



Services for child sexual abuse lacking

To the Editor: Child sexual abuse (CSA) is a major public health and human rights problem in South Africa, and we fail in our responsibility to protect the victims. More than 22 000 child rapes and attempts were reported to the police in 2006/2007;¹ with the degree of under-reporting, the true magnitude could be more like 200 000. The immediate and long-term psychosocial and health consequences of CSA and its impact on the child and the family are devastating.² Recovery depends on post-disclosure support, but specialised skills and services are required to reduce long-term psychopathology.³

We are ethically obligated to ensure that these children receive the services they need, but our research on sexual assault services in the Western and Eastern Cape provinces showed that they do not. All cases of sexual abuse must be referred for immediate investigation, and services provided to the abused children, to curtail further harm.⁴ The children must be referred to social workers to manage the crisis and facilitate healing.⁵ We found that this was not always standard practice. Children over the age of 14 years were often not regarded as children and were seldom referred to child care services, owing to service providers' assumptions about the nature of the sexual abuse reported.

Our referral attempts met bureaucratic obstacles such as long waiting lists (sexually abused children cannot wait for 3 months to have their crisis dealt with) and referrals to many different service providers before the cases were accepted. On follow-up, we found that most referred children were never seen. For example, we tried to refer a 14-year-old girl to a social welfare agency. We established that the mother had a severe drinking problem and had not taken her back for further hospital treatment, nor had she returned to school. The girl was often maligned and blamed for being raped but was never seen by the service to which we referred her, and we could not contact the social workers.

Not all the blame falls on services. Parents and guardians are also responsible for ensuring that children receive appropriate care. However, the complexity of sexual assaults often results in families becoming immobile and unable to respond appropriately to the children's needs. Moreover, the perpetrators are frequently relatives or family friends, which further complicates responses.

The government's emphasis has been on prevention, towards which most resources are channelled. Counselling and support services for the many thousands of children who disclose abuse have not received the same priority. Children who require care and support face a hiatus in services, and are likely to move on to high-risk sexual behaviour.

Child sexual abuse is a complex matter and requires a complex response. The Children's Amendment Act⁶ provides for psychological, rehabilitative and therapeutic programmes

for abused children. Funding has predominantly gone to medical care for rape survivors; the state must therefore radically reconsider its funding towards services to meet their obligations and the needs of abused children. Providing adequate services is critical for ensuring the prevention of long-term psychosocial sequelae for children and their families.

Naeemah Abrahams
Shanaaz Mathews

*Gender & Health Research Unit
Medical Research Council
Cape Town
nabraham@mrc.ac.za*

1. South African Police Service. *South African Police Annual Report 2006/2007*. Pretoria: SAPS, 2007. http://www.saps.gov.za/saps_profile/strategic_framework/annual_report/index.htm (accessed 12 June 2008).
2. Runyan D, Wattam C, Ikeda R, Hassan F, Ramiro L. Child abuse and neglect by parents and other care givers. In: Krug E, Dahlberg L, Marcy JA, Zwi A, Lozano R, eds. *World Report on Violence and Health*. Geneva: World Health Organization, 2002: 57-86.
3. Killian B, Brakarsh J. Therapeutic approaches to sexually abused children. In: Richter L, Dawes A, Higson-Smith C, eds. *Sexual Abuse of Young Children in Southern Africa*. Cape Town: HSRC, 2004.
4. Children's Act 38, The Republic of South Africa, Government Gazette, 2005. <http://ci.org.za/depts/ci/plr/pdf/bills/ChildrensAct38-2005.pdf> (accessed 12 June 2008).
5. Child abuse guidelines for the management of children younger than 14 years. Circular H102/2000, Western Cape Provincial Government, 2000. http://www.capegateway.gov.za/Text/2003/child_abuse_guidelines.pdf (accessed 12 June 2008).
6. Children's Amendment Act, 2007, 30884, Republic of South Africa, Government Gazette 2008. http://ci.org.za/depts/ci/plr/pdf/bills/C_Act4107.pdf (accessed 12 June 2008).

Algae an answer to biofuels?

To the Editor: With reference to the editorial 'Humans – a threat to humanity',¹ recent information could bring a little light into the darkness.

Research in the Netherlands on diesel biofuels derived from algae,^{2,3} using a complex (and still expensive) photosynthetic process, could help to give alternative energy the bump it needs by way of green goo. Maritime biologist Professor Hein de Baar says that algae are ideal as biofuel; they yield 10 times more biofuel than corn or rapeseed, are easy to grow, are not a human food source, and can be produced without adding to CO₂ levels. He hopes that within a few years there will be cars running on algae oil.

Algae are the most common plants on earth, and make up most of the planet's biomass. CO₂ emissions could be reduced substantially if biofuel were produced from specially grown algae, since algae need CO₂ to grow. An intensive algae nursery would require large quantities of CO₂, which would be no problem if a nursery were hooked up to a power plant. Imagine: the plant's smoke stack emits copious CO₂ which would be captured and injected into large containers with algae situated next to the plant. The fast-growing algae could then serve as fuel for the power plant, thus creating a closed circle without any atmospheric emission of CO₂.

Biofuels have a bad reputation because some of them also serve as food for humans. In Latin America, prices of corn have