



SURVIVING RAPE

**An Integrated Service for Rape in
Khayelitsha, South Africa
August 2006**



A Note on the Report

All photos and testimonies were taken and reproduced herein with the consent of the rape survivors. Interviews took place at the Simelela Centre, January 2006. The names of some of the rape survivors have been changed on request.

All of the survivors interviewed had been raped within the previous five months except one who was raped as a child, and another who was raped a few years previously. Both had only recently come forward for counselling.

With special thanks to the dedicated team at the Simelela Centre and the rape survivors themselves who had the courage to share their stories.



BABA'S STORY

People laugh at me and say 'Oh, you will get HIV aids now'. These are my neighbours and people who live around me. They don't seem to think the men that raped me did anything wrong.

The other day I was walking down the street. A girl called me over but when I walked towards her a man pulled her aside and said, "Don't touch her! Don't go near her! She has been raped and maybe she has some disease."

The day before that I got in a fight with an old woman. She was drunk and she wanted me to go buy her beer. When I said no, she said, "That's why you got raped, because you're mouthy. If I were a man I would rape you too." I hit her.

This has changed my life. The way people look at me, the way they react. I don't feel comfortable anymore. I get worried about what my boyfriend is going to say to his friends. I'm afraid of what his family are saying. Sometimes I don't even feel like a person.

Photo: The stigma attached to rape and HIV/AIDS means many rape survivors are too afraid to come forward for treatment. Rape Crisis estimates that only 1 in 10-15 rapes are ever reported but no one knows for sure.

INTRODUCTION

South Africa has one of the highest incidences of rape in the world. Since the end of apartheid in 1994 the incidence of reported rape has regularly increased reaching 55 114 reported rapes in 2004/2005, or 118.3 rapes per 100 000 people. It is estimated that one person is raped every 26 seconds¹. In Khayelitsha, a township of around 500 000 people in Western Cape Province, the incidence of rape is one of the highest in the country.

Rape is an important medical concern. Its consequences include unwanted pregnancy, genital fistulae, sexually transmitted infections (STIs), depression, post-traumatic stress disorder and social exclusion². One of the most alarming developments has been the increased risk of contracting HIV/AIDS due to increased prevalence.

All of these issues can be dealt with if appropriate care is available and sought early. Rape survivors who reach medical care within 72 hours can receive contraception to avoid unwanted pregnancies and a course of anti-retroviral treatment to prevent the transmission of HIV/AIDS. Counsellors can help reduce psychological trauma, and evidence collected in forensic examinations can be used to catch and convict rapists. But in order to make use of these services they must be accessible, approachable and well known to the community.

For years there was no dedicated rape centre in Khayelitsha that could deal with both emergency and follow up care. Instead, rape survivors were obliged to seek emergency treatment at the Thuthuzela centre situated in a neighbouring community 20 km away. Although the services offered there were progressive, the distance to the clinic and the cost to get there placed them out of reach for many of the most vulnerable survivors.

On August 4th 2005, the Simelela Centre, a centre which previously only offered follow up care to rape survivors, extended its services³ in the grounds of Khayelitsha Community Health Centre to include emergency medical treatment. Other service providers dealing with rape were also integrated into the Centre including the police, the justice system and the department of health. Today, rape survivors can get all the care they need in the one place, 24 hours a day, every day of the year.

Although these extended services are still very new they demonstrate how proximate, integrated care can greatly improve the treatment of rape. This report looks at the impact of rape in Khayelitsha, and the lessons learnt from providing an integrated service. It also highlights the urgent need for community action in the fight against rape.

¹ People Opposing Women Abuse (POWA) <http://www.powa.co.za/Display.asp?ID=2>; the South African Police Service (SAPS) put this figure at every 35 seconds

² Christofides N, Jewkes R, Webster N, Penn-Kekana L, Abrahams N, Martin L. "Other patients are really in need of medical attention" - the quality of health services for rape survivors in South Africa. WHO Bulletin July 2005. 83;7:495-502

³ The Simelela Centre was initially established in November 2003 but was only able to provide follow up medical and counselling services and was open from 9am to 5pm.

RAPE IN SOUTH AFRICA

“I would like to ask him why he raped me. Why did he choose me? And what was he thinking? What was he feeling? Does he have a girlfriend? And does he do this to her?” Rape survivor, age 28, Simelela Centre

There are many explanations put forward for the high levels of rape in South Africa, several of which have sparked serious controversy. Many commentators attribute it to the ‘culture of violence’ which has dominated South African society for years: it is not just rape that is rampant but common criminality too, and rape is just one of many violent crimes. Some blame the inadequacies of a criminal justice system that indirectly allows rape to be committed without severe consequences. Others see it as a reflection of South Africa’s traditional, patriarchal society. The media in particular have hyped claims that child rape is fuelled by the belief that sex with a virgin will cure AIDS. In today’s highly politicised environment, discussion of rape becomes incredibly sensitive. But no political arguments can alter the alarming statistics.

According to the Crime Information Analysis Centre for the South African Police, there were 55 114 reported rapes last year – the highest yet recorded, and a 1.5% increase on the previous year⁴. This increase has been partly explained by the police and President Mbeki himself as a consequence of improved reporting rather than more rapes being committed.

Western Cape Province has the second highest prevalence of rape in South Africa at 149.5/100 000⁵. Within the Western Cape itself, the highest prevalence of reported rape is in Khayelitsha.

RAPE MYTHS

According to Rape Crisis, rape is more common in societies that accept and believe in “rape myths”. These include:

- A healthy woman can resist rape if she really wants to
- If a woman goes home with a man it means she wants to have sex
- Once a woman accepts a drink from a man she has said yes to sex
- Women who walk around in revealing clothing are asking to be raped
- Women who get raped are promiscuous
- No means Yes
- A woman causes her own rape by going into unsafe situations such as bars and bad neighbourhoods
- An aroused man cannot control himself
- A woman who leads a man on gets what she deserves

⁴http://www.saps.gov.za/statistics/reports/crimestats/2005/_pdf/stations/western_cape/east%20metropole/khayelitsha.pdf

⁵http://www.saps.gov.za/statistics/reports/crimestats/2005/_pdf/stations/western_cape/east%20metropole/khayelitsha.pdf



TINKY'S STORY

It's not about the physical pain. It's about the emotional pain. That's what I came to learn. When I was raped, they took something away from me. They took my dignity. They took something I can't get back.

It was a Friday night in October last year and I was with two of my girlfriends, just playing around at home with our mobile phone tunes. We were waiting for my boyfriend to come. It was 1am.

I live alone in a little shack – just one room – and all of a sudden the lights went out. We were scared. "You know what?" my friend said, "I'm scared." "Don't be scared," I told her. "Nothing is going to happen."

But none of us had the courage to go see what had happened to the electricity. We decided to climb into bed and get some sleep.

Then suddenly the front door flew open, kicked in. It was like a horror movie; I couldn't believe I was seeing it. I screamed. Two guys came in and starting shouting at us. "Bitch!" They screamed, "Where are your mobile phones? We want the phones."

I was terrified. I couldn't say anything anymore. I covered myself with the blanket and shut my eyes. Then one of the guys came to me. "Stand up, bitch!" he ordered. He ripped my t-shirt and tore off my panties. I started shouting 'Please please, take anything you want, just don't hurt us.' But he pushed me back on the bed and raped me. Right there in front of my friends.

I couldn't open my eyes. I couldn't look at him. The other guy kept on shouting. Then they took our phones and ran out onto the street. It was so quick I barely know what happened. It was like a dream, a nightmare. It was like I was somewhere else, I wasn't on this planet. Fortunately my friends knew what to do. They woke up one of our neighbours and phoned the police and they came to get us and took us to the Centre.

All I could think was 'Why me? How could it happen to me?' I am well informed. I know what situations to avoid to reduce the risk of rape. I know what you should do. So how did it happen to me? And why only me, not my friends? I just kept thinking something must be wrong. Maybe if I had gone out, maybe if we had gone to sleep early, maybe if my boyfriend had come over... then maybe this wouldn't have happened. I ended up blaming myself. And blaming my boyfriend too.

It's now three months later and my friends and I don't talk about it any more. I am determined to not let it change me – to keep going out like I used to, to keep being strong. I know I will be ok. But it's hard. I have broken up with my boyfriend, even though he is a good man and is understanding. I still live alone but I have to sleep with the light on. And noises in the night scare me.

But I am fine.

Photo opposite: Tinky



THE SIMELELA CENTRE

AN INTEGRATED SERVICE FOR RAPE IN KHAYELITSHA

“When I was raped I didn’t know who to turn to or where to go. So although I was bleeding and badly hurt I just took some panadol and went to sleep. It wasn’t until the birth of my first child several years later that I discovered I had HIV.” Rape survivor, age 40, Simelela Centre

Providing comprehensive services for rape survivors requires dedicated commitment from many sectors. There is the need for proper counselling and medical care; cases must be reported to the police and action taken against the perpetrators; survivors must be protected from further violence; and the community must be made aware and encouraged to reject sexual abuse.

For years, the care offered to rape survivors in South Africa frequently compounded rather than reduced their trauma, thereby discouraging people from seeking assistance. Rape survivors were obliged to travel to one location to receive medical treatment, another to report the rape, another for counselling and others still for follow up care. The treatment they received was more often than not at the hands of people who had limited or no training in rape. Some rape survivors have described this process as being almost more traumatic than the rape itself, resulting in secondary traumatization.

A survey done by the South African Medical Research Council in 2004 on hospital care for rape survivors found that 32.6% of practitioners did not consider rape to be a serious medical condition, and only 30.3% had received any training in caring for rape survivors. As a consequence less than half thought to refer patients for counselling. Most worrying was the limited availability of preventative HIV treatment, with only 19.7% of the practitioners surveyed offering post exposure prophylaxis (PEP)⁶.

In recent years the government, alarmed by national rape statistics and petitioned by campaigning organisations, has sought to address these issues and others. The right of every survivor to receive PEP is now enshrined in law⁷ and victim-friendly facilities have been established in hospitals and police stations. By December 2004, 52 specialised sexual offences courts had been established where the conviction rate was 20% higher than cases brought before ordinary courts and the number of special police units with trained inspectors focusing on violence against women and children have been expanded.

Another new development to tackle co ordination issues head on was the creation of the Thuthuzela Care Centres in Western Cape Province. These centres are a significant first step in co ordinating and integrating rape services and bring together a number of different services including legal, medical and psychological support. The centres also make strong links with HIV/AIDS by being located in areas where HIV/AIDS prevalence and violence are high. The Simelela Centre was based on this model.

⁶ Christofides N, Jewkes R, Webster N, Penn-Kekana L, Abrahams N, Martin L. "Other patients are really in need of medical attention" - the quality of health services for rape survivors in South Africa. WHO Bulletin July 2005 83;7:495-50

⁷ In Jan 2004, the chair of the committee reviewing legislation on sexual offences announced that it would include a clause making clear that rape survivors would be entitled to receive PEP



By extending its services in August 2005 the Simelela Centre aims to:

- Create a safe and friendly environment proximate to the Khayelitsha community
- Reduce secondary traumatization by having trained staff offering a range of dedicated services from one location
- Ensure best quality medical and psychological care
- Provide a closer link between rape and HIV/AIDS care
- Encourage suspected rape cases to come forward
- Increase reporting
- Increase conviction by providing forensic evidence
- Increase co ordination and co operation between different role-players
- Increase community awareness
- Increase understanding of rape in Khayelitsha
- Help reduce incidence of rape in Khayelitsha

The Centre offers the following services to men, women and children, 24 hours a day, every day of the year:

Emergency Medical Care

Forensic examinations, STI treatment including PEP, emergency contraception and voluntary testing for HIV/AIDS

Follow up Medical Care

28 days of PEP, HIV testing after 6 and 12 weeks, referral of HIV positive patients, referral for unwanted pregnancies

Psychological Support

Initial 'containment' counselling and option of 12 follow up sessions, individual counselling for cases aged 14 years and under their families

Care for Children

Designated rooms for children, individual counselling by specialist children's organisation, removal into care by social services if children in ongoing danger

Justice

On site reporting to police; information on upcoming bail, trial and release of perpetrators; court preparation

Information, Education and Prevention

Community awareness and advocacy activities, practical information and access to networks for survivors



THE DEATH OF LORNA AND THE BIRTH OF COMMUNITY ACTIVISM AGAINST RAPE

On 13 December 2003, Lorna Mlofana from Town 2 Branch, Khayelitsha was sexually assaulted and then murdered by a group of young men when they learnt that she had HIV. Lorna had been working as a volunteer educator with TAC. The death of Lorna and the subsequent police inaction mobilized community outrage against sexual violence for the first time in Khayelitsha and drew attention to the lack of local services available for rape survivors.

One year later, with still no serious action taken to find the perpetrators, hundreds of people took to the streets to protest about Lorna's case and other more recent cases of sexual violence. On the anniversary of Lorna's death a memorandum was handed to the Department of Health calling for the establishment of an acute rape centre in Khayelitsha that would offer comprehensive support to survivors of sexual violence. The Simelela Centre was established the following August.

After more than 2 years of persistent community action, the men responsible for the rape and murder of Lorna were finally sentenced on 16th February 2006.

Photo: In December 2005, people of Khayelitsha took to the streets again for the 16 Days of Activism to Stop Violence Against Women and Children.

THE IMPACT OF RAPE

MEDICAL RISKS

“I was very scared about the HIV results. What if I find out I am HIV positive, what am I going to do? What is going to happen to me?” Rape survivor, age 28, Simelela Centre

Rape presents a number of medical risks, both in terms of physical and mental injury, and the transmission of infectious diseases.

A particularly violent rape can result in genital fistulae requiring surgery, and injuries such as stabbings, abrasions, lacerations, bruising, and fractures are common. The threats of unwanted pregnancy, unsafe abortion, pelvic inflammatory disease and sexually transmitted diseases are also of significant concern. In the South African context, perhaps the greatest health threat comes from the risk of HIV/AIDS.

South Africa has the highest prevalence of HIV/AIDS in the world, and according to UNAIDS one of the reasons there are 2.5 more women infected than men here is because so many experience forced sex. As the WHO explains, forced sex frequently results in abrasions and cuts thereby facilitating the entry of the virus⁸.

Researchers have long suspected the link between gender-based violence and HIV but little research has actually been done on the connection. Two studies in Tanzania and Rwanda both cited that HIV positive women were much more likely to report past violent sexual experiences than were HIV negative women⁹.

Young girls are particularly prone to tearing during sexual activity as their reproductive tracts are not fully developed¹⁰. In Khayelitsha over one third of cases presenting at the Simelela Centre are girls aged 14 and under.

A 28 day course of PEP can successfully prevent the transmission of HIV/AIDS if taken properly. However, to benefit from this rape survivors must commence medication within 72 hours and for those that are too late there is no recourse. Many rape survivors only learn they are already carrying the virus when they come to receive treatment for their rape and so must come to terms with their violation and their HIV status at the same time.

It is crucial that medical staff administering medication to rape survivors take into account the shock rape survivors might still be in and the impact this might have on their ability to absorb information and instructions. Failing to do so can lead to medication not being taken properly.

Other STIs transmitted through rape include gonorrhoea, syphilis and bacterial vaginosis. These can be prevented with an injection of antibiotics.

⁸ WHO/The Global Coalition on Women and HIV/AIDS. Violence against Women and HIV/AIDS information sheet, Geneva
<http://www.who.int/gender/en/infosheetvawandhiv.pdf>
<http://www.who.int/gender/en/infosheetvawandhiv.pdf>

⁹ Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet* 01 May 2004. 363; 9419:1415-1421

¹⁰ Gender and HIV/AIDS. WHO, Geneva http://www.who.int/gender/hiv_aids/en/



A FATHER'S STORY

Apparently this had happened before. We had noticed my son acting strange at times. He refused to wash and had become very lazy. He didn't want to get out of bed, he didn't want to go to school. But he also continued to play and be a nine year old boy. We had no idea what was going on.

Now I am so worried. All I can do is think about these diseases. We are waiting for the blood test. But what if he has this HIV aids? I also fear that what has happened to him may cause him some long term physical damage. Will he be able to have children?

I try to talk to my son but he is afraid of me. He sees my anger and he thinks I am angry with him. I do find it hard to understand why he didn't tell me after the first time. But he tells me he has no pain. He says he is fine.

But I am angry. I don't know what I would do if I saw the old man who did this to him. I am just happy he wasn't around when I found out otherwise I might have ended up in jail myself.

Father of 9 year old rape survivor

Photo: The Simelela Centre has a room specifically for children. Dolls are used as an aid to help children describe what happened to them.

PSYCHOLOGICAL TRAUMA

“I lost the will to live. All I wanted to do was die. I lost my job and even thought about taking drugs, anything to make the memories go away.” Rape survivor, age 24, Simelela Centre

Many of those raped feel as if their lives have been shattered and the emotional scars can take months and sometimes years to heal. The most common reactions to rape include shock, guilt, fear, a sense of powerlessness and loss of control, shame, nightmares, depression and anger. Survivors may be plagued by overwhelming feelings of sadness or anger, suffer sleeping and eating disorders, or be tormented by nightmares. Self blame is also very common and destructive, particularly when the perpetrator is known to the survivor. This isn't helped by an attitude not uncommon in Khayelitsha where many girls are held responsible and then rejected for their own rape.

In some, negative feelings can become entrenched, and permanently affect a person's ability to function. This is a form of post-traumatic stress disorder (PTSD) referred to as rape trauma syndrome¹¹ and studies have indicated that over 50% of women will develop symptoms of this following a rape¹². Rape trauma Syndrome can lead to profound impairment in the way someone expresses personal emotions and deals with their normal environment and people suffering from it have been known to lose jobs, relationships and the ability to care for themselves and others. This destroys not just their own lives, but the lives of those who are dependent on them.

SEEKING JUSTICE

“I wanted to press charges. I wanted him to go to prison. Until I knew he was behind bars I wouldn't feel safe. But it is not an easy process and sometimes I feel like giving up.” Rape survivor, age 27, TAC

Rape not only has a medical and psychological impact, it has legal consequences too, and addressing these can take years.

In order for a rapist to be arrested and convicted the rape survivor must file a report with the police and agree to press charges. Forensic evidence such as semen is collected through a medical examination, preferably before they have washed or changed clothes. If the perpetrator is arrested they must then be tried. Cases regularly take over a year before they come to trial during which the suspect may be out on bail¹³. The rape survivor must then be prepared to face their rapist and give their testimony in court. All this results in a painfully long process that can be traumatic for the survivor. “The thing that scares me most is going to court,” said one rape survivor. “I am so scared, I think about it all the time. What am I going to do when I see my rapist?”

OTHER CONSEQUENCES

Other consequences of rape include threats of further violence by the perpetrator or his associates; rejection by the community; break up of the family; and financial destitution if the perpetrator is the main bread winner and goes to prison. All these must be taken into account when developing services for rape survivors.

¹¹ Burgess W, Holstrom L. Rape Trauma Syndrome. *Am J Psychiatry*. 1974;131:981-986

¹² 50-95% of women will develop symptoms of Rape Trauma Syndrome, {<http://www.infoforhealth.org/pr/11/violence.pdf>}. Population Reports 7;4, December 1999 {<http://www.infoforhealth.org/pr/11/violence.pdf>}

¹³ It is the responsibility of the Investigating Officer to inform the survivor that the perpetrator is out on bail but survivors are often not informed. They then face the trauma of seeing the perpetrator again and often question the justice system. Many survivors are intimidated by the perpetrator/perpetrator's family to withdraw their case.



Photo: A woman in Khayelitsha has just received a Simelela flyer informing her of the health risks of rape, and the services available. Over 10 000 of these leaflets were distributed in some of Khayelitsha's most troubled areas in December 2005.

ACHIEVEMENTS OF THE CENTRE

“Sexual abuse is a problem of enormous magnitude in Khayelitsha. Fighting it requires a combination of a radical community response, proximity of the services to the people and adequate co ordination.” TAC Nov 2003

GREATER COMMUNICATION AND CO OPERATION BETWEEN ROLE PLAYERS

One of the greatest challenges and greatest successes of the Simelela Centre has been in bringing together key role players dealing with rape. This process has been greatly facilitated by having MSF, an independent NGO, as the co ordinator. There is now a top-level interdepartmental team comprising of justice, health, education, social services and correctional services who frequently meet to evaluate their performance and discuss ways to improve the services they offer. By putting key decision makers in direct contact with each other, the procedures rape survivors must go through have been significantly streamlined. The regular sharing of information also helps inform education campaigns and prevention activities.

MORE RAPE SURVIVORS COMING FORWARD FOR CARE

In the last twelve months, the Simelela Centre has treated 743 new cases of rape, and in January 2006 was averaging 3 new cases a day. A further 858 survivors have attended the Centre for follow up care, and this number is expected to grow. This is a significant increase in the number of Khayelitsha survivors previously attending the Thuthuzela Centre showing the difference proximity can make.

BETTER UNDERSTANDING OF RAPE IN KHAYELITSHA

“Until now we have never really had the true picture of rape in Khayelitsha. There were many theories but almost no data.” SAPS Director of Police, Khayelitsha

Comprehensive statistics on rape are few and far between, particularly for Khayelitsha. The Simelela Centre now systematically collects and records information on every case it handles to help formulate targeted responses. One of the aims for 2006 is to develop a map of Khayelitsha that documents locations of rapes as well as homes of both survivors and perpetrators. This information can help the police identify areas to prioritise and the Centre to better focus its awareness raising and prevention campaigns. Although the data has only been collected since emergency services were introduced six months ago it is nevertheless possible to identify some emerging trends (see page opposite).

INCREASED REPORTING

“The police were good to me. They were understanding. Now my rapist has been arrested and is in jail. Now I feel safe.” Rape survivor, age 15, Simelela Centre

From March 2004 to April, 2005, 306 rapes were reported at the three main police stations serving the Khayelitsha catchment area. In the twelve months since the Simelela Centre opened, the number of reported cases at the police station is steadily increasing. Out of the total of 743 new cases who have come to the Simelela Centre for treatment, about 104 have refused to press charges¹⁴. The Simelela Centre, and the FCS¹⁵ as one its partners, has significantly contributed to this increase in reporting through proximity, awareness campaigns, its policy of taking time to explain to survivors how the justice system works and by bringing police investigators to the Centre itself to collect statements from survivors in an environment where they feel safe.

¹⁴ A small number of rape survivors have reported to police stations other than these three

¹⁵ Family Violence, Child Protection and Sexual Offences Unit

RAPE IN KHAYELITSHA

- Almost all survivors coming forward to report rape and receive treatment in Khayelitsha are female (94%).
- Many of the survivors are age under 14 (41%).
- Anyone can be raped. The youngest case so far was one year old baby, the oldest a 76 year old grandmother.
- Most survivors in Khayelitsha know their attackers (57%). Children aged under 14 are even more likely to be raped by someone they know (66%). One in ten rapes are committed by a family member.
- Only a third of rapists have to our knowledge been arrested (30%) with even fewer going to trial.
- A large number of rapes are occurring in peoples' own homes (40%). Even more take place in someone else's home 43%. Proportionally few take place in open space (35%).
- In the most cases woman are raped with the threat of physical injury (65%) and in almost half of all attacks the perpetrator is armed (41%). The most common weapons used are knives, follow by guns. However, sticks, bricks and other implements are also used.
- More than one in three rapes (33%) involve alcohol or drugs
- Nearly a quarter of the rapes reported involve more than one rapist (23%) and a number of rape survivors have identified their assailant(s) as being part of a gang (12%) although many more are unsure.
- Most of recorded cases are carried out by young men, youngest suspected perpetrator being a 3 years old child..
- Most survivors who sought medical treatment filed statements with the police 82% although a few of these did not go on to actually press charges. Majority of those who did not press charges were children (75%).



MANDISA'S STORY

It was after all the tests at the Centre that I discovered I was already HIV positive. I didn't know my status before. When I first heard the news I was very afraid. I remember my teacher always telling us 'AIDS is a killer disease!' so I thought I would die. But at the Centre they told me it didn't have to be that way. They explained to me how the virus is transmitted and how it affects you. Now I know you don't have to die – you just need to take care of your health. I am pleased I know because now I can look after myself. I am lucky. There are many people around who have HIV but many do not know. I know what to do.

I don't feel angry any more. I don't think the rape changed me. I am proud. I tell myself, I am still Mandisa, nothing can change that, and I still live my life the same. I don't want to give him the satisfaction of having hurt me. I am proud to show him that I am still the one I was and I don't care what he thinks of me. I don't care about what he did. I have pride.

I will keep coming back for counselling. I will take my medication. And I will keep being myself. When I finish studying I hope to be a sports manager. I have a good future.

Photo: Baba was raped repeatedly at gunpoint by a gang member. She reached the Centre within 72 hours and completed her course of PEP. She has just had her 12 week test for HIV/AIDS and tested negative.

TREATMENT FOR HIV/AIDS AND OTHER STI's

“It was such a relief to discover I could receive treatment to stop me getting HIV/AIDS. I was so worried after the rape that I would get sick. I didn't think I could cope with that on top of everything else.” Rape survivor, age 28, receiving PEP from Simelela Centre

According to the NGO People Opposing Women Abuse¹⁶ approximately one third of women raped who do not receive PEP will go on to become HIV positive.

So far, 86% of the new cases from Khayelitsha have reached the Centre within the crucial 72 hour period. Of these, 89% were given PEP upon arrival. The sooner PEP is received, the greater the chances of preventing HIV/AIDS transmission. No one who commenced this course of PEP and returned to the Centre after 6 and 12 weeks for testing has gone on to become HIV positive. Rape survivors who discovered they were already HIV positive have been referred for ongoing treatment including anti-retroviral treatment if necessary.

The availability of PEP is encouraging male victims of rape to come forward for treatment too. Very few males seek assistance after rape, but the few that have come to the Simelela Centre have cited the availability of preventative HIV/AIDS treatment as being their incentive for coming.

In preventing the transmission of HIV/AIDS in some, and identifying and treating the virus in others, the Simelela Centre is significantly contributing to the fight against HIV/AIDS in Khayelitsha. This is particularly important given the young age of so many of the rape survivors. Explains MSF Dr Josias, “The majority of the people coming to the Centre are young girls. They have their whole lives ahead of them and most likely will go on to have partners and raise families. The importance of proper HIV/AIDS care for these girls – whether it is preventative treatment or recognition of status and lifelong ARVs – can't be emphasised enough.”

The Centre is also preventing the transmission of other STIs by providing all patients with an injection of antibiotics.

UNWANTED PREGNANCIES

Emergency contraception has successfully prevented unwanted pregnancies in all survivors who chose to take the treatment and reach the clinic within five days of the rape. For those who are too late, the Centre has informed them of their options and if they chose a termination referred them to a clinic or secondary hospital.

MORE EFFICIENT COURT PROCEDURES

In November 2005 the Sexual Offence Court in Khayelitsha extended its services to include adults. This is a result of successful campaigning by the Khayelitsha community and local campaigners, including some who are now partners of the Centre. Previously Khayelitsha residents had to travel to Wynberg Court. In South Africa, only 7% of reported rape cases ever result in convictions, but these new specialised courts have a 20% higher conviction rate¹⁷. The success of these courts is due to the fact that they only handle sexual offence cases and the investigators, prosecutors and judges that work with them all have training and ever increasing experience of dealing with rape cases. Having the court based in Khayelitsha helps restore faith in the justice system and makes it more accessible to survivors and witnesses.

There would be no conviction without evidence and evidence from medical examinations can decide a case. The Simelela Centre's routine forensic examinations, its careful preservation of the chain of evidence, the quality of its doctors' reports and their willingness to present them in court have all made it far easier for prosecutors to secure a conviction.

¹⁶ People Opposing Women Abuse <http://www.powa.co.za/Display.asp?ID=2>

¹⁷ Amnesty International Annual Report 2005

INCREASED COMMUNITY AWARENESS

“I knew what to do after the rape because I heard it on the radio. So I didn’t wash and I called the police straight away to take me to the Centre. As I arrived within 72 hours I could receive the medical treatment for HIV/AIDS and pregnancy.” Rape survivor, age 25, Simelela Centre

“Whenever we go out distributing leaflets we always come across four or five people who say they have been raped and we refer them on. We’re definitely reaching people.” TAC Mandla Majola

Through TAC volunteers the Simelela Centre has deployed educators in areas where rape is rife to talk about the availability of PEP; held workshops with youth groups; mobilised marches; organised discussions in schools; distributed information leaflets and offered training to other NGOs. The partners of the Centre also came together to present road shows throughout Khayelitsha in December 2005 as part of the 16 Days of Activism to Stop Violence Against Women and Children (see box opposite).

Although it is difficult to measure levels of community awareness, TAC is certain their activities on behalf of the Simelela Centre are having an impact. This is supported by the steady increase in the number of people using the Centre and the high percentage of these coming within the crucial 72 hour period, having followed the recommended procedure for rape.

The Simelela Centre has received ongoing media coverage as well. Radio is a particularly effective way of reaching youth and the Centre’s Co ordinator has been making regular appearances on a weekly discussion programme. The Centre has also commissioned a monthly column in a local newspaper to keep the community abreast of developments in the field of rape. In 2006, Centre partners have come together to work with a local theatre group to develop a play about rape. This play is aimed at youths and will be performed in ten local schools.

PSYCHOLOGICAL SUPPORT

“The counsellors listen. And they help you understand that it is not your fault, that you didn’t ask to be raped. I used to think that everyone in the street was looking at me because I had been raped. I didn’t think I deserved to live and didn’t take care of myself. Now, because of the counselling, I am learning to respect myself again.” Rape survivor, age 28, Simelela Centre

Counsellors work with rape survivors to prevent further trauma and to try to restore the survivor to his/her pre-crisis level of functioning. “Our first role is to make the survivor understand that what they are feeling is normal. We also need to inform and support them in their decisions regarding how they come to terms with their experience and what action they decide to take,” says Joyce Nomego from Rape Crisis.

Every survivor responds to rape differently, and those that develop rape trauma syndrome seem to experience different symptoms over time. By treating every rape survivor as an individual, Rape Crisis counsellors have helped survivors overcome rape trauma syndrome and get on with their lives. Rape survivors never forget their rape but they can learn to deal with the memories.



16 DAYS OF ACTIVISM

In December 2005, the Simelela Centre partners organised 16 Days of Activism to Stop Violence Against Women and Children as a way of raising awareness about rape and mobilising community action in Khayelitsha. Road shows were taken to some of the most violent areas, with all Centre partners present to share information, followed by a short play. It was an interactive event that informed audiences of the do's and don'ts after rape, and the services available to them.

Street marches involving hundreds of people were also organised, thousands of leaflets and t-shirts were distributed and numerous local and regional media interviews took place. The need for such activism was underscored by the unfortunately fact that no sooner had the 16 Days of Activism ended than another TAC member, 18 year old Nandipha Matyeke, was found raped and murdered on 15 December in Harare, Khayelitsha.

Photo: in December 2005 hundreds of men, women and children marched in the street of Khayelitsha with posters, flyers and t-shirts to raise awareness about the services of the Simelela Centre and to protest against the staggering levels of sexual violence in Khayelitsha.

THE CHALLENGES

1. ENVIRONMENT AND COMMUNITY

POVERTY AND VIOLENCE

“We need to find a way to break the pattern of violence and address it at its roots.”

SAPS Director of Police, Khayelitsha

Rape is just one of many violent crimes such as murder, assault and car-jackings that happen every day in Khayelitsha. In his speech on May 2005, the Minister of Safety and Security referred to Khayelitsha as having the highest incidence of crime in the country and identified economic deprivation as a root cause.¹⁸

About 14% of the population in Khayelitsha live in core housing, with 54% in serviced shacks and 32% in unserviced areas. Only a handful of residents have electricity and most families have to fetch water from public taps¹⁹. Unemployment is 80% and substance abuse is rife. According to TAC, this poverty and unemployment are contributing factors to the high levels of rape in Khayelitsha. Men, say TAC, are venting their anger and frustration on women.

Poor housing also leaves women particularly vulnerable as break-ins are so easy. In Khayelitsha an unusually high percentage of rapes occur in peoples' own homes (31%). Poverty can prevent some rape survivors from pressing charges too. Many survivors and their families are financially dependent on the very people who abused them. They would rather risk further violence than lose the only source of income they have.

COMMUNITY ATTITUDES

“I see my rapists out all the time. They sit and make fun of me and nobody does anything about it. They say it wasn't rape. They say I wanted it and that I enjoyed it. How can they think that?” *Rape survivor, age 21, Simelela Centre, who was gang raped repeatedly by four men at knife point.*

Nevertheless, both Rape Crisis and TAC agree that it is not poverty that leads people to rape, but community attitudes towards women and sexual violence and it is these that must be changed. According to Rape Crisis, men rape for the following reasons:

- Certain forms of rape are considered socially and culturally acceptable
- To exert power and control over another person
- To punish or with the intention to be cruel and sadistic
- To establish ownership
- To gain social status

Poverty, poor housing and unemployment are merely contributing or enabling factors.

In Khayelitsha, the stigma attached to rape and the associated risk of HIV/AIDS prevents people from seeking both treatment and justice and allows rapists to continue committing their crimes with impunity. Rape survivors are frequently blamed for their own rape, and survivors themselves too often accept this blame. Once identified survivors can be shunned by the community and many are discouraged from reporting by family members who fear their names will come into disrepute. Young girls are particularly targeted in Khayelitsha not only because they are easier to manipulate and control, but because the shame that surrounds

¹⁸Mr C Nqakula, Ministry Media Briefing: Justice, Crime Prevention and Security Cluster (JCBS) 25 May 2005 <http://www.pmg.org.za/briefings/briefings.php?id=18>

¹⁹ International Networking for Education Transformation (iNet) http://www.sst-net.net/countries/south_africa/casestudies/casestudy1.aspx

rape makes it difficult for them to speak out. As a consequence they are less likely to report and the rapist walks free.

Society must reject rape myths and change their attitudes towards women and violence.



Photo: These three girls were alone in this shack when two thieves kicked in the door to steal their mobile phones. One girl was raped during the burglary.

2. FAILINGS IN THE JUSTICE SYSTEM

“ I didn’t want to report the rape to the police as I worked as a translator in those courts and I knew what went on. In cases like mine where it would be just my word against his it is the rape victim who is on trial and not the rapist. And I knew it would take years. I didn’t want to have to go through that.”

Rape survivor, age 24, Simelela Centre

Despite the impact rape can have on an individual, the obvious threat rapists pose to communities, and the improvements offered by the Simelela Centre, only a minority of people press charges. Organisations like Rape Crisis put the figure of reporting at only 1 in 10-15 but no one knows for sure.

One of the greatest obstacles to reporting is the court procedure. Counsellors and community groups frequently report poor investigation, failure to arrest suspects, inadequate bail conditions that fail to protect complainants from intimidation, lengthy delays before trial, dockets going ‘missing’ and the harsh adversarial court environment. This serves to consistently undermine the administration of justice.

In part due to these shortcomings, too many rapists in Khayelitsha remain undeterred by threats of arrest. Almost all of survivors interviewed could clearly identify their assailant and several claimed their attackers openly expressed no fear of retribution. “I know your family and they don’t scare me,” one perpetrator allegedly said. “I don’t care if you go to the police,” said another, “I have already been to prison for rape and it doesn’t worry me.” Such attitudes are hardly surprising when only a third of rapists are being arrested and even fewer are brought to trial.

Having lost faith in the justice system, many communities take matters into their own hands. This results in some people not reporting, and still others withdrawing their cases – a frustrating and resource wasting experience for the police. It also encourages mob violence and results in perpetrators walking free. “My family wouldn’t let me report my case,” says one rape survivor, “They said they would settle the matter themselves. But they didn’t do anything and this man has gone on to rape other girls.”

THE SEXUAL OFFENCES BILL

“We have been awaiting the development of a new Sexual Offences Act since 1996. In the meantime thousands of victims of sexual assault in South Africa continue to suffer secondary trauma in a system that does not provide them safety or acknowledgement of the crime committed against them, or adequate punishment for offenders.”

Rape Crisis

Shortcoming in the legal process are exacerbated by reliance on an outmoded Sexual Offences Act that dates back to 1956. A draft Bill has been developed, but several gaps have been identified. Of particular importance is the definition of rape, which at present is limited to the entry of the penis into the vagina without consent. This means that anal penetration, or the insertion of implements, is only considered indecent assault. The existence of male rape is thereby legally denied.

Indecent assault is a crime which potentially carries a far lesser sentence than rape. According to the 1997 The Criminal Law Amendment Act 105, rape carries a minimum sentence of 10 years but can go up to life.²⁰ For indecent assault there is a prescribed minimum sentence only if the victim is a child under 16 years of age involving the infliction of bodily harm, eg anal tears of a serious nature. This means that in most cases, sentencing for

²⁰ In 1997 The Criminal Law Amendment Act 105 was introduced to curb high crime rates and restore public confidence in the criminal justice system. It divides sexual offences into crimes for which there is prescribed life imprisonment (SS1(1)) and those which have a ten year minimum sentence (SS1(2)(b)).

this crime is at the judge's discretion. In general, sentences for indecent assault are far lesser than those for rape. This does not do justice to the trauma experienced by survivors.

INCREASING WORKLOAD

As reporting increases in Khayelitsha and more and more people come forward, the resources of all partners will become increasingly stretched. The courts and police in Khayelitsha are already dealing with a back log of cases that go back as far as 1999 and police are finding it a challenge to balance court appearances with conducting investigations. Nonceba, who provide counselling to children under 14, are taking on board more and more clients who require ongoing care. This increasing workload will require a proportional increase in resources.

3. MEDICAL PROCEDURES

HIV/AIDS TESTING AND MONITORING OF PEP

"I didn't want to be tested. I didn't want to know. I am still young and I have my whole life ahead of me." Rape survivor, age 15, Simelela Centre

The Simelela Centre has been extremely successful in encouraging survivors to come to the Centre within 72 hours to receive PEP. However, those who fail to return to the Centre for further medication and testing are not pursued and it is not known if these patients have completed their course of PEP or if they have gone on to become HIV positive. Although it far more important for patients to commence PEP immediately after the rape than follow the course through to the end, patients still need to be supported to complete treatment and those that default need to be followed up.

A number of patients still refuse HIV testing. This is partly to do with the stigma still attached to HIV/AIDS and the lack of understanding about treatment available. Education campaigns run by TAC are seeking to address this issue although it is likely that some survivors will always feel unable to cope with the prospect of HIV/AIDS immediately after a rape.

PROCESSING EVIDENCE

The length of time it takes to process evidence further lengthens the time it takes to process cases of sexual violence. DNA testing can secure a conviction but at present it takes a minimum of three months to obtain a result. The number of laboratories offering this service needs to be expanded or the existing ones reinforced in order to reduce this delay.

4. SUSTAINABILITY

The success of the Simelela Centre has been in bringing together so many top-level decision makers from the various bodies dealing with rape. The challenge, however, will be in maintaining the present levels of communication and co operation. The Centre is not just a passive service provider: it reaches out to the community, it questions policies and it demands ever higher standards from its partners. However, the partners all have slightly different objectives and pressures which can, on occasion, lead to conflict. By having a neutral NGO as the co ordinator, it has been possible to overcome these differences and ensure the lines of communication remain open. But it is a fragile union that needs constant support.



FUMANA'S STORY

I was 8 years old when I was raped. It was my cousin who raped me. I didn't tell anyone, not even my mother, but my behaviour radically changed. As a young teenager I started to sleep with anyone who wanted me. At some point I contracted HIV/AIDS. It wasn't until last year, as an adult, that I finally decided to go the police. Now my family has rejected me.

But I don't regret my decision. Eventually I decided this is my life, this is my pain. I was the one who was raped. And I went to open the case.

People think HIV is the killer but it is nothing compared to rape. Being raped is like being killed. When I found out I was HIV positive I just thought, if I survived rape I can survive anything. That's what I am, a survivor.

Victim's musn't keep quiet about their rape. There are lots of kids who are raped out there. I want to let people know that I am here 19 years later and I am still alive. I want the rapists to know that yes, they may be raping us but at the end of the day they are going to pay. We will not keep quiet.

Photo: Fumana is now a volunteer with TAC. She has publicly shared her experience of rape during marches and events in an effort to highlight the crime and change community attitudes. She also regularly contributes to workshops and information sessions about HIV/AIDS and rape.

CONCLUSIONS

“In order to affect long-term, sustainable change we must adopt a proactive stance to rape and violence. A primary prevention approach assumes it is not enough to provide services to people who have experienced rape, but also promote and end to violence through challenging communities to examine assumptions that perpetuate violence.”

Rape Crisis

“People in Khayelitsha know rape is wrong but are not united enough to condemn it. People are keeping quiet but they need to speak out. They need to come forward and attitudes need to change.” TAC Campaigner Mandla Majola.

The Simelela Centre has shown how proximate, integrated services for rape survivors can significantly improve the quality of care, from the moment a person is raped to the time the perpetrator is behind bars. Its strength lies in the union of different service providers. This cannot be achieved through a top-down management approach, and requires co ordination by an impartial, independent and neutral body to bring everyone together in a partnership.

The Simelela Centre is more than just a service provider. It is a platform from which to advocate for change, and there are many changes that could improve the system at present. More police and specialised courts would cut case time and act as a deterrent to rapists, a new Sexual Offences Bill with a broader definition of rape could promote justice, and the establishment of a national policy framework to oblige more inter-sector co operation might foster the creation of other integrated services such as those offered by Simelela. But none of these efforts will actually halt sexual violence. Until the community decides to take a stand, rape in Khayelitsha will continue.

Prior to Lorna's death there was very limited public awareness of rape in Khayelitsha, even though it was happening in the streets every day. This tragic event, the marches and campaigns that followed and efforts by the Simelela Centre have all helped highlight just how pervasive this crime is. But as the testimonies in this report show, too many rapists do not view their actions as wrong, too many girls are made to feel shame when they should only feel outrage, and too many people – neighbours, parents, colleagues, teachers – are standing by while this happens, encouraging rape with their silence. Some even blaming the victim.

The Simelela Centre will continue to engage with the community by reaching out to the most affected areas of Khayelitsha. Partners will continue to share their experience and expertise to help develop effective prevention strategies. But the real battle against rape can only be won by the community. Sexual violence will only stop when the attitudes that allow it to flourish are firmly rejected by all.

LINDA'S STORY

I always laugh. It's the way I am. So when people see me laughing they think everything is fine but no it's not. It's not always fine. I am not ok.

I was 24 years old and living at home with my parents and sisters at the time of the rape. I had just finished work - I'm a translator in the Sexual Offences Court - and some colleagues and I decided to go have a drink. When a friend of mine who lives in the area offered to drop a few of us home I thought it was alright. It was 6.30pm.

After dropping off my colleagues, my friend took me to his house instead of mine but I wasn't worried. I often used to go to his house. We rented a movie and cooked some supper. It was fine and I had fun. But then he said to me, "I'm tired. I want to sleep." "OK," I said, "But how am I going to get home? I need you to drive me." "Sleep here" he said. "You can have my room and I will sleep on the sofa."

I wanted to go home and felt anxious but his sister was in the bedroom next door which reassured me. So I went to bed.

I was reading the Bible when he came into the room. He didn't say anything. He just climbed into bed and raped me. It hurt so much – it was my first time. I kept crying 'NO!' until I couldn't cry anymore. Then I remembered a story a friend of mine had told me. She too had been raped, and she said that at a certain point, she stopped fighting and just relaxed. She said it made it less painful. I thought I could do that too but the pain wouldn't stop. I felt like I was being slaughtered. I had no choice but to stay the night. It was not safe to leave the house. Later, he raped me again.

The next morning, both my friend and his sister acted like nothing had happened. I thought I was going crazy. I was so confused. Had I made it all up? But every time I took a step and felt the pain I knew it was real. Eventually he drove me home.

I couldn't tell my parents. I couldn't bear the thought of what it would do to them. So I told my father's friends instead. They took me to a doctor. That doctor was terrible. He was rude and abusive. He called me stupid. This was the first outside person I had told and his opinion mattered to me. But when he spoke to me like that I became afraid. I didn't want him to touch me. And I lost the courage to tell anyone else. That doctor never spoke to me about pregnancy or HIV/AIDS. Perhaps it was already too late. I don't know.

I discovered I was pregnant two months later. By that stage I had already lost the will to live. I just wanted to die. My only the reaction to the thought of HIV/AIDS was 'at least it will speed up my death.' I even thought about taking drugs, anything to make it go away.

So when I first learned of the pregnancy my first reaction was to think 'I just want to get rid of it'. It was a thing, not a baby. But this goes against my religion. Now, I just want this baby out of me. I don't hate it, but I don't love it yet. I feel like something is growing inside me but it is not a part of me. All I know is that I am responsible and I need to make sure the baby is taken care of.

THE SIMELELA CENTRE: A PARTNERSHIP

- **Médecins Sans Frontières (MSF):** is an international, humanitarian aid organisation with programmes in over 70 countries around the world. In 2003 MSF opened the Simelela Centre to provide follow up medical care to rape survivors. It was MSF together with Rape Crisis who fought to transform this centre into an emergency, 24 hour provider of rape services for the Khayelitsha community. MSF now plays a pivotal role as co ordinator of the Centre and employs a centre co ordinator and medical co ordinator. It also provides financial support for the counselling services.
- **Rape Crisis:** is a registered non-profit organization that has been tackling violence against women since 1976. As well as counselling, Rape Crisis runs preventative programmes aimed at raising awareness about rape and improving respect for women and girls. It also lobbies for changes in policy and legislation relating to sexual violence. Rape Crisis provide qualified counsellors to the Centre for emergency and ongoing psychological support, court preparation and practical advice.
- **Department of Social Services and Poverty Alleviation:** helps provide 24 hour counsellors to the Centre as well as social workers to assist with cases under 18 years of age.
- **Nonceba:** is a Khayelitsha based family counselling centre working with sexually abused children aged 14 or under and their families. Nonceba offers individual counselling and helps prepare children for court. They also strive to change cultural attitudes towards sexual abuse and run awareness and information sessions in primary schools.
- **South African Police Services (SAPS):** the Family Violence, Child Protection and Sexual Offences Unit (FCS) provides a dedicated team of investigators who come to the Centre upon request to collect statements as well as escorting survivors who come directly to the police station to the Centre.
- **Department of Correctional Services (DCS):** provides the Centre with information about the release of perpetrators staying in Khayelitsha and help build an understanding of factors leading to rape.
- **National Prosecuting Authority (NPA):** was established under the 1996 Constitution of South Africa to institute and conduct criminal proceedings on behalf of the State. The NPA has a Sexual Offences and Community Affairs unit which seeks to improve conviction rates of gender-based crime through effective prosecution, the reduction of secondary traumatization and by establishing multi-disciplinary centres with a victim-centred approach. The NPA assigns a prosecutor to each rape survivor to present their case in court.
- **Department of Health:** provides nurses, doctors, receptionists and medical supplies so that emergency medical examinations can be provided 24 hours a day, and follow-up medical care in the form of PEP and STI testing/treatment can be offered to those who need it.
- **Treatment Action Campaign (TAC):** was launched in 1998, with the objective of campaigning for greater access to HIV treatment for all South Africans. TAC joined the Centre because of the impact rape is having on HIV/AIDS. Through its network of volunteers, TAC raises awareness about the Centre and the services available through leaflet distribution, marches, and education sessions. They also run public campaigns within the community to promote intolerance to rape.



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