

Of victims and survivors

Health care, legal interventions and women's responses to rape

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In South Africa, a country with a high incidence of sexual violence and HIV/AIDS, legal and health care efforts to address rape are hampered by financial and personnel constraints which prevent people from exercising their equal right to redress. The paper focuses on the response of women who apparently have access to these rights but seemingly fail to exercise them. It examines ways in which criminal, legal and rights narratives tend to diminish the complexity of the individual experiences of women and to exclude their inter-subjective positions within the communities where they live and must continue to survive. Even when great sensitivity is exercised, legal and health efforts fail to encompass the embodied response to rape that legal and health efforts seem to foreground for the survivors.

[women, rape, health, legal, violence, human rights, South Africa]

Victim: an unfortunate person who suffers from some adverse circumstance Any person against whom a crime has been perpetrated or attempted... a person who has been affected by a disaster.¹

Survivor: one who lives through affliction – who outlives another – a person who has been severely abused; a preferred term to “victim” – originally a positive term used by those who had experienced trauma but who ceased to regard themselves as victims.²

... what happens when a process that rests on narrating specific kinds of experience renders the individual scrutable in terms of that experience as translated into various public domains (Ross 2003: 333).

In her call for a multidisciplinary discussion on violence as an issue of health and human rights, Richters (2004: 175) points to the complex and many-faceted nature of violence, and of legal and health responses to it. This paper relates to a particular kind of violence, namely sexual violence in post-apartheid South Africa, where the prevalence of both rape and HIV infection is very high. According to the Department of Health 28% of the South African population is HIV positive. Of the 5.6 million in-

ected people, 3.1 million are women (Rossouw 2004: 2). While the total incidence of rape in South Africa is underreported, the currently known statistic is approximately 300 per 100,000 women (Martin 2002: 105). Studies on sexual violence in South Africa stress the link between the HIV rate, the high risk sexual behaviour of rapists and the fact that most rape survivors suffer internal injuries which, in turn, heighten the possibility of being infected with HIV (Kim *et al.* 2003).³

In an effort to address sexual violence and to protect women (and men) against it, the Sexual Offences Bill was amended and now places this issue within the ambit of human rights. According to its preamble, the Bill aims to provide “complainants of sexual offences (with) the maximum and least traumatising protection that the law can provide” (Republic of South Africa 2003: 1). This relates to both health care and legal efforts to attend to the well-being of men, women and children who had been sexually violated and to give them legal recourse. It also involves the implementation of a health protocol for the treatment of survivors of sexual violence, including the provision of post-exposure prophylaxis (PEP). The PEP includes antibiotics to prevent STI infections, emergency contraceptives and anti-retrovirals (Kim *et al.* 2003). The collection of physical evidence is equally part of the protocol and in this regard closer collaboration between the health services and the police have followed.

There are nevertheless many tensions inherent in efforts to address sexual violence in South Africa. Although the policy and the concerns of the authorities regarding the provision of such services are couched in terms of human rights, the reality is that not all survivors are able to obtain PEP. Anti-retroviral drugs are not always available and the Police Service officials, health care givers and counsellors working with survivors are neither necessarily trained in, nor informed about PEP. Survivors may simultaneously be unaware of their entitlement and rights (Human Rights Watch 2003; Kim *et al.* 2003; Kistner 2003).

Against this background the paper scrutinizes the seemingly self-defeating and contradictory responses of the large number of women to the health care and legal efforts that attempt to attend to their well-being and restore justice to them. Despite the best efforts, neither health care nor justice is uniformly accessible to women who have experienced sexual violence (see Human Rights Watch 2003). It is also important to realize that women or men who had been violated can experience even the most sensitive and well-meaning legal and health responses as objectification, particularly when they are subsequently defined and treated as affected by a singular traumatic event and by the actions of a perpetrator or perpetrators. This is doubly problematic for women who have to live with the ongoing threat of violence, often from within the community or circle of acquaintances within which they perforce continue to live (Jewkes & Abrahams 2002).

The first section deals with recent trends in the sexuality of a group of younger women in Cape Town, South Africa. The experiences and background of two women who have been raped are presented and discussed. In the final section I examine the phenomenon of failure to comply by large number of survivors who do receive post exposure ARV drugs.

The study

The paper draws on research done in South Africa under the auspices of Sanpad. The study focuses on gender, sexual violence and reproductive health in three areas of Cape Town. It gives particular attention to sexuality and sexual practices and involves a number of student researchers, a colleague and myself. The research project has been running for two and a half years and includes the use of a range of research techniques, ranging from observation, key informant interviews, in-depth interviews, informal interviews and discussions, to focus group discussions. The case studies included in the paper draws on the wealth of research that has been done in South Africa on masculinity, femininity, sexual violence and adolescent sexual behaviour and practices. For the purpose of the case studies I have carefully ‘stitched’ together the sometimes fragmented interviews, observations and discussions in relation to two particular women into a more coherent narrative that can be used to extrapolate from. To protect the identities of the two women only a selected number of quotations were used, while the rest of the issues related to them were diffused into the wider research findings.

Sex and danger in South Africa

The commodification of sex

For many women being involved in more than one sexual relationship and receiving different forms of gifts – ranging from accommodation and bus fares to coveted consumer articles, food, educational support, lifts to town and such, is not viewed as promiscuity or prostitution, particularly not if they are discreet and do not upset local gendered notions and roles.⁴ While female sexual activity is locally constructed and surveilled, it continually shifts, allowing women to find ways to move increasingly outside such narrow confines and notions of imposed female morality and gendered practices (Salo 2002; Kaufman & Stavrou 2002; Wojcikicki 2002).

Yet, while it is acceptable for women’s bodies to be sexually commodified by males, women who commodify men’s bodies and resources are frequently viewed as promiscuous – ‘bitches’, ‘poison’, ‘sluts’, ‘loose’ or ‘cheap’ – negative labels that are only ever attached to females (Goldstein 2003; Jensen 2001; Henriksen & Lindegaardt 2004). In this instance, South African discourses about such women contain many contradictions. Women who express their sexuality are supposedly empowering themselves. Those who exchange sex to survive, to drink or even get drunk and have ‘fun’, to be given lifts to parties and clubs, are frequently seen as helpless victims, or as women who endanger themselves by engaging in risky behaviour. Men who adopt this kind of behaviour are considered to be engaged in something inherently male.

Nevertheless, the women themselves often realize that they are mediating a fine line between agency and victimization, pleasure and danger. On the one hand, the ability of women to make choices, to express agency, are ultimately hemmed in by the larger structures within which they live. Thus South African women are constantly

aware that they are potential sexual targets, and even more so in certain spaces and at certain times. This is acutely so for those women who do not have the financial means to move across potentially threatening spaces. On the other hand, women are increasingly attempting to break out of former gendered constraints, even at the expense of possibly dangerous outcomes.

Most South African women will feel threatened and will be seen as exposing themselves to possible violence and rape if they negotiate particular spaces at particular times without male escorts. While such practices and discourses are oppressive to both men and women, they also actively create and sustain these (Selikow et al. 2002: 22). At the same time potentially dangerous spaces such as *shebeens* (townships taverns), nightclubs and even house parties are the new and hybrid spaces where different identities can be formed and performed. In these spaces anyone who can “walk the walk and talk the talk” (Azir: interview) can take a chance (*tata ma chance*) (Selikow et al.: 25) and try to become part of and participate in highly eroticized exchanges of value.

In a sample of a thousand men and women included in a study in a Cape Town township, 71% had met sexual partners in such hybrid spaces (Simbayi et al. no date). Here young women can slough off many of the restrictions imposed on them, have fun, drink, dance and talk with interesting and exciting people and behave in ways that would not be permissible within their local environment. For these women, their sexuality is about restriction, repression and danger, as well as exploration, pleasure and agency. The complex intersection between these issues and women’s responses to health and legal efforts to assist them in the case of rape, is being highlighted by the stories of two women participating in research on sexuality and sexual violence conducted in Cape Town.

Shamaine

Shamaine is a young woman from an area in Cape Town, which was formerly a ‘coloured’ township. When we met her she had a secret sexual relationship with a taxi driver – she was what is locally referred to as a “taxi queen”. She described what she saw as her oppressive life of behaving like a poor, but “*ordentlike*” (proper/good) young woman in the gangster-controlled area where she lived. To accomplish this, she stayed indoors most of the time and watched television (see also Salo 2002; Henriksen & Lindegaard 2004). Six months earlier, Shamaine and two female friends wanted to go to the Waterfront, a middle class shopping and entertainment area in Cape Town, and accepted a ride with a minibus taxi to go to a nightclub. Thereafter she once again, by herself, accepted a lift with this taxi driver to a nightclub. Before she entered the club he drove around the back of the building and started to fondle her. She said she had earlier taken a “cut” (drug) from him and she became “*lus*” (aroused) but another car came into the area and they did not have full sex. Soon after he regularly drove her to clubs over weekends, he gave her a cell phone to call him when she needed a lift and she started to have sex with him.

She was almost defiant about her behaviour. Although she was aware that her “boyfriend” was perceived as a bad and potentially dangerous man, Shamaine, like

many other young women, wanted to break out of the constraints of her local neighbourhood and its gendered moral expectations of her. Knowing this, and always trying to anticipate the potential violence she might expose herself to, made her feel somewhat safer. She indicated that she was both attracted to and repelled by the underlying danger in the behavioral, spatial and relational boundaries she was transacting and transgressing.

Shamaine started to use the contraceptive injection, which she obtained from a walk-in clinic at Cape Town station. She said she wanted to avoid pregnancy at all costs because she thought abortion was immoral, and her mother would “beat” her “to death” if she “came home with a (pregnant) stomach”, especially if the father of the child did not come to her mother to tell her about it, thereby accepting responsibility and normalizing the relationship (Salo 2002). If she had a child she would also have to remain home to look after it. In the meantime people in her neighbourhood strongly suspected that she was sexually active, and some gossiped about her being “*losboude*” (loose thighed) and “*morsig*” (messy/dirty) but they could not prove anything. Normally, pregnancy is the first sign of sexual activity among young women in her neighbourhood, even though it is also seen as a sign of sexual inexperience. Using long term preventive contraception is viewed as calculating and signalling the intention of sexual promiscuity. In Shamaine’s case people might suspect she was sexually active and gossip about her, but they did not know for certain that she was using contraception and since she was not pregnant, she could “get away” with it. To be able to lead her double life as good girl and suspected taxi queen, she often lied about working shifts at a shop in the city and having to sleep over with a fellow worker who lived in that area. When she was at home she dressed demurely, stayed indoors and went to church with her mother and siblings, thereby reassuring her mother and others that she probably was still “decent”.

While Shamaine tried to address local expectations of her to be ‘moral’, her own related practices were not fixed and shifted across spaces. She stressed that her more dangerous relationships and behaviour mostly played out over weekends. She hoped to find a “good catch”, i.e. a man who could support her financially and preferably even marry her, when she went clubbing and partying. To enhance her chances, she wore her most provocative designer label clothes at such parties, straightened her hair and used make-up. She even changed her accent “to sound more model C”.⁵ Having thus far succeeded in keeping her sexual relations with the taxi driver hidden from the older generation in her neighbourhood, she found the secrecy itself exciting. She knew that he also had other lovers and neither of them had long-term expectations of their relationship. Yet when she went out for fun, she could express some agency, experience excitement and even lose control when drinking or using drugs. While she knew that she became a sexual target under such circumstances, she also said she became more aroused, provocative, and more ready to display her “*lus*” (craving/need/lust) “but not too much, men don’t like it that way”. She often enjoyed the sex that followed – yet she was frequently left unsatisfied because “he just wants to get in there and come”. When intoxicated she was often in the mood for sex, but at times she had to be very careful to escape from a male who pushed her for sexual intercourse when she did not want it.

She said she once “had to pay” because she was wearing a revealing outfit and had accepted several drinks from a man at a nightclub. When she tried to escape from him, he and a friend waited outside for her and dragged her into an alley. She swore at them and tried to fight back, but the man slapped her and then raped her (*hy’i my net gevat* – he just took me). When he had finished his friend also tried to rape her, but could not get a full erection. He subsequently forced her to first masturbate him and then penetrated her vaginally and anally with his fingers. When Shamaine returned to the club dishevelled and nauseated her female friends were somewhat unsympathetic, saying she had been “looking for it”. It was amazing that in recounting this harrowing incident both Shamaine and a friend who had been at the club at the time made fun of the violence and danger of her predicament and experience, the man’s inability to get an erection and her subsequent pretence that she was enjoying the sexual assault that followed. Shamaine even joked about the way in which she initially swore at them, subsequently screamed and wailed “as if I was being slaughtered”, and then told them how “*kwaai*” (usually “angry”, but also slang for great/ nice/good) they were. This apparently satisfied her attackers and they let her go. Yet initially, when laughingly retelling her experience, Shamaine was shivering and on the verge of tears. She insisted on making fun of this incident when talking to friends from the club and refused to report the rape to the police. She said people would blame her and that “nothing would happen to them (the rapists) anyway”.

The tendency to make fun of violence, to tell jokes about experiencing it, has perplexed me throughout this research. Participants in the research often recast violent experiences into humorous tales, sexual and violent jokes. Although it is not within the ambit of this paper to fully explore this phenomenon in all its complexity and nuances, it nevertheless arose often enough for me to highlight this kind of “indirect dialogue, sometimes critical, often ambivalent, always (at least partially) hidden, about the contradictions of poverty” (Goldstein 2003: 2). It is also about the perceived ‘place’ of women, and of the contradictory and gendered notions of sexual identities in post-apartheid South Africa.

In townships all over the country young black women who frequent *shebeens* or clubs without male partners and who accept drinks or anything else, are expected to reciprocate with sex. If they do not they are seen as legitimate targets for rape, because a woman who has drunk ‘money’ has drunk ‘trouble’ and she must ‘spread her legs’ (Mfecane et al. forthcoming; Wojcicki 2002). While Shamaine was on a contraceptive she did not insist that her male partner(s) should use condoms for fear of being beaten. When she was raped, Shamaine was at least certain that she would not become pregnant. While she had been able to make a choice by using a contraceptive and thus avoiding pregnancy and the inevitable change in her status this would entail, she had been exposed to the possibility of contracting HIV or another STD. In this case she had been sexually abused but through her bitter humour and loud screaming she managed to comment in a subtly subversive way on her own position and on the position of women in general.

When she initially shouted abuse at the men, and especially when she did so by using a local expression, slandering their mothers’ genitals, she had utilized a very

powerful localized curse. This also highlights the contradictory nature of female sexuality. In poor communities like the township where she lives, mothers are the keepers of female morality and the route through which young males become accepted in local neighbourhoods as persons (Salo 2002). By cursing their mothers, she was questioning their own claims to personhood within a local moral community. Screaming expresses fear and victimization. When she screamed as if she was being slaughtered it was initially with fear, but in the retelling her screaming was reinterpreted not only as fear, she also 'performing' it. It agitated her abusers and brought her own contradictory position into sharp relief. She had transgressed in many ways – by moving into an ambiguous and potentially dangerous space and by not being willing to exchange equal 'value', i.e. sex for drinks. She had also made herself vulnerable by dressing provocatively. She was a woman 'out of place', morally and spatially, and her screaming seemed to recognize the danger inherent in crossing such physical and sexually gendered boundaries.

Yet when telling of her screaming, Shamaine was recasting herself in a more active role where she was actually able to deal with a very traumatic situation. She seemed to indicate that by screaming she had enabled herself to move into a way of mocking the rapists and manipulating the situation in the only way left to her, however temporary and tenuous. From deep fear she had turned the rape into something knowable, if not controllable. While mockery at the wrong moment or place can be defiling, perhaps in a violent space it can ridicule the perpetrator in a subtle way, even if it cannot necessarily heal her? Shamaine also seemed to indicate that by afterwards pretending to be enjoying 'sex' she was taking away some of the power of the rape. She had been made to 'pay' by being raped, but by recasting it as a sexual act, albeit coercive and violent, it became somehow less polluting. Of course, such an analysis runs the risk of disempowering the victim.

Women in Shamaine's situation frequently have the difficulty of 'proving' that rape was not indeed only a more violent kind of sex. Therefore she could also simply be reinforcing stereotypical notions concerning the 'impossibility' of raping a woman like her. The fact that she expected nothing good from turning to the police or the legal system in her predicament was a powerful indictment of their approach to women like Shamaine. Her subsequent comments nevertheless made it clear that she was trying not to cast herself in the role of victim, but rather as a survivor who had kept her head. By calling the men '*kwaai*', she was not flattering them, but rather mocking the violent manhood which they forced down on her. She evoked a great deal of wry and knowing laughter from other women by the double meaning she gave to their masculinity and because the rapists also grasped its subversive and even insulting meaning. By joking about violence Shamaine seemed to be able to regain at least some control over her fear of it, to domesticate it somewhat. Other women who heard her story clearly indicated that they respected her inner strength, and her ability to endure and scorn her attackers.

Nevertheless her 'resistance' happened in a situation of very real domination and pain. Rather than questioning gender relationships she may have confirmed them, but ultimately Shamaine, and others like her, if not directly changing the status quo are opening up "a discursive space within which it becomes possible to speak about mat-

ters that are otherwise naturalized, unquestioned, or silenced” (Goldstein 2003:10). In the final analysis she spurned the help of the authorities. In next section I will give more attention to this phenomenon.

Precious

According to Thornton (2003), having more than one sexual partner *per se* is not necessarily seen as problematic, even for women. Receiving gifts or goods as part of a sexual relationship is expected by both men and women in sexual relationships (Kaufman & Stavrou 2002). With the increase in consumerism even relatively poor men can get access to goods, through crime if necessary (Mfecane et al. forthcoming) and it follows that they can build up relationships of value exchange with women who ‘gift’ them with sex. Such an ‘exchange’ is often viewed as natural, even necessary for both men and women (Thornton 2003). Shamaine showed that women could easily become sex objects, but that they could also perceive the men in utilitarian terms, as a means to an end (Selikow et al. 2002; Stadler 2003, Kaufman & Stavrou 2002).

In this regard a study done by Stadler (2003) on AIDS deaths in the Bushbuckridge district in the Mpumalanga Lowveld area of South Africa indicated that young women and powerful and relatively affluent men were the most susceptible to the HI virus. Attractive young women who used sex to survive or to access consumer goods and indicators of wealth were understood to be ‘purchasing their own coffins’, yet through such relationships they often ensured the survival of households. While the men were perceived to be spreading HIV/AIDS by having multiple sexual partners, they were viewed as being both very masculine yet somehow in the power of such women.

To try to unravel some of the nuanced and intertwined generalizations about sexuality and see how it plays out in specific lives and how certain cultural norms are both internalised and shifted, I will examine the narrative of Precious, another young woman in our research. She was involved in sexual relations with three, sometimes four men at the same time. As far as she knew, all of them also had other sexual partners. She hoped to have a steady relationship with one of the young men, Charles, whom she was seeing frequently. He was a real township man or *iauty* (Mfecane et al. forthcoming), well dressed and extrovert, with a fairly steady source of income and a steady girlfriend. Precious felt that her relationship with him was equally close since she frequently went with him to nightclubs and he bought her clothes, a cell phone and other luxury items. She hoped to eventually supplant his girlfriend.

Precious had an eighteen months old daughter with her own steady boyfriend and old school mate, Siphso. Their relationship started when he informed her that he loved her. Although she was not initially interested in a relationship, his sheer persistence overwhelmed her and after three months he started to have sex with her in the little wooden shack he had built for himself adjacent to his mother’s house. She was pregnant soon afterwards, left school and returned after the baby was born. Her child remained behind with her grandmother in Transkei. Initially Siphso supported Precious, but when the baby was about six months old his contributions became less and less frequent and Precious knew that he was spending money on other girls.

Precious was afraid of Siphso, who was very controlling and jealous of her. She said she felt safer with Charles, who had never beaten her and made it possible for her to explore spaces other than the township. When they went to clubs, parties and *shebeens* in other townships, he bought her alcohol, which put her in the “right frame for it”. Because she did not want to “put him off” she never initiated sex, but she dressed sexily (yet not too revealingly) to entice him. “Men cannot control themselves, they see thighs and they want sex”, she says, but “not too much thigh or they think you are easy and cheap”.

When Precious had sex with Charles or Siphso, they did not use condoms. She started using the injectable contraceptive after the birth of her baby but Siphso would beat her if she insisted on condoms because it indicated that she was being unfaithful to him. While she knew that Charles had a steady girlfriend she did not ask him to use a condom because she was signalling to him that for her their relationship was not casual, she was not just a ‘cherry’, a ‘spare’ or a ‘roll-on’ (Selikow et al. 2002), but rather saw their relationship as real and her as his potential “*regte*” (real/ true one). Although Precious was in what could be seen as a form of value exchange with Charles in particular, she did not see or experience it as such. For her the tension lay in the threat of violence if Siphso found out that she was unfaithful, her need to somehow get herself out of the relationship with him and to get into a more steady partnership with Charles.

While she conformed to dominant notions of femininity by accepting Siphso’s control and even proving her fertility by having a child with him, she was also expressing a different kind of agency in relation to Charles. According to Precious she was “after him”, she wanted to be his ‘real’ girl. To achieve this, she behaved as if they were already involved in such a steady relationship. This imperative became more emphasised when she enrolled for a computer course at a college, which in turn, costs money.

She did not stay on campus but needed money for transport, study fees and books. She approached an older man, who often gave her a ride in his car and asked him to assist her with the fees. Since then this man had given her money whenever she needed it for her studies. Their relationship was purely transactional. He was her “ATM” (cash machine), her “Minister of Finance” (Selikow et al. 2002; Kaufman & Stavrou 2002) and she reciprocated by having sex with him. She was surprised at how much she enjoyed it, as he did not just “take” her, but also bought her nice meals, drove her to campus in his car and even took her shopping. This man had no expectations of her other than sex. While there was little pretence between them about the nature of their relationship, he still made her feel very “pretty” and “sexy” and she had even “allowed” him to “lick me down there” and had enjoyed it. She asked him to use condoms because she did not want to become pregnant and he usually obliged.

In her sexual behaviour Precious seemed to be replicating a great deal of the local cultural notions that reinforced her gendered role. She accepted a sexual relationship with Siphso because he coerced her. She tried to insert herself into a closer relationship with Charles by behaving as if they already had such a steady partnership. But she was not unwilling to explore and express her own sexuality and she was not simply a victim. In certain relationships where fear of violence played an important role she felt that she could not ask her partner to use a condom. In the relationship, which was prob-

ably, the most exploitative, both for the 'ATM' and herself, she felt the least bound by sexual conventions, because this man did not interact with anyone in her social or kinship circle. She asked him to use a condom and she was even willing to explore oral sex. Sometimes, when he was unable to give her a lift, Precious accepted lifts from other men. In one case she had sex with the man later and in the other, the man was arrested because the car was stolen. Precious said that this kind of sex meant "nothing" to her, it gave her neither pleasure nor did she feel guilty about it, when it "had to happen" she just wanted it to be "over" and done with.

One night when Precious went to a *shebeen* with Siphoh, they argued about his lack of financial support for their daughter. She said she was tired of him and did not want to see him anymore. She accepted drinks from other men and became increasingly intoxicated. When she went to the toilet Siphoh and three other men grabbed her and forced her into a car. They drove to an open piece of land not far away and all of them raped her. She came home badly bruised and in pain. The next day she could hardly walk and a friend took her in a taxi to a rape crisis center. Precious did not return to the centre for subsequent counselling⁶ and she did not complete her ART treatment or get the results of her HIV test.

She refused to see Siphoh afterwards, although he still followed her at times. Precious never spoke about the rape although many people knew that Siphoh had "put her in her place". According to Precious some friends told her he was very angry with her but loved her very much. Precious was adamant that the relationship was over but she was uncomfortable with questions, which indicated that we perceived her experience as rape.

Rape by more than one man is a relatively common occurrence in the Western Cape and elsewhere in South Africa (Jensen 2001; Wood et al. 2002). According to Wood et al. (2002) such forms of rape are often referred to as *istimela* (train) or streamline and are frequently perpetrated by groups of friends. As in the case of Precious and Shamaine it was viewed by the men involved as a form of 'discipline' for perceived transgressions, such as refusing to have sex when the women had accepted drinks, gifts or food, for having other sexual partners or for trying to break out of a bad relationship. Precious seemed to be very aware of the ambiguity concerning perceptions of rape. She said:

I was his girlfriend, how can it be rape. People will say if he raped me, I must be loose, I was surely looking for it, I was sleeping around and he punished me. No, if they say he is just jealous and wants to show me I belong to him, fine, he must go, but people do not think I am a whore if I do not call it rape. At (the rape crisis centre) they talked of rape, but no, with that I cannot go on.

Later Precious intimated that calling her experience rape "makes it very bad for us all", it would bring to the fore too many things that were best left unsaid. By being silent and treating Siphoh with cold and polite disdain, "he knows they know, but I do not say a word of this, nobody says anything". While acknowledging the rape Precious indicated that the community to which she and Siphoh belonged, largely overruled her own views.

To call it rape would destabilize local relationships and meaning-making. Normality had to be preserved through a conspiracy of silence so that localized notions of gendered sexuality and power relations could be maintained. Yet people seemed aware, even if dimly, of her pain, but most of all they noticed her forbearance (Jackson 2004).

Reducing and contesting narratives

Writing about the Truth and Reconciliation Commission in South Africa, Ross (2003) argues that although flawed, this process was aimed at harnessing and circulating individual experiences and memories of suffering to forge new sociality, and hopefully healing, by acknowledging, collecting, documenting and making public experiences and the memories of individuals. Ross (2003) raises the question of what happens to those stories once they have been told and are in the public domain where others can appropriate them. Yet she also points out that the testimonials, even while having been structured into particular forms of narrative for the purposes of the TRC hearings, involved a dialogical process through which memories and experiences could be shared and publicly validated.

Unlike the TRC process, the narratives of rape, which have since been brought into the public domain, for example those involving the rape of children or gang rape and murder of women, were aimed at lobbying for their eradication and for the requisite policies to deal with these problems. They are not seen as part of the developing story of a new nation and one may speculate if the stories narrated by 'everyday' rape and crime survivors unsettle such efforts at national memory-making by exposing some of the incongruities, paradoxes and coercions.

Where narratives of rape survivors have been accepted into the public domain, they were quickly appropriated for motivational purposes, not for public memory making. Even in the case of the TRC hearings, few women were willing to discuss rape (Krog 2002) for fear of being discredited or exposed anew in public (Krog 2002: 182). The ongoing conundrum of narrating rape in public was highlighted by the case of a journalist who was raped and has subsequently become an activist for the health and legal rights of survivors. She has at times been publicly lambasted, even by President Thabo Mbeki, for her agitation and criticism of the government's unwillingness to give more urgent attention to the issue of providing anti-retrovirals to rape survivors. To highlight the problem she has used her own struggle to get anti-retrovirals within the recommended maximum of 72 hours after exposure. This has made her a pariah in the eyes of the government and even some members of the public where she has become the "white woman" criticizing the "blacks". In this way, where individual narratives of 'everyday' rape enter the public domain, the survivor runs the risk of being violated again by social, legal and media responses to her narrative. The search for healing and justice in such cases was documented by anthropologist Kathy Winkler (2002) in the case of her own rape. Both Shamaine and Precious hinted at this dilemma and the ways in which their own experiences would be out of their own control and ability to give

meaning to it once they reported them to the police. Research also indicates that, while women are more likely to be raped by someone they know, they are least likely to report such a case to the police or to continue with their ARV treatment. The pressure of family and the community seems to play an important role in this regard (Smith 2003).

Other issues are also at stake: in a critique of human rights discourses of violence Hastrup (2003) points out that what is essentially a deeply personal, embodied, unspeakable and subjectively unshareable experience has to be 'translated' into narrative and subsequently 'take place' in 'thin' legal representations. As a result the "excess of experience and of history in relation to language" always runs the risk of objectifying and socializing what are inherently deeply painful individual experiences (Hastrup 2003: 313). The excessive experience and history of Shamaine and Precious are even less likely to be captured since the sexual violence and rape happened outside situations of war, flight from war or civil strife and prosecution, the issues strongly associated with particular notions about suffering and morality in the public mind. Rape in everyday circumstance has always been imbued with many ambiguous moral connotations in terms of which both the raped and the rapist can be implicated, as confirmed by the reluctance of the two respondents to speak about it in public.

An understanding that the experience of rape is always more 'thick' than legal narrative can or will encompass, is to some extent acknowledged in South Africa, where the high prevalence of rape is *ab initio* situated within a wider historical framework of patriarchy and gendered oppression in e.g. policy documents (see Hastrup 2003; Jackson 2004). Yet, for the purposes of the criminal justice system, despite efforts to sensitize the police, the creation of a number of special sexual offences courts, and a new and much wider definition of rape being submitted for the consideration of parliament, for the purpose of police reports and prosecution the experiences of rape survivors are still pared down to a highly individualized account involving the person who was raped and the person or persons who raped her.⁷

Both Shamaine and Precious were very aware that legal narratives, criminal and judicial processes take a particular format, which include particular aspects of their experience but exclude others. Once within this system they have essentially to be defined in a very powerful and overwhelming way by their victimhood and in relation to a single incident that does not acknowledge the complexity of their lives, or their own understanding of themselves as survivors. Thus they are separated from their intersubjective positions as active women trying to survive within a wider social and historical continuum after apartheid and in a rapidly changing society where poverty and sexual violence is still rampant (Hastrup 2003). They also seem to resist any understanding of themselves as victims only, a position that will not do justice to their own fortitude in circumstances that will always stay contingent.

The particular lens through which South Africans sometimes look at violence is puzzling at times, especially since 'victims' seem to give recognition to their own suffering but also attach meaning to it in ways that seem to make the violence seem less awful, to 'tame' it in their telling, or their silence. While one may be tempted to view this tendency as a kind of symbolic violence, I believe that something more complex is at play. Both Shamaine and Precious insisted on the complexity of their lives and of

their responses to violence. This could indicate awareness that words and narratives would objectify and easily negate their own subjective understanding and experiences: and their efforts not only to make meaning of violence, but to continue to live with its threat (Hastrup 2003: 309).

Rather than stressing their victimhood they emphasized their own strength, past, present and future. They did not negate the violence but emphasized that they had survived it, were stronger and would probably have to survive again. When I asked a young man in the township where Precious lived about his understanding of violence he responded:

You (white people) cannot take what we can. We live with violence everyday... when I feel that pain, I am happy, I am strong, you (white woman), your children will never be able to take it, but we know our own strength, we survive when you will just, just give up... go mad. Men, women, children get strength by it.

The emphasis is not so much on the pain and the suffering but on the bearing of it. In this regard South Africa's health policy seems to take cognizance of this by using the notion of 'survivor' rather than 'victim' in documenting rape, thereby emphasizing agency and the ability to act rather than the experience of being acted upon. As Jackson (2004: 44-45) writes:

One might say that human existence is a struggle to strike some kind of balance between being actor and being acted upon. In spite of being aware that ... nothing anyone says or does can immunize him or her from the contingencies of history, the tyranny of circumstances, the finality of death, and the accidents of fate, every human being needs some modicum of choice... expects some sense of control over the course of his or her own life.

In discussions about suffering and pain being seen as somehow healthy and healing Non-South African audiences have often been puzzled and even hostile to the choice of the term "survivor" rather than "victim", feeling that both perpetrator and the heinous deed committed are essentially back grounded in this way.

Unfortunately, while under apartheid there was been some power inherent in taking on the identity and narrative of victim of oppression and persecution, this has not been the case for survivors of rape or violent crime. As seen above, narratives of rape are peculiarly prone to re-translation, e.g. as an attack by one woman with a political agenda on the integrity of a large group of 'othered' men, who seemingly deny their own multiple subjectivities. Both Precious and Shamaine also hint that they might equally be seen by the community within which they live as culpable in 'creating' their own vulnerability and victimization by "looking for it". They were aware that their narratives of rape might not be weighted equally with those of 'real victims' – i.e. women raped by strangers or badly hurt children and old people.

The power of embodied responses: dynamics of drug adherence

Like many other writers on violence and narratives, Kleinman and Kleinman (1996) write about the “dismay of images”, which the retelling of violence in the media brings to the public, as well as the ways in which traumatic embodied experience can resurface in such a process. This issue has also been raised in relation to the forensic examination and the legal process. In 1998 a health survey in South Africa indicated that only 15% of women who had experienced forced sex had reported it to the police. They cited as reasons lack of physical access to the police, fear of not being believed and treated rudely by the police, concern about retaliation by the perpetrators(s), fear of the legal process and the belief that the perpetrator would not be punished (Kim et al. 2003: 103). As the prevalence of HIV infection, of multiple perpetrators and of injury during rape is high in South Africa, the possibility of exposure to HIV is also very real. While anti-retroviral drugs have finally been included in PEP throughout South Africa, access to it has been negatively influenced by lack of medicines, too few trained staff, long distances from the facilities, the short time span of 72 hours within which it needs to be administered, the fact that the course has to be completed over a period of 28 days and the need to be tested for HIV to get the drugs.

The rape crises centre that Precious visited was very progressive in this regard. An HIV test was done,⁸ but she was asked to return for the results as the staff believed that, if she proved to be HIV positive, it would put an additional burden on her at a time when she was already badly traumatized. She was given antibiotics, fungicide, emergency contraception and an ARV starter pack for three days. I was shocked by her refusal to return to the centre for her test results and especially for the ARV drugs, but when I asked about it, she said “no, no, it all comes back”. I did not want to pry or heighten her distress but I knew that failure to complete ARV treatment was seen as a big problem by the health care services and that efforts were made to keep tabs on and see how women were doing and to ensure that they completed the prescribed course. Staff found that women often gave them fictitious addresses (Kim et al. 2003; Human Rights Watch 2003).

According to the head of G.F. Jooste Hospital in Manenberg on the Cape Flats only 5% of the approximately 100 rape survivors who visit the Thutuzela Rape Crisis Clinic at the hospital every month complete the prescribed AZT course. The most commonly given reasons for non adherence are the side effects of nausea and bodily pain experienced by AZT users. This undermines the efficacy of the efforts to prevent HIV transmission from rapists to their victims. Between 10% and 20% of women seen at the clinic were HIV positive before they were raped (Joubert 2002: 2).

For some women the health and even legal intervention gave them a feeling of taking back control but for others the emotional and physical responses of their bodies were almost unbearably heightened by the combined impact of the ARV medications, which caused nausea and jittery, weepy and anxious responses (Human Rights Watch 2003). Precious said she wanted to cry uncontrollably, her skin jumped, shivered and burnt constantly and she had bad dreams, often awaking with a start to vomit (Gibson 2003). Thus the very effort to help her to deal with the physical symptoms seemed to

heighten her embodied trauma. This aspect of the treatment seemed to be confirmed by the experience of health care providers in the rape crisis centre in Cape Town. According to Professor Lynne Denny many women stop their treatment because it reminds them too much of the rape (Human Rights Watch 2003). As Precious seemed to indicate, "it brings it all back" at a time when she was trying to rid herself of the experience, and wanted to be rid of Siphos and his friends. She seemed to wish to prevent her body from 'speaking about' that which she did not want to express in words.

Tentative conclusions

The South African constitution entitles its citizens a number of rights, including the right to life, safety, bodily integrity, privacy and access to health care services subject to available resources. Thus the latter right is hedged because of the economic realities of the country, while the former cannot always be enforced. Efforts to address sexual violence in both the health care and the criminal justice system in South Africa are constantly thwarted by the problem of scarce resources.

Women who try to exercise their rights through the criminal justice system sometimes find that the process can actually harden their experiences and subsequent status as traumatized, pain carrying and somehow damaged rape victims. They can even end being blamed for it themselves. By calling the experiences of their sexual 'disciplining' rape, both Precious and Shamaine were running the risk of committing what Cathy Winkler (2003) called social murder, or in these cases, social suicide. The complex ways in which the sexual assault could also become a kind of social assault was emphasized by the fact that both Shamaine and Precious were able to call what had happened to them, rape. They had sexual intercourse against their will and without their consent, but by translating the acts into something more about sex than power, they were negotiating a fragile line between their own trauma and the possible further exposure to societal violence if they disclosed it as the life altering experience of rape.

Their local social and gendered identities all but forced them to present the rape as mere sexual acts, thereby not really foregrounding its violence. To be seen as a rape victim in a setting where this kind of violence almost inevitably stigmatizes the woman, can be extremely traumatic. By not confronting notions that Siphos's behaviour was based on love and jealousy, by not accepting it as a form of gang rape, Precious was trying to resist such stigmatization. The conspiracy of silence of the community where the 'truth' was actually known, but not acknowledged as such or even spoken about, made her ability to bring it to light even more unlikely.

While Shamaine was able to comment subversively on the 'masculinity' of those who raped her, she had little expectation of the police and the justice system. The community from which she came remained ignorant of her experience because she suspected that she would ultimately be held responsible for her own injury as with her friends in the club. Thus, when women in South Africa want to get access to general pleasure and the 'good life' or experiment sexually, it often involves an ongoing tension between becoming victims or survivors.

The most commonly cited reason for not adhering to the AZT treatment was the powerful drug's side effects of nausea and bodily pain, precisely when the survivors have to deal with nauseating memories. The fact that most rape survivors who do manage to get access to treatment do not complete their AZT course or return for their HIV test results could reflect a desire to expel the physical act of rape and its consequences from their bodies, as they strive to expel the rapists from their lives. Coupled with this complex process of 'translation' is the fear that a community, which is already suspicious of young women who do not conform to, accepted gender roles and expectations, will condemn and blame the survivor.

Notes

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- 1 This definition involves a compilation of terms drawn from the internet at www.cogsci.princeton.edu/cgi-bin/webwn; www.denverda.org/html/definitions.html; www.ben.edu/sem/htmlpages/glossaryv1.html
- 2 This definition is based on a compilation of terms drawn from the internet at www.cogsci.princeton.edu/cgi-bin/webwn; www.cogsci.princeton.edu/cgi-bin/webwn; www.rcm.usa.org/glossary_of_terms.htm; www.stormpages.com/wolfglade/pplural/glossary.html
- 3 According to statistics from 500 rape cases treated at Groote Schuur Hospital and the Tuthuzela center at G.F. Jooste Hospital in Cape Town 40% of the female survivors had been raped by more than one person. Of these women 60% had suffered physical and genital injuries and 15% had also been sodomised (Parliament of South Africa 2002).
- 4 The high prevalence of poverty and the lack of employment opportunities for young people and for young women who leave school early probably influences the increase in sexual activities as a way to survive. In South Africa many women are nevertheless the main source of income for their families, including unemployed adult males (Ramphele 2002).
- 5 These were former 'white' government schools where more resources were available than in former 'black' schools. While these schools are not private institutions their fees are always higher than in township schools, to enable them to maintain their resources. If fees amount to more than one tenth of the family income, no school fees are paid.
- 6 We tried to persuade Precious to return to the rape centre for the results of the AIDS test and to continue her ART, she refused.
- 7 The rape of children and, less frequently, of males, do not fall within the ambit of this paper.
- 8 The test helps to establish whether the woman was HIV positive or negative before the rape. If she tests positive ARV drugs will not make any difference. Otherwise, the woman must return to the health centre at certain times afterwards to test whether she was actually infected during the rape.

References

- Gibson, D.
2003 Rape, vulnerability and doubt. Issues for healing and care. *Medische Antropologie* 15(1): 43-64.
- Goldstein, D.
2003 *Laughter out of place. Race, class, violence and sexuality in a Rio Shantytown*. Berkeley: University of California Press.
- Hastrup, K.
2003 Violence, suffering and human rights. Anthropological reflections. *Anthropological Theory* 3 (3): 309-23.
- Henriksen, A. & M. Rosenkrantz Lindegaardt
2004 *Vulnerable women and men at risk. Gendered experiences of safety and violence among adolescents in Cape Town*. MA thesis. Copenhagen: Roskilde University.
- Human Rights Watch
2003 *Deadly delay: South Africa's efforts to prevent HIV survivors of sexual violence*. March, 16(3A): 1-15.
- Jackson, M.
2004 The prose of suffering and the practice of silence. *Spiritus* 4: 44-59.
- Jensen, S.
2001 *Claiming community-negotiating crime. State formation, neighbourhood and gangs in a Capetonian township*. PhD thesis. Copenhagen: Roskilde University, International Studies.
- Jewkes, R. & N. Abrahams
2002 The epidemiology of rape and sexual coercion in South Africa: an overview. *Social Science & Medicine* 55: 1231-44.
- Joubert, J.
2002 Min mense voltooi AZT behandeling. *Die Burger*: 27th March.
- Kaufman, C. & S. Stavrou
2002 "Bus fare, please": The economics of sex and gifts among adolescents in urban South Africa. *Population Council* 166: 1-30.
- Kim, J., L. Martin, L. Denny
2003 Rape and Hiv post-exposure prophylaxis: Addressing the dual epidemics in South Africa. *Reproductive Health Matters* 11 (22): 101-12.
- Kistner, U.
2003 *Rape and post-exposure prophylaxis in South Africa. A review*. Johannesburg: CADRE for Department of Health.
- Kleinman, A. & J. Kleinman
1996 The appeal of experience, the dismay of images: Cultural appropriations of suffering in our times. *Daedalus* 125 (1): 1-25.
- Krog, A.
2002 *Country of my skull*. Johannesburg: Random House.
- Martin, L.
2002 Forensic evidence collection for sexual assault: a South African perspective. *International Journal of Gynecology and Obstetrics* 78 (1): 105-10.
- Mfecane, S., H. Struthers, G. Gray & J. Mc Intyre
n.d. How masculinity and lifestyle of drinking in shebeens interact to create risks for transmission of HIV/AIDS in a black township in South Africa: An ongoing pilot

- study. In: A. Hardon & D. Gibson (eds), *Rethinking gender and masculinities. Confronting issues of health*. Amsterdam: Het Spinhuis (forthcoming).
- Parliament of South Africa
 2002 Joint monitoring committee on the improvement of the quality of life and status of women. *Report on violence against women*. Pretoria: Government Printer.
- Ramphela, M.
 2002 *Steering by the stars. Being young in South Africa*. Cape Town: Tafelberg.
- Republic of South Africa
 2003 Criminal law (sexual offences) amendment bill. *Government Gazette* No. 25282 of 30th July.
- Richters, A.
 2004 Violence, health and human rights: Challenges for medical anthropology. *Medische Antropologie* 16 (1): 157-81.
- Ross, F.
 2003 On having voice and being heard. Some after-effects of testifying before the South African Truth and Reconciliation Commission. *Anthropological Theory* 3 (3): 325-41.
- Rossouw, M.
 2004 28% van Suid-Afrikaners het vigs: syfers stabiliseer-verslag. *Die Beeld* 23rd September.
- Salo, E.
 2002 *Mans is ma soe: Ideologies of masculinity and ganging practices in Manenberg, South Africa*. Paper presented at the Sawyer seminar series, Atlanta: Emory University.
- Selikow, T., B. Zulu & E. Cedras
 2002 The ingangara, the regte and the cherry: HIV/AIDS and youth culture in contemporary urban townships. *Agenda* 53: 22-32.
- Simbayi, L. et al.
 n.d. *PLACE: Priorities for Local AIDS Control Efforts: A Follow-up study of the PLACE method in a township in Cape Town, South Africa*, unpublished report. Pretoria: Human Sciences Research Council.
- Smith, C.
 2003 Major SA study proves rape and HIV are linked. *Sunday Independent*. February 16th.
- Stadler, J.
 2003 The young, the rich, and the beautiful: Secrecy, suspicion and discourses of AIDS in the South African lowveld. *African Journal of AIDS Research* 2 (2): 127-39.
- Thorton, R.
 2003 *Flows of 'sexual substance' and representation of the body in South Africa*. Paper delivered at the WISER seminar. Johannesburg: University of the Witwatersrand.
- Winkler, C.
 2003 *One night. Realities of rape*. Walnut Creek: Altamira Press.
- Wojcicki, J.
 2002 "She drank his money": Survival sex and the problem of violence in taverns in Gauteng province, South Africa. *Medical Anthropology Quarterly* 16(3): 267-93.
- Wood, K., N. Jama, R. Jewkes, M. Nduna & J. Levin
 2002 *Istimela: Gang rape in South Africa*. Barcelona: XIV International AIDS conference, 7-12 July.