault cases were reported and attended to from January, 2012 to December, 2016 out of which 490 (40.5%) were seen at Arthur Davison Children's Hospital and 720 (59.5%) at Ndola Teaching Hospital. The data captured revealed that both females and males were affected though unequally. A total of 1191 (98.4%) females and 19 (1.6%) males were victims of sexual assault. (Table 1). In a study that was done in the United States, it was revealed that sexual violence is wide spread. Approximately 8% or an estimated 10 million girls experienced rape or attempted rape. 0.7% or an estimated 791,000 boys experienced either rape or attempted rape [11].

Further analysis of these statistics showed that 472 defilement and 18 sodomy cases were attended to at ADCH while 387 defilement, 1 sodomy and 332 rape cases were attended to at NTH. (Figure 4.1). Therefore, a total of 859 (71%) defilements, 332 (27.4%) rape and 19 (1.6%) sodomy cases were seen at the two hospitals from January, 2012 to December, 2016. These results affirms other literature findings where it has been shown that males are also victims of sexual crimes. (Table 2). Based on aggregated data from the 'Crime Survey for England and Wales' in 2009/10, 2010/11 and 2011/12, on average, 2.5 per cent of females and 0.4 per cent of males said that they had been a victim of a sexual offence [12].

There was an alarming increase in the number of cases reported and attended to at Arthur Davison Children's Hospital from 2012 (12), 2013 (32), 2014 (100), 2015 (168), through to 2016 (178). As for Ndola Teaching Hospital, an increase was observed from 2012 (121), 2013 (126) up

to 2014 (195). Then from 2015 (166) to 2016 (112) there was a decrease in the number of cases seen at Ndola Teaching Hospital. (Figure 2). These findings agree with literature where it was reported that the number of rape and defilement cases being reported is alarming and an indication of something being seriously wrong in our country [13]. An annual increase in the number of cases seen could be attributed to the community sensitization programs that were being conducted in the communities from 2012 through support from the Zambia Police Victim support Unit, Judiciary and the Catholic Diocese of Ndola. However, the decrease could be due to unavailability of funds to continue with the community sensitization programs and failure of families to report the cases. Similar findings were noted in other studies where an alarming increase was observed. According to the annual crime report released by the regional Criminal Investigation Department (CID) record officials, 1,527 girls living in the Internally Displaced People's (IDP) camps were defiled in 2005 whereas 797 girls were defiled in 2004 in northern Uganda [14].

Social demographic characteristics revealed that most of the victims came from low cost areas of Ndola. Despite the fact that the addresses of the victims at the Gender Based Violence Center were not captured at Ndola Teaching Hospital, information available at Arthur Davison Children's Hospital showed that more than half 320 (65.3%) cases came from low cost areas, 82 (16.7%) medium cost areas, 67 (13.7%) high cost areas, while 21(4.3%) had no known area of residence. (Figure 3). This calls for filling in of patient details in full at Arthur Davison Children's Hospital and inclusion of provision for address when capturing data at the Gender Based Violence Center (GBV) at Ndola Teaching Hospital. These results however, are in agreement with other literature findings where it was shown that sexual assault cases are more prevalent in areas with low social economic status (high density areas

e.g. Chipurukusu, kaloko, Chifubu, Nkwazi), followed by medium density (medium cost areas e.g. Pamodzi, Ndeke) and then high cost (low density areas e.g. Kansenshi, Northrise and Itawa). In a study done in Lusaka, Zambia in 1998, of the victims whose addresses were documented, 50.6% came from high residential areas, 38.5% from medium and 22% from low residential areas [15].

Age group distribution of the victims of sexual assault showed that the majority were those aged 15 to 24 years. In Zimbabwe, an analysis of child abuse cases reported to ChildLine was performed. Over 91% of all cases of sexual abuse reported to ChildLine were classified as "Rape.". The highest proportion (46%) of children reporting abuse to ChildLine were between 13 and 17 years old While 45% were in the 6 to 12 years of age group, and a remaining 10% fell into the under 5's age category [16].

In 1998, a study was done in Lusaka, Zambia on the number of reported rape cases which revealed that out of the 359 cases seen at UTH, 206 were definitely raped, 71 were not and 82 were doubtful. The age range of the victims was 2 to 74 years. The majority of the victims were less than 20 years of age [15].

The laboratory results obtained at Arthur Davison Children's Hospital revealed that not all the recommended tests are done on all sexual assault victims. HIV results showed that 14 (2.9%) out of 490 were reactive, more than half 360 (73.5%) non-reactive whereas results for 116 (23.7%) were unknown. As for Syphilis; 6 (1.2%) were reactive, 265 (54.1%) non-reactive and 219 (44.7%) did not have results. Hepatitis B results were as follows; 2 (0.4%) reactive, 84 (17.1%) non-reactive and 404 (82.4%), which is more than half of the victims did not have the results. (Table 3). It is possible that some of these victims found to be infected could have acquired the infection due to repeated abuse prior

to the cases being reported. The inability to do all these tests could be attributed to failure of the clinicians to request these tests or inability to perform these tests by laboratory personnel due to reagent stock outs. From these findings, it is clear that there is a gap in patient management if not all baseline investigations can be done. This might even make follow up difficult for example monitoring the effectiveness of post exposure prophylaxis.

Conclusion

The current study has shown that rape and defilement cases are prevalent in Ndola District of Copperbelt Province in Zambia. A total of 1210 cases were reported and attended to from January, 2012 to December, 2016. 490 (40.5%) of the victims were seen at Arthur Davison Children's

Hospital and 720 (59.5%) at Ndola teaching Hospital. Both females and males were victims of this crime. All ages are at risk and the most affected were those aged 15 to 24 years. The majority of the victims came from areas with low social economic status. Not all recommended tests were done on all sexual assault victims for the period under review. For those whose results were available most of them were non-reactive to HIV, Syphilis and Hepatitis B tests. The majority of victims also did not have Trichomonas vaginalis or spermatozoa in their swab specimens.

It is therefore essential for Ndola District and Zambia as nation to scale up efforts meant to curb sexual assault crimes. The hospitals should enhance implementation of the protocols and also put in measures

to ensure that all the necessary tests are done on the victims. There is also need for improvement in terms of capturing data for sexual assault victims both at Arthur Davison Children's Hospital and Ndola Teaching Hospital as well as proper record management.

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REMOVED AT BLINDING.

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