African Safety Promotion
A Journal of Injury and Violence Prevention

JOURNAL AIMS AND SCOPE
The African Safety Promotion: A Journal of Injury and Violence Prevention (ASP) is a forum for discussion and critical debate among academics, policy-makers and practitioners active in the field on injury prevention and safety promotion. ASP seeks to promote research and dialogue around a central public health issue that affects Africa, namely injury and violence.

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- Health systems research
- Risks and resilience associated with violence and injuries in low- to middle-income contexts
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EDITORIAL

Critical reflections on contemporary responses to gender violence within public, political, health and research contexts
Tamara Shefer

PERSPECTIVES

Gender-based violence and the need for evidence-based primary prevention in South Africa
Anik Gevers, Nwabisa Jama-Sha and Yandisa Sikweyiya

Relevance and feasibility of WHO recommendations for intimate partner violence care in South African primary health care settings
Kate Joyner

The importance of confronting a colonial, patriarchal and racist past in addressing post-apartheid sexual violence
Lucy Valerie Graham

Gender violence in and around schools: Time to get to zero
Deevia Bhana

Vrou is Gif: The representation of violence against women in Margie Orford’s Clare Hart novels
Louise Vincent and Samantha Naidu
ORIGINAL CONTRIBUTIONS

Sexual violence in post-conflict Sierra Leone: Obstacles to prevention responses  
Johannes John-Langba, Vivian Nasaka John-Langba and Nyella Maya Rogers  
63

Conspicuous by its absence: Domestic violence intervention in South African pre-hospital emergency care  
Navindhra Naidoo, Stephen E. Knight and Lorna J. Martin  
76

“We face rape. We face all things”: Understandings of gender-based violence amongst female students at a South African university  
Sarah Frances Gordon and Anthony Collins  
93

“She keeps his secrets”: A gendered analysis of the impact of shame on the non-disclosure of sexual violence in one low-income South African community  
Karen Fleming and Lou-Marie Kruger  
107

ACKNOWLEDGEMENTS  
125

SUBMISSION GUIDELINES  
127
The first few months of 2013 were testimony to the pervasiveness of gender-based violence (GBV) internationally. A number of high profile cases of rape and femicide in Southern Africa and elsewhere were devastating reminders that brutal violence against women persists across the globe. Many of the papers in this special edition indeed make reference to these cases of sexual violence. In India, the gang rape and killing of Jyoti Singh Pandey in New Delhi at the end of 2012 was followed by a wave of political action against GBV in India in early 2013 with international ripple effects. In South Africa, the violent rape and murder of a young woman, Anene Booysen, followed shortly afterwards by a high profile femicide (the murder of Reeva Steenkamp by international sportsman Oscar Pistorius) in early 2013, similarly gave rise to a widespread politicised focus on violence against women and children in this country. In these two countries, and globally, an accelerated public call to mobilise against GBV and address the conditions that facilitate it were evident for much of the year. While such a focus is of course welcomed by long-term campaigners against violence against women and by researchers who have taken forward the project of understanding and responding to the complex contexts of such violence, especially in many post-colonial countries historically ravaged by both structural violence and violent conflict, there are also growing concerns about how popular representation and discourse may hold further challenges for the fight against GBV. To ensure that our responses to violence do not perpetuate or legitimise the very conditions that make such violence possible, we need to be critically reflective of the subtle messages implicit in the multiple social responses to GBV, from prevention efforts to mass action in the media and public campaigns and to supporting victims. This special issue addresses responses to GBV across diverse sectors, focusing on response at multiple levels and in the broadest definition of response to
include social science research on community perceptions, health service and educational institutions, and to larger forms of response including public discourse in the media, legal cases and literature.

Gender-based violence, ranging from the sexualised violence of rape as well as physical, emotional and economic violence in interpersonal relationships, has long been shown to be widespread internationally and powerfully enmeshed with gender and other social inequalities. Most of the papers in this edition provide valuable data indicating the pervasiveness of GBV in international contexts and in the local context. In post-colonial countries on the continent and elsewhere, the heritage of massive and continued social inequalities manifesting as structural violence, together with the persisting impact of colonial violence, both psychological and political, is also strongly implicated in continued high rates of violence. How this violence is responded to at political and public levels, however, is also important in shaping national and international imperatives, policy and practices in this respect. Thus an emerging concern with how violence against women is currently dealt with and responded to as reflected in these recent international cases of violence is that it may serve to facilitate an “othering” and therefore erasure of everyday and commonplace violence, so endemic in our societies. This may contribute to silences around the larger social context of violence including normative gender roles, hegemonic masculinities and femininities, and their enmeshment with material contexts of inequality and structural violence. The focus on “extreme” forms of violence and extremely “brutal” violence may have been mobilised in ways that inadvertently (if not strategically) deflect attention away from the normative nature of GBV, and the everyday violence that creates and maintains the conditions which make more brutal manifestations possible. In doing so, these everyday violations may be obfuscated and ignored with a focus on a pathologised and “othered” forms of violence. As a consequence, efforts at prevention may fail to address the complexities of GBV effectively. In thinking about responses to GBV at national and international levels it becomes increasingly important to critically reflect on the impact of our responses at multiple levels, not only the extent to which they are successful and/or appropriate, but also what messages are inherent in such responses. Thus we need to acknowledge the nuances of social response, both in publicising GBV and events related to GBV such as court cases, but also in the more practical and programmatic responses that include prevention, mitigation and support of victims. This call to caution means constant and critical interrogation of how we as a society, whether researchers or practitioners or citizens, respond to sexual and other gender violence. It thus becomes evident that many of our current responses to GBV may themselves be highly problematic. Thus generating effective and appropriate social responses to GBV, whether aimed at prevention or care, requires far greater work in unpacking intentions and effects than is assumed by many researchers, policy-makers and practitioners. As argued by Bennett in relation to research on sexuality and gender, but equally transferable to research on GBV and also to practice and intervention:
There is an ongoing necessity to be vigilant about the ways in which notions of research … can become deployed in the rehearsal of brutal and demeaning legacies (Bennett & Pereira, 2013, pp. 8–9).

To ensure that our responses to the brutal and demeaning legacy of sexual and other gender violences are not deployed in reproducing the very brutalities they seek to challenge, we need to unpack and interrogate carefully the things we say and do. This special issue is directed towards this task, hoping to make a contribution to this ongoing interrogation of the multilayered responses to GBV in African contexts. This also speaks to the international goals of challenging GBV as a normative and pervasive challenge to freedom and equality.

CRITICAL REFLECTIONS ON PUBLIC RESPONSES TO GBV

Towards making the argument for the significance of interrogating responses to GBV and how they may be embedded in problematic discourses, public responses to the two highly publicised violent rapes and murders that took place in quick succession in early 2013 in South Africa are interrogated here by way of example. While the public expressed outrage, commentary was made by government and many agencies, and mass national campaigns initiated, it would seem that this was a nation genuinely concerned and moved to challenge GBV.

Yet, it became increasingly clear to critical and feminist thinkers that the public fascination with brutal and extreme forms of violence against women and the way in which meaning was made of these murders of these two young women served many functions other than signifying simply outrage and a desire to do good. Notwithstanding some well-meaning intentions, a closer look at how events unfolded and how these women and their deaths were represented reveals a lot to be concerned about. Feminist author and Gender Commissioner Amanda Gouws (2013, para. 1), for example, articulates concern about what the public response means for the larger goal of gender justice:

For the past three weeks we have been treated to a feeding frenzy around the deaths of two women due to violence in South Africa by the media, by politicians and by commentators (myself included). But I am wondering if we are not losing sight of what is really at stake here.

Similarly, it was disturbing to attend a mass meeting against GBV held on one of our local university campuses in which a group of participants marched around with handwritten and barely legible messages but on the back of very legible election posters. Ironically, on one poster were the words “Kill the abuser”, clearly reiterating Gouw’s concern about losing
sight of what is at stake here, and flagging the way in which all responses to events are themselves political, reflecting existing dominant discourses and often reproducing the very problematic systems of belief and practice that we hope to be challenging.

Another aspect of concern with how violence against women is dealt with and responded to which was starkly reflected in those few weeks in South Africa following the two brutal femicides is that, notwithstanding our well-meaning intentions and the value of mass mobilisation, such responses serve to facilitate an “othering” and therefore erasure of everyday and commonplace violence. By reproducing an image of extreme and violent brutality of women as reflected in these two events, the public is inadvertently contributing to the silences around normative violence shown to be bound up with everyday gender inequalities and prescribed gender roles, hegemonic masculinities and femininities, and their enmeshment with material contexts of inequality and structural violence. The focus on “extreme” forms of violence and extremely “brutal” violence is arguably being mobilised in ways that deflect attention away from the normalisation of gender violence, and the everyday violence that creates and maintains the conditions which make more brutal manifestations possible. In doing so, these everyday violations, which are with us in multiple manifestations, are obscured from sight. As Judge (2013, para. 10) suggests:

> [t]he shock and awe response that often follows reports of violence against women exposes a kind of “performance of surprise” – an incredulity which acts to conceal just how very “normal”, how every day, violence is. It is the everyday conditions that make violence possible and probable. As a social practice, violence is made permissible through normalised, everyday discriminations, such as misogynist and homophobic practices that are institutionalised. These discourses of prejudice – often legitimised through cultural and religious narratives – make material acts of violence imaginable and explicable.

Indeed, the very different stories told about the perpetrators and the victims in these two cases also tell us a lot about the way in which violence against women is racialised and classed and serves as another area of my concern in the responses to these in South Africa. One would have thought that these two events across class and “race” happening so close together and both so clearly foregrounding patriarchal control/ownership over women’s bodies and male violence against women could serve to strategically destabilise the kind of outsourcing of patriarchy, that Inderpal Grewal (2013) has written about, which happens globally, and which in South Africa amounts to a racist, classist discourse of poor black men as perpetrators of violence. It seems, on the contrary, that the public responses both reflect and have served to reinforce and rationalise racist and gendered discourses. As Sisonke Msimang points out (2013, para. 1), “[m]edia coverage ... has reflected deeply racialised
and gendered attitudes to sexual violence”. This happens at multiple levels through the different foci in the stories, the intricacies of what is told and not told, and so on. There are multiple examples, importantly the image of “normative” violence in black/poor communities and assumptions of abnormal violence in white middle class communities where “complex” factors are brought to bear to explain this “anomaly” and notions of public disillusionment at being let down by a role model further serve to reinforce the notion that it is “such a disaster”, not because a woman is dead, but because it is so “unexpected” that such a murder should happen in such a community of high profile sports stars and models. The idea, for example, that Oscar's killing of Reeva reveals his “darker side” (a term used in a number of news reports on the case) does infer that, under a particular set of conditions that involve a threat to his property, masculinity is “naturally” violent. Similarly, “lover's quarrel” also suggests this normative operation of heterosexual love … whereby men are violently possessive and in other instances act as proprietors of women (for example, that Oscar was acting to protect Reeva from an intruder). Thus in this moment of public response we see not only the reproduction of normative gender and gender power relations, but also racist discourse, as Msimang points out (2013, para. 2):

Part of our national narrative is that when white people murder and rape one another, there is usually a complex human story to explain their behaviour.

This is nowhere more evident in the stark differences between the stories of Oscar versus the stories of Anene’s rapists and murderers. There has been little media coverage of their stories even though one of the accused was found guilty and sentenced towards the end of 2013. Yet the global media provided a detailed day-to-day account of what Oscar was doing and even feeling in the first few months after his arrest.

Similarly, with regard to how the bodies of Reeva and Anene are represented in the public eye, gendered and raced lenses shape media representation. Because white, male bodies appear to really “matter”, more so than black and female ones, one sees how Reeva's killing is strongly represented through the male subject's experience. It appears that Reeva matters in a different way to Anene, not only because of her model celebrity status, but also because she represents a privileged idealised lifestyle and white upper-middle class femininity. So there is more public knowledge about Reeva’s life, especially aspects related to her career and her strength in challenging male power – she is nobly presented as someone who intended to make a contribution to women’s struggles and indeed her death was even rationalised through this trope, so that she may not have died in vain. Anene’s life, on the other hand, as black and poor and young, has been almost entirely invisible in the media.
This links to another political effect of the comparative stories of these two brutalities. While one would have thought that the resonances between the two stories would have acted to challenge assumptions of the impact of class on violent practices, the distinction between responses to the private versus public deaths of Reeva and Anene, respectively, is also not insignificant. It is widely assumed that even while GBV occurs across class, material resources may act against a susceptibility to violence such that middle class women are protected by their urban buildings and security systems while working class women are exposed by contexts of poverty. Yet both women are dead, one raped and murdered in a public outside space, and the other shot three times in a private upmarket bathroom. One would have thought that the two events, happening so close together in such different contexts, would underscore the classless nature of femicide and GBV. Yet, responses to the two cases do indeed illustrate the lived experience of class inequalities, both in the representation and actual treatment of the victims and perpetrators as well as in their material circumstances and outcomes. To cite just one example, the men arrested for Anene Booysen’s murder were in jail with no bail for some months, while Pistorious was out on bail after less than a week and no doubt the prison circumstances were very different. Both the discursive and material bases of class inequalities in South Africa were arguably more powerfully restated through these events and their narrative representations.

A further embedded concern with the effect of the public representation of such crimes, as highlighted by these two cases, is that in the naming of such rapes and murders of women as violence against women, clearly an important moment strategically, there is ironically an erasure of men; what is actually in evidence is male violence, but all the public sees are women victims and male perpetrators. Arguably, in that moment we reproduce a problematic blind spot – while male violence is highly problematic for women, it is as problematic for men themselves. As Kopano Ratele (2013), a critical feminist and masculinities scholar, has tirelessly pointed out, young black poor men in South Africa are by far the greatest group at risk of male violence. During the mass response to these events, there was a marginal voice in the proliferation of media and public response that constituted some call to scrutinise masculinity and its link with power, control, violence, militarism and indeed guns. When masculinity was visible, mainstream notions of essentialised masculinity proliferate, evidenced in one example of Oscar’s friend who, in an interview on Third Degree (a South African issue-based television talk show), narrated the story of how Oscar mistakenly shot a bullet in a public space (an offence now added to his charges). The interviewee explained this as “men have to be men”, poignantly drawing on notions of essentialised masculinity that include a deterministic association with violence. Ironically, many of the mass action events that followed these two high profile cases of GBV were led by men, usually calling for harsher, indeed violent, measures against men who are violent. This was disturbingly articulated in a banner at one university that proclaimed “kill the perpetrator”, drawing on the
very discourse that bolsters violence against women. Probably most ironic in this respect is the synchronicity of the Nike advert that was about to be released, of course withdrawn before the public release following the murder of Steenkamp, along the lines of “I am the bullet in the chamber” – referring to Oscar's speed, stealth and power as a sportsperson. To cite Judge (personal communication, February 25, 2013):

Of course this so clearly indicates how the masculinity he has come to represent is deeply implicated in normative discourses of male power as an invincible force, a “killing machine” if you like. So in a symbolic sense he really stuck to the story line.

OVERVIEW

Articles in this special issue critically assess some of the current responses in different contexts to GBV which foreground a range of problematic discourses and practices. Included are inadequate political, health sector and public responses to GBV that arguably undermine more constructive and appropriate responses and inadvertently serve the purpose of erasing the focus on those aspects that reproduce GBV.

INAPPROPRIATE SOCIAL AND STATE RESPONSES TO GBV

Crudely evident from the banner described above, one of the problematic social responses highlighted by authors is the way in which popular responses are directed by an imperative for a more punitive response, hence frequently missing the importance of a focus on prevention and challenging the inequalities of gender and intersecting inequalities that shape GBV. In their short communication, reflecting on public and political responses to GBV in the South African context, Aník Gevers, Nwabisa Jama-Shai and Yandisa Sikweyiya argue:

The public and political discourse condemned these violent acts and overwhelmingly called for increases in penalties and convictions and the re-establishment of specialised sexual offences courts with very little discussion or engagement on how South Africans can prevent such violence from occurring in the first place (p. 15).

These authors go on to argue for an “evidence-based, multi-level strategy that addresses primary prevention at all levels of society”.

Johannes John-Langba, Vivian Nasaka John-Langba and Nyella Maya Rogers, researching in the context of post-conflict Sierra Leone, similarly point to inadequacies in the legal system and the way in which a silencing of sexual violence due to gender normative practices
mitigates adequate responses to GBV. They argue that while sexual violence during the conflict in Sierra Leone has been well researched, there is little known about such violence during the country’s post-conflict transition. This paper presents narratives from a group of men and women in different communities in Sierra Leone as well as key informants such as community leaders and service providers that speak to current gender normative practices within heterosexual relationships. Sexual violence is reportedly widespread and it appears that changes following the conflict may have not adequately addressed educational, social and economic gender inequalities that continue to disempower women and girls in respect of reproductive rights. These authors argue for the importance of addressing normative gender roles and inequalities in any responses to sexual violence. A key finding in this study is that although there are legal measures in place and commitments to international and African protocols on GBV, they are not effective as sexual violence is not taken seriously by authorities and the community. The authors argue that sexual violence “generally exists within a culture of silence and impunity … due to the inability of the justice system to adequately redress sexual violence crimes” (p. 71). Community participants argued that the main perpetrators of sexual violence are men in power such as elderly wealthy men, teachers and lecturers, which further appears to mitigate against such abuses being taken seriously as a crime. The paper flags how political and constitutional commitments, such as signing protocols and making laws, do not ensure the eradication of sexual violence; rather it argues that:

[a]dequately addressing the problem of sexual violence in Post-conflict Sierra Leone would require addressing continued inequalities between men and women bolstered by gender norms and practices through sensitization, awareness-raising and education as well as sustained efforts to improve the social, political and legal domains related to women’s current disempowerment in Sierra Leone (p. 74).

Focusing on a particular sector of health workers, Navindra Naidoo, Stephen Knight and Lorna Martin’s paper illustrates inadequacies in health professional responses to GBV. This paper focuses on the response of a group of medical personnel, that is emergency support workers, to GBV. The authors point out that while there has been considerable research focusing on the responses of the police, courts and social workers to victims of abuse, none of the empirical literature includes first responders as interventionists. Emphasising their location of emergency medical services as often the first-on-the-ground service for injury, these authors argue for the potential value that such professionals may have in both identifying and supporting appropriate services for victims of GBV. Investigating a large group of participants’ understands of and reported practices in relation to identifying and treating victims of intimate partner violence (IPV), the study highlights a range of deficiencies in current emergency care providers’ responsiveness to IPV. Participants lack
a basic understanding of GBV, including a definition of and familiarity with the legalities related to GBV. Some of the problematic assumptions that participants reported, such as the strong and widespread belief that alcohol causes domestic violence and the class-based determination of GBV, as well as their reported lack of capacity to assess the possibility of such violence, clearly undermine their effective capacity to act and illustrate a lack of adequate training for such care workers.

Kate Joyner’s short communication focuses on the role of policy in shaping our responses at the primary health care level to IPV. She interrogates the very recently published World Health Organization’s first ever clinical and policy guidelines for responding to IPV. While welcoming this vital intervention globally, the author reflects on the challenges to achieving these policy recommendations in the material context of South Africa as one example. Resonating with other articles such as those by Gevers et al. and Naidoo et al., the piece points to a range of inadequacies regarding the knowledge and capacity of health care practitioners. As emerges in this commentary, these international policy recommendations may assist different countries in focusing on the gaps in their current responses to gender violence, especially at the primary health care level. Joyner argues that “the time is ripe for all sectors to mobilise and work together by improving IPV services in South Africa” (p. 26) and of course in all global contexts.

PUBLIC DISCOURSES ON GBV AND THEIR IMPACT

Louise Vincent and Samantha Naidu focus on literature as a public terrain, interrogating its possibilities and constraints in representing and challenging GBV. The paper takes as “its starting point that crime fiction is a public and political response to gender-based violence” (p. 48) and focuses specifically on the novels of Margie Orford, a well-known crime author located in South Africa and specifically attempting to raise consciousness about GBV in her novels. The authors deconstruct the representations of violence against women in Orford’s Clare Hart series which features a female investigator of horrific crimes directed against women and girls. In a complex unpacking of representations of GBV in these novels and the female lead, the authors foreground the stark contrasts between fictionalised GBV and material contexts of GBV. They show how novels, despite their good intentions, do not adequately represent the lived reality of violence against women and its aftermath. The neatness of the crime novel resolution of violent crime is starkly contrasted with the recent South African story of Anene Booysen, referred to in this editorial and a number of other papers:

In crime fiction, the violent act, as well the victim’s body, are dissected so that a satisfactory resolution may be presented to the reader. But in Anene’s story there
is no such denouement, the story is tragic but without resolution or intrigue hence
the apathetic shrug of a bewildered public (p. 55).

The authors go on to unpack the feminist strategy of the assertive, independent female
criminal investigator, Clare Hart, highlighting how she is masculinised and questioning
whether she serves to reproduce a masculinist construction of police and public protectors
rather than subverting it. While this paper represents a literary criticism that is unusual in
this journal, it draws attention to the role of other frameworks of response, such as literature.
This criticism may, however, serve to reproduce problematic responses to GBV, such as
the “othering” of GBV as extreme and brutal violence, which in turn pathologises GBV as
non-normative rather than acknowledging the pervasive nature of violence within current
gender power inequalities and normative gender practices. On the other hand, the paper
also draws attention to the value of feminist and activist attempts to raise consciousness
about GBV and to popularise alternative performances of gender such as that of the
female lead in this novel, who embodies both stereotypical masculinity and femininity in her
investigatory practices and interpersonal relationships.

Lucy Graham echoes the perspectives of many of the contributions in this edition through a
focus on the public representation of rape trials, in this case aspects of the high profile rape
trial that took place some years ago, of the current South African President, Jacob Zuma.
She argues that sexual violence:

is not a “women’s issue”, nor a sudden “epidemic”, and it should not be a platform
for political point scoring. Rather, it is a longstanding, chronic expression of dis-
ease in the body politic that draws attention to serious fault lines that need to be
confronted within our society today (p. 29).

Graham suggests that key to addressing the high levels of sexual violence in South Africa
is the acknowledgement by the state and the public of the ways in which “a colonial, white
supremacist and patriarchal past has shaped responses to sexual violence”. As many of
the other papers also do, this commentary further argues the need to “redress problems of
social and economic inequality that exist in South Africa as hangovers from this country’s
colonial and apartheid-era past” (p. 28). One of the more troubling reflections made in
this paper is the possible impact of the Zuma rape trial on the reporting of rape. This calls
attention to the power of public responses to sexual violence and how they may impact
on victims of sexual violence in particular. Graham shows how reports of rape dropped
noticeably in the year following the trial and wonders if this drop “may be read as disturbing
empirical evidence of how the public revictimisation and ostracisation of a complainant may
serve to silence victims of sexual violence”.

EDUCATIONAL INSTITUTIONAL RESPONSE TO GBV

Arguably, educational institutions offer one such productive space for preventive measures in challenging the conditions that make GBV possible. Yet … “[p]reventing and reducing gender violence in schools is missing in research, interventions and debates involving children” (p. 39) argues Deevia Bhana, who goes on to flag the imperative that:

[i]t is time to act, time to get to zero and time to put boots on the ground and address the scourge that limits children’s freedoms, health and well-being in South Africa (p. 45).

Also in an educational setting, but this time at a tertiary education level, Sarah Gordon and Anthony Collins explore how a group of women at a South African university construct GBV and how they position themselves within such discourses when discussing the fear and threat of this violence. The study elaborates on three different discourses which they identified in their participants’ narratives on GBV, which they suggest “act to normalise, legitimise and excuse gender-based violence on campus” (p. 104). These include a culture of fear in which women on campus report a constant sense of fear of GBV, a discourse of women’s responsibility which places women as responsible for avoiding GBV through a set of regulatory practices, “rules” that they must abide by or be blamed for sexual violence if they transgress, and a powerful silence surrounding GBV. All of these serve to undermine their safety on campus and in the larger social world. The last discourse speaks to the central issue of silence and speaking, which is such a strong focus in the paper by Fleming and Kruger. Gordon and Collins refer to “the ingrained silence surrounding GBV”, illustrating how their participants “spoke about the silence surrounding gender-based violence and how it is not acceptable to speak about such violence”. Reiterating the argument raised by Graham about the way in which public responses to sexual violence crimes reproduce the silence (and lack of reporting) of sexual violence, this paper argues that social invalidation of sexual violence disclosure facilitates further silencing:

The tension between this woman’s desire to articulate her traumatic experience and the social invalidation she feels when she does, is indicative of a culture which systematically normalises and tolerates gender-based violence. The social invalidation that women receive when they disclose their experiences of gender-based violence creates a cycle of underreporting and sends the message that women’s experiences and identities are not valued (p. 102).

These authors stress the importance of moving beyond holding those at risk of GBV as responsible, and rather shift the focus to challenging the social relationships and inequalities of power that allow such violence to exist in South African society.
Resonating powerfully with the theme of silence that is salient in the article by Gordon and Collins and John-Langba et al., Karen Fleming and Lou-Marié Kruger forge an important argument about the powerful role of shame in the reproduction of such silences. The paper presents one in-depth case study of a woman presenting with depression living in a low-income community in South Africa who is a survivor of sexual violence, yet did not share this for over 40 years. The article explores the way that feelings of shame contribute to continued silences around sexual violence by highlighting possibilities for disclosure and therefore support. The authors argue that the “shame of women in this particular community is linked to very particular gender discourses that also impact on the participant’s sense of agency” (p. 109). In a reflexive and complex account the paper unpacks the larger social discourses that shape the responses of women who are victims of sexual violence. The authors identify a “communal complicity of silence” around sexual violence and illustrate the “powerful gender discourses” that they argue “determine that women should be the silent and passive carriers of shame, while men can be active in the world and do not have to carry shame” (p. 112). The silence around sexual violence is also then shown to be linked to the imperative on women to protect their men and their community.

Importantly, the authors suggest that the political rhetoric that asks women to speak out about GBV and take legal action, for example, is questionable, since such simplistic resolutions do not appreciate the deep entrenchment of normative practices and cultures that support and rationalise sexual violence and the lack of support and safety for women to speak out. The authors argue, similarly to Gordon and Collins, that the silences and shame around sexual violence ultimately serve to further entrench dominant discourses. They call for an acknowledgement of the complexities surrounding women’s silence on sexual violence and argue that:

> to hear the stifled voices of traumatized women, more focused interventions are indicated that take the above factors into account. Interventions considered should not only focus on women as passive victims of sexual abuse or as powerless pawns in a society where hegemonic discourses render traumatized women (p. 121).

Rather, they suggest women’s agency has to be drawn on if dominant discourses are to be subverted.

In conclusion, there are many threads of commonality woven through these different papers that speak to the complex, nuanced and multilayered framework of responses to GBV, their meaning and effects. These include the continued silences surrounding GBV
and women victims; inadequate and problematic knowledge, attitudes and practices of key stakeholders and providers in society, in communities and primary institutions like school and higher education in general; and the power of the media and other public and popular representations of GBV. One of the key points emerging from the insights provided about GBV on the continent and globally in these contributions is the call to focus on ensuring adequate support, care and safety. This means an emphasis on including such knowledge in all forms of training for health, legal and other civil society practitioners and agents. However, contributions also foreground an emphasis on prevention and this means addressing larger structural violences such as continued poverty and gender normative practices and the inequalities in many African and global contexts. Linked to this, emerging from papers such as by John-Langba and colleagues and many of the South African papers which link GBV with post-colonial costs and histories of violence is the imperative to recognise “the ways in which gender inequality has been forged by a violent history” (Graham, in this edition, p. 36).

Importantly, many of the papers emphasise how addressing GBV needs to be multipronged and to operate at multiple levels, and should also target key sites for change such as universities and schools. To echo Deevia Bhana’s poignant call, “it is time to act, time to get to zero” in our efforts towards making gender-based violence, indeed any form of violence, unimaginable in our societies.

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Perspectives

Gender-based violence and the need for evidence-based primary prevention in South Africa

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ABSTRACT

Gender-based violence is a significant problem globally and in South Africa. The public and political discourse has been dominated by calls for increased penalties and convictions for perpetrators of various types of gender-based violence. However, these responses are unlikely to prevent such violence from occurring in the first place. Primary prevention strategies should address the underlying causes and drivers of gender-based violence in order to prevent violence and promote safer, respectful, happy relations between men and women. Through rigorous research, these factors have been identified and specific strategies based on these findings include: (a) building gender equality and challenging hegemonic masculinities; (b) challenging the widespread acceptance of violence; (c) improving conflict resolution and communication skills; (d) developing relationship-building skills; (e) reducing substance abuse; and (f) improved gun control. Each of these strategies and the evidence-base for the recommendations is discussed. Interventions that combine these strategies and are informed by research evidence during development are most likely to be effective in preventing gender-based violence on a large scale.

Keywords: gender equality, masculinities, primary prevention, gender-based violence, South Africa

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THE PUBLIC AND POLITICAL DISCOURSE CONdemned these violent acts and overwhelmingly called for increases in penalties and convictions and the re-establishment of specialised sexual offences courts, with very little discussion or engagement on how South Africans can prevent such violence from occurring in the first place. Response strategies such as harsher sentences and more effective courts, while important, are unlikely to prevent the perpetration of gender-based violence because they do not address the underlying causes or drivers of such violence. Therefore, an evidence-based primary prevention approach needs to be advocated; that is, strategies that have been rigorously evaluated and found to be effective by addressing causal factors and preventing gender-based violence from occurring at all are urgently needed.

ACTIVISTS AND RESEARCHERS AS WELL AS INTERNATIONAL ORGANISATIONS, INCLUDING THE WORLD HEALTH ORGANIZATION AND CENTRES FOR DISEASE CONTROL, PROVIDE DIRECTION ON THE ISSUES THAT PRIMARY PREVENTION STRATEGIES NEED TO CONFRONT AND CHANGE IN ORDER TO BEGIN TO CREATE A SOCIETY IN WHICH WOMEN AND CHILDREN ARE SAFE. ADDITIONALLY, A GROWING BODY OF SOUTH AFRICAN LITERATURE SHOWS THAT MEN ARE AT RISK OF SUFFERING VIOLENCE FROM OTHER MEN (Ratele, 2008; Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009); therefore, for primary prevention strategies to be effective, there is a need to recognise men’s vulnerability to violence both as perpetrators and victims. The suggested strategies include: (a) building gender equality, and promoting alternative, non-violent masculine identities and alternative, assertive femininities for which people are not negatively sanctioned (Hunter, 2005; Morrell, 2001; Walker, 2005); (b) challenging the widespread sociocultural attitudes and behaviours that are accepting of the use of violence (Harrison, O’Sullivan, Hoffman, Dolezal, & Morrell, 2006; Jewkes & Morrell, 2008).
(c) improving non-violent conflict resolution and constructive communication skills; (d) cultivating respectful and equitable attitudes and ideas about interpersonal relationships and developing relationship-building skills; (e) reducing substance abuse (King et al., 2004); and (f) implementing strict conditions for gun ownership, access and use (Seedat, et al., 2009).

Though South Africans may have made strides forward towards gender equality in the public sphere, such as the representation of women in government and some, albeit limited, progress in corporate leadership (Southern Africa Gender Protocol Alliance, 2013), there is still a significant gendered power imbalance, especially in the private sphere. It is in homes, schools, churches and other social institutions considered part of people’s “private” lives that women and children are particularly vulnerable to abuse and other forms of gender-based violence perpetrated by intimate partners and other people close to them (Machisa, Jewkes, Morna, & Rama, 2011). This abuse ranges from controlling and disparaging behaviour to emotional, physical, sexual, or economic forms of violence (Machisa et al., 2011). Therefore, relations between men and women in various public and private contexts need to be examined to understand ways in which people perpetuate problematic norms that exacerbate vulnerabilities to abuse and violence and ways in which they may apply more equitable and health-promoting norms.

Achieving gender equality and equity is not only about women’s representation and participation, but also about women’s and men’s attitudes, constructions and performances of gender through masculine and feminine identities. The manner in which children and youth are socialised shapes their behaviour, how they relate to other people and how they resolve conflicts when they arise; therefore, socialising agents, such as parents or caregivers, and institutions, such as schools, churches, or youth centres, need to consider their contributions to young people’s identities, attitudes and behaviours (Connell & Messerschmidt, 2005; Hunter, 2005; Morrell, 2001; Walker, 2005). Gender scholars have used the concept of hegemonic masculinity as a framework to study and understand men’s use of violence, dominance and control of women and other men (Connell, 1987; Morrell, 2001; Ratele, 2013). Although the usefulness of this concept has been criticised (Connell & Messerschmidt, 2005), several scholars and activists have argued that harmful hegemonic notions of masculinities are significant contributing factors in the male perpetration of violence against women and girls (Barker & Ricardo, 2005; Walker, 2005). Specifically, studies have shown that men who ascribe to hegemonic masculinities often exhibit their manhood through the show of physical strength, bravery, risk taking and use of violence as attempts to explicitly and implicitly dominate others and assert their status and positions in both public and private spheres (Barker & Ricardo, 2005; Courtenay, 2000). The performance of such masculinities is often harmful to women, children and other men. In public spheres,
men who ascribe to such masculinities are more likely to engage in street fights and resolve disagreements through physical force using weapons and these often turn fatal (Barker & Ricardo, 2005). Such men may also assert their masculinity in private spheres by being controlling, aggressive and violent towards their partners and children (Wood & Jewkes, 2001; Wood, Lambert, & Jewkes, 2007). For these men, violence perpetration occurs in the context of maintaining their dominance. As such, any perceived challenge to their masculinity is liable to be violently punished; that is, men’s use of violence is most likely to occur as they attempt to reclaim power and assert their status and position in relationships. However, such assertions may not always be exerted in the same context in which it is challenged. For instance, these men may seek to compensate for a loss of power in one sphere where they may have little opportunity to exert their dominance, e.g. work, and become domineering, aggressive or violent in another sphere that is more vulnerable to their control and abuse, e.g. at home (Connell, 1987). This evidence suggests the need to challenge hegemonic constructions of masculinity and promote gender equitable attitudes and identities within primary prevention strategies. If men are empowered to actively reject harmful constructions of masculinity and adopt more respectful and equitable attitudes, they would be less likely to use violence (Jewkes, Levin, & Penn-Kekana, 2003; Jewkes, Sikweyiya, Morrell, & Dunkle, 2010). Further, building non-violent conflict resolution and open communication skills is also indicated to be useful in primary prevention approaches.

The continued use of various forms of violence throughout society often feeds the overall acceptance and tolerance of violence, including gender-based violence (Collins, 2013; Faull, 2013). Such attitudes feed a false legitimacy of the use of violence which increases the likelihood of it occurring in public and private spheres. The prevailing culture of silence and tolerance of intimate partner violence as a private matter (as suggested by high prevalence and high levels of non-reporting) needs to be sharply and relentlessly contested beyond the short-term media attention on individual cases. Public discussion and awareness are not enough to prevent gender-based violence effectively, particularly if the discourse is not translated into actions that are guided by an evidence-based, multilevel strategy that addresses primary prevention at all levels of society.

In addition to problematic social constructions of gender and gender inequities and the normative use of interpersonal violence more broadly, substance abuse and gun ownership contribute to risks of gender-based violence. In contexts where there has been abuse of alcohol or illicit drugs, men are more likely to violate women physically, sexually or emotionally (Jewkes et al., 2003). South African research has revealed that men who killed their intimate partners were more likely to have shot them (Abrahams et al., 2013; Mathews et al., 2008), and suggests that gender-based violence prevention strategies must address gun control issues. Therefore, primary prevention interventions should address
these intersecting practices of dominant forms of masculinity, abuse of substances, gun ownership and violence against women.

The strong evidence discussed here points to the need for interventions that target adolescents and young adults to help them to develop healthier, prosocial identities, attitudes and relationship-building skills such as open communication and positive conflict resolution. Interventions need to engage men and boys to build gender-equitable masculinities and encourage them to actively contribute to the prevention of gender-based violence as well as the promotion of gender-equitable attitudes, identities and practices among girls and women. The promotion of positive parenting practices has also been recognised as an essential strategy to prevent early childhood trauma and help parents to raise gender-equitable, respectful, assertive young people (Knerr, Gardner, & Cluver, 2011a; 2011b; Jewkes et al., 2010).

The key challenge is to build and empirically test primary prevention interventions. Local campaigns against gender-based violence (e.g. One Man Can and Brothers For Life) have been implemented successfully across rural and urban South African communities; however, understanding the impact of such initiatives is important and currently there has been little rigorous evaluation to establish the effect of these campaigns. Evidence-based interventions, such as the gender-transformative intervention (Dworkin, Treves-Kagan, & Lippman, in press) Stepping Stones (Jewkes et al., 2006) which is grounded in research-based theoretical models of primary prevention, need to be strengthened and scaled up at a national level. Researchers and public health specialists need to continue to gather empirical evidence about gender-based violence and the development of effective strategies to prevent it in partnership with the community, activists, civil society and government stakeholders.

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Relevance and feasibility of WHO recommendations for intimate partner violence care in South African primary health settings

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ABSTRACT

The World Health Organization's (WHO) clinical and policy guidelines for responding to intimate partner violence (IPV) against women focus on improving health service delivery of women-centred care. This publication is a watershed. It sounds a call to innovate and implement creative new directions for effective health service-driven, intersectoral responses to IPV. The commentary draws on experience derived from intermittent IPV research in the Western Cape primary health sector. It outlines the eight WHO guidelines which specifically address the health care needs of women experiencing IPV and reflects on their feasibility within the South African context. While these policy recommendations are undoubtedly welcome, the barriers to implementation are acknowledged and discussed. Where possible, innovative ways to move forward are suggested. If taken up, these could aid the alignment of South Africa's standard of IPV care with that of the WHO recommendations. Now is the time for all sectors to mobilise and work together to improve IPV services in South Africa.

Keywords: women-centred care, intimate partner violence, health service delivery, health systems, Western Cape

In June 2013, the World Health Organization (WHO) published its first ever clinical and policy guidelines for responding to intimate partner violence (IPV) against women (see Table 1). Women-centred care and the improvement of health systems for IPV care globally are imperative if these standards are to be achieved. This marks a significant turning point in the field, sounding a call to invent and implement creative new directions for effective health service-driven, intersectoral responses to IPV.

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South Africa’s extremely high rates of gender-based violence (World Health Organization, 2009), marked by the highest global intimate femicide rate (Abrahams et al., 2009), are indisputable. This commentary draws on experience derived from intermittent IPV intervention research in the primary health sector of the Western Cape (Joyner & Mash, 2011, 2012a, 2012b, in press) to reflect on this policy framework. The valuable idealism of the World Health Organization (WHO) will be counterpointed with a realistic appraisal of some barriers encountered when providing IPV care in a scarcely resourced environment. To date, internationally, there has been marked resistance to engaging effectively and comprehensively with IPV. Yet for practical, ethical and evidence-based reasons, providers should enable survivors to get the help they need. The provider-patient relationship offers a unique opportunity to case find, diagnose and treat abuse and neglect (Cohn, Salmon & Stobo, 2003). Despite health’s crucial role, current curricula of most health professionals lack emphasis on appropriate knowledge, skills and confidence building to attend to IPV competently. Most practice settings provide only clinical care at best. Moreover, providers voice feeling unsupported and poorly equipped to handle the frustrations of working with family violence (Joyner & Mash, 2012a, 2012b).

This short communication reflects on the WHO recommendations in the light of the challenges in the South African context, commenting on the value of these policy guidelines but also asking questions about their feasibility given the challenges briefly elaborated on above.

**Table 1: WHO's recommendations for clinical and policy guidelines for IPV (2013)**

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<td>1</td>
<td>Women disclosing any violence by an intimate partner should be offered immediate support. Health-care providers should, as a minimum, offer first-line support. This comprises privacy; confidentiality within limits; non-judgmental, empathic, responsive rather than intrusive support; a careful history of violence; helping access information and resources; assisting with safety for her and children; and providing or mobilising social support. If providers are unable to provide first-line support, they should ensure that someone else is available to do so.</td>
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<td>2</td>
<td>Universal screening or routine enquiry is not recommended. Health-care providers should case find opportunistically by asking about IPV when assessing conditions that may be caused or complicated by IPV.</td>
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<td>3</td>
<td>Posters and pamphlets on IPV should be available in female-only areas of health facilities.</td>
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In reflecting on these guidelines given the lack of capacity and skills of current healthcare providers, there are some concerns related to the first and central recommendation. The skill set described here appears straightforward but may pose a risk of secondary traumatisation if appropriate knowledge and skills are not widely disseminated. In practice, IPV skills are highly specialised and complex to master, requiring empathy and understanding which many providers lack. For effective uptake of training, IPV requires dedicated providers who are sufficiently committed to prioritise it. The resistance or challenges to providing appropriate IPV care are compounded by the 2010 Western Cape Health Care Plan which specifies that providers should spend seven minutes per patient (PGWC, 2006).

Another bedevilling factor in the successful implementation of this policy recommendation within the South African context, and perhaps more widely, is that health professional training is functionally biomedical. Health providers often struggle to provide a holistic and patient-centred approach – with significant implications for the provision of IPV care. A recent morbidity survey of South African primary care demonstrated that psychological and social problems are rarely diagnosed or recognised (Mash, Govender, Isaacs, De Sa, & Schlemmer, 2013). Health practitioner training should focus on developing a biopsychosocial approach that can recognise the presence and impact of psychological and social problems on the presenting problem and inform appropriate responses.

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2 Reviews on mental health interventions in populations experiencing intimate partner or sexual violence were complemented by the more general evidence in these WHO mental health guidelines.
Our work has reported on the development and implementation of an IPV intervention model which was specifically formulated for the primary health setting and has been acknowledged as an important contribution (Bateman, 2012). This model starts with a case finding mechanism for IPV developed for this context, thereby aligning with the second recommendation which calls for opportunistic case finding. Yet despite being easier than universal screening, in both rural and urban IPV pilots, most providers fail to implement it in their practice. Referrals to the IPV champion\(^3\) by health providers are rare, despite the presence of a comprehensive service on site which could benefit such patients and their families. Perhaps this can be explained by their reluctance to provide the requisite reproductive healthcare and correct documentation of IPV before referring to the IPV champion for comprehensive, ongoing care (Joyner & Mash, 2012b).

The fourth (mental health) and eighth recommendations (pregnancy) coalesce in important ways and are of particular relevance in the South African context. This discussion links with the first recommendation. In South Africa, abuse and violence escalate during pregnancy, with increasing severity as the pregnancy progresses (Dunkle et al., 2004). Over the past 11 years, the Perinatal Mental Health Project (PMHP) has provided an “integrated maternal mental health intervention in the context of low resourced, high HIV prevalence and overstretched clinical settings” (Meintjies, Field, Sanders, Van Heyningen, & Honikman, 2010, p. 76). PMHP's partnership with Psychiatry and Mental Health at the University of Cape Town and public health services has enhanced its capacity to demonstrate and provide insight into what is possible to implement in this context.

PMHP data reveals women experiencing domestic violence to be 24 times more likely to qualify on mental health screening for referral to a counsellor \((n = 1 008, \text{OR } 24, \text{CI } 8.86-67.17, p < 0.001)\) (Meintjies et al., 2010, p. 78). It is evident that in this context IPV is usually only one aspect of their counselling, as these women may also experience mental health challenges, may be living with HIV, poverty and unemployment and generally face a lack of support in terms of medical and other care. Attending to women's mental health issues enables retention in care long enough to improve health and safety, including for their children. Anxiety, depressive and substance abuse disorders are frequently intertwined with IPV. Restoration of self-esteem, planning and problem-solving skills is facilitated by a skilled individual who functions as a case manager and liaison officer. In Joyner’s IPV model, the IPV champion fills this role (Joyner & Mash, 2012a). Diverse clients present with complex needs spanning the mental, physical, courts, social workers and beyond. Each requires

\(^3\) In Joyner’s model, the IPV champion takes over from the referring provider once identification and appropriate clinical care is complete. She assesses the psychological, social and legal needs of each woman, formulates a care plan with relevant referrals with her and provides ongoing support by including her in therapeutic group processes which she facilitates.
individualised care integrated into an ongoing service. The liaison role with psychiatry and trauma services, shelters, non-profit organisations (NPOs), social development and legal services safeguards these marginalised women from disappearing through the cracks.

The WHO specifies that mental healthcare should be provided by those demonstrating a good understanding of violence against women, which is often precisely what health providers lack. The fact that IPV against women is deeply rooted in the gendered nature of human relationships and social structures remains unrecognised. By contrast, the PMHP’s superior service is evidenced by its admission that considerable time is spent tracking and following up to facilitate access to services. Its interventions include a focus on de-escalating violence for the individual woman since pregnancy is a highly vulnerable and dependent time. Many stay in relationships while working on safety plans, understanding abuse and the cycle of violence, building social support and planning for leaving an abusive relationship.

Turning to recommendation six, which speaks to the need for a coordinated advocacy response for women who seek refuge in a shelter, it is evident that challenges with implementation would relate to the lack of a clear strategy and network. Turan et al. (2013) report use of “supported referrals” in their programme for prevention of violence against pregnant women in rural Kenya, which provides a good model of the implementation of this policy recommendation. Here community volunteers provide concrete assistance for reaching referral services, “including provision of transport costs, personally escorting women to services, telephoning ahead and offering emotional support” (Hatcher et al., 2013, p. 3). Their preliminary research to develop this intervention found that factors beyond the individual – gender roles in intimate partnerships, family dynamics and community norms – shape high rates of IPV (Hatcher et al., 2013). This valuable research from a contemporary rural African context arguably offers a model for improving IPV services in South Africa. Active engagement of community cooperation and goodwill could hold the keys to enabling implementation of the sixth recommendation.

Recommendation three requires public dissemination of information about IPV. Clearly this is a crucial component of a comprehensive response to IPV, but it begs the question of who will take this initiative. In the Western Cape context, MOSAIC, the Training, Service and Healing Centre for Women, is one example of an organisation that has produced informative pamphlets and posters about IPV which would be ideally suited to women’s restrooms. It is important that such initiatives be taken up at national level with the Department of Health collaborating with community and non-governmental organisations to extend such initiatives. This could aid the promotion of community awareness and activism described by Hatcher et al. (2013) as a necessary component to upscale IPV services.
Lastly, the impact of IPV on children is undoubtedly profound, and invites research which will innovate context-specific interventions for families living in low- and middle-income settings. While the state psychotherapeutic resources available are hopelessly inadequate to meet the extent of the need, perhaps cognitive-behavioural therapy and/or eye movement desensitisation reprocessing offer alternatives worth exploring as in recommendation five, which is, however, only directed towards women. Both techniques may be taught to community health workers and implemented under supervision of a psychologist. Such a response to recommendations five and seven may address our paucity of skilled mental health providers and the imperative to capacitate communities to take more ownership in responding to IPV.

In conclusion, while these policy recommendations are certainly welcomed, the barriers to implementation alluded to above need to be acknowledged and addressed. The time is ripe, indeed long overdue, for all sectors to mobilise and work together to prevent transgenerational damage by improving IPV services in South Africa.

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The importance of confronting a colonial, patriarchal and racist past in addressing post-apartheid sexual violence

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ABSTRACT

This commentary uses Judge Willem van der Merwe’s rescripting of Rudyard Kipling’s ‘If’ poem during the Jacob Zuma rape trial as a starting point to argue for the importance of understanding the ways in which spectres of a colonial, masculinist and racist past continue to haunt the present in South Africa. While Zuma invoked Zulu culture and his duties as a Zulu patriarch in his defence in the trial, this very idea of ‘Zuluness’ is a product of the same patriarchal racialism disseminated by Kipling and British colonialism. In order to address high levels of sexual violence in contemporary South Africa, the state needs to acknowledge the ways in which a colonial, white supremacist and patriarchal past has shaped responses to sexual violence. It also needs to redress problems of social and economic inequality that exist in South Africa as hangovers from this country’s colonial and apartheid-era past.

Keywords: Zuma, rape, Kipling, colonialism, post-apartheid, Anene Booysen

INTRODUCTION

One of the most bizarre and contradictory incidents during the Jacob Zuma rape trial was surely the moment when Judge Willem van der Merwe, handing down his verdict that exonerated Zuma, addressed Zuma with the following words: “Had Rudyard Kipling known of this case at the time he wrote his poem, ‘If’, he might have added the following: ‘And, if you can control your body and your sexual urges, then you are a man, my son.’” (verdict, S. v. J. Zuma, 2006). It is now seven years since the trial, and yet this weird allusion to Kipling’s
famous poem (voted in a BBC contest in 1995 and 2009 to be the British nation’s favourite poem) has not been examined in any previous academic study. While it may not have struck gender rights and public commentators as an important part of the trial, to myself, as a literary scholar, it was particularly shocking and revealing. I aim to draw attention to the historical resonance of this literary allusion embedded in the trial, and to argue for the significance of acknowledging the ways in which a colonial, white supremacist and patriarchal past has shaped responses to sexual violence in contemporary South Africa. Referencing Zuma’s comments about the rape of Anene Booysen in conclusion, I also argue that sexual violence is not a ‘women’s issue’, nor a sudden ‘epidemic’, and it should not be a platform for political point scoring. Rather, high levels of sexual assault in South Africa draw attention to a continuing history of social and economic inequality that needs to be confronted by the state in order to prevent sexual violence.

THE ZUMA RAPE TRIAL

On 6 December 2005 charges of rape were brought against Jacob Zuma in the Johannesburg High Court by a complainant who was given the pseudonym ‘Khwezi’ in order to protect her identity, beginning a high profile trial that is now well known in South Africa and most parts of the world. By 8 May 2006 charges of violation against Zuma had been dismissed by Judge van der Merwe, who claimed in his verdict that Zuma’s story, rather than the complainant’s, was the one that ‘should be believed’ (verdict, S. v. J. Zuma, 2006). The months of the trial were highly charged politically. Outside the courthouse, anti-rape activists were outnumbered by Zuma supporters, many of them women dressed in ‘traditional’ Zulu garb who in the early days of the trial burned A4 size photographs of the complainant, printed with her name and surname, while chanting ‘burn this bitch’ (Evans & Wolmarans, 2006). Their actions were condemned by the Judge and the Friends of Jacob Zuma Trust, but Zuma supporters, who claimed that Zuma was the victim of a conspiracy, continued to hold militant rallies outside the courthouse, where they sang the old struggle song, ‘Awuleth’umshiniwami’/ ‘bring me my machine gun’. On the other hand, women’s rights organisations expressed concern about public threats of violence against the complainant, as well as about the fact that the complainant’s private memoirs and childhood sexual history were allowed by the judge to be used in a court of law against her, which effectively put her on trial.2 After the outcome of the trial was announced, ‘Khwezi’ sought

2 As Jane Bennett has pointed out, the “One in Nine” campaign, which takes its name from estimates that only one in nine rapes are reported, was established in February 2006 at the start of the Jacob Zuma rape trial, “to ensure the expression of solidarity with the woman in that trial as well as other women who speak out about rape and sexual violence” (Bennett 2008, 6). Also during the trial a group of fifty four women activists from twenty one African countries, meeting in Johannesburg to discuss women’s rights and HIV/AIDS, issued a ‘Letter to Khwezi’ that expressed support for her position, concern about public threats and intimidation directed at her, and condemnation of the fact that incidents of sexual abuse during her childhood, as reported in her private memoir, were being used against her (Kpetigo et al. 2006).
political asylum in the Netherlands and Zuma returned to his position as deputy-president of the ANC, becoming president of the ANC in 2007 and president of the country in 2009. In 2010 the judge who had presided over the trial was promoted by the Judicial Services Commission (JSC) to the post of Deputy Judge President of the Gauteng High Court, one of the appointments that led Pierre de Vos (Claude Leon Chair in Constitutional Governance at the University of Cape Town) to question whether ‘the JSC is more comfortable with the appointment of pro-establishment white lawyers … than with the appointment of more critical lawyers’ (De Vos, 2010 para. 7). De Vos claimed that it would be unfair to describe the promotion of Van der Merwe as a reward for having exonerated Zuma, but given that gender activists had ‘criticized Van der Merwe for allowing the defense in the Zuma case to question the complainant on her sexual history … it would have been better if the members of the JSC had quizzed Van der Merwe vigorously about his commitment to gender equality’ (De Vos, 2010 para. 8–10).

It seems that Khwezi’s relationship with Zuma was complex. Her father and Zuma knew each other and were imprisoned together during the struggle years, Khwezi and Zuma met in exile, and after her father died in an automobile accident in 1985 Khwezi seems to have looked upon Zuma as someone who could help and advise her with family crises. At the time of the incident that Khwezi claimed was rape and Zuma claimed was consensual sex, Khwezi was HIV-positive, a fact known to Zuma, and she was also an AIDS activist and a self-identified lesbian. The stories of Zuma and Khwezi differed on some key points. Zuma claimed in court that the incident in question took place in his bedroom (though a policeman who took his initial statement reported that he had originally said it took place in Khwezi’s room), that Khwezi was provocatively dressed in a kanga, and that she invited his sexual advances by getting into bed with him, watching him undress and asking him for a massage (S. v. J. Zuma [Tr.] at 905). Khwezi on the other hand claimed that the incident took place in the guest room in which she was staying and that Zuma had come into her room and offered her a massage, which she declined. She then testified that he got into bed with her and had sex with her against her will and that she ‘froze’ during the process (S. v. J. Zuma [Op.] at 17).

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3 On the day that the alleged rape took place, Khwezi had sent messages to various friends and family as she was concerned about a family member who had been bitten by a snake in Swaziland. She testified that Zuma had asked her to stay over at his home before departing for Swaziland and that he greeted her as a ‘daughter’ when she arrived (S. v. J. Zuma [Op.] at 12 and 13).
THE ZULU QUESTION

Controversially and perhaps infamously, Zuma invoked Zulu culture and tradition in his defence, addressing himself to the court in Zulu (although he speaks fluent English) and claiming that he could see the complainant was aroused and that ‘in the Zulu culture you do not just leave a woman in that situation because she may even have you arrested and say that you are a rapist’ (S. v. J. Zuma [Tr.] at 907). As Elizabeth Skeen (2007) points out, it is ironic that the same man who had campaigned for a non-ethnic ANC with Mandela and who was instrumental in bringing an end to the violent Inkatha versus ANC clashes in Natal in the 1990s went on to play the tribal/ethnic card himself. Also worth commenting on is the fact that Judge van der Merwe, as Sanders (2012) has observed, unexpectedly gave some of his closing remarks in Zulu. Rather than reading this as Sanders does, that is as a gesture which suggested that ‘Zuluness’ is a performative role that can be adopted, I would like to offer a more pessimistic and skeptical view of the judge’s change of tongue, particularly when one considers this linguistic shift alongside the Kipling allusion that was also made by the judge in his verdict.

To turn to the liberties taken by the judge with Kipling’s ‘If’ poem, the first irony should be blatantly obvious: during a post-apartheid trial in which a black man stands before a white man for judgment, the judge invokes the spectre of the colonial and masculinist ideology that Kipling disseminated. In the subjunctive, Van der Merwe offers Zuma access from childhood to full manhood, summoning up a history in which the black man was likened to a child in intellect, though with the uncontrollable sexual impulses of a beast. Surely the implication here is that Zuma cannot control his sexuality, but that the judge is going to let him off with a warning.

Seen alongside the Kipling allusion, the judge’s use of Zulu speaks similarly of a history of white power, the implication being that the judge has mastered Zuma’s native tongue and therefore knows Zulu culture. Thus Van der Merwe’s switch to Zulu is not a claim to Zuluness as a performative identity (as it could be in the case of Johnny Clegg, for instance), but a claim to know ‘Zuluness’. Zuma speaks Zulu and uses Zulu culture to appeal in his defence, and the judge takes up the challenge by demonstrating his understanding of Zulu language, and, by inference, Zulu culture. If this seems like a reductive reading after the more playful one that Sanders suggests, let us not forget that it was not unusual for members of the white ruling class under apartheid to be familiar with an indigenous language, and that this language was usually acquired for the purpose of perpetuating exchanges that were massively unequal.
History speaks through the present, often in strange, ironic and discomforting ways. While Zuma supporters outside the courthouse wore T-shirts emblazoned with the words ‘100% Zulu boy’ (Van der Westhuizen, 2009), inside the court the judge invoked through Kipling the ethos of British colonialism, a patriarchal form of rule that mutated and mutilated indigenous cultures, amplifying and distorting the versions of patriarchy within them, and paving the way for the further manufacturing and ossification of separate tribal identities under apartheid. As Mamdani (1996) has pointed out, Natal under British control was a key area in the development of a system of ‘indirect’ colonial rule, by which ‘customary law’, ‘native authorities’ and the delineation of ‘tribes’ were used as agents of colonial rule. Beginning in the mid-19th century with Sir Theophilus Shepstone, Diplomatic Agent to the Native Tribes and Secretary for Native Affairs in Natal between 1845 and 1875, a ‘tribal system’ for Africans was encouraged and the black franchise opposed (Graham, 2012). Gradually, in the interests of sustaining white power, black patriarchy mutated under the guises of ‘tribal authority’ and ‘customary law’ during the colonial period and under apartheid. In short, there is no such thing as ‘100% Zulu’. Like other rigid categories instituted by our racist past, ‘Zuluness’, with all the authority invested in it, is a peculiar hybrid created under colonialism and apartheid, and this seems all the more poignant when one considers Zuma’s claim to ‘Zuluness’ alongside the judge’s allusion to Kipling, jingoist of Empire.

Bizarrely, another allusion to the enmeshment of the highly-militarised patriarchal British empire with ‘Zuluness’ came in the form of a gun made out of wood and inscribed with the words ‘MSHINI WAMI: BOYSCOUT’, wielded by one of Zuma’s women supporters outside the courthouse during the Zuma rape trial. Echoing the ‘boy’ in ‘100% Zulu boy’ (and in the judge’s indirect poetic address to Zuma as ‘my son’ which demoted Zuma to the status of child), the gun inscribed with ‘BOYSCOUT’ seemingly points to Robert Baden Powell, who was a contemporary of Kipling’s and a lieutenant general in the British Army as well as the founder of the Boy Scout Movement (which based its training programme for the young men of Empire on characters in Kipling’s The Jungle Book). Yet, this pointing becomes circular, as what the gun signifies is a militarized ideal of Zulu identity – Baden Powell supposedly developed his ‘scouting’ skills while training with the Zulu in the 1880s, by which time legends of Zulu military prowess had gripped the British colonial imagination.4 Ironically, the combative power that was bestowed upon the Zulu by British colonialism is harnessed here in defence of Zuma.

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4 As Dan Wyle points out in Myth of Iron: Shaka in History, Shaka became a mythic military figure for the British who propagated narratives about the Zulu kingdom under Shaka as an African Sparta, even though the Zulu were not necessarily more militarized than any neighbouring African tribes (Wylie, 2006). It is also possible that because the Zulu had been one of the few ‘native’ people to defeat a British regiment, at the Battle of Isandlwana in 1879, they acquired the status of ‘noble savage’ warriors in the British imagination.
A WORRYING PRECEDENT

Having examined the Zuma rape trial and its transcripts in her Princeton University thesis, Skeen concludes that ‘It does not seem likely that the trial marked a serious setback for HIV/AIDS or women’s rights in South Africa’ since the judge’s ‘admission of Khwezi’s past sexual history made her the face of women’s activism for stronger laws against sexual offenses and the admissibility of evidence’ and ‘Zuma’s “shower theory” moreover, generated such an enormous amount of negative publicity that it may even give way to positive impact’ (Skeen, 2007, p. 122). Her first point, that the trial was not a serious setback for women’s rights, was disputed indirectly by Jake Moloi of the Institute for Security Studies, who argued that the judge’s decision to set aside section 227(2) of the Criminal Procedure Act No. 51 of 1977 ‘has set a worrying precedent that is now binding on the lower courts’ (Moloi, 2006, p. 25). Khwezi was questioned about her sexual history extending beyond the offence being tried (namely her claim that Zuma had raped her), and according to Moloi her rights to privacy and dignity under section 36 of the South African Constitution should have been pitted against the provisions of section 227(2) in the judgment.

The admission of evidence relating to Khwezi’s previous sexual history was used to prove that she was an unreliable witness to her own rape, as the defence provided a number of witnesses who contradicted her narratives about previous rapes and attempted rapes which she claimed in her memoir and testimony had taken place in her past. While evidence should not be excluded where justified, Moloi (2005, p. 29) notes: ‘Given that rape is one of the most underreported crimes worldwide, it is difficult to see how reporting rates can be improved if there is a likelihood that the complainant’s sexual history will be paraded in an open court’.
As I have noted previously, the rate of reported rape in South Africa has been extremely high but fairly consistent since 1994 – and this challenges the widely held assumption that post-apartheid South Africa has a dramatically \textit{increasing} rate of reported sexual violence (Graham, 2012). Disturbingly, however, I found that the rate of reported rape per 100 000 population did drop during one year between 1994 and 2008, and this was in the year following the Zuma rape trial. Given the threats made by Zuma supporters against Khwezi, and the judge’s decision to admit her sexual history into the trial, which dramatically affected the outcome of the trial, it is possible that, rather than registering a reduction of sexual violence, the drop in reported rape may suggest that less women felt safe in coming forward to report rape in the year following the Zuma trial. The drop in reported rape in the year following the trial may be read as disturbing empirical evidence of how the public revictimisation and ostracisation of a complainant may serve to silence victims of sexual violence.

\textbf{ACKNOWLEDGING SPECTRES FROM THE PAST}

What insights about safety promotion can one draw from the analysis of the Zuma rape trial above? This is a challenging question for me, as I am a literary scholar, not a social scientist, and my book \textit{State of Peril} deals mostly with fiction, and not with the ‘reality’ of rape. But the question had to be confronted in \textit{State of Peril}: what was the relationship between literary and media representations and sociological reality? Another and even more challenging question that had to be faced was the question of the relationship between literature and history.

As my analysis of the Zuma rape trial indicates above, there are often surprising invocations of the literary in legal and political discourse that call for analyses of the interface between literature and society, between literature and the law, and of continuity and disjunction between the past and the present. Under Thabo Mbeki’s presidency, J.M. Coetzee’s novel \textit{Disgrace} (1999) was referenced by Mbeki during the Human Rights Commission Hearings on Racism in the Media in order to contest a long history of representations of race and sexual violence in South Africa (Graham 2012). Unfortunately, Mbeki’s obsession with a history of racism over a history of \textit{patriarchal} racism hampered an effective state response to sexual violence. Moreover, as I point out above, the Zuma rape trial, which featured a strange literary allusion and has set worrying precedents for the treatment of sexual violence complainants in future, cannot simply be read in terms of the post-apartheid context, as it was deeply haunted by spectres from the past.

One could argue that although it had far-reaching effects, the Zuma case, which involved a high-profile politician, created a culture of spectacle around the trial that belies sexual
violence as an everyday problem in South Africa and the more ‘ordinary’ ways in which violent masculinities have been forged by South Africa’s socially, politically and economically violent past. Yet the racist and masculinist past invoked through the Judge’s allusion to Kipling and through discourse on “Zuluness” during the Zuma rape trial has resonance with more ordinary cases of sexual violence in South Africa in that the conditions for these more ordinary cases have been created by the same history of patriarchal racism that the trial invoked.

Unfortunately, when politicians have addressed sexual violence in post-apartheid South Africa this has not been to acknowledge the social, political and economic causes of sexual violence, but either taken the form of paranoia, suspicion and denial, or of obligatory lip service and political point scoring. Under the Mbeki presidency, rape statistics were questioned and denied, with opposition parties then using this to call into question the ANC government (Graham, 2012). Understandably, perhaps, given his own rape trial, Zuma was more reticent on the subject of sexual violence, until he was forced to say something following the horrific rape and murder of Anene Booyse in Bredasdorp, a small town in the Western Cape, in February 2013. In a statement issued by the Presidency on 7 February 2013, Zuma stated that: ‘This act is shocking, cruel and most inhumane. It has no place in our country. We must never allow ourselves to get used to these acts of base criminality to our women and children’ (Zuma, 2013, my emphasis). Contrary to Zuma, I would like to argue that the rape and murder of Anene Booyse has a profound ‘place’ in South Africa – like the Zuma trial it speaks to us precisely about the state of the South African nation and its haunted present.

ANENE BOOYSEN’S ‘PLACE’ IN SOUTH AFRICA

The rape and murder of Booyse followed shortly after a similar case had shaken the international community. In late December 2012, India was rocked by massive public demonstrations (and government crackdowns on these demonstrations) following the brutal gang-rape and murder of a young woman in New Delhi. Barely a month later, on 2 February 2013, Booyse was found mutilated and severely injured on a construction site in South Africa. She had been raped and died from her injuries in hospital six hours after being found. Transnational links between the two women were made instantly in the media. In South Africa, the response to Booyse’s rape and murder was public outrage, but news stories about Booyse, who came from a desperately poor and deprived background, played second fiddle to the killing of the glamourous Reeva Steenkamp by Paralympic athlete Oscar Pistorius. Booyse’s funeral, moreover, became an arena for political rivalry (Gouws, 2013).
It is important to realize that Booysen’s story was not given attention in the media simply because of the spectacular and horrific nature of the injuries perpetrated upon her. In fact, a very similar case – the gruesome rape and murder of Letty Wapad – went virtually unremarked and unreported in the media three years previously (Evans, 2013). It is more likely that the similarities of Booysen’s case to the New Delhi case – which received massive international attention – occasioned media reports on the Booysen case. What the cases of Letty Wapad, the New Delhi victim and Anene Booysen have in common however, is that both victims and perpetrators came from the under-privileged underclasses (the New Delhi victim was from a similar socio-economic background to the men to killed her, but was studying to become a physiotherapist), and that the victims were attacked en route to their homes at night, in areas where the state has failed to provide safe, well-lit public spaces, and safe, efficient and affordable public systems of transport. Obviously sexual violence can be a risk for all classes of society, yet there is no doubt that it is more widespread in public and private spaces where people have been brutalized by dire socio-economic conditions. The link between gender violence and socio-economic conditions – and particularly between gender violence and women’s social and economic status – is well documented (See, for instance: Armstrong, 1994; Bourgois, 1996; Silberschmidt, 2001; Jewkes, 2002; Martin, Vieraitis, & Britto, 2006). Until the underlying causes of sexual violence are addressed – until the state recognizes the ways in which gender inequality has been forged by a violent history of patriarchal racism, and finds ways to address the socio-economic and gender inequalities that are directed related to South Africa’s past – the rate of sexual assaults in South Africa will remain high.

CONCLUSION

There is no doubt that while post-apartheid South Africa boasts progressive gender rights legislation, this has not translated into a decreased incidence of sexual violence. As discussed above, the judgement handed down by Judge Willem van der Merwe in the Zuma rape trial which summoned the ghost of Kipling and masculinist colonialism in order to let Zuma off with a warning, and the treatment of the complainant in the trial – who was harassed and threatened outside the court and inside the court had her sexual history used against her – was a setback for gender rights in South Africa. Tackling problems of sexual violence in South Africa requires a complex approach from the state that acknowledges the ways in which responses to sexual violence have been shaped by colonialism and apartheid. Moreover, sexual violence cannot simply be addressed by palliative measures, but also needs to be prevented, which means addressing economic and social inequality, including gender inequality, that exist as hangovers from South Africa’s patriarchal and racist past.
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Gender violence in and around schools: Time to get to zero

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ABSTRACT

Gender violence has been identified as a substantial public health and an intractable educational problem. Violence impacts on children’s health and has numerous effects on well-being. Understanding gender violence in South African education requires a systematic and consolidated evidence base, tailored theoretical framings and advanced research and interventions around the different ways that schools can benefit children and ensure commitment to gender equality and social protection. In this regard, this paper argues that South African schools are failing. Without a comprehensive strategy to prevent violence in schools, the problem remains intractable. There is a need to develop the evidence base for programming in schools which requires consideration of gender as an analytical category, as co-extensive, with children as actively participating in cultures of violence. Understanding the variegated social and cultural positions of children across and within different school settings has the ability to provide a finer-grained, contextually located analysis of gender violence in schools and in doing so could broaden our meanings, and form a platform for identifying ways to address it. The paper concludes with some implications for school-based policy interventions.

Keywords: gender violence, schools, children, agency, interventions

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INTRODUCTION

One of the most pressing concerns in South Africa – violence – is constitutive of gender inequalities, both in and out of the school (Bhana, 2012). Identified as a substantial public health and an intractable educational problem (Human Rights, 2001; Mathews, Abrahams, Jewkes, Martin, & Lombard, 2013), violence against girls in particular (but not excluding boys) and its magnitude has by many measures been one of the striking political and educational failures in the country. The basis of this criticism lies in the fact that of the 64 514 sexual offences reported in during 2011 and 2012, for instance, 25 862 involved children under the age of 18 (South African Police Service, 2013). Of this 40.2% of sexual offences involved children between the ages of 0 and 11 years old. Whilst these statistics are often considered to be underestimated due to low disclosure rates (Jewkes, Dunkle, Nduna, Jama, & Puren, 2010), girls' vulnerability to sexual violence is profound, especially in a country where almost 28% of men, according to a population-based study, have perpetrated rape (Jewkes, Sikweyiya, Morrell, & Dunkle 2011).

Violence impacts on children’s health and well-being, increases girls’ disproportionate vulnerability to HIV and has numerous effects on reproductive and sexual health (Jewkes et al., 2010). The scale of sexual violence against girls has led to increasing calls to stop and prevent violence, although a national strategy remains absent and a missing piece in the challenge towards gender equality in education (Bhana, 2009; Mathews et al., 2013; Moffett, 2006). Research, interventions and debates involving children on preventing and reducing gender violence in South African schools are mostly lacking (Gevers, Mathews, Cupp, Russell, & Jewkes, 2013). Against this backdrop, UNICEF (2012) launched the “Believe in Zero” campaign which aims to reduce violence against children to zero. In the context of silences, missed opportunities and unrecognised forms of sexual/gender violence in and around schools, I argue in this paper, drawing specifically on the South African context, that it is time to get to zero. Getting to zero requires that we increase our research in all phases of schooling, including early childhood settings, primary schools and high schools, and that we improve our theoretical and methodological foci to enhance the commitment to children’s well-being and to gender equality.

HOW TO NAME THE PROBLEM OF GENDER VIOLENCE IN AND AROUND SCHOOLS

The process of naming violence is fraught because the field of gender violence in South African education is not well developed, nor is it coherent (Dunne, Humphreys, & Leach, 2006; Leach & Mitchell, 2006; Prinsloo, 2006). Violence is sexual and physical but also is far more expansive and nuanced than this; yet we do not have the full picture, nor the
data nor the evidence to ‘name’ it (Wolpe, Quinlan, & Martinez, 1997). The World Health Organization (2002, p. 5), for example, defines violence as follows:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood or resulting in injury, death, psychological harm, maldevelopment or deprivation.

It is not possible to simply apply definitions of violence to local contexts. There are several gaps in our knowledge of how gender violence in schools is enacted, mediated, contested and reproduced. Consequently, there is difficulty in naming gender violence in South African schools and what to include in it. Little quantitative measure of the extent of violence exists although recent research acknowledges the problem (Burton & Leoschut, 2013; Mncube & Harber, 2013; Ncontsa & Shumba, 2013). In the National School Violence Study, Burton and Leoschut (2013) note that 22.2% of high school learners were found to have been threatened with violence or had been the victim of an assault, robbery and/or sexual assault at school in 2012. This recognition in the literature that schools can be violent places, however, tends to neglect or at times ignore the deep-rooted significance of gender in understanding violence in schools. The Burton and Leoschut study, whilst pointing to the disproportionate vulnerability of boys and girls to violence in schools, does not mention ‘gender’ in recommendations to prevent the violence. Similarly the Ncontsa and Shumba (2013) study, entitled “The nature, causes and effects of school violence in South African high schools”, shows a glaring absence of the word ‘gender’. Not only is gender strikingly absent, the focus of research, although not without justification, has often been on sexual violence and girls’ vulnerability, tending to ignore gender as an analytical construct, leading to sparse work on boys, schooling and masculinities (Morrell, 1998) and even less attention on homophobic violence in schools.

The problem with a one-dimensional dichotomy is that it is heterosexualised and at times uses racist tropes, as the focus often shifts to black boys as violent against a pitiful black femininity, ignoring the multivalent forces in the production of violence in all South African school settings. To show the fallibility of this argument, on 20 September 2013 it was reported that a Grade 8 white learner at a middle class school, Glenvista High School in Johannesburg, grabbed a chair, and hurled it at his teacher:

… the boy reaches for the broom that is propped up in the corner and hits the teacher with it … In the background, the pupils can be heard laughing throughout and encouraging the boy to continue attacking the teacher: F**** him up. Go get him … (Daily News, 20 September 2013, p. 5).
The learner and the teacher above are both white and in a school which also prides itself on being involved in the national equestrian team in South Africa. Raising the issues of class and race in the above example in the perpetration of gender violence in schools provides a counterpoint to the constant portrayal of black boys in particular as violent. No recognition is given to the ways in which power is invested in, used and deployed in a range of situations and under particular social circumstances which makes violence normative. Gender violence is alive in a range of school settings, including white and black, although the conditions under which race and class are associated in the country increase tensions and vulnerabilities towards working class male violence.

As an analytical construct, gender violence must move beyond the binarisms of male/female and black/white divides to understand the dynamic and relational construction of masculinities and femininities as well as the heterosexual norms which render those children outside of it vulnerable to violence. An analysis of gender violence in schools that takes heed of the dynamic nature of gender and the dimension of sexuality, rather than considering it as something to do with girls only or with blacks and heterosexuals only, is important if we are to unravel many of the missing dimensions in school violence in South Africa whilst at the same time recognising the propensity for violence under conditions of economic and social uncertainty. Central to this understanding is how boys and girls actively participate in, reject, adjust to, mediate and reproduce gender, not simply as subjects of power but as agents, with capacities to engender violence. The example at Glenvista points to how masculinities are actively being constructed within schools, against schooling authorities and in support of collective learner masculinity. We need to understand much more about these dynamics in order to understand how to prevent violence.

Naming gender violence is made especially complex by the fact that gender is co-extensive. Bajos (2013), referring to Kergoat (2001), argues that there is a need to consider gender as ‘co-substantial’; an intermingling of power relationships. This means thinking about violence as complexly interdependent on multiple variables such as patriarchy variations in culture, race and class, which impact upon how masculinities and femininities are played out at school. Schools are not immune from the social context in which they are located (Leach, 2003; Leach & Humphreys, 2007). The World report of violence against children (Pinheiro, 2006) describes the nature and extent of violence in and around schools. It includes a focus on bullying, corporal punishment and gender violence in the home, the family, schools, places of work and the community. This seminal report makes an important contribution to recognising the social context of violence – violence in schools often reflects “the levels and patterns of violence in countries, communities and families which in turn, reflect prevailing political and socio-economic conditions, social attitudes, cultural traditions and values, and laws and law enforcement” (Pinheiro, 2006, p. 111). At global level a strong case has been made...
made to understand and address gender violence in and around schools, but no such work has been done in relation to the development of intervention strategies that put gender central to educational programmes. There is an urgent need to strengthen our responses by generating evidence-based research that can name the violence and improve educational programmes to enhance the health and well-being of children. Understanding gender as dynamic, underpinned by sexuality and linked to wider social structures is vital to violence prevention.

Outside of education, there is increasing literature which seeks to place gender, gender inequalities and the norms which produce gender relations of domination and subordination as key to addressing the scourge of violence (Jewkes et al., 2011; Shefer et al., 2008). Yet for all its merits, with a few exceptions, the realisation that gender is at the heart of understanding and addressing violence in and around schools has yet to be adequately integrated into school-based research and prevention programmes.

**GENDER VIOLENCE IN AND AROUND SOUTH AFRICAN SCHOOLS**

There have been several pioneering studies attempting to address gender violence in South African schools that provide an understanding of the dynamic nature of gender, as actively produced, intricately related to sexuality and critical to wider social structures, inequalities and resources (Bhana, 2012; Leach & Mitchell, 2006; Morrell, 1998). Such work is premised upon efforts to ensure gender equality in schools, with the hope that schools can provide spaces in which to raise awareness to break down inequitable gender relations. This work, however, is piecemeal, small scale and done by very few South African scholars. Raising significant questions about the nuanced nature of gender violence in schools, a small body of research has focused on the gendered processes in school violence. Part of this development is based on the scourge of HIV, girls’ disproportionate vulnerability and the role of education in preventing disease.

Explaining the gendered contours of violence in schools, South African scholars point to the constructions of masculinity and femininity premised upon relations of power, within the broader social context, which are lopsided, advantageous to and reproductive of masculine power (Bhana & Pattman, 2011; Morrell, Bhana, & Shefer, 2012; Morrell, Epstein, Unterhalter, Bhana, & Moletsane, 2009). Morrell (1998) has established a clear connection between men, boys and school violence. Adapting Connell’s (1995) hegemonic theory of masculinity, Morrell sets the scene for an examination of school violence as the monopoly of males. Corporal punishment, learners’ violence against teachers, sexual harassment of girls in schools by male teachers and peers as well as girl on girl violence
are some of the reported forms of violence (Mncube & Harber, 2013). Drawing from a large intervention development study, based on a curriculum called *Respect 4 U*, Gevers et al. (2013) in their Cape Town study focus on intimate partner violence amongst Grade 8 teenagers. Their study suggests that teenagers from 12 to 15 years are already engaging in risky sexual behaviour requiring interventions with skills to prepare for negotiating sex and making decisions. Researchers have noted the complexity of violence in studies of teenage sexuality and heterosexuality, showing that gender inequalities and violent gender relations are sometimes considered to be part of romantic cultures and violence within sexual relations is accepted and accommodated (Bhana & Anderson, 2013; Shefer & Foster, 2001).

Nonetheless, a comprehensive understanding of gender violence in South African schools remains embryonic, but there is much that can be learned from the pioneering interventions and evaluations of interventions such as the *Respect 4 U* curriculum.

Bhana (2005; 2012) has put violence and gender relations in primary and high schools on the agenda, showing how boys and girls are both agents and victims of violence from as early as age 6. The manifestation of toxic masculinities at an early stage of schooling has led to increasing calls to start addressing gender relations and gender equality early, from age 6. Bhana’s work has increased awareness of the problem of violence in schools and the value of early interventions, which also include the need to involve boys as part of the solution. In developing a more complex understanding of violence, we also know that violence is not only the area of male power, but girl on girl violence has been established as an area of necessary work in South Africa (Bhana, 2008).

As far as schools’ regimes of violence are concerned, we do know that schools are key sites for the production and reproduction of gender relations and inequalities. How gender violence is played out, however, is very different in different contexts and different schools. We do not know the meanings that South African children across schools give to violence, their experiences, how gender inequalities flourish and the social conditions under which gender violence is complexly intertwined with race and class. In short, our vocabulary of gender violence in schools in South Africa is still growing. We need a far more comprehensive repertoire of gendered meanings, forms and techniques and expressions of violence in school.

**TIME TO GET TO ZERO**

We need to develop the evidence base for programming in schools which requires consideration of gender violence as co-extensive and children as active agents in diverse school contexts within a multifaceted understanding of power. In other words, gender violence in and around schools cannot be discussed without attention to its co-extensive
formations and the social and economic conditions and processes that produce them. Understanding the schooling of violent masculinities, boys and the effects on girls is a vital part of interventions. All these patterns have to considered, requiring a multisectoral approach in violence prevention.

We need to develop a framework of longitudinal and cross-sectional data across the provinces in the country. This must include priority data that gives us a better scope of the size and shape of the problem. Rich qualitative and ethnographic studies have shown to yield findings on specific aspects of the gendering processes in schools and could provide ‘thick’ knowledge to develop interventions (Bhana, 2002). This requires both political will to fund such endeavours and research capacity development at academic institutions focusing on gender and schooling. There is a critical need for an advocacy base, cross-cutting in focus, that emphasises children’s well-being, health and gender equality and the health and social benefits that could accrue by investing in young lives.

Finally, all violence is gendered, and violence prevention in schools must be steeped in gender as a dynamic process since it relates to broader social conditions. Learners, parents, teachers and communities need to understand how gender is deeply embedded in and produces violence. This might include raising awareness and knowledge of gender and the gender norms which make boys and girls both vulnerable to violence and perpetrators of it. *Stepping Stones* is one such programme that attempts to target gender inequalities in violence prevention and HIV work (Jewkes, Wood, & Duvvury, 2010). The programme is informed by and remains faithful to a gendered perspective that takes heed of the issues raised in this paper, including gender as a social construct, as shifting, gender beyond the male/female dichotomy and gender as co-extensively produced and reproduced by broader social structures and inequalities. In this programme questions are asked about why people behave in the ways that they do; the impact on gender relations and inequalities; and how to change. Evaluations of this programme do not show dramatic transformation, but some change in developing non-violence is reported as a result of increasing assertiveness skills amongst women and challenging men to reconsider the conditions which provide them with power.

As noted earlier, *Respect 4 U* is a school-based intervention programme that draws from the *Safe Dates* programme in the USA and the *Stepping Stones* programme in South Africa. Whilst *Respect 4 U* is an ongoing intervention amongst Grade 8 learners in Cape Town, there is a growing realisation that such a programme based on enhancing skills in negotiating sex and rooted in gender power relations and dynamics might offer possibilities for changing behaviour in relation to intimate partner violence.
However, for all the merits of working in schools, such work alone will not solve the problem. Gender violence prevention must be situated within a multipronged intervention approach addressing the social and cultural context that gives rise to violence. It is time to act, time to get to zero and time to put boots on the ground and address the scourge that limits children’s freedom, health and well-being in South Africa. As Pinheiro (2006, p. xi) notes:

[v]iolence against children is never justifiable. Nor is it inevitable. If its underlying causes are identified and addressed, violence against children is entirely preventable.

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**ABSTRACT**

This article takes as its starting point that crime fiction is a public and political response to gender-based violence. Using the methods of both discourse analysis and literary analysis of the crime fiction genre, the novels of Margie Orford, internationally acclaimed crime author and patron of Rape Crisis, are examined for their representations of violence against women, and the role played by these representations in Orford’s overall feminist project in the Clare Hart series. The article also considers theories about gender-based violence which link male violence to a purported crisis in the established gender order of South Africa. An attempt is made to understand the relationship between fictionalised representations of violence and the ‘banality’ of real-life violence. Finally, Hart, Orford’s hard-boiled female detective figure, is assessed to determine whether this character constitutes a significant feminist achievement that contributes to discourses which counter gender-based violence.

**Keywords:** South Africa; crime fiction; gender-based violence; representation; feminist detective

**INTRODUCTION**

A wide body of research shows that public knowledge of, and attitudes towards, crime are heavily shaped by media consumption (see for instance Dowler, 2003; Roberts & Doob, 1990; Surette, 1998). In this article we are interested in a particular form of crime, namely gender-based violence and its portrayal in one specific genre of media: crime fiction. Gone are the days when crime fiction was regarded as ‘lowbrow’, cheap and escapist...
entertainment. In South Africa today crime fiction is one of the most widely read and accessible forms of literature. Moreover, the post-apartheid crime fiction novel has been touted by some critics as the new ‘political novel’ which engages with the most pressing socio-political challenges facing contemporary South Africa (see Naidu 2013, p. 727). In Margie Orford’s crime novels the national challenge which informs the content and the form of the narratives is gender-based violence. A 2012 Interpol report named South Africa the world’s rape capital and said that a woman in South Africa is more likely to be raped than to be able to read. More than three-quarters of South African men have perpetrated violence against women in their lifetime and more than half of women in South Africa have experienced gender-based violence (Southern Africa Gender Protocol Alliance, 2011). From plot lines, setting and characterisation to graphic descriptions of violated and brutalised bodies, Orford’s quest to address this theme head-on is overt and relentless. However, it is necessary to examine how Orford represents gender-based violence in her novels (and she is not alone in this focus – South African novelist Lauren Beukes deals with similar themes as do many others including, and with very different effects with regard to the portrayal of women, and of mothers in particular, Scottish author Karen Campbell). Our interest is in how these representations differ from or are similar to the instances of real-life violence from which they draw their inspiration. We ask in this article whether Orford’s fictionalised accounts constitute a disruption or confirmation of prevailing gender orthodoxies. Orford’s engagement with hegemonic masculinities and femininities, particularly in the characterisation of her protagonist/detective/heroine Clare Hart, is questioned. Of significance too is the portrayal in these novels of the greater social context of violence. Sally Munt (1994, p. 149), writing about feminism and the crime novel, has observed that:

[These novels perform a double operation – a primary, political gesture of making visible abuse in a non-sensationalist way, and a secondary one of reassuring readers and victims of abuse that resolution and recovery is possible.

This “double operation”, of making a political statement whilst offering hope and consolation, is possible only if the fictionalised representations are steeped in a realist mode which convinces the reader that the narrative has its basis in real-life crimes. In some instances the world depicted by crime fiction is far removed from the real-life locales in which the violent crime unfolds, and often, due to the conventions of the genre, descriptions of violence are sensationalised. Contrary to Munt’s view of the value of crime fiction, some critics have commented on how crime fiction inures readers to the horrors of violent crime. Eva Erdmann (2009, p.17) has written of how the proliferation of crime writing has made “the unusual occurrence of murder the norm”, providing us with “an uninterrupted daily supply of corpses” (p. 17). For Erdmann this has led to stereotypical plots: “crossword puzzles in which the same combinations of letters repeat themselves” (2009, p.18). She decries
both the hysterical reaction to crime in real life and murder turned into banality by the serial production of detective fiction (Ernmann, 2009). Orford’s novels can never be accused of having this effect – of normalising gender-based violence. In the Clare Hart series representation of gender-based violence is a deliberate “political gesture” to highlight the high levels of crime against women and children with which South Africans are all too familiar. Far from provoking overblown responses, in real life often it is the case that South Africans are so desensitised to violent crime that they do not react at all to graphic daily media descriptions of violent crime. A BBC feature has described South Africans as “unable to muster much more than a collective shrug in the face of almost unbelievably grim statistics” (Harding, 2013). Representing, critiquing and offsetting this shocking scenario in her crime novels has become Orford’s mission, and it is through crime fiction which she claims, for her, has its origins in “particular, real crimes” (Orford, 2013, p. 226) that she hopes to inscribe “a different language, an empathetic language, a language that speaks of resilience and survival” (Orford, 2013, p. 229). Being fictional representations these accounts are obviously aestheticised and to some extent sensationalised, but occurring within a fictional narrative also make possible the means whereby gender-based violence is countered through “resolution and recovery”.

THE ‘QUEEN’ OF SOUTH AFRICAN CRIME FICTION

Born in London, Orford grew up in Namibia and South Africa. She was at university in Cape Town in the 1980s and was detained in 1985 during the State of Emergency that was declared by the apartheid government as it struggled to maintain control over a country that was being made ungovernable by the mass uprising for democracy. The Clare Hart series was born out of Orford’s work in investigative journalism. In 2003 she was a Mondi Prize finalist for her story on the trafficking of women for South Africa’s sex industry. This story inspired her first crime fiction novel, Like clockwork (2006), featuring the investigative journalist, documentary film-maker, police profiler, Clare Hart. Clare also has a PhD in femicide and sex crimes. Her thesis is entitled ‘Crimes Against Women in Post-Apartheid South Africa’ in which she argues that South Africans averted a civil war but the “unspent violence was sublimated into a war against women” (Like clockwork, 2006, pp. 27–8).

Clare is one half of a detecting duo. The male detective in the Clare Hart novels is Captain Riedwaan Faizal of the South African Police Service – the sometimes lover of Clare. Orford is on record as saying of Clare Hart that Hart is her vision of how she, Orford would be, “if I was thinner, cleverer and had had fewer children” (Lord, n.d., para.6). Chillingly, perhaps, given this identification of the author with the central character, Orford says of Clare’s lover Riedwaan Faizal that he is based on the policeman who detained Orford – whom she describes as “a good man in an impossible situation” (Lord, n.d., para.6). This idea that
There are five novels to date in the Clare Hart series: *Like clockwork* (2006), *Blood rose* (2007), *Daddy’s girl* (2009), *Gallows hill* (2011) and *Water music* (2013). The novels are crime thrillers in the realist mode: they draw on the American hard-boiled and police procedural genres of crime fiction, including the requisite generic elements such as a troubled, lone, often renegade detective figure, required for a ‘thrilling’ read. However, these novels offer more than a thrill. Their aim is clearly to play a role in social analysis and critique. Specifically, the novels examine and expose the various ways in which women are violated, abused, exploited and annihilated in contemporary South Africa. In every one of these novels violence against women is central to the plot and themes, or is graphically represented. Orford (2013, p. 220) reveals that for her the central focus of the novels is “the intimate effect – emotional as well as physical – of pain that is individual as well as social, a consequence of moral failure and violence”. Chronologically, the narratives of Hart and Faizal begin in *Daddy’s girl*. Here the reader learns of Clare’s ‘Persephone’ project – her investigations into and television documentary series about missing girls. From the start, with the first published novel, *Like clockwork*, Orford presents the reader with a character whose main quest, both personally and professionally, is to end the violent war being waged against women’s bodies.

**CRISIS IN THE GENDER ORDER**

While Orford’s main focus is on violence perpetrated against women, her novels also contain complex male characters, on both sides of the law. The male characters who commit atrocious acts of violence against women, for example, Cape Flats gangster, Graveyard de Wet in *Daddy’s girl*, are carefully contextualised. They are shown to operate in a socio-political milieu in which masculinity is closely linked to violence. R.W. Connell (2001) famously proposed that at any given time certain ways of being masculine will be hegemonic, while others will be subordinated. What counts as hegemonic shifts across time and place, is subject to challenge, contestation and change but at any given time, one form of masculinity rather than others will be culturally exulted while some ways of being a man will be subordinated to that dominant ideal. One way in which some theorists have sought to understand male violence in South Africa has been to say that it is a reflection of a gender order in crisis in the sense that it can be read as an attempt to maintain dominance under circumstances where hegemony is not assured (Connell, 1995). Hegemony, we might remind ourselves, is not the same as dominance. Dominance is a minimum requirement of hegemony, but for something to be hegemonic implies that it has the consent of the dominated. “Violence,” Connell says (2001, p. 44), “is part of a system of domination, but it
is at the same time a measure of its imperfection. A thoroughly legitimate hierarchy would have less need to intimidate. The scale of contemporary violence points to crisis tendencies in the modern gender order.”

At the level of law and formal institutions, South Africa’s is a gender order that has been significantly shaken up over the last two decades. The post-1994 democratic Constitution has been held up as a model for the protection of gender rights – certainly on the continent of Africa. Section 1, which articulates the Constitution’s founding values, includes a commitment not only to non-racialism, but also to non-sexism. The Bill of Rights outlaws unfair discrimination, and makes specific mention of discrimination on the basis of sex, gender, sexual orientation and marital status. The right to freedom of expression enshrined in the Constitution expressly prohibits advocacy of hatred based on gender among other prohibitions. Section 12 of the Bill of Rights refers to the right of citizens to be “free of all forms of violence” and specifically includes violence both of a public \textit{and} a private nature – a clear reference to domestic violence. Section 12 provides every citizen with the right to autonomy in decisions concerning reproduction and to “security in and control over their body”. The democratic period has seen the legalisation of civil unions for gay and lesbian couples, the establishment of the right of women to abortion on demand and the introduction of labour legislation which mandates both state and private bodies to ensure that women are given equal employment opportunities.

Augmenting the legal framework, a variety of new institutions have been established in the democratic era whose mandate is to ensure that gender equality, gender rights and the right to non-discrimination do not exist in law alone. These include, for instance, the Commission on Gender Equality, an independent body mandated by the Constitution to monitor implementation of, and progress towards, the achievement of gender equality goals. The Office on the Status of Women is meant to ensure that gender awareness is integrated into the work of government ministries, provincial legislatures and all government policies and programmes. A Parliamentary Women’s Group created within the legislature aims to bring together women MPs, and a new standing committee of Parliament – the Joint Standing Committee for Improving the Quality of Life and Status of Women – has been established. The ruling African National Congress requires a one-third quota for women on its party list which has had the result of making South Africa’s legislature one of the most gender representative in the world.

Ironically, these developments are sometimes cited as a ‘cause’ of the country’s especially high levels of violence against women – the so-called ‘backlash hypothesis’. According to this hypothesis, in the context of dominant patriarchal mores which dictate that men are breadwinners and providers, South Africa’s high rates of unemployment, poverty
and inequality leave the majority of men feeling emasculated. Media images, meanwhile, portray women as hip, sexy, economically independent and politically powerful. In order to reassert a sense of agency, power and control, so the hypothesis continues, men beat, rape, humiliate and kill women. Violence against women is an attempt to control women – as the psychoanalyst Anthony Storr (1964, pp. 43–8) pointed out more than 40 years ago, the purpose of abuse is not so much to inflict pain as to establish relations of dominance and submission. An upsurge of violence against women might be taken to mean then that there is a perceived crisis in the gender order – what the philosopher Rene Girard (2005) might have termed a “crisis of degree” necessitating the re-establishment of the predictability of known hierarchies. To put it plainly, gender-based violence has to do with positioning women within a hierarchy, and, by implication, men also.

Orford’s novels engage with this idea of gender-based violence as often being the result of male reactions to loss of dominance. For example, Graveyard de Wet’s final vicious attack on his daughter, Pearl, whom he has abused for years, comes in the context of her cooperation with the police which led to his incarceration (Daddy’s girl 2009, pp. 274–5). Orford (2013, p. 226) writes that her female lead’s freedom to “travel, in a literary sense, through South Africa … is threatening to a masculine order, which is therefore endangered”. Male characters are shown to be motivated by desires to restore dominance through violence.

Louise du Toit (2014) has warned that attempts to make sense of the current rape crisis in South Africa using interpretive frames that reference current socio-economic exclusion or past trauma as an explanation for male violence risk limiting the accountability of rapists and fail to capture the devastating effect on victims. While Orford depicts worlds of stark deprivation and male dominance in question rather than being absolute, she cannot be accused of complicity in diminishing the responsibilities of perpetrators or the effects of their actions. The lead male character whose anti-gangster credentials are impeccable, Detective Riedwaan Faizal shares an impoverished and violent background with many of the criminals and their female victims. Orford holds nothing back in portraying in the starkest terms the brutalisation and casual abasement of the latter who are scarred and branded, reduced to objects of gratification and commodities for hire or sale, tortured and in some instances, murdered. From a feminist perspective, the female protagonist, Clare Hart, has a satisfyingly integral role to play in avenging these crimes and rescuing women and girls from men, in some cases literally physically shattering male power. But whilst shattering one illusion, do the novels also enact other illusions – the illusion of a realistic depiction of violence against women and girls in South Africa and the illusion of female power in the figure of Clare Hart?
ILLUSION ONE – FICTIONAL VIOLENCE AND THE BANALITY OF THE REAL

When the body of Anene Booysen, a 17-year-old girl, was found in the industrial area of Bredasdorp in the Southern Cape, in the early hours of a Saturday morning in February 2013, the press reports at first glance eerily suggested a Clare Hart novel. Anene Booysen had been raped. Her body had been sliced open from her stomach to her genital area, and her internal organs and insides were described by paramedics as “hanging out” (Munusami, 2013). Her mother, Corlia Olivier, described the sight of her daughter after the attack: “My child almost looked purple. She was in such a bad state. All her fingers were broken, her legs were broken. Her stomach had been cut up, you could see her intestines. Her throat was also slit open” (Munusami, 2013, para. 5). According to the Department of Health, hospital staff had to receive debriefing counselling, “because the girl's injuries were so horrific” (Munusami, 2013, para. 7).

Four of Orford’s Clare Hart novels are situated in the Cape where Anene Booysen died. In the opening pages of Like clockwork, the elderly Harry Rabinowitz, out for an early morning walk in Cape Town’s Seapoint finds the body of a 17-year-old girl. Her throat has been precisely, meticulously sliced through. The force of the knife wound has all but decapitated her. Her naked body lies spread-eagled, blood pooling in the corners of her eyes. Harry is in shock and onlookers gag at the horrific sight of the brutalised body which has been carefully arranged, one hand bound with blue rope and bridal bouquet placed next to it (Orford, 2006, p. 9).

But the similarity between the crimes perpetrated against Anene Booysen and those described by Orford is superficial. In contrast to the elaborately posed corpses of crime fiction which are “posed as carefully as a model for a shoot” (Orford, 2006, p. 69), the body itself used as a language with which to communicate in code, offering clues which are at first undecipherable, Anene Booysen was left casually discarded, her insides lying beside her in the sand. In Orford’s novels, as in most crime fiction, there is a need for investigators and detectives, pathologists and astute profilers to decode the awful meaning of sickening deeds. The violated body is the main clue to solving the crime. There is a comfort in this fictional resolution. Far more difficult to digest is the casual mutilation that seems to have no real decipherable purpose at all. In the case of Anene Booysen, there is no ‘solving’ of the crime although the perpetrators may be brought to justice. The social ills which give rise to such horrific behaviour are bewildering, pervasive, political and historical, circumstances and contexts which Orford (2013, p. 220) herself describes as “the obliterating chaos of violence” that cannot be facilely resolved.
The plot lines in these real-life killings, whether corroborated fact or not, are often banal. Booysen was reported to have named her attacker before she died and he appeared in the Bredasdorp Magistrate's Court on charges of rape and murder on the Tuesday following her death (Engelbrecht, 2013a). There were no twists and turns here, no satisfying sense of the gradual unfolding of deep-seated motive and potent intent, no fast-paced chase, no heroic deeds or clever detection on the part of the investigator. According to one source, the alleged attacker's testimony was that he and Anene had been at a bar drinking together. He walked her home and they began to vry – to make out. She pushed him away, so he raped her. She later died of her injuries (Engelbrecht, 2013b). In a crime novel, for the reader to find this level of violence against the female body believable, it would need in some way to be explained. The detective figure is key in unravelling motive and putting the pieces of the story together. The victim may, for example, have thwarted the ambitions of powerful men, or the criminal is shown to be mentally ill, a sick psychopath. In crime fiction, the violent act, as well the victim's body, are dissected so that a satisfactory resolution may be presented to the reader. But in Anene's story there is no such denouement, the story is tragic but without resolution or intrigue; hence the apathetic shrug of a bewildered public.

Through fiction, Orford's novels describe the fate of girls and women whose bodies are trafficked in the course of highly organised, premeditated male-perpetrated crime (see Levin Landman in *Like clockwork* and Milan Savić in *Water music*). The victims are women who are lured from neighbouring countries to be pimped in Cape Town's red light district, the 'stock' of illegal brothels and 'gentlemen's clubs'. The economic reasons for this trade are mentioned but what Orford highlights is the brutal violence used to subjugate and silence these women. As Clare Hart investigates, the network of dominance is revealed and organised crime, or in other cases a pathological lone criminal, is vanquished. The teleology of crime fiction demands that the crime be explained and the criminal defeated. But for many South African women their brutalisation is more mundane and as a result all the more baffling and debilitating. The opportunistic men who rape vulnerable targets cannot be easily 'profiled' like one of Clare Hart's adversaries. The two men who appeared in the Khayelitsha Magistrate's Court in May 2013 for raping a mentally disabled teenager were neighbours, not hardened gang supremos. Nor were they cunning serial rapists or members of an international ring of human traffickers. The setting for this seemingly senseless crime is mundane and the plot line simple. The 15-year-old girl was playing outside her home on a Thursday when she was lured to a nearby shack with the promise of money. She was abused for over two hours before escaping. The perpetrators were found and beaten before being turned over to police by the community within 24 hours (Lepule, 2013).
The fictional narrative and the real-life narrative take different forms. In a crime thriller novel the plot is complex, a roller-coaster ride of twists and turns, often action-packed and suspenseful, but always with the detective triumphing through a potent combination of physical feats and canny detection. Orford's Clare Hart always triumphs and the crime, like its victim, is laid bare for the reader. In Orford's novels, the satisfaction of narrative closure is not denied. But in the real-life narratives, there is very often no mystery, no thrilling plot and no satisfying explanation which could facilitate closure. However, the value of the fictionalised representations of violence should not be hastily dismissed because of a lack of verisimilitude. In transforming the banal of the real into the sensational of fiction, Orford's aim (2013, p. 221) is to “understand and then allay that fear of random violence” – to make sense of the apparently senseless.

ILLUSION TWO: FEMININE POWER OF THE FEMALE DETECTIVE

For Orford's representations of violence against women to achieve credibility and not be viewed as mere gratuitous entertainment for the crime thriller fan who expects scenes of graphic violence, a discernible broader feminist narrative strategy in her texts needs to be identified. The key to such a narrative strategy would be a female protagonist who embodies feminine power. First, however, the notion of femininity needs to be unpacked. To understand masculinity, femininity needs to be constantly invoked, and vice versa. The traits of idealised masculinity in a patriarchal gender order are defined in contrast to femininity, resulting in a series of binary discourses in which the masculine is privileged while the feminine is that which is lacking in some way. In a patriarchal gender order, masculinity is associated with authority, status, public action, rationality, strength, courage, hardness, toughness; while femininity is characterised as emotion, irrationality, deficiency, subordination, fear, weakness, incapacity, domesticity, softness, vulnerability, passivity. The terms in the binary are not separate but imbricated. The feminine is the disgraced and repudiated. The exulted masculine is that which the feminine is not.

Transplanted to the fictional world of the Clare Hart novels these binary discourses can be summed up in the line “vrou is gif”, and the masculine antidote to the feminine poison is violence. Of significance is whether the figure of Clare Hart undoes or perpetuates the harmful masculine is strong/feminine is weak binary of patriarchal gender orders. Clare Hart is a hard-boiled female detective figure. While genetically female she is a tough-talking, physically adept masculinised figure yet she is motivated by a deep concern for the female victims of gender-based violence. Some have argued that through characters like Marcia Muller's Sharon McConne, Sara Paretsky's V.I. Warshawski and Sue Grafton's Kinsey Millhone, all intelligent, urban, single, gun-handling, private detectives who are streetwise
and able to physically face threats from men and to kill if necessary, crime fiction was taken in a feminist direction (Gavin, 2010). These characters are seen to be central to a feminist literary agenda – “re-writing the male hard-boiled tradition into a counter-tradition” (see Irons, 1992). What is crucial is that these early feminist hard-boiled narratives “reveal women’s experiences in the face of patriarchal systems of both crime and justice, and despite their detective successes their vulnerability is in places acknowledged” (Gavin 2010, p. 265). In other words, these female hard-boiled detectives of the early 1980s are strong women rather than masculinised women. For example, V.I. Warshawski is divorced and has no family but has “close women friends and female community is important in her life” (Gavin, p. 265) and Kinsey Millhone is a loner because macho prejudice and unwelcome sexual attentions have forced her to leave the police force and turn private eye (D’Haen, 2009, p. 149). In contrast, Clare Hart appears to be more a masculinised female character rather than being a character who reclaims the strength and the agential in the feminine.

Unlike Kinsey Millhone and V.I. Warshawski whose support groups Theo D’Haen (2009, p. 150) describes as those of the average housewife, and Janet Evanovich’s Stephanie Plum, who uses the unofficial channels of her female network to crack cases, Clare Hart is a much more relentlessly masculinised character, from her love of power to her repudiation of intimacy. While on the one hand Clare is always on the side of good, defending and avenging female victims of violent crime, she also admits to her enjoyment of the power that holding a camera gives her. In her words “how intense the pleasure to be had from power is” (Like clockwork, 2006, p. 5), suggesting a complicity with masculine objectification of women. Furthermore, Clare is contrasted to her sisters, Julie and Constance, who together are a composite of the stereotypically feminine traits she lacks. When Clare makes a shopping list her sister Julie comments, “you are being domestic”, to which Clare responds, “I’m trying” (Like clockwork, 2006, p. 4). The domesticated Julie is intensely involved with her children, Beatrice and Imogen. Unlike the ever-calm and capable Clare, Julie is “unable to answer a phone without dropping it” and she speaks in an “effusive torrent” from her world of breakfasts and homework and lost hockey sticks. The character Julie, when compared to Clare who takes surfing lessons, drinks tea but with a shot of whiskey and who does not like cake, is a parody of female domesticity and motherhood.

The character Constance is cast as the feminine irrational to Clare’s rational, masculinised role. Intuitive Constance, Clare’s twin and “other self”, accuses Clare of “always thinking, never understanding”. Professionally, Clare earns her very public role as a police consultant through her powers of reasoning while Constance, who lives cloistered in a remote haven for victims of violent crime, is depicted as incapable of rational thought – she can only feel. It is also Constance’s body that is literally marked with the scars of sexual violence, a symbol of her feminine vulnerability. She is the violated twin while Clare’s body is inviolable, lean, hard and masculinised:
Where Clare’s body was muscular, Constance’s was soft. Criss-crossed with scars, her thighs and breasts carried the knife emblems of the gang that had used her to initiate two new members. On her back, illegible now, were brutal signatures where they had carved their initials. Her left cheekbone was curved as sharply as a starling’s wing, the other had been reconstructed out of the shattered mess left by a hammer blow that had glanced off her skull and spared her life. For some reason the men, how many or who Constance could never say, had not struck a final blow. They were distracted, perhaps, or bored with the messy pulp that she had become. And so she had lived, her hip-length hair hiding a shattered face and the cold snake of fear coiled inside her thin body.

(Like clockwork, 2006, p. 38)

Although Constance’s violated, disfigured body is the ghost body that Clare sees in the mirror when she looks at herself, Clare’s body is in fact capable, strong, attractive and able to withstand violent attacks. Another indicator of the degree to which the character is masculinised is Clare’s isolation and fear of intimacy. When Clare helps the young survivor Whitney, in Like clockwork, taking her to the safety of her flat and tucking her into bed in her spare room, she ends up needing to breathe deeply to “still the panic at having another person so close, so dependent.” (2006, p. 127). In terms of the binary discourse of patriarchal gender orders, the character Clare Hart exhibits overt masculine traits.

Perhaps most surprising of all the masculine traits is Clare’s feeling of complicity rather than unequivocal repugnance with the misogyny and ambition of trafficker, pornographer and brutaliser of women, Kelvin Landman. His clubs deal in ritualised public degradation of women. Men in the audience join in horsewhipping bound women whose bodies end up draped limply around poles. Clare interviews Landman at one of his clubs on “fetish night”. The ‘show’ includes a whip cracked across a girl’s breasts while a strobe light turns slowly tattooing the girl’s flesh with degrading pornographic inscriptions. Clare finds herself defiled, not by what she has been inadvertently exposed to, but by her own arousal. Clare is mesmerised and Kelvin notices that she “likes it”. She thinks of going home to scrub herself clean of the defilement but finds her way instead to Riedwaan’s unmade bed. With this scene it becomes clear that Orford has deliberately created a female character who blurs the lines between stereotypical formulations of masculine and feminine. Clare is at Landman’s club to expose the trafficking and abuse of women but finds herself unable to “short-circuit the erotic charge of the damaged female body, the building block of pornography, desire and crime fiction” (Orford, 2013, p. 227).

The masculinisation of Clare’s character extends to her relationship with Riedwaan, in which stereotypical gender roles are inverted. It is he who needs her, “like a man needed
water” (*Like clockwork*, p. 197). It is he who shows tenderness and care by touching her cheek and offering her a ride. But Clare holds out. Riedwaan is sentimental, remembering her birthday and holding her pillow against him for traces of her warmth. Moreover, Clare is portrayed as a loner, as a renegade and a maverick. Seen through Riedwaan’s eyes she is “brilliant and obsessive, but difficult to work with” (*Like clockwork*, p.10). Displaying the same cynicism and instinct for survival as the male hard-boiled heroes, she does not like teams and she does not trust anyone. Her relationship with the law is flexible and she lives a spartan life. The bedroom in her flat where she lives alone, except for Fritz the cat, is unadorned, containing only a bed and a wall covered with books (*Like clockwork*).

Clare, it would seem, is a female character expunged of all the disgraced outward signs of femininity: softness, fear, vulnerability, dependency, domesticity and passivity. As a result of this characterisation, a sharp binary between the feminine in need of rescuing, and the possibility of rescue coming from a place of the non-feminine is evoked. The conclusion, it would seem, is that in attempting to inscribe a female hard-boiled detective figure, Orford has created a masculinised female character, a mere illusion of feminine power. Has Orford inadvertently bought into hegemonic patriarchal discourse by creating such a masculinised protagonist? Crucially, the character Clare Hart does not operate alone, in a literary sense and within her fictional world. She forms part of a complex narrative in which ambiguities are possible and in which graphic representations of violence against women predominate, and she plays a role in a social network of law enforcers, criminals and victims – a role which requires her to constantly negotiate the binaries and dynamics of the hegemonic gender order. When viewed against this backdrop, a slightly different assessment of the character emerges.

Orford’s depiction is not without nuance: Clare Hart is at times vulnerable, physically and emotionally. She feels guilt and responsibility for Constance’s traumatic gang rape but this serves to motivate her professionally, not cripple her. She is often attacked and beaten by criminals but she does resist male attempts to dominate her through violence and she does succeed in saving Theresa, Yasmin, Rosa and so on, towards whom she expresses a deep tenderness and empathy. She tells Pearl’s story and helps Whitney escape. She also tracks down killers and kills them. She does this by working in a team despite her preference for solitude (she works with the police, forensic experts, informants, IT and sound specialists and various others). What distinguishes Clare is her “emotional intelligence and integrity which make those she questions able to trust her” (Fletcher, 2013, p. 199). Clare’s achievement is rendered all the more remarkable because of the searing representations of violence against female victims which the novels contain. Clare is not intimidated by this brutality; in fact it is what spurs her on to further action. The feminist achievement of Orford’s novels lies in the horror of these representations and Clare’s response to it – her determination to fight the war against women abuse and her continued quest for personal
salvation (evident in her relationship with Riedwaan and acceptance of motherhood in *Water music*).

**CONCLUSION**

Analysts of gender-based violence in South Africa (see, for example, Mfalapitsa, 2009) and Jewkes (2009) allude to “harmful masculinity” as causally related to male violence against women. The argument is that men who harm women are reading off a dominant script of masculinity that narrates their entitlement to women’s ‘respect’, the need to publically enact masculine heterosexuality and a strong sense of entitlement to women’s compliance with male sexual demands. Orford’s novels engage with this form of masculinity in its crudest form but this engagement is risky. The graphic representation of the violence perpetrated against women in a crime thriller novel can never fully capture the horror, the trauma, the pain of the experience itself. Neither can the novels fully analyse the root causes of this “harmful masculinity”, nor can they offer comprehensive solutions. The conventions of the crime thriller novel, a previously male-dominated literary form, require some degree of entertainment and escapism, however ethically committed the author may be to eradicating this “harmful masculinity” and its resultant violence. Thus crime fiction narratives differ markedly from other forms of narrative pertaining to violent crimes. Yet authors like Orford aim to marry ‘real’ social ills with literary conventions in order to render a plausible narrative which challenges the status quo.

One of the key elements of the crime thriller novel is a successful, strong and heroic detective figure who enacts “resolution and recovery” (Munt, 1994, p. 149). In this paper we have wondered if Margie Orford’s central female character, Clare Hart, affirms or disrupts the idea that soft-fleshed dependent femininity in some sense gets what it deserves – that to be safe it is femininity itself that must either be cloistered like Constance or expunged as it is in the figure of Clare.

An unsympathetic reading would contend that rather than envisioning a future in which culturally exalted masculinity is not violent and in which having relationships of dependency does not disqualify a person from the appellations of strength and capability, here we must rely precisely on violent masculinity – even if embodied in a female character – to save us. Rather than misogyny being parodied, it is the language of human rights and gender transformation that is lampooned. Like the pornography portrayed in the novels, gratification is short lived and ultimately at the expense of the degradation of traits associated in dominant culture with femininity and the celebration of those traits commonly associated with masculinity.
To some extent this is an outcome of the limitations of the form itself. For Orford’s novels to succeed as feminist crime thrillers, her detective has to be both ‘realistic’ and extraordinary – both courageous and vulnerable, tough against criminals and sensitive and compassionate towards victims, tormented by personal demons but driven to resolve the crime, and she has to possess the inspirational strength to gesture towards recovery, recuperation and ultimately transformation. In other words, her female detective figure has to straddle the binaries of patriarchal discourse, combining stereotypical masculine and feminine traits in order to fulfil the larger-than-life role of a heroic detective figure.

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ABSTRACT

Although the high prevalence of sexual violence during the decade-long armed conflict in Sierra Leone has been investigated and reported on extensively, very little is known about the nature and extent of sexual violence during Sierra Leone's post-conflict transition. The purpose of this paper was to explore narratives about the problem of sexual violence and obstacles to prevention efforts in the aftermath of war in Sierra Leone. Using a qualitative research approach, this study examines gender norms and pressures that shape gender roles, rights, responsibilities and sexual relationships in post-conflict situations. Evidence on the nature and extent of sexual violence and challenges and barriers to prevention responses were elicited through the in-depth interviews and focus group discussions with both men and women as well as key informant interviews with community leaders and service providers. Findings indicate the widespread occurrence of sexual violence that continues even in the aftermath of hostilities in Sierra Leone. The changes in economic, cultural and geopolitical spheres as well as gender inequalities in education, social and economic domains as a result of the conflict have evidently disempowered women and girls with a profound impact on their sexual and reproductive health/rights. Adequate attention should be given to the design and implementation of responses to sexual violence given the gendered nature of such violence and post-conflict contexts.

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INTRODUCTION

Cases of sexual violence that are brought before the courts are eventually settled at home because the perpetrators are neighbours or family members … the laws are seldom enforced (Community leader, Kabala)

According to the United Nations, sexual violence is “any violence, physical or psychological, carried out through sexual means or by targeting sexuality” (United Nations, 1998, p. 7). Sexual violence includes rape and attempted rape, and acts such as forcing a person to strip naked in public, forcing two victims to perform sexual acts on one another or harm one another in a sexual manner, mutilating a person’s genitals or a woman’s breasts, and sexual slavery (United Nations, 1998).

Sexual violence came to be associated with Sierra Leone’s unfortunate history of a decade-long (1991–2002) armed conflict in which all combating factions, including the Revolutionary United Front (RUF), the armed Forces Revolutionary Council (AFRC) and the Civil Defence Force (CDF) were reportedly responsible for gender-based atrocities against women and girls, including torture, rape, sexual slavery and forced marriage (Sierra Leone Truth and Reconciliation Commission [SLTR], 2004).

Between 1991 (when the RUF launched their attack against the government of Sierra Leone) and 2002 (when the war was finally declared over), evidence indicates that all parties to the conflict perpetrated rape, sexual slavery and other crimes of sexual violence against Sierra Leonean women and girls (SLTRC, 2004). Overall estimates indicate that more than 250 000 women and girls (33% of the total female population) were subjected to sexual violence, including rape, sexual slavery, forced pregnancy, abduction, enslavement and torture (Amnesty International, 2007). Many women and girls, together with their families and community members, lost their lives or limbs or were forced to witness or engage in horrendous acts, including killing their own family members (Human Rights Watch, 2003).

Evidence from the Sierra Leone Truth and Reconciliation Commission (SLTRC) suggests that women and girls were systematically targeted and singled out for some of the worst gender-based atrocities ever recorded (SLTRC, 2004). According to the SLTRC, women were particularly targeted during the conflict through rape, torture, sexual slavery and forced marriage and the manner in which these gender-based atrocities were addressed built on pre-existing notions about gender-based violence and the marginalised status of women in Sierra Leone society (SLTRC, 2004).
The social implications of sexual violence have also proven to be damaging not just to women and girls, but to communities at large by reinforcing pre-existing gender norms about women’s sexuality and their low status in society (Teale, 2009). Historically, women and girls in Sierra Leone had little control over their sexuality, which was construed as belonging to the community. Because virginity was highly prized, it is believed that the widespread sexual violence against women and girls during the war was meant to challenge some of the norms associated with virginity and women’s sexuality. Thus, in most instances the sexual violence was perpetrated in front of the victims’ family or community members with impunity. This resulted in many of the victims of sexual violence being rejected by their families and communities, stigmatised, discriminated against and shamed (Human Rights Watch, 2003).

The marginalisation of the victims of sexual violence and the seemingly general impunity extended to perpetrators during the conflict has made it problematic to respond effectively to sexual violence in post-conflict Sierra Leone. In addition, although the conflict in Sierra Leone gained international notoriety for evoking amputations, child soldiers and unethical diamond mining, the gender-based violence experiences of Sierra Leonean women has received little attention (Teale, 2009).

In post-conflict Sierra Leone, violence against women still persists in various forms, including intimate partner violence, sexual assault, child sexual abuse, wife inheritance, forced marriage, forced prostitution, female genital mutilation, rape, sexual exploitation of women and solicitation of child prostitutes (Barnes, Albrecht, & Olson, 2007). Given the poor state of the healthcare system, most of the victims had very limited access to healthcare, including counselling. The continued poor state of the healthcare system in Sierra Leone means that access to healthcare remains limited and of poor quality (World Health Organization, 2008).

Women's low status in society is reportedly a contributory factor to continued incidences of sexual violence. The Sierra Leone legal system is traditionally three-tier, having components of English law (general law), Islamic law and customary law. Women in Sierra Leone are granted equal rights to men under the 1991 Constitution, which reflects the basic human rights enshrined in international and regional instruments such as the Universal Declaration of Human Rights and the African Charter on Human and People's Rights. However, a weak and largely dysfunctional criminal justice system and limited access to the formal court system has ensured that Sierra Leonean women are ill-protected from sexual violence.

The Maputo Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa also guarantees comprehensive rights to women in Sierra Leone, including
social, political and their reproductive health rights (African Union, 2003). The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) addresses the progress of women and provides guidance on how to achieve the protection of these rights (United Nations, 1981). Although the Maputo Protocol has been particularly lauded for its call on states to enact and enforce laws to prohibit all forms of violence against women, including forced sex and early marriage, and to uphold their reproductive rights, women in Sierra Leone are still to fully realise these rights (African Union, 2003).

There has been some progress on the legal front in terms of sexual violence prevention mechanisms in post-conflict Sierra Leone. Advocacy activities of civil society and other non-governmental organisations (NGOs) have been accelerated significantly in recent years leading, for instance, to the enactment of three Gender Bills in 2007. More recently, the Sexual Violence Act of 2012 has increased the definition of a child to anyone that is below the age of 18, the maximum sentencing length of sexual offences has been increased from 5 years to 15 years’ imprisonment and any out-of-court settlement between victims’ family and the accused has been eradicated (Government of Sierra Leone, 2012).

Notwithstanding the ground-breaking decision of the Special Court for Sierra Leone to define systematic, widespread torture, rape, abduction and sexual slavery experienced by women during the conflict as a new crime against humanity, Sierra Leone’s dual legal system, which embraces common law as well as statutory law and regulations, provides an additional complex web of legal loopholes (Special Court for Sierra Leone, 2009).

The rule of evidence sufficient to convict perpetrators of crimes of a sexual nature is often inadequately applied in Sierra Leone. There is a strong procedural emphasis and onerous burden of proof that requires corroborated evidence and the inadmissibility of “hearsay” evidence without any exceptions as a condition for conviction. It has been noted that unless significant improvements are made to the social, political and economic domains of women’s empowerment, risks and vulnerability to sexual violence against women and girls will persist in post-conflict Sierra Leone (Graybill, 2011).

This study explored narratives of sexual violence and obstacles to the promotion of gender-equitable and non-violent practices in post-conflict Sierra Leone. The specific objectives were to examine gender norms and practices that shape sexual roles, rights, responsibilities and relationships as reported by a group of local men and women in post-conflict Sierra Leone.
METHODOLOGY

This study employed a qualitative research design to examine the problem of sexual violence, with particular focus on the obstacles to the promotion of gender-equitable and non-violent practices in post-conflict Sierra Leone. The paper was drawn from data that emerged from a larger study that investigated the drivers of HIV and sexual violence and exploitation in post-conflict Sierra Leone. A social constructionist approach was utilised as a framework to examine gender norms and practices that shape roles, rights, responsibilities and sexual relationships in Sierra Leone in the aftermath of the armed conflict.

In order to capture and explore the dynamics and evolution of sexual violence and the meaning of the related constructs of gender norms and practices to both males and females during post-conflict transition processes, 25 in-depth interviews, 10 key informant interviews and 12 focus group discussions were conducted in in two regional study sites in Sierra Leone. A total of 107 male and female respondents participated in the study, with females comprising about 70% of the participants in this study.

The focus group discussions were conducted with both males and females, exploring gender norms and pressures that shape the roles, rights, responsibilities and social conditioning of males and females, including community views and perceptions about the causes and consequences of sexual violence. They involved both men and women, disaggregated by sex and two age categories: 18–24 years and 25–48 years old for both male and female groups. The average age of the participants in the focus group discussions was 23 years.

The key informant interviews were conducted with community leaders and health service providers to explore views about sexual violence, focusing on community perceptions of the nature of sexual violence, common patterns in the evolution of sexual violence, community or collective protective mechanisms against sexual violence, and the clarification of linkages between sexual violence and the constructions of gender norms and practices in various communities in Sierra Leone.

THE STUDY SITES

Sierra Leone is a West African country that borders Guinea to the north, Liberia to the southeast and the Atlantic Ocean to the west. It is approximately 72,000 km² in size and has an estimated population of 4.9 million with females accounting for about 51% of the total population. Sierra Leone is divided into four administrative regions, namely Northern Province, Southern Province, Eastern Province and Western Area. The capital city, Freetown, is located in the Western Area of the country (see Figure 1).
Figure 1: Map of Sierra Leone showing the study sites: Freetown and Kabala

Qualitative data was collected in Kabala, which is situated in the Northern Province and Freetown in the Western Area of Sierra Leone. Given the gendered linkages of sexual violence with HIV and AIDS, the study sites were selected based on evidence of their relatively high prevalence of HIV (Government of Sierra Leone, 2005).

FINDINGS

The social constructionist analytical framework yielded four main themes that were related to the widespread and context-specific nature of sexual violence, gender norms and practices, poverty and sexual violence, participants' perceptions about sexual violence prevention responses, and perceptions about community responsibility to challenge sexual violence in post-conflict Sierra Leone.

SEXUAL VIOLENCE IS WIDESPREAD AND CONTEXT-SPECIFIC

There are varying views about the widespread nature of sexual violence in post-conflict Sierra Leone with conflicting views from victims, community leaders and service providers. Most health workers claimed that sexual violence continues to be widespread in the aftermath of the conflict with profound impacts on women and girl's vulnerability to HIV. Interviews with both health service providers and community leaders indicate that the incidence of sexual violence remains high with relatives and/or family members as the most common perpetrators. One health worker interviewed in the capital city of Freetown confirmed this:
Yes! Sexual violence is a problem. People use their position to exploit people. Rape is a crime but the perpetrator is usually a family member. Rape is widespread especially of under-aged girls. Some people force their children into prostitution (Health worker, Freetown)

Although most of the community leaders interviewed believed that sexual violence against women and girls remains widespread and high particularly in rural communities, the general consensus was that incidences of sexual violence are context-specific and often concentrated in specific communities rather than widespread or generalised. In most instances, they are believed to occur in situations of gender inequality and instances of differential power relations, as argued by one health worker in Freetown:

Sexual violence mostly happens secretly; it’s common in the higher learning institutions for a pass grade; it also occurs in the workplace for position (Health worker, Kabala)

GENDER NORMS AND PRACTICES, POVERTY AND SEXUAL VIOLENCE

Sexual violence in post-conflict Sierra Leone is reportedly influenced by poverty and the seemingly low socio-economic status of women in society. Participants argue that the vulnerability of women and girls to sexual violence in post-conflict Sierra Leone is influenced by various factors, including cultural practices and norms, as well as a lack of communication and discussion about issues of sexuality and violence. According to an NGO health service provider:

[w]omen in particular generally have low self-risk perceptions to both sexual violence and HIV. Knowledge gaps on important issues about HIV/AIDS, limited community dialogue on issues of sex, sexuality and HIV/AIDS, gender inequalities at all levels, religious beliefs, harmful cultural and sexual beliefs and practices, and drug use increases a woman’s or a girls chances of experiencing sexual violence (Health service provider, Freetown)

Gender norms and inequalities between men and women were also reported as one of the major causes of sexual violence which needed to be combated. According to one service provider:

[m]ost men demonstrate their male superiority by forcing women to yield to their sexual desires; men are most times economically empowered and they can coerce women into sex by paying; culturally a woman has no right to refuse having sex with her husband or partner (Health programme coordinator, Freetown)
Society in Sierra Leone is overtly patriarchal, placing emphasis on the superiority of men over women and condoning male authority over women. As a result men often seek ways to affirm their masculinity through irresponsible sexual behaviour and domestic violence, including sexual violence.

Community leaders further reported that the probability of women and girls experiencing sexual violence is linked to poverty as women and girls place themselves at risk of sexual violence through engaging in transactional sex. A female focus group discussion participant in suburban Freetown argued as follows:

Women sell themselves through sex due to poverty – they have sex with fishermen. Fishermen are known to trade fish for sex (Female participant, Freetown)

Participants claimed that poverty impacts on the status of women and their vulnerability to sexual violence. This gendered norm is linked with poverty that facilitates transactional sex, multiple sexual partners for economic gain and early sexual relationships, claimed a service provider:

Some of the young women including girls who have lost parents or husbands use their bodies as the only commodity to survive because they have no immediate relative to support and protect them (Programme coordinator, Freetown)

COMMUNITY RESPONSIBILITY TO CHALLENGE SEXUAL VIOLENCE

It was encouraging that there was a strong voice from participants regarding the imperative for the community to protect women and girls from sexual violence. Responsibility for the protection of women and girls is ascribed to society in general and to the government in particular, argued a community leader from the Northern Province:

Women and girls should have the right to be protected from sexual violence. Parents and guardians, community leaders, civil society groups, human rights groups and the Government (the Ministry of Social Welfare in particular) should be responsible for protecting women and girls from sexual violence (Community leader, Kabala)

The need to recognise and enforce women’s rights was also pointed out as a crucial step towards improving the protection of women and girls from sexual violence. A project officer of a local community-based organisation lamented:

Women’s rights are human rights and it is everybody’s responsibility to ensure that they are protected (Project officer, Kabala)
Narratives of the experiences of sexual violence revealed a high level of awareness of the impact of sexual violence on the victims and on society in general. Participants identified the need for sensitisation and awareness-raising as the most effective ways through which women and girls could be protected from sexual violence in the post-conflict context of Sierra Leone. It was further argued that women and girls also need to have access to economic opportunities such as engaging in small and medium enterprises; this, according to most participants, will protect them from sexual violence.

On the other hand, some community leaders were less supportive and engaged in rape myths and blamed women and girls for sexual violence. One community leader in a focus group discussion in Kabala argued that in most instances women and girls are to blame for sexual violence perpetrated against them:

Women and girls should change the way they dress so as to reduce their vulnerability and risk of sexual violence (Community leader, Kabala)

PERCEPTIONS ABOUT SEXUAL VIOLENCE PREVENTION RESPONSES

Most community leaders claimed that sexual violence generally exists within a culture of silence and impunity in post-conflict Sierra Leone due to the inability of the justice system to adequately redress sexual violence crimes. Among various recommendations for prevention mechanisms, the general consensus was the need for stricter punishment to be instituted for sexual violence crimes to prevent sexual violence against women and girls. The main perpetrators of sexual violence against women and girls were identified as family members, elderly wealthy men, teachers and lecturers. Participants lamented that although sexual violence is deemed to be a serious crime, the punishment meted out to the perpetrators is often too lenient, if not frivolous.

Perpetrators of sexual violence should serve jail terms commensurate with the crime committed (Community leader, Kabala)

Another community leader suggested that:

[p]erpetrators should be ostracised at the community level or they should suffer shame (Community leader, Freetown)

Related to the silence and secrecy associated with the prosecution of sexual violence cases, a focus group discussion participant claimed that:
[p]erpetrators are not punished for sexual violence e.g. a man is charged with having carnal knowledge (Female participant, Kabala)

The views of relevant government officials related to effective sexual violence prevention responses were, however, conflicting. One government official from the Ministry of Health argued that improved sensitisation of communities and awareness-raising about gender norms and practices related to sexual violence as an effective response is needed in the post-conflict context of Sierra Leone. He suggested the following:

Any such response should involve traditional and religious leaders. Sexual violence prevention programmes should take into account all issues involving sexual violence including working closely with men to challenge their notions of masculinity (Ministry of Health official, Freetown)

**DISCUSSION**

The findings of this study indicate an intrinsically patriarchal society with the low status of women reflected by such patriarchy. Under customary law, the position of a woman is secondary to that of a man; she is always under the guardianship of a male relative and her woman’s status within society and within a polygamous household increases with every child she bears (Smart, 1983). Such gender norms and practices are still prevalent in post-conflict Sierra Leone.

While sexual violence against women and girls is reportedly common, it is still not generally recognised as a societal problem in post-conflict Sierra Leone, even though there are programme, policy and legal responses to address the issue. On the other hand, some participants in this study outlined the important role that communities themselves can play in challenging sexual violence. It is believed that obstacles to prevention responses are primarily due to a weak criminal justice system, but are also the result of structural discrimination against women and societal attitudes towards women that are entrenched in pre-existing gender norms and practices.

Discriminatory property and inheritance laws are reportedly another factor that exacerbates women’s vulnerability to poverty and sexual violence. These practices are derived from the land tenure and property inheritance rights that generally favour males and deny women access to a vital source of financial security. This is particularly true of the plight of female-headed households, which increased after the war. Many single mothers and widows, upon returning, are denied access to their land or property due to their status as women. As a result, many have slipped deeper into poverty, which in turn has increased their vulnerability
to sexual violence. The engagement in unequal transactional sex out of material need was reportedly a key reason for women’s vulnerability to sexual violence.

Victims of sexual violence rarely report such crimes because the current legal environment is not conducive to doing so, leading to a culture of impunity in respect of crimes of a sexual nature. Customary laws in respect of sexual offences are deeply discriminatory against women and girls and are known to contribute to a culture of impunity. For instance, under customary law, the consent of a minor for sex is not usually required. Crimes of rape and sexual violence are usually settled directly between violator and the parents or guardians of the girl child without the victim’s say in the matter. Families usually settle crimes of rape and sexual violence by accepting monetary compensation or by the offender being compelled to enter into marriage with the minor victim.

CONCLUSION

This paper has foregrounded the centrality of poverty and gender inequalities together with inadequacies in the law as obstacles to appropriate sexual violence prevention in post-conflict Sierra Leone. The centrality of gender norms and practices in reproducing sexual violence is evident, as is the disconnect between the realisation of the social, legal and individual rights of women and girls in this post-conflict context.

The intersection between social and individual sexual and reproductive health/rights has been shown to be particularly crucial in Africa, where individual rights are often mediated by claimed cultural norms and beliefs as well as gendered household and community relations (Crichton, Nyamu-Musembi, John-Langba, & Theobald, 2006).

In post-conflict Sierra Leone, efforts to strengthen sexual violence prevention responses require, among other things, a review of the criminal justice system through the domestication of human rights standards within an environment where commitments to international conventions and treaties that protect women and children have been known to pose paradoxical legal problems. Although Sierra Leone is a signatory to the Maputo Protocol to the African Charter on Human and People's Rights and CEDAW, implementation of the Maputo Plan of Action for Sexual and Reproductive Health has been problematic due to gendered household and community relations.

There are also certain entrenched values and mores that reinforce attitudes and practices that condone sexual violence and facilitate the perpetuation of violent practices against girls and women. For instance, the prosecution or litigation of domestic violence and marital rape is rare. Cultural processes of seeking a wife for the most part connote an asymmetric...
relationship, depicting the wife as a sex symbol. This is often seen among the Mende tribe where a male suitor believes that the requests for his new bride’s hand in marriage is for the sole purpose of sex.

Pre-existing gender norms and practices in Sierra Leone also make it a unique environment for sexual violence and build on the apathy on the part of the national government to codify customary laws that are inherently biased in favour of men. The Sexual Violence Act (2012) is predisposed to a valid defence of honest and reasonable mistake or belief. This means that a defendant of a sexual violence crime could argue that at the time of committing the act, he was under a mistaken belief about sexual relationships under customary law. This may explain why Sierra Leone is among 25 countries in Africa that is a signatory to the Maputo Protocol, but has yet failed to ratify the protocol or to implement all the provisions of CEDAW due to its customary law, in spite of stipulations in article 27 of the Vienna Convention on the Law of Treaties.

The Domestic Violence Act of 2007 has also been legally ineffective in adequately addressing gender-based violence and discrimination, because it runs contrary to section 27(1)(d) of the Sierra Leone Constitution, which contains several provisions on the issues of marriage, devolution of estate and divorce under customary law. Sexual violence under this Act is rightly viewed as a crime but the culture of secrecy and impunity makes it difficult to implement or enforce penalties against it. Adequately solving the problem of sexual violence in post-conflict Sierra Leone would require addressing continued inequalities between men and women bolstered by gender norms and practices through sensitisation, awareness-raising and education, as well as sustained efforts to improve the social, political and legal domains related to women’s current disempowerment in Sierra Leone.

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Conspicuous by its absence: Domestic violence intervention in South African pre-hospital emergency care

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ABSTRACT

Domestic violence (DV) is common globally. In South Africa, emergency care providers (ECPs) lack a clear policy framework and the necessary training to identify DV and intervene when it is encountered. We investigate the knowledge, attitudes and beliefs of ECPs towards DV, and identify factors affecting early identification and its appropriate management in South Africa. A survey of 154/266 registered operational ECPs of different qualification levels and employed by a provincial emergency medical service was conducted. Each participant voluntarily and anonymously self-completed a customised questionnaire. Some 75 (49%) ECPs had an acceptable understanding of DV, although those with higher level qualifications were significantly more knowledgeable ($p = 0.017$). Most (147, 97%) identified that alcohol and drugs were the main cause of DV. A few ECPs (15, 10%) reported having had experience of safety-focused and appropriate gender-sensitive handling of DV victims. The ECPs’ qualification levels were not significantly associated with their knowledge of the legislation about DV or with whether they had referred victims of DV. Only 49 (22%) ECPs reported having occasionally referred victims. By their own admission these ECPs expressed inadequate ability to assess and manage DV cases in current ECP practices. There was poor understanding of the extent, nature, detection and referral of DV cases by ECPs relative to their incidence. This may be due to incorrect beliefs or myths about DV, inadequate training and problematic emergency system design. Our findings support the need for a comprehensive emergency care response to guide and standardise DV management with better understanding of gender-based violence in order for the emergency medical service to play a more preventive and holistic role in its responses.

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INTRODUCTION

Domestic violence (DV) is a global phenomenon (World Health Organization, 2013) defined by the Domestic Violence Act in South Africa (116 of 1998) as any controlling, abusive, fear-inducing act that threatens to harm the health, well-being or safety of a person in a domestic relationship (Republic of South Africa, 1998). DV entails gender-based violence or threats of violence resulting in physical, sexual or psychological harm or suffering to women. It includes threats, coercion or depriving women of their liberties in public or private life (United Nations, 1993). This violence is contextualised within a past or present relationship, generally perpetrated by a male partner and is experienced by the woman as harmful and destructive to herself, physically, emotionally, socially and psychologically (Family Violence Prevention Fund, 1999).

In South Africa, DV is a public health priority owing to the high number of cases reported and its negative consequences for individuals, families and society in general. The national study of female homicide in South Africa found that DV-related mortality was alarming in that 9 per 100 000 women aged 14 years and older were killed by an intimate partner in 1999 (Mathews et al., 2004). This presents the highest reported femicide rate globally and implies that four women per day are killed by an intimate partner. Where women were killed by someone they knew, one in two perpetrators was an intimate partner. In a 2009 mortality survey, intimate partner violence (IPV) was the leading cause of death of women homicide victims with 56% of female homicides being committed by an intimate partner (Abrahams, Mathews, Jewkes, Martin, & Lombard, 2012) and one every eight hours [with the reduction probably due to firearm legislative reforms (Jaynes, 2013)]. The global context, preceding fatalities, similarly shows how a third of the world's women have been sexually or physically abused by a partner (Gulland, 2013). The high frequency of mortality and serious non-fatal outcomes, including associated medical complaints (Heise, Pittaguy, & Germain, 1994) emphasises the need for pre-hospital responsivity and more active responses in general from the health sector.

The responsiveness of health providers, in terms of confidence building, routinely enquiring about abuse and facilitating non-judgemental access to care, may influence the healthcare-seeking behaviour and impact on the long-term experiences of DV victims. Health facilities are intended for meeting the needs of abused persons, but the response of the health sector to the problem of DV remains a challenge. Pre-hospital emergency medical services (EMSs)
are also a health resource, but they are operated by medical systems designed to respond to emergencies in the tertiary sense of health promotion rather than primary prevention or early detection. The lack of primary prevention or early detection mechanisms by any health entity undermines South Africa's primary healthcare policy on which healthcare delivery is founded. There have been no DV protocols to guide ECPs, so clinical decision making and discretion in DV intervention by ECPs is likely to be guided by their existing knowledge, attitudes and beliefs concerning DV. The Professional Board for Emergency Care (PBEC) of the Health Professions Council of South Africa (HPCSA) is currently contemplating the implementation of DV intervention guidelines by ECPs and has “challenged other professional boards to appraise their ethical and professional role as healthcare providers in addressing both the consequences and causes of domestic violence” (Vinassa, 2013, pp. 30–1). The implied guidelines for the design and development of a pre-hospital medical protocol for DV victims for the ECP are cogently articulated in Screening for Domestic Violence: A Policy and Management Framework for the Health Sector (Martin & Jacobs, 2003). The HPCSA may enable individuals under its jurisdiction to do more, but it is the above framework that has most relevance for the EMS implementation. Notwithstanding these developments in the larger health sector, how EMSs currently respond to DV in their routine work is not documented. This study presents findings from a survey of EMS staff to assess their self-reported understandings of and responses to DV in their day-to-day emergency service work.

An ECP refers to a healthcare professional registered with the PBEC, HPCSA. Their duty is to treat and care for all patients presenting to the EMS (Health Professions Council of South Africa, 2003b). This includes being able to identify women who have experienced IPV, and to provide an appropriate and helpful response when DV is recognised. This requires training on gender, screening for gender-based violence and listening to and supporting afflicted women (Dunkle et al., 2003). In the context of DV, it is assumed that practitioners understand the dynamics of such abuse and the needs of abused patients, and that they have the capacity to serve the public with impartiality (Public Service Commission, 2002). Qualifying this assumption forms the object of this paper.

Recent studies conducted in the Western Cape find that recognition of women experiencing IPV is very low in primary care (less than 10%) and argue for selective case finding (Joyner & Mash, 2012a; 2012b). The lack of support for universal screening (World Health Organization, 2013) does not appear to be in direct relation to pre-hospital emergency care. Universal screening usually implies the mass screening of the whole population. The emergency care patient cohort is already at a higher probability of DV than the general population as the health consequences of DV manifest. Screening all women that present to EMSs is therefore both ‘selective’ and ‘universal’ for EMSs. Patients are
frequently ‘discharged’ in the pre-hospital setting due to the emergency care system of sorting and prioritising patients (triage). This has the potential to deliberately leave victims of abuse in the abusive home – oblivious to their level of risk, if not screened for DV. In the context of emergency care, the screening guidelines by Martin and Jacobs (2003) have not been surpassed by Joyner’s Intimate Partner Violence Model (Joyner & Mash, 2012a). The forensic focus of the former aligns well with the ECP forensic role. ECPs, like hospital trauma unit staff, may encounter survivors of DV in the “open window” (Joyner et al., 2007) immediately after an acute DV incident. To not routinely enquire about abuse in cases where DV is not the presenting complaint constitutes a lost opportunity for early detection. The recontextualisation of DV for EMSs (Naidoo, 2007) has led to the HPCSA endorsing the forensic ECP role and the recommendations presented in the Martin and Jacobs guideline (Vinassa, 2013).

The Bill of Rights entrenched in Chapter 2 of the Constitution (Republic of South Africa, 1996) protects the health rights of women and their rights to equality, dignity, life, healthcare, food, water, social security and freedom. These rights remain ‘paper rights’ unless societal institutions champion them. This begs the question: are emergency service organisations social or health institutions? “Social justice is a matter of life and death” (CSDH, 2008, p. ii). Collaborating with other sectors to promote an effective socio-medical response is central to the EMS purpose. The above is better understood in terms of institutional and gender justice which is the prerogative of all state institutions. “Procedural fairness” (Sen, 2010, p. 64), as an element of organisational justice, requires that EMS organisations not only ensure that they are not discriminating against women on the basis of their gender (or gender-related health risks), but also actively promote gender justice. Another element of justice, the difference principle, “indicates the importance of equity in social arrangements so that attention is drawn particularly to the predicament of the worst off people” (Sen, 2010, p. 64). EMS, as an organ of social justice, has a moral and legal duty to enhance both.

Historically, there appears to be little direct regulatory influence over ECPs to treat DV victims appropriately. Ethical codes not specific to DV, such as the Hippocratic Oath, Declaration of Helsinki of 1948, Declaration of Geneva of 1948, the International Code of Medical Ethics of 1949, the Declaration of Oslo of 1970 and the Declaration of Tokyo of 1975 are also not directed at ECPs but to medical practitioners (McQuoid-Mason, Pillemer, Friedman, & Dada, 2002). The management protocols issued to all members of the PBEC do not make reference to an appropriate response to victims of DV (Health Professions Council of South Africa, 2003b). Their response to DV is therefore subject to practitioner discretion, albeit discretion informed by personal experience and dominant societal values (Naidoo, 2007). The HPCSA, as the regulator, quality assurer and standards-generating
body, requires that practitioners provide for the safety of their patients (Republic of South Africa, 2007). As DV patients have threats to their physical safety and health concerns, every healthcare practitioner is professionally and constitutionally obliged to care for victims of DV. In other words, failure to provide appropriate care constitutes a secondary crime against DV victims as it violates the Constitution.

There is limited literature on the pre-hospital response to DV (Naidoo, 2007). Our study’s contribution is to document the prevailing attitudes, knowledge and beliefs of a sample of South African ECPs to victims of DV in the process of providing pre-hospital emergency care. The paper makes the case for pre-hospital intervention and further development of the emergency services to appropriately intervene in early, acute and late cases of DV and informs universal screening, responsive treatment and appropriate referral. Our findings have the potential to inform clinical or system changes to improve the emergency care response to DV as well as to provide a baseline measure for subsequent evaluation studies of DV interventions.

**METHODOLOGY**

A descriptive, cross-sectional study design was used to quantitatively survey and measure the self-reported ECPs’ knowledge of DV and their current emergency care response. Both male and female ECPs, registered with the HPCSA, across all academic and professional levels, were sampled to determine if knowledge was nuanced by qualification and clinical scope.

This study intended to document the ECP knowledge of DV and their current and possible responses to DV in the interest of informing emergency care practitioner agency and the improvement of role definition in cases of DV. The scope of practice for each ECP qualification differs, but medical ethics applies equally to all under the Health Professions Act (56 of 1974). The full staff complement comprised 313 ECPs but only operational personnel were included in the study population. Those personnel who were non-operational (due to being seconded elsewhere, on sick leave, on vacation, injured on duty, on leave without pay, or on study leave) were excluded. All remaining 266 ECPs included in the study sample were requested to self-complete an anonymous questionnaire with both open-ended and closed questions.

The initial development of the questionnaire focused on crisis intervention elements (such as the debunking of myths or incorrect beliefs) that were considered requisite by a local NGO, the Advice Desk for the Abused (Padayachee & Singh, 2010). This was aligned with the documented epidemiological, theoretical and contextual evidence for DV. The questionnaire
was validated by external review (by an MRC gender-based violence expert and the Chairperson of the PBEC, HPCSA). It was then piloted. The protocol was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal and the study site and protocol approval was granted by the Emergency Medical Service of the provincial government of the Western Cape. Fully informed written consent was obtained from each participant and they were promised confidentiality and anonymity and the right to withdraw at any point in the study without any penalty. They were also offered anonymous telephonic counselling if desired. The response rate was 58% (154) with several repeated briefings and collection points at the EMS bases. The coded data was captured on an Excel® spreadsheet and submitted for statistical analysis by the MRC.

Certain methodological limitations need to be acknowledged. There is a possibility of participant selection bias in that ‘non-operational’ emergency staff were excluded since they do not perform a clinical function. Other excluded staff were those who were physically absent from the study site and therefore inaccessible. The non-participation (42%) by those who did receive the questionnaire was initially of concern. Upon further probing, it emerged that some EMS stations were over-researched by researchers of varying disciplines from different universities. The demographic and professional profile of the non-responders was not known, with the effect of limiting the claim to generalisation. The generalisability of findings is further limited with regard to rural emergency care practice since this study was focused only on city-based participants and DV and emergency care dynamics may differ from urban practice.

RESULTS

The sample (N = 154) was representative of the metropole and provincial EMSs in terms of the distribution for race, gender and qualification (Table 1) (p <= 0.01, 0.01, 0.031, respectively). This denominator (154), however, does vary where respondents did not answer all the questions. The claim to representivity, therefore, cannot hold where non-responses to questions are high. Some 42% (63/154) of the sample had between 2 and 5 years of experience in EMS.

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2 We use this term to refer to the historical classifications of apartheid of black, coloured, Asian and white South Africans, which still have salience for contemporary South Africa, particularly for purposes of redress.
Table 1: Qualification in the sample population of ECPs, the regional (metropole) and provincial EMS

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Basic</th>
<th>Intermediate</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Provincial EMS ECP</td>
<td>404</td>
<td>46</td>
<td>395</td>
</tr>
<tr>
<td>Metropole EMS ECP</td>
<td>93</td>
<td>35</td>
<td>138</td>
</tr>
<tr>
<td>Sample EMS ECP</td>
<td>62</td>
<td>40</td>
<td>72</td>
</tr>
</tbody>
</table>

Chi square, p=0.0309

Only half (49%, 75/154) of the sample could correctly define DV in accordance with the WHO, UN and DV legislation definitions as presented in the introduction. When non-responses are excluded for this question, this alters to 71% (75/106) [Table 2]. The qualification of ECPs was associated with an ability to define DV. The more qualified ECPs were more likely to define DV correctly (chi square: p = 0.017).

Table 2: Frequency of correct and incorrect definitions of DV by ECPs of different qualification levels (p = 0.017)

<table>
<thead>
<tr>
<th>DV definition</th>
<th>Basic N = 38</th>
<th>Intermediate N = 55</th>
<th>Advanced N = 13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Correct</td>
<td>21</td>
<td>28</td>
<td>42</td>
</tr>
<tr>
<td>Incorrect</td>
<td>17</td>
<td>55</td>
<td>13</td>
</tr>
</tbody>
</table>

Most respondents held some incorrect beliefs or myths about DV, in particular, the popular notion that DV is caused by alcohol and drug use (Table 3). The ECPs’ understanding of societal precursors (Winett, 1998), not as causal, but as contributory, is central to breaking their own denial of responsibility and represents the first step in acting for the victim in untraditional remedies. The need for the intersection of DV intervention with EMS scope has never been more profound (Aschman, Meer, & Artz, 2012; Naidoo, 2008; Vetten, 2008). An overwhelming 97% (147/152) believed that alcohol and drugs were the main cause of DV. While the link of alcohol with DV and the high rate of alcohol abuse in South Africa (Jewkes et al., 2009) is not in dispute, researchers and activists have pointed out how sober men also abuse and some drunken men may be rendered affectionate, not violent (Padayachee & Singh, 2010). Moreover, there is a large body of work that foregrounds...
the role of gender power inequalities and hegemonic masculinities in understanding male violence towards women (Britton, 2006; Jewkes & Abrahams, 2002; Jewkes et al., 2009; Jewkes, Sikweyiya, Morrell, & Dunkle, 2009; Morrell, Jewkes, & Lindegger, 2012).

The belief in the centrality of alcohol and other myths such as the class-based nature of DV, the notion that violence and love cannot co-exist, that men who beat their wives are mentally ill and cannot control their violence and that abused women can leave home whenever they want to, as presented in Table 3, suggests that ECPs are oblivious to the evidence that DV cannot be understood outside of gender power relations, normative gender roles and male power over women in relationships and that DV is prevalent across racial and class differences. The assumption of mental illness contributes to the ‘othering’ of male abusers and enhances ‘plausible deniability’. The fallacious belief that women can leave an abusive relationship at will allocates blame to the victim for her own abuse. The false belief held by 42% (70/152) of respondents that physical abuse is worse than emotional abuse is reflective of the bias toward physical injury (probably due to their everyday exposure to trauma) and a devaluation of the impact of emotional abuse. Predicating any healthcare response upon such lack of understanding is likely to compound the problem.

To aid the above conceptualisation, hegemonic masculinity can be described as practices by both men and women within societal institutions to perpetuate the subordination of males over females (Connell & Messerschmidt, 2005; Ratele, 2008). Hence, alcohol and drug abuse, in the context of DV perpetration, should be seen as one of those practices prescribed by and symptomatic of hegemonic masculinity and not causal of DV, but rather strongly associated with it and an exacerbating factor. The further rationale for problematising the deterministic assumption of alcohol, drug and mental illness causing DV is that the notion serves to advance a denialist ideology that shifts accountability for the DV from the perpetrator to the substance abuse (Padayachee & Singh, 2010). Proponents of this logic argue that the systematic, non-random and targeted nature of DV displays elements of cognitive choice and/or behavioural conditioning rather than chemical-induced loss of control.

Table 3: ECPs' responses to DV myths

<table>
<thead>
<tr>
<th>STATEMENT (OF MYTH)</th>
<th>N</th>
<th>Disagree n (%)</th>
<th>Agree n (%)</th>
<th>Blank/ missing data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women who do not listen to their partners deserve to be abused.</td>
<td>153</td>
<td>147 (96)</td>
<td>6 (4)</td>
<td>1</td>
</tr>
<tr>
<td>STATEMENT (OF MYTH)</td>
<td>N</td>
<td>Disagree n (%)</td>
<td>Agree n (%)</td>
<td>Blank/missing data</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----------------</td>
<td>-------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>A woman who nags is asking to be abused.</td>
<td>151</td>
<td>131 (87)</td>
<td>20 (13)</td>
<td>3</td>
</tr>
<tr>
<td>Women who are abused enjoy it or are mentally ill.</td>
<td>152</td>
<td>120 (79)</td>
<td>32 (21)</td>
<td>2</td>
</tr>
<tr>
<td>Domestic violence is a private matter.</td>
<td>150</td>
<td>119 (79)</td>
<td>31 (21)</td>
<td>4</td>
</tr>
<tr>
<td>Only poor, uneducated and mostly black or coloured women are abused.</td>
<td>153</td>
<td>108 (71)</td>
<td>45 (29)</td>
<td>1</td>
</tr>
<tr>
<td>Physical abuse is worse than emotional abuse.</td>
<td>152</td>
<td>88 (58)</td>
<td>70 (42)</td>
<td>2</td>
</tr>
<tr>
<td>Abused women can leave home whenever they want.</td>
<td>150</td>
<td>70 (47)</td>
<td>80 (53)</td>
<td>4</td>
</tr>
<tr>
<td>Men who beat their wives are mentally ill and cannot control their violence.</td>
<td>149</td>
<td>61 (41)</td>
<td>88 (59)</td>
<td>5</td>
</tr>
<tr>
<td>Violence and love cannot co-exist in one home.</td>
<td>151</td>
<td>52 (34)</td>
<td>99 (66)</td>
<td>3</td>
</tr>
<tr>
<td>Alcohol and drugs are the main cause of domestic violence.</td>
<td>152</td>
<td>4 (3)</td>
<td>148 (97)</td>
<td>2</td>
</tr>
</tbody>
</table>

Given the incidence, prevalence and brutality of DV in South Africa, it was surprising to note that a total of 81% of respondents (117/144) had recognised fewer than 30 DV calls in the preceding six months. Whilst there is no data to suggest what the recognition rate norm is, this would appear considerably low, suggesting a possible masking of the extent of DV by healthcare users through their failure to capture the full extent (because of confidence or capacity) by the healthcare providers. The information system of the EMS is not designed to monitor and quantify the DV burden to the EMS. A stabbed chest remains a stabbed chest and is not escalated to a case of DV at any time. The majority (90%, 134/149) reported having no experience of safety-focused and appropriate gender-sensitive handling of DV victims. This diagnostic deficiency results in a ‘don’t look-don’t find’ scenario which is likely to explain the poor DV recognition.

As to questions about where one would detect DV in the pre-hospital environment, 57 (37%) respondents answered “upon arrival at a domestic violence scene”, but 24 (16%) answered “at a hospital or police station”. Only 7% (n = 11) suggested the use of “an index
of suspicion”. Differences in respect of ECP training were evident in reported detection capacity. Of those with basic ECP training, only 34 (22%) felt they could detect DV at the scene, compared with 72 (47%) of those with intermediate ECP training who detected DV at the scene. Of those with advanced ECP training, 55 (36%) detected DV at the scene [Fisher’s Exact Test: p = 0.012/ 52 (34%). Non-responses to this question are excluded from the sample].

No association could be found (Chi square: p = 0.23) between qualification and knowledge of the DV legal framework, suggesting that an ECP’s qualification was no predictor of his/her knowledge about legal protection from abuse. A noticeable 81% (125/154) could not list knowledge of any laws which relate to DV. Furthermore, qualification could not be positively associated with the referral of DV victims (Chi square: p > 0.05). Treatment of victims upon arrival at a scene (p = 0.076) and during medical management (p = 0.016) was associated with qualification in that more highly qualified ECPs provided care more aligned with the needs of DV victims. There was no positive association between qualification and patient assessment.

The majority of respondents revealed inadequate knowledge of assessment and management of DV victims (Figure 1). Four out of five respondents reported unacceptable knowledge and practices of victim assessment. This appraisal was by their self-assessment of their knowledge and their own practices of victim assessment. For 34% of participants (52/153) the reason given for not reporting DV was that “victims were ashamed or afraid to report abuse”.

Figure 1: ECPs’ knowledge of training having prepared ECPs in the Western Cape to manage DV (N = 145)
The majority of ECPs indicated that their emergency care training was inadequate and did not prepare them to intervene in DV, although 94% (145/154) reported feeling comfortable to ask about abuse during the diagnostic assessment. Half (49%, 44/90) of ECPs that responded felt that more training and sensitivity for early identification of victims was needed and that this was not being implemented in the EMS. Nineteen per cent (17/89) identified “information dissemination and support” as lacking in the current EMS modus operandi.

DISCUSSION

This study highlights a range of deficiencies in current ECP responsiveness to DV. It is accepted that health personnel, in general, have an integral role to play in DV situations (Saunders, 2001). In the context of primary healthcare, this role could involve prevention, early detection, risk assessment and responsive treatment. In South Africa, save for reference to primary healthcare providers, we could not find direct research into the pre-hospital emergency care provider’s role regarding DV. An adequate means of assessment of pre-hospital care requires the development of indicators (MacFarlane & Benn, 2003). Much has been written about the response of the police, courts and social workers to victims of abuse, but none of the empirical literature includes first responders as interventionists. An impact study on violence against women in metropolitan South Africa (Bollen, Artz, Vetten, & Louw, 1999) neglects to mention ECPs as role players and is therefore unable to measure their impact. The authors do, however, suggest that emergency rooms, clinics and district surgeons require a change in attitude and greater sensitivity. In an urban American study, like our South African study, primary care providers did not have appropriate attitudes, practices and beliefs regarding the early diagnosis and management of DV victims (Sugg, Thompson, Thompson, Maiuro, & Rivara, 1999). The latest WHO clinical and policy guidelines also make no direct reference to pre-hospital ECPs, indicative of the research relevance of this study type (World Health Organization, 2013).

EMERGENCY CARE, PRIMARY CARE AND FORENSIC PRACTICE

An epidemiological perspective (knowing who, what, where, why and how) on gender-based violence prevention (Katzenellenbogen, Joubert, & Abdool-Karrim, 1999; Mathews et al., 2008) is lacking amongst ECPs. Less than half of our respondents could correctly define DV. Belief in myths and deterministic explanations, such as alcohol and drugs as the main cause of gender-based violence (GBV) and that perpetrators are mentally ill, is indicative of poor understanding of the nature of the problem which impacts on the quality of the emergency care response (King & Ryan, 1989). Such beliefs may serve as barriers to appropriate care by resulting in a lack of empathy and a blaming discourse towards victims. Non-responses to some questions probing understanding is also telling of knowledge gaps. There appears
to be poor identification, referral and treatment of victims. The possible explanation for this is the lack of training of practitioners as DV interventionists. In addition, the respondents are themselves shaped by patriarchal society and in the absence of sensitisation, are likely to draw on dominant societal paradigms (such as hegemonic masculinity) that disempower women and, in so doing, condone the cycle of abuse. The high exposure to violence as citizens and as health workers also has the risk of normalising its occurrence.

The EMS system has had no effective methodology for addressing abuse, and is inconsistent and reactive in approach. The emergency care curricula do not give adequate expression to the issue of violence, with the exception of emergency treatment of the critically injured. ECPs, when in ‘rescue’ mode, are focused on responding with little space for empathy and reflection. This is efficient and in the patients’ best interest when patients present in a critical medical state. The same approach is disempowering and not in the patients’ best interest when there is no imminent danger but rather a need for facilitation and best practice outcomes. The insidious nature of DV implies that overt physical violence is not always apparent and may represent a prolonged period of exposure to escalated abuse. Saunders (2001) recommends that primary care providers increase their awareness, screen routinely, build trust, document diligently, treat associated complications, assess for safety and refer responsibly. The dichotomy of basic and advanced skill levels amongst ECPs reinforces the argument presented earlier that the EMS, by design, is suited to universal screening but that the advanced providers could implement selective screening by way of clinical case finding.

**IMPEDEMENTS TO AN APPROPRIATE EMERGENCY CARE RESPONSE**

Barriers to appropriate care for DV within the framework of emergency care responses appear to be linked primarily to a lack of comprehensive and nuanced understandings and knowledge as well as a belief in certain GBV myths that are not conducive to effective and holistic management of victims of DV. Most prevailing attitudes may contribute to further disempowerment, inadequate safety assessments and superficial management of victims of DV. The development of a pre-hospital medical protocol and curriculum with capacity for training is likely to empower ECPs to respond appropriately in terms of crisis intervention and referral and thereby meet the emergency and other needs of DV victims. The harbouring of myths was identified as a potential barrier to the implementation of a pre-hospital protocol for DV management. An ECP’s qualification may not be a predictor of his/her legal knowledge about abuse. The EMS training does not adequately inform DV knowledge. When one considers that 89% (N = 154) reported that there was no (or they did not know of any) special handling of DV calls, in terms of call taking, dispatch and clinical response in EMSs, it is evident that neither the practitioner nor the EMS system is responsive to victims of DV.
In summary, insight into DV was severely lacking amongst ECPs who have a high rate of problematic assumptions and myths about DV. Emergency care practice is characterised by inadequate assessments for patient safety, inconsistent and superficial management of victims of DV with multiple missed opportunities for intervention. By their own admission, participants did not feel adequately prepared to assess and respond to victims of GBV. Fundamentally, the current training and clinical practice are inadequate to meet the emergency and health promotion needs of DV victims in the pre-hospital environment. Participants reported the above EMS characterisations as barriers to the implementation of a pre-hospital protocol for DV management.

The impediments to improved responsiveness for DV include current emergency care training that is deficient in providing knowledge about the context of DV, including facilitating factors and epidemiology as well as intervention options. The emergency care system is intended to be responsive, but is undermined by narrow conceptions of emergency care and a disproportionate focus on occult risk.

PREVENTION IMPLICATIONS AND RECOMMENDATIONS

For South African EMS systems to empower providers to be more responsive to DV, it is imperative that practice be expanded to include health promotion. The HPCSA, as the custodian of health professions, should determine professional obligations for DV intervention, the adoption of a bio-psycho-social and forensic view to DV-related medicine and emergency care educational programmes that support pre-hospital intervention and promote responsible referrals.

The WHO recommends the development of a comprehensive health sector response (World Health Organization 2006; 2013). The document Screening for Domestic Violence: A Policy and Management Framework for the Health Sector (Martin & Jacobs, 2003) has influenced the development of emergency care guidelines but does not suffice. The EMS response to DV should be congruent with that of the health sector and should include routine screening (asking about DV routinely), clinical case finding, comprehensive physical and psychological care for those patients who disclose abuse, a safety assessment and safety plan, the documentation of past and present incidents of abuse, the provision of information about patients’ rights and the DV Act and referral to resources (Martin & Jacobs, 2003).

A protocol and enabling curriculum guiding the standardised practices and knowledge of ECPs in DV situations is crucial. This should include the definition and dynamics of DV, the clarification of any legal requirements for health workers, screening and management guidelines, intervention strategies, the procedure for collection of forensic evidence and
medical record documentation, safety assessment and planning guidelines and referral information (Martin & Jacobs, 2003). The WHO recommendations on DV prevention in the developing world inform the content of emergency care education (World Health Organization, 2013). The global position is that the health sector, and by representation the EMS, must ensure that:

(a) Women who have experienced violence are not stigmatised or blamed when they seek help from health institutions;
(b) Women will receive appropriate medical attention and other assistance;
(c) Confidentiality and security will be ensured;
(d) Training should aim, among other things, to ensure that providers are appropriately sensitised to issues of abuse, treat women with respect, maintain confidentiality and do not reinforce women’s feelings of stigma or self-blame, as well as being able to provide appropriate care and referral as needed;
(e) Research on the causes, consequences and costs of violence against women and effective prevention measures is supported (World Health Organization, 2006).

CONCLUSION

“EMS operates at the intersection of health care, emergency care and public safety and therefore has overlapping roles and responsibilities” (Committee on the Future of Emergency Care in the United States Health System, 2007, p. 29). This statement about the American EMS is particularly true for EMSs in the developing world context where these services are not always well developed and frequently poorly distributed. Exploiting every opportunity for intervention by every health sector is likely to render the health system more responsive to the overt and covert needs of African healthcare users who are subjected to one of the highest rates of interpersonal violence in the world and where homicide rates are almost three times the global average (World Health Organization, 2010). Interpersonal violence dominated the South African injury profile in 2000 with mortality rates seven times the global rate and was the second leading cause of healthy years of life lost (Norman, Matzopoulous, Groenewald, & Bradshaw, 2007).

There is compelling justification for pre-hospital systems in Africa to provide an appropriate emergency response to DV. The EMS should be seen as an agent of change and as a societal organisation. The challenge that remains is to infuse this body of evidence into medical curricula and the healthcare agenda. Further research is needed on how health practitioners can develop a sense of coherence (Naidoo & Nadvi, 2013) and moral action (Pera & Van Tonder, 2011) in their response to DV. Notably, this paper presented findings from an urban sample. The DV and EMS dynamic in the rural context is likely to
nuance prevention opportunities. The EMS research agenda must therefore include rural contexts of DV intervention as well. The argument that health and emergency services are overburdened emphasises the case for a focus on prevention. After all, stopping the bleeding does not begin to stop the abuse.

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“We face rape. We face all things”: Understandings of gender-based violence amongst female students at a South African university

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ABSTRACT

This study explores how female residence students at a South African university understand and experience gender-based violence. This article examines how women's identities and social interactions are affected by the presence of gender-based violence in their communities, and specifically the issue of violence in higher education institutions. Social constructionist theory framed this study as it focuses on how these women's ‘talk’ constructed their understanding of gender-based violence. Unstructured interviews were conducted with 12 female residence students and discourse analysis was used to analyse the interview material. Findings revealed that the fear of becoming a victim of gender-based violence serves to constrict the daily activities of these women. This research maps these ongoing discourses of fear which are present in all aspects of women's lives. It provides a formal articulation of women's experiences that are significant but frequently marginalised and normalised, showing the pervasive effects of fear of gender-based violence on identity and social life. The study contributes towards a growing body of knowledge surrounding the impact of gender-based violence at higher education institutions and works towards protecting students.

Keywords: Gender-based violence; South Africa; women; students; higher education; fear

INTRODUCTION

Gender-based violence is prevalent in South Africa and this country has been labelled the ‘rape capital’ of the world (Human Rights Watch, 2010). In 2012, 55 201 rapes were reported to the police; however, this statistic needs to be viewed in terms of the gross underreporting...
of rapes in this country (Institute for Security Studies, 2012). The South African Police Service estimates that only one in thirty-six rapes are reported (Vetten, 2000). Research reveals that 30% of women in South Africa indicate that their first 'sexual' encounters were forced (Buga, Amoko, & Ncayiyana, 1996; Jewkes, Vundule, Maforah, & Jordaan, 2001; Richter, 1996). In South Africa it is estimated that one in four women are abused by their partners and a higher proportion of women are murdered by their partners than anywhere else in the world (Abrahams, Jewkes, Laubscher, & Hoffman, 2006; Abrahams et al., 2009; Van Rensburg, 2007). Approximately half of all South African women murdered in 1999 were murdered by their intimate partner, and it is estimated that a woman is killed by her intimate partner every six hours (Mathews et al., 2004). Furthermore, the overall rate of female homicide (24.7 for every 100 000) in South Africa is six times higher than the global average (Abrahams et al., 2009).

South African feminist researchers such as Dosekun (2013), Du Toit (2005) and Gqola (2007) explore women's experiences of fear surrounding gender-based violence, highlighting how this fear can constrain women's daily activities and behaviours. Du Toit (2005) argues that the prevalence of rape in South Africa undermines the citizenship of women, relegating them to second class citizens. Moffet (2006, p. 140) extends this argument by stating that men that resort to sexual violence are part of “a socially approved project to keep women within certain boundaries and categories”. While some high-profile incidents receive significant media attention and social outrage, the overwhelming majority of acts of gender-based violence remain shrouded in silence. Underreporting of gender-based violence is also fuelled by not only a lack of trust in the criminal justice system, but also systemic fear in South Africa (Knox & Monagham, 2003). Du Toit (2005, p. 260) argues that women are being raped on a “large and seemingly uncontrollable scale” in South Africa and authorities seem unable to adequately respond to the situation. This translates into “pervasive fear, systemic (contagious) humiliation and incapacitation” for South African women (Du Toit, 2005, p. 260). The prevalence of violence against women in South Africa and the inadequacy of authorities to respond has created a culture of fear amongst women in which gender-based violence is normalised. On a societal level this threat of violence maintains unequal power relations and as Corradi, Weiss Fagan and Garretón (1992, p. 2) argue, this social fear becomes “the permanent and muffled undertone of life”. This article reveals the permeating effect of this social fear and how it serves as a political tool to control all women.

**DATING RELATIONSHIPS: SEXUAL COERCION AND VIOLENCE**

South Africa is characterised by high levels of gender-based violence and its tertiary education institutions are not exempt from this violence or gender inequalities. Shefer,
Clowes and Vergnani (2012) conducted a study which explored the narratives of transactional sex amongst male and female students at a university in South Africa. Female university students reported having sexual relationships with older men or ‘sugar daddies’ so they could pay for photocopies or fees, and even gain a level of social status amongst their peers (Shefer et al., 2012). This study also highlighted how coercive sexual practices are endemic in intimate heterosexual relationships. Aggression and violence were found to be common in these relationships. Similarly the study of Clowes, Shefer, Fouten, Vergnani and Jacobs (2009) amongst male and female students at the University of the Western Cape found that coercive and unequal practices are reportedly common in heterosexual relationships. Varga’s study (2004, p. 164) reveals how young men and women from urban and rural townships in KwaZulu-Natal construct forced sex as normal and even describe it as “a custom and a norm in our community”. Research also indicates that young South African women often model their relationships around female vulnerability and male dominance (Bhana & Anderson, 2013). This normalisation of gender-based violence is indicative of the transactional and male-dominated nature of many heterosexual dating relationships, which are also marked by stark gender inequalities.

**THIS STUDY**

This research study was conducted in 2009 amongst female residence students at a major metropolitan university in KwaZulu-Natal, and explored how these students understood and experienced gender-based violence. Gender-based violence emerged as a prominent challenge at this university as increasing media reports and public concern over this issue grew (MacKay & Magwaza, 2008; Tolsi, 2007). In 2007 a highly publicised incident took place in which a foreign exchange student from the United States was raped in one of the university residences. This drew attention to the problem of gender-based violence at the university, which resulted in the emergence of various gender-based violence activist groups and the temporary expansion of the university security budget. A safety review, commissioned by the university to investigate the problem of gender-based violence in residences, argued that “if we simply assume that this university follows international trends, as many as 2 000 of our students are being sexually assaulted annually – more than 10 for every single day of the academic year” (MacKay & Magwaza, 2008, p. 4). However, these security measures do not appear to have been effective as reports of gender-based violence continue to grow at this university. This study explores how women are affected by living in a space where gender-based violence is reportedly prevalent. It explores how women’s identities and social interactions are affected by the presence of gender-based violence in their wider communities and more specifically in their educational institutions.
RESEARCH METHODOLOGY

As outlined above, this research explored how a group of young female residence students at the university understood and experienced the issue of gender-based violence. The research focused particularly on participants’ discursive constructions of gender-based violence and how they located themselves within such discourses when discussing the fear and threat of this violence. This research focused on female residence students, not only because of increasing media reports and attention regarding gender-based violence in university residences (MacKay & Magwaza, 2008; Tolsi, 2007), but also because these women are part of a society which has the highest prevalence rate of gender-based violence in the world (Human Rights Watch, 2010).

Participants were identified using snowball sampling, and unstructured interviews were conducted with 12 young female residence students. A defining feature of this research was that participants did not need to have personally experienced a sexual or gender-related assault to participate in this research. An announcement was made in an undergraduate Psychology lecture regarding this study and the researcher asked whether any young women would be interested in being interviewed about their experiences of living in university residence. The researcher then contacted the women that volunteered to participate and existing participants referred the researcher to other women that would be interested in participating in the study. Participants were drawn from all levels of study (undergraduate and postgraduate) and were from a range of different university residences. All of the participants were black African and ages ranged from 19 to 23 years old. Ten of the women were South African whilst two were non-South African nationals from Zimbabwe and Botswana.

Informed consent was obtained before interviews were conducted and participation was emphasised as voluntary. Participants were asked “What problems do you and other women face living in residence?” The interviewer probed into a wide range of issues related to their gendered experiences of living on campus including fear, personal safety, whether gender-based violence was relevant in their daily lives and how women negotiated sexual boundaries in relationships given the widespread problem of sexual coercion. Participants were interviewed in private interview rooms in the Psychology Department of the university and all interviews were conducted in English. Participants were only interviewed once and each interview was approximately an hour to an hour and a half long.

Social constructionist theory was used to frame this qualitative study. Social constructionism seeks to analyse how signs and images have powers to create particular representations of people and objects that underlie our experiences of these people and objects, placing...
language and its discursive ability to create multiple realities as the object of study (Terre Blanche & Durrheim, 1999). Discourse analysis (Parker, 1992; Willig, 1999) was used to analyse the interview texts. Discourse analysis explores the way individuals use coherent systems of meaning to create particular versions of reality and how individuals position themselves in relation to these versions of reality (Burr, 1995). Parker (1992, p. 6) refers to a discourse as “a system of statements that construct an object”. This research focused on the “identification of discursive constructions” (e.g. sexual safety, fear, gender-based violence) and the “subject positions contained within them” (Willig, 1999, p. 113). Emphasis was placed on exploring the power relations that these discourses produced by “looking at the kind of people who would gain or lose from the employment of this discourse” (Parker, 1992, p. 18). Furthermore, by analysing discourses we are able to achieve a liberatory effect in which we can identify alternatives to ‘what is’ and make recommendations for change (Willig, 1998). Focus was also placed on how these discourses are disseminated in society and become widely accepted as ‘taken-for-granted-knowledge’. The popularity of particular discourses is not accidental or coincidental, but embedded in power relations and personal motivations. As Hollway (1984, p. 238) argues, individuals are not just ‘accidently’ positioned in particular discourses but derive “some satisfaction or pay-off or reward” from their positioning.

RESULTS

DISCOURSE OF FEAR

The research showed that although most women in the study claimed they were not affected by gender-based violence, analysis of their talk suggested otherwise. Most participants framed their everyday experiences and choices within a discourse of fear, in which they spoke about anticipating gender-based violence. Participants constructed gender-based violence as inevitable, and engaged in a ‘waiting game’ as they anticipated the danger they believed that men often represent. One woman, Lebo, who had lived in residence for two years, spoke about this waiting game:

You never know what may happen. Sometimes you hear cases of rape. So and so has been raped or so and so has been robbed of something or anything of the sort then you, you then start to wonder what may happen to you in the days to come or the few months to come.

Women positioned themselves in this waiting game in which they felt it was inevitable that they would become victims. One of the other participants, Zandile, voiced the fear and anxiety attached to living in a space where violence appears almost chronic:
What if something happens? What if someone comes into my room at night and rapes me? No one will hear. That's what makes me feel scared.

Despite discourse surrounding the dangers of public spaces, even typically ‘safe’ spaces, such as university residences, were not perceived as safe by the women in this study. Gender-based violence was referred to as the possibility that ‘something’ may happen. The absence of the term ‘violence’ in these accounts is interesting as it highlights how gender-based violence is normalised within the lives of these women, and while they feared the specific assaults, they did not conceptualise these as instances of a systemic organisation of gender power and inequality. The absence of this term could also represent a coping strategy because of the fear and anxiety associated with labelling particular behaviour as violence.

**DISCOURSE OF WOMEN’S RESPONSIBILITY**

The anxiety experienced by the women in the study appeared to produce a discourse in which women positioned themselves as implicated in gender-based violence. Participants spoke about how they were responsible for avoiding gender-based violence. This discourse constructs women as responsible for gender-based violence and suggests that they are expected to develop and follow precautionary strategies. The women in the study articulated rules that would prevent ‘something’ from happening. They began to build precautionary strategies to shield themselves from this feared victimisation (Stanko & Radford, 1996). Miller (1997, p. 150) argues that women live their lives according to a “rape schedule”, in which their behaviour is constantly shaped by the fear of being raped. Women constructed rules such as: do not wear short skirts; do not flirt with men; do not drink with men and do not walk alone at night. Women are expected to change their behaviour to avoid violence, such as changing what kind of clothes they wear, their movements and who they interact with (Stanko, 1996). Women who broke these rules were considered by participants to be responsible for the violence directed against them.

Rules such as ‘don’t drink alcohol with men’ were positioned by participants as part of these precautionary strategies to avoid gender-based violence. One of the women in the study, Lebo, suggested that refraining from alcohol can reduce gender-based violence:

Well what you may do is refrain from alcohol because sometimes you find that, for example last year in the residence where I was staying there was a girl who was raped after they had been consuming alcohol. This bunch of guys. So maybe refrain from drinking alcohol with guys.
This participant is suggesting that the woman in her story was raped because she drank alcohol with a group of men. She describes the victim as participating in behaviour that broke the rules, and as a result the victim is seen as responsible for provoking her own attack. One of the other women in the study, Faith, also demonstrates the use of this discourse in the excerpt below. She frames her response in a victim-blaming discourse, holding the victim, a friend of hers, responsible for entering into the space of the attacker.

Why were you there in the first place? I’m not saying that it’s right that they actually doing that but it makes it even more difficult that you actually went there with this guy and he did that.

The participant states that the woman in question purposely chose to associate with this man despite the known risks, situating her in the myth of the willing victim or the ‘responsible’ victim. However, this particular participant is discussing an incident of domestic violence between her friend and her friend’s boyfriend. Her friend went to the boyfriend’s university residence room and he physically assaulted her. The idea that a woman should refrain from entering her boyfriend’s university residence room because he might assault her seems to place unreasonable limits on the social interactions of one gender. However, this participant normalises this situation and casts this behaviour as responsible for provoking the attack.

These excerpts operate on the belief that a woman can successfully avoid gender-based violence, and that women who cannot or who choose not to avoid such situations are to blame. The women in the study spoke about how they were responsible for avoiding violence, and as a result positioned themselves within a victim-blaming discourse in which it was the responsibility of women to avoid assaults rather than the responsibility of men not to attack them. This discourse provides a false sense of security because it allows women to believe that if they just follow the required rules, they can avoid gender-based violence. However, this restriction of self becomes oppressive in a way that Campbell (2002, p. 49) foregrounds when she states that “victims don’t cause rape; rapists cause rape”. One would not advise people to avoid driving because they may encounter drunk drivers, but it is taken for granted that women should be responsible for avoiding sexual violence (Feltey, 2004). Gqola (2007, p. 121) recognises this paradox and argues that in South Africa women are told: “you better make yourself seem safe in order to be safe – stay at home, participate in the cult of femininity, give in to unwanted sexual advances, surrender many choices, make yourselves as small, quiet and invisible as possible”.

One woman, Ayanda, spoke about her conscious strategies to avoid gender-based violence.

Interviewer: What things do you do?

Ayanda: I'm very mean.

Interviewer: How you mean?

Ayanda: I don’t smile a lot. I like to think I’m intimidating.

This poignant exchange is illustrative of the defence strategies that women construct to protect themselves, and that the fear of gender-based violence can change how we live our lives. The simple act of smiling is compromised because of the fear that it may open the way for social interactions that will end in violence. Stanko and Radford (1996) argue that women’s anxieties around the potential dangers of heterosexual interactions have become part of their daily lives, which they factor into every encounter. Every encounter for a woman is fraught with potentialities for violence, which she is expected to protect herself from. Women's everyday activities become saturated with these 'rape schedules', until these imposed limitations come to function as habits and conventions that are seen as normal and natural.

This discourse of women's responsibility is riddled with internal contradictions because although it provides a veil of security, it also reinforces a victim-blaming discourse, normalises gender-based violence and creates conditions in which women feel unable to speak out. Investing in a discourse of women's responsibility and as a result an implicit victim-blaming discourse rationalises and excuses gender-based violence. The investment in these discourses frees men from the responsibility for gender-based violence and prevents both women and men from understanding it as a systemic social problem arising from inequality and collectively mobilising against it. The widespread availability of and investment in these discourses conceal the gender inequalities and social power relations that contribute to the continuation of gender-based violence. As Foucault (1976, p. 86) argues, “power is tolerable only on condition that it masks a substantial part of itself. Its success is proportional to its ability to hide its own mechanisms”. It is in this sense that normalised self-policing to 'avoid' vulnerability to sexual assault hides patriarchal power and masculine sexual entitlement, and legitimises the limitations to social freedom placed on the potential victims rather than the potential perpetrators.
DISCOURSE OF SPEAKING AND SILENCE

The act of telling one’s story of gender-based violence can be both cathartic and empowering; however, the silence surrounding gender-based violence continues to be widespread in South Africa despite media coverage of some incidents. Participants reveal the importance of speaking out and reporting incidences that occur in university residences. However, this speaking out is constrained by their distrust of university services, the reported lack of support from university security guards, and the idea that sexuality is a private and personal matter that should not be articulated in public, and that the female sexual experience is shameful, even when it is not chosen.

The women in the study spoke about the silence surrounding gender-based violence and how it is not acceptable to speak about such violence. They often declined to use the term ‘violence’ and instead referred to this violence in their talk as “it”. This absence of referral and hesitation to label particular behaviour as violence demonstrates the ingrained silence surrounding gender-based violence. This can be seen in the excerpt of one of the participants, Mathi, below:

I’ve never seen anyone who said “It has happened to me” not that they would. People don’t say things.

Another participant, Phumla, spoke about the socially validated silence attached to gender-based violence:

Because we recognise that if something happens to you, you can’t actually ... you don’t have a voice when something happens to you.

She speaks about how, when a woman is a victim of gender-based violence, her voice is taken from her, rendering her powerless. This refers to a culture in which women’s voices and experiences are not validated. The sexual and intimate experiences of women, in particular the uneasiness and distressing emotions attached to sexually coercive experiences, are often marginalised because of the taboos related to these issues. However, they are actively taboo because discussing these experiences would mean questioning the potentialities for danger in heterosexual interactions and ultimately challenging the current social order. This silence and social invalidation serves to create a culture which supports and normalises the violence perpetrated against women. This helps maintain the gender inequalities present in our society.
One woman, Amanda, who had lived in residence for one year, spoke about how she was sexually assaulted by another male student in her room.

But from that day I realised that oh my word you think you know someone then something like that happens. So what if he raped me? You know? Nobody would have really believed me.

Later she spoke about her desire to tell others about her attack. She spoke about her desire to disclose the incident and let her perpetrator know that what he did was wrong and how it hurt her. The desire for others to acknowledge and recognise a woman’s experience of sexual assault is vital as it helps her to validate the trauma of her experience and to reassert the autonomy and dignity that she was deprived of by the experience.

I’ve tried to make it clear that what you [he] did was not right. I don’t like him anymore. I don’t want us to be friends. That’s what I tried to do and also talk about it. I like to talk about it. I want people to know that this happened.

She speaks about how he did apologise, but he did not acknowledge the enormity of the pain he caused her.

He tried to make it sound like it wasn’t so bad and he did apologise but I felt that for what he said he didn’t acknowledge that it was a problem.

The tension between this woman’s desire to articulate her traumatic experience and the social invalidation she felt when she did is indicative of a culture which systematically normalises and tolerates gender-based violence. The social invalidation that women receive when they disclose their experiences of gender-based violence creates a cycle of underreporting and sends the message that women’s experiences and identities are not valued. When society treats women as if they have less right to dignity, autonomy and well-being than human beings in general, this has negative implications for how women see themselves and are able to exist in the world (Du Toit, 2005). Society treats women as less than fully human when it tolerates gender-based violence, when women feel they are unable to speak out against this violence and when the social invalidation of women’s traumatic experiences becomes the norm. This creates a ‘crisis of social trust’ and reveals an oppressive relationship between women and the society they live in.

The discourses emerging in this study: the discourse of fear, the discourse of women’s responsibility, and the speaking and silence discourse, reveal how gender-based violence and the fear surrounding it is used to control women. What is more striking, though, is that
these findings show how women make themselves accountable for the violence perpetuated against them. As a result of this ‘accountability’, women tend to keep the problem of gender-based violence behind closed doors, which perpetuates the silence surrounding it.

DISCUSSION

The findings that emerged from the analysis highlighted the challenges that these women face: their fear surrounding gender-based violence, the tension between formal and informal reports of gender-based violence at the university and the silence surrounding this violence. The women in the study positioned themselves within particular discourses, and their investment in these discourses appeared to help them defend against the fear surrounding gender-based violence. However, these discourses also served to uphold gender inequalities and power relations that facilitate a society supportive of gender-based violence.

Participants’ accounts show how the fear of gender-based violence is constructed as normal and a taken-for-granted aspect of a woman’s life. As Gqola (2007, p. 118) states when she speaks about the problem of gender-based violence in South Africa: “Gender based violence is very ordinary: it is everywhere, commonplace, made to seem normal.” It appears that the fear and anxiety surrounding gender-based violence are central to the identity of the women in this study, as this violence represents an ever-present danger they are expected to tolerate and manage. This finding is also similar to Dosekun’s research (2007, p. 98) which revealed that all of the 15 female university students and employees that she interviewed were affected by the prevalence of rape in South Africa and that this fear of rape was “a possibility they factor into their daily decisions, movements and interactions”. As a result of this fear and anxiety, the women in the study constructed ‘rules’ to protect them against becoming victims of violence. These findings reveal that victims of gender-based violence are blamed as they are assumed to have broken one of the many unspoken rules inherent in the precautionary strategies. Women are criticised for violating these ‘rules’ and even more importantly, they are not only perceived to be responsible, but they accept that responsibility willingly. None of the women in the study questioned why they were expected to perform these particular behaviours and adhere to these ‘rules’. By assuming this responsibility women become part of the very mechanisms that reproduce and sustain gender inequalities and ultimately gender-based violence. This leads to two very important questions: “Why do women do this?” and “How can social institutions like universities help break these patterns?”
Notwithstanding these discourses of women’s responsibility and how they reproduce a victim-blaming context and serve to legitimise women’s imperative to engage in precautionary strategies, women also spoke about their frustrations surrounding gender-based violence. The study revealed that women did not feel that their voices were being heard in South Africa and their university, and felt marginalised and disempowered as a result. The women in the study distrusted university services and as a result rarely reported incidences. De Klerk, Klazinga and McNeil (2007) also found similar findings regarding the underreporting of gender-based violence at Rhodes University due to students’ distrust of university services. The discourses of women’s responsibility appear to provide a veil of security to the women in this study, but they also serve to uphold the gender inequalities and hegemonic power relations present in our society. While ‘rape schedules’ may provide some reduced risk, and reporting may increase humiliation and retaliation for the particular individual, they maintain a social system which puts all women at risk of assault, and all survivors of gender-based violence at even more risk of victim blaming at precisely the points at which they are most vulnerable and in need of support and understanding.

CONCLUSION

One of the women in this study spoke about the challenges that she faced as a woman. She said: “We face rape. We face all things.” This statement is illustrative of how the experiences of fear and anticipation of gender-based violence appear to be interconnected with womanhood (Stanko, 1997). For a woman, her body becomes a site of struggle, a place upon which identity is negotiated. South Africa has some of the highest rates of gender-based violence in the world and the implications of this in the lives of women are extremely significant (Abrahams et al., 2006; Abrahams et al., 2009; Human Rights Watch, 2010; Mathews et al., 2004). This study has revealed a number of discourses that act to normalise, legitimise and excuse gender-based violence on campus that women themselves actively draw on in their understanding of gender-based violence. Thus the discourses of a culture of fear, of women’s responsibility and the silences surrounding gender-based violence also serve to undermine women’s safety on campus. This research reveals how women’s lives are structured by the fear of gender-based violence, and are changed as a result. The need for others to acknowledge their experiences is indicative of the importance of breaking the silence surrounding gender-based violence. Further research needs to be conducted in South Africa in the area of gender-based violence, particularly as it is manifested at institutions of higher education as emerges in this study, and its effects on women’s experiences of safety and freedom. Not only could this contribute to identifying this violence and how to reduce it, but also to changing the way it is understood. This would allow us to move beyond placing responsibility on those at risk of gender-based violence, and instead to focus on dismantling the social relationships and inequalities of power that allow gender-based violence to exist in South African society.
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“She keeps his secrets”: A gendered analysis of the impact of shame on the non-disclosure of sexual violence in one low-income South African community

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ABSTRACT

Sexual violence against women and girls forms part of a global pandemic of human rights violations. In South Africa, crimes of sexual violence are at a globally unprecedented level. The majority of these crimes of sexual violence are underreported. Understanding the factors that contribute to the silence around sexual violence is pivotal, not only so that perpetrators can be held accountable, but also so that victims/survivors2 of sexual violence may experience some alleviation from the psychological symptoms related to internalised trauma. This paper, a case study which utilises a social constructionist research paradigm, focuses on the lived experience of one depressed South African woman, Zee, who lives in a low-income South African community. Her accounts of sexual, physical and emotional abuse are discussed, focusing specifically on how she constructs the impact of shame on the non-disclosure of sexual violence. The authors suggest that the relationship between shame and non-disclosure is complex, in that larger societal discourses play a pivotal role in the shame of women who are victims/survivors of sexual violence. On the one hand, as in the case of Zee’s community, sexual violence and the painful emotions associated with such violence are obscured in a communal complicity of silence. On the other hand, powerful gender discourses also compel women to be silent and passive.

Keywords: Shame; non-disclosure; sexual violence; gender; agency; community

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2 The words ‘survivor’ and ‘victim’ are used interchangeably throughout the article. The authors acknowledge that individuals, researchers and advocates may hold a preference for either of the two terms, to which they may assign their own meaning.
INTRODUCTION

Sexual violence against women and girls forms part of a global pandemic of human rights violations (Hawkins, 2012; World Health Organization, 2012b). In South Africa, while sexual violence is pervasive, sexual crimes are extensively underreported, with the vast majority of crimes such as rape never coming to the attention of the criminal justice system (Vetten et al., 2008). The fact that so many women do not disclose sexual trauma has a profound impact on society. Since underreporting decreases the likelihood that offenders will be apprehended, it plays a significant role in perpetrators not being punished and/or deterred (Vogelman & Eagle, 1991). Not only does this enable them to continue with their abusive behaviour, but it also creates a sense that sexual violence is normative rather than something that should be challenged. Furthermore, research strongly suggests that verbally describing traumatic emotional experiences can have benefits for well-being (Herman, 1992).

Factors that influence the creation as well as maintenance of the underreporting of sexual violence need to be better understood. The reasons for women not reporting sexual violence remain complex and may be different for individual women and for women in different communities and in different circumstances. As argued by Parpart (2010, p. 24), “[s]ilence and secrecy can take many forms and serve many purposes. They can reflect disempowerment as well as innovative strategies for survival in dangerous circumstances”. The World Health Organization (2012a) proposes the following reasons for the underreporting of sexual violence: inadequate support systems; fear or risk of not being believed; fear or risk of being blamed; fear or risk of being mistreated and/or socially ostracised, fear of retaliation and shame. Shame has consistently been shown to play a role in impeding the disclosure of sexual violence (Bögner, Herlihy, & Brewin, 2007; Gilbert, 1998). It therefore seems imperative to understand the link between sexual violence, shame and disclosure.

Shame can be defined in many ways (Seu, 2012), but generally refers to unbearable psychological pain (Pattison, 2003) related to perceptions of the self as being flawed, inadequate and bad (Gilbert & Procter, 2006). Our understanding of shame in this paper is broadly informed by self psychology and intersubjective psychoanalysis, relying particularly on Orange’s more recent conceptualisation of shame as an intersubjective affective and cognitive experience (Morrison, 2008; Orange, 2008). Orange (2008, p. 7) describes an intersubjective shame system as follows: “We feel we are deficient by comparison with others, we feel we are failures in our own and others’ eyes, we feel so held up to critical scrutiny in our desperate misery that we want to sink into the ground and become invisible.” In this conceptualisation of shame, shame is always deemed to be a context-specific experience, shaped by the dominant discourses (Pattison, 2003).
This paper explores the sexual, physical and emotional abuse account of one South African woman from a low-income socio-economic context and the fact that she has not spoken about the abuse to anyone in over 40 years. The participant herself links this non-disclosure to the shame experienced by her, by other women and the community as a whole. We will argue that this experience of shame is linked to very particular gender discourses – discourses which determine that women should be silent and passive regardless of what happens to them.

**METHODOLOGY**

The present case study formed part of a larger ongoing study of women’s subjective experience of depression. The larger study utilised a multiple case study design, as this type of design facilitates in-depth analysis (Willig, 2001). Participants were interviewed by registered mental health professionals about their subjective experience of their emotional distress. Semi-structured interviews with open-ended questions (Willig, 2001) were conducted primarily in Afrikaans, the first language of the participants. All interviews were video or tape recorded and transcribed by members of the research team using Riessman’s general guidelines (1993). The larger study was ethically approved by Stellenbosch University (reference number: 522/2011) and the Department of Health. Participants were informed about issues relating to confidentiality as well as their right to access information and to withdraw from the study at any point. Participants were also referred for additional therapeutic support, if requested or if it was deemed necessary by interviewers.

In the interviews, accounts of violence, specifically also sexual violence against women and girls, were frequent (Kruger, Van der Straaten, Taylor, Dukas, & Lourens, in press; Lourens & Kruger, 2013), with participants often claiming that they never talked to other people in the community about violence witnessed, experienced or perpetrated. While seldom directly articulated, the emotion of shame seemed to be implicit in many interviews. In order to better understand what seems to be a rather pervasive silence among members of the community, the current paper focuses on one participant, Zee, who spoke spontaneously and very explicitly about shame and self-disclosure.

Zee was interviewed in the local clinic of the community where she lives. She was interviewed twice, with each interview lasting approximately one hour. The interviews were conducted by the first author, who also transcribed the video interviews. While Zee had the option to be interviewed by an Afrikaans-speaking interviewer, she chose to be interviewed in English, her second language. While this probably impacted on the richness of her narratives, we also wondered whether speaking in her second language about difficult matters felt safer – as it may have created a sense of distance. It should be noted that we are citing the participant verbatim, even though she used a local vernacular of English with grammar that is not always consistent with standard English.
Data analysis started with the isolation of sections in the interviews with Zee that were concerned with shame. These sections were then coded using social constructionist grounded theory. Grounded theory methods provide systematic procedures for conducting rigorous qualitative research by using data as a starting point and thus allowing theory to emerge organically and directly from the data (Charmaz, 2006). The social constructionist version of grounded theory is different in that it is based upon the contention that categories and theories do not so much emerge from the data, but are “constructed by the researcher through an interaction with the data” (Willig, 2001, p. 44). This method of data analysis thus facilitated insight into the participant’s individual processes as well as interpersonal relationships between individuals and larger social processes (Charmaz, 2006) related to shame, thus rendering it consistent with an intersubjective psychoanalytic approach to shame. It also enabled us to explore the dynamics of the interview situation itself.

As clinical psychologists doing research and clinical work in low-income South African communities we, as the authors of this paper, have become aware of the presence of shame in our consulting rooms and in our research interviews (Kruger, 2012; Swartz, 2012). We have become aware of the shame of our patients and research participants (Jacobs, 1996, as cited in Orange, 2008), but we have also become aware of our own shame as therapists and researchers (Morrison, 2008; Orange, 2008). One of us (first author) is a novice in this world; the other (second author) has been in the field for more than 20 years. Both of us, in very similar but perhaps also different ways, have become aware of how our powerlessness in our interactions with our most impoverished and disempowered participants/clients has left us feeling ashamed. We have wondered whether this feeling of powerlessness may be linked to the shame we have felt, but also whether this may be a factor that impacts on the shame of the women that we work with.

RESULTS AND DISCUSSION

Zee was a 53-year-old, coloured South African woman. She was unemployed and lived with her second husband, Malied, in a small wooden structure in a semi-rural low-income coloured community in South Africa. She had no children. She belonged to the Apostolic Church and was involved in church activities at least four times a week. Zee had schooling up until Grade 4. Although Zee had no formal psychiatric diagnosis, she was referred to this study through the local clinic staff as a diagnosis of depression was suspected.

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3 The authors are aware that the use of racial categories in South African scholarship is controversial. However, because such categories are socially constructed and carry important social meanings, they are typically used in South African scholarship. In this paper the category “coloured” will be used to refer to South Africans said to be of diverse and mixed racial origins. It should be mentioned that within certain contexts this term is viewed as derogatory, while in others it is regarded as an important social identity (cf. Kruger, 2005).
This community, with an estimated population of 4 000 people, is rife with poverty and social problems. During Zee’s initial interview, she reported feeling increasingly overwhelmed by stressors related to her conflictual relationship with her husband and also by intrusive thoughts of past sexual trauma. Results from the Beck Depression Inventory-II completed by Zee indicated that she felt sad most of the time, had suicidal thoughts and that she had attempted suicide once. She reported difficulty concentrating, slept less than usual, had anhedonia and a complete loss of interest in sex. She reported feeling that she had been a failure and felt hopeless about the future. Her physical presentation was one typically associated with shame: head bowed, avoidance of gaze, shrinking of the body (Seu, 2006).

Abandoned by her parents, Zee grew up with her older sister, her sister’s husband and their daughters. Between the ages of 5 and 16, she was repeatedly raped by her brother-in-law:

Zee: I, I, in my lifetime, from, from my youngest day, I got problems (wipes a tear) because my older sister, um, is the first time I will talk about, is, my oldest sister’s husband, he abuse me from my young day. I didn’t talk to my first husband about that. I didn’t talk to that one. I didn’t talk to anybody. The first time I talk about it, now. I haven’t got children. And I think that is the cause, because I was too small to have sex with man like that. He messed me up. He messed me up.

According to Zee, he also raped his own daughters. Zee reported often running away to escape from him, “sleeping on church steps with newspaper” in order to avoid being at home. At the age of 16 she succeeded in leaving permanently. She then first married Malvin, who, according to her, was a heavy drinker who abused her when drunk, but was caring when sober. Her current husband of seven years, Malied, was described as an ex-gangster, a womaniser and drug addict who frequently engaged in violent behaviour. Zee said that she “doesn’t like” her husband and did not want to have sex with him.

Zee: If he want sex or so, I don’t want to give it, really, because my heart is not there.

Zee: Sometimes, I think I must take my clothes and go but my family is not like a family you can go to, no. I can leave him but where will I go?

Zee’s life story is one marked with pervasive physical, emotional and psychological traumas in the context of extreme socio-economic conditions. She reported being abandoned, raped, physically abused, kidnapped, forced to divorce, forced to marry, again abused, forced to stay. She articulated that there was nothing that she could do about this, either in the past or currently. She thus portrayed herself as powerless, with her sense of agency compromised. Kabeer (1999, p. 438) refers to agency as “people’s capacity to define their own life-choices
and to pursue their own goals, even in the face of opposition from others”. According to Strandberg (2001, p. 4), factors that limit women's agency include “women’s own ideas of what’s possible for them to do” as well as “societal norms for what women should and should not do”. There is also, of course, a link between poverty and disempowerment because “an insufficiency of the means of meeting one’s basic needs often rules out the ability to exercise meaningful choice” (Kabeer, 1999, p. 437). Certainly, Zee’s story must also be seen as being influenced by various socio-political factors within the context of a post-apartheid South Africa.

In the following analysis of excerpts from Zee’s interview, there will be a particular focus on how Zee constructed women’s non-disclosure of sexual violence in her community. We will show how she claimed that the non-disclosure was related to shame, a shame that may in certain ways also be connected to a sense of passivity and helplessness. We will argue that her silence, her lack of agency and her shame are rooted in gender discourses dominant in this community. These discourses determine that women should be the silent and passive carriers of shame, while men can be active in the world and do not have to carry shame.

COMMUNAL SHAME AND SILENCE

In the interview with Zee, shame was explicitly mentioned for the first time (without prompting from the interviewer) when she discussed incest in her community. She indicated that while sexual violence was happening in her community, people were not talking about it:

Zee: How many people is here? They keep things in. They are ashamed to talk to other people. Even here in Klayerville, you don’t know what’s going on in the other people’s house. There’s a man next to me. He abused his daughters. We was neighbours. Very long time in Klayerville. Beautiful daughters, too.

Interviewer: So you’re saying that you don’t know what’s happening in the houses because people don't speak?

Zee: You see, yes.

Interviewer: And all this hurt inside.

Zee: It looks like nothing happened.

Zee seemed to contradict herself when she said “you don’t know what’s going on”, when she clearly did know. She was suggesting that people in the community (like herself)
may know about sexual violence, but do not speak and do not act. There is a communal investment in pretending that ‘nothing happened’, a pervasive ‘discourse of silence’ when it comes to psychological pain (Kruger, 2005). She herself is, even if inadvertently, complicit in the silence.

Zee further seemed to be suggesting that the silence in the community was related to communal shame. For the community to face the sexual violence occurring within its midst might mean to “risk stigmatising defilement” (Pattison, 2003, p. 41) of the whole community. This means that if individuals keep quiet about their shame, the whole community is protected. Tantam (1998, p. 161) states that due to the “pungent” nature of shame, even to hear of acts involving shame can become a shaming experience in itself. This communal silence around sexual violence leaves the burden of the alienating and corrosive impact of shame on the individual victim/survivor of sexual violence. In other words, the community’s shame seems to be carried by individual women, like Zee herself. This communal shame is, of course, further exacerbated by the shame of being coloured and poor in contemporary South Africa (see Kruger, 2012; Erasmus, 2001).

THE SILENCE OF SHAME

Zee stated that she could not talk with people in her community about the sexual traumas she had experienced:

Zee: This sits inside me because in Klayerville you can’t talk with everybody, no, you can’t.

Research strongly suggests that feeling ashamed, a central component in the emotional suffering that results from sexual abuse (Feiring & Taska, 2005; Weiss, 2010), can play a significant role in impeding the disclosure of traumatic experiences and of seeking help. In the words of Weingarten (2003, p. 51):

Shame is often the hardest feeling to bear for many reasons, one of which is that there is no obvious way to express it. If we are sad, we can cry; if we are angry, we can yell. But pause a moment. You can mimic shame by looking down and averting your eyes, but how can you discharge it?

Shame is typically not spoken, but acted out (Kruger, 2012). While shame allows for speech, it allows for speech that is mediated by the desire to keep “bad feelings” concealed (Charos, 2009, p. 283). This means that speech is not impaired, but it is “the very nature of shame to stifle its own discourse” (Wicomb, 1998, in Charos, 2009, p. 273). Kaufman (1989) states
that language can deny shame or mask it from view. This means that people who are ashamed may talk, but not about their shame.

From a social constructionist perspective, Lynch (1999, p. 74, as cited in Pattison, 2003) describes how the loss of words, linked to shame, “accomplishes the exclusion of the subject from the world of social discourse and shared narrative”. Thus we may hypothesise that the silence about sexual violence in Zee’s community may also serve the function of excluding victims from the social discourse and shared narrative of the community.

THE SHAME OF DISCLOSURE

However, while shame leads to silence, there is another danger – if you do speak about your shame or about what you are ashamed about, you may be shamed again. In speaking about her nieces’ experience of sexual abuse Zee related their silence to shame:

Zee: I think, how can he [her brother-in-law] do things like that? To his wife’s sister, to his own children, and he, nothing happen to him, nobody talk. Because I think the daughters is very beautiful, ne⁴? And I think, um, the daughters is afraid, what will the people say? Because they are married now, they got kids. Some of them are grandmothers now. I think they are afraid because they are very well people there in that road and they too, because they got smart works, my sister’s daughters, they, they, they’re smart too and I think they are ashamed, what will the people say?

Zee: They are ashamed for the people outside. They neighbours will hear it. But the truth must come out.

Interviewer: You say they’re ashamed about what the neighbours might think?

Zee: Ja. Because the neighbours think the world from them.

Zee’s nieces are respectful members of the community: beautiful, grandmothers, “very well people” with “smart works”, with the neighbours thinking “the world from them”. Zee implied that disclosing the rape could result in a devaluing or a loss of their status in the community, that the neighbours may not think the world of them anymore, that they may think badly of those who have been raped. The suggestion is that revelations of rapes will lead to the shattering of identities. Research does suggest that in many contexts negative conclusions are drawn about the identity of someone who has been a victim of rape and that this may

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⁴ The Afrikaans expression “ne” can be translated into “not so” in English.
inform women’s decisions about disclosing rape. Robertson (1998, p. 140) states that such conclusions or ‘rape myths’ serve to “label women as in some way responsible for the rape and to view men’s actions as excusable, thereby giving silent consent to their actions”. These rape myths also reduce the likelihood of women reporting their rape, for fear of being blamed and stigmatised. According to Williams and Poijula (2002, p. 116), discourses of shame associated with rape and sexual abuse may contribute to the formation of a “shame-based identity”. Gilbert (1998) states that shame is about being in the world as an undesirable self, a self that one does not wish to be and furthermore, that shame is an involuntary response to an awareness that one has lost status and is devalued. Thus, women who have been sexually victimised are confronted with specific cultural narratives that contribute towards their shame (Weiss, 2010).

Zee’s nieces and Zee seemed to be fearful that if they spoke about the abuse, they may have experienced further shame associated with being rejected from their community. Brown (2004) refers to a fear of not belonging or being rejected from a valued community or group as “membership-shame”. The psychological and social isolation which may result is characteristic of the secretive nature of shame which demands that our shamed selves be hidden from others in order to avoid further “scrutiny and devaluation” (Tangney & Dearing, 2002, p. 173) and additional shame (Brown, 2004; MacDonald, 1998). Kaufman (1989, p. 46) highlights how cultural scripts can play a role in generating shame, stating that “[s]ince there is shame about shame, it remains under taboo ... We behave as if shame does not exist. That taboo must be lifted”. According to Pattison (2003, p. 154), shame is “a condition that denotes alienation, isolation, defilement, depletion and pain, both individual and social”, a condition that Zee seemed to be implying for the women of Klayerville.

In such contexts, silence can then be seen, paradoxically, as an active strategy to avoid the labelling associated with sexual violence – and more shame.

**GENDER, SHAME AND SILENCE**

Further exploration of Zee’s narratives seems to suggest that implicit to her disclosures about shame and silence is also a more general gender discourse that denotes a more passive role for women in the household and in the community:

Zee: When I wake up in the morning, I pray that my husband can go to work because I stress, because he’s not a person who want to make coffee for himself. Ok, it’s my duty to make coffee for him in the morning or in the night when he come home from work, get him food or so on. Ja, he stabbed me, now, Easter weekend. He want to kill me and his sister was there. Everybody was there from his family. He shout at
me very, very ugly things. Swear at me, ah. And I was standing like that and look at he and he throw me with a knife, ja. And in the night time he said I must make coffee for him and I make the coffee but I was afraid that I make the coffee. He said, “I throw that coffee in your face” and I said nothing, nothing, nothing.

The implication here seems to be that “standing like that” (i.e. not acting) and saying “nothing, nothing, nothing” are as part of a woman’s duty as making coffee and getting food. Zee stated that she was fearful to say anything against her abusive husband and tried her best to do as she was told, “to make coffee for him”, even when anticipating that the coffee would also be used as a weapon against her. Parpart (2010, pp. 15, 16) raises the point that “in an often masculinist, dangerous, and conflict-ridden world”, we cannot “assume that masculinist privilege can always be openly challenged”. If Zee challenges her husband she may be at risk of further physical attack. Furthermore, if she challenges him by speaking out or acting, she may lose her identity as a dutiful wife and a good woman. Weiss (2010, p. 290) proposes that “a gendered self is a social self, a version of the self presented in public for approval and acceptance, and therefore, vulnerable to shame”.

Referring to a discussion Zee had with her niece who had been raped by her father (Zee’s brother-in-law), Zee said that she told her niece not to tell her husband about the abuse:

Zee: But she can’t tell her husband because husbands will, if you got a fight, they will say you are that, that, that, that. I say to her, “No, don’t talk to your husband, don’t tell him everything, don’t.” Because, I was working for people, an old lady, she says your husband mustn’t know everything, you mustn’t tell your husband everything.

We see, throughout her narrative how, while she was clearly aware of the duty to keep silent, Zee also thought there was a duty to speak out. The obligation to be silent may be in contradiction with one’s duty as a mother and a sister. For instance, Zee grappled to understand why her sister kept quiet about her husband’s abuse:

Zee: Because she must know. She must. She know him. I don’t know. She keep his secrets. Ja, I don’t know.

Brown (2004) states that women often experience shame when they are tangled in a web of layered, conflicting and competing social-community expectations. Zee was clearly aware of these conflicting expectations:

Zee: There is stuff you must keep in and there is stuff you must talk.
Zee seemed to be outraged that no one spoke about her brother-in-law’s actions:

Zee: I think, how can he do things like that, to his wife’s sister, to his own children, and he, nothing happen to him, nobody talk.

Women’s silence about their shame means that men do not have to feel shame about what they do to women. Zee expressed anger and confusion over how it seemed as though the man who raped her felt ‘no shame’ about what he had done. He did not talk about his shame:

Zee: But I saw him there with my sister’s birthday, it was March. Ja, she was 72 or 70 I think. We go there. I saw him. He’s not ashamed of anything. He’s walking up and down there. I don’t know what’s going through his mind. He didn’t say, “I’m sorry what I’ve done”. I don’t know. Some people haven’t got a heart or I don’t know.

He also fails to show shame in other ways;

Zee: But how can people do that and then they look in the other one’s face like nothing’s happened? When I was there on the birthday, I think, look at this man, look at my sister, they don’t feel shame, of, sit in the room or something. They’re here in front of us. Some people, I don’t know. I don’t know what to say. But if it’s me, I do something wrong to you, I won’t look you in your face, ah ah, no, because there will be something there in my mind, I did something wrong to that girl.

He was not only “walking up and down there”, but he also did not avert his gaze (Kaufman, 1989) or withdraw and hide away (Gilbert, 1998). There were no apparent signs of her brother-in-law feeling bad, inadequate or flawed. Instead, he appeared to be unaffected and protected from the consequences of his deeds, while it was his wife, Zee and his daughters who were carrying the shame and burden of his actions.

**SPEAKING UP ABOUT SHAME: “I DON’T HAVE TO HIDE”**

Herman (1992, p. 1) describes “the conflict between the will to deny horrible events and the will to proclaim them aloud” as being “the central dialectic of psychological trauma”. She states: “When the truth is finally recognised, survivors can begin their recovery. But far too often secrecy prevails, and the story of the traumatic event surfaces not as a verbal narrative but as a symptom” (Herman, 1992, p. 1). From the beginning of the interview with Zee it was striking that she said that nobody knew about the sexual violence in the community and in her home of origin, while she herself clearly ‘knew’.
Zee: But nobody knows what going on inside the house, nobody.

Zee: Even here in Klayerville, you don’t know what's going on in the other people’s house.

There thus is a ‘choice’ to be silent, a choice that was discussed in the sections above. In the course of the interview, as she started speaking about what happened to her, her nieces and to other women in the community, we witnessed an interesting change in Zee. She started making more eye contact and even explicitly stated that it felt healing to talk about her shame:

Zee: When I talk to you, that, that, that, it hurts, ne? But when we finished, I go out here, I feel better. It feel like I don’t carry it anymore, that heavy thing with me because I can’t talk to anybody here but you let me feel better, better.

By verbalising the events related to shame, it seems Zee did begin to experience an ameliorating effect (Tangney & Dearing, 2002). We can only hypothesise about her reasons for disclosing the violence in the context of these brief research interviews. Firstly, the fact that the interviewer was an outsider may have meant that the breaking of the communal silence felt safer – her disclosure would not be exposed to members of her community (Derlega & Chaikin, 1977). Paradoxically, speaking in her second language may also have facilitated the disclosure, creating a certain emotional distance from the material (Harris, Gleason, & Aycicegi, 2006). Also, the fact that her initial disclosures did not lead to criticism, rejection or abandonment may have made it possible for her to open up. Tomkins (1963, p. 192) writes: “If I wish to be close to you, but you move away, I am ashamed”. In fact, the interviewer felt her own shame while listening to Zee’s story. On the one hand she felt ashamed about her own powerlessness and helplessness in the face of so much trauma. On the other hand, as a white middle-class South African woman, she was acutely aware of the lack of access to resources and help that Zee had been further challenged by as a result of unequal distribution of opportunities. As Swartz (2012, p. 197) highlights, “[b]ecause we have lived through apartheid, our bodies confer on us instant membership of different past worlds – those who have benefited from unearned privilege and those who have not”. Perhaps one can say that, for a moment, interviewer and interviewee shared an affective experience of shame: nameless mortification, dejection, depletion of energy and hopelessness (Morrison, 2008). Even while this was not spoken, it is possible that on an implicit level there was a connection through shared feelings of shame (Kruger, 2012).

It also became evident that Zee appeared to become increasingly empowered to speak not only during the interviews, but also in general. Although not explicitly stated, Zee seemed to have a growing sense of awareness of the forces working to her disadvantage. She
experienced more agency and less shame. This was evidenced by the way, after the first interview, she returned to tell her interviewer that she had spoken to her husband:

Zee: I tell him I told people everything because I don’t have to hide.

It is possible that as Zee began to move out from the shadow of shame, she began to reclaim her sense of self-worth as well as her right to speak and be heard. Brown (2004) states that the sharing of stories is a form of shame resilience in which we reach out to others and build connection. This has the very opposite effect of shame in that, instead of threatening or severing social bonds (Scheff, 2001), it re-installs the possibility of creating social bonds, of feeling part of a group, a valued member of the community once more. The hope inspired by reconnection with others, along with an individual’s resilience, can form part of a powerful catalyst for change. Zee even talked about the possibility of supporting her nieces if they were to speak up:

Zee: Because if they will open it, I will come and stand by them. True.

Her new sense of agency evoked by the breaking of her silence also means that she felt a sense of connection with other women who had been abused:

Zee: You see last night I was looking at the movie, from Tina Turner

Interviewer: Ja

Zee: Yoh. It was on MNET. Yoh. And I see her husband abuse her, ne. This morning I talk to my husband. He didn’t watch the movie. I told him about it ... the end of the day, the husband goes to jail. And, he abuse her, ne. But she never give up on her things she’s doing. She’s a singer mos, he spoil her face but she go on with her life. She make, ah, CDs and stuff, ja. So, I think, the moment I saw that movie last night I think, right girl, he think he will break you down but no. You go on with your life. Yes. You mustn’t let people break you down and now you won’t. The things what I go through, I can drink or I can be a prostitute because I go through a lot of stuff but it was never, never in my mind. And I’m proud of myself. Really.

In describing this story and identifying with the character depicted by Turner, Zee revealed a sense of triumph. She imagined perpetrators and husbands in jail:

Zee: But to the end of the day, the husband goes to jail.
Like the character in the movie, Zee had also experienced the consequences of abuse. Like Turner, she recognised her own agency. It appears she had never given up, despite countless traumas that could have broken her down.

Zee: I told him last night, “You want me to take drugs? I won’t do it!” I told him that. I won’t. I said to him, “You like girls who use tik, who use mandrax, who drink. You won’t get me there. No. Never!” Because I’m fifty-three years now and I go through a lot of stuff. A lot. And I’m still here.

When provided with a safe space and the opportunity to speak the “unspeakable” (Herman, 1992, p. 1), a burden that had been carried for over four decades was somewhat relieved. Through speaking the shame, there were new possibilities of connection. Zee realised that shame did not have to shut her up or shut her out (Kruger, 2012). If shame is recognised, either explicitly (by talking about it) or even implicitly, “moments of meeting” (Wallin, 2007, p. 125) become possible. Intersubjective psychoanalysis has helped us to understand that these moments of meeting are made possible “through a reconfiguration of what is brought to the encounter by each party, resulting in a third realm of meaning and experience, the realm of the intersubjective” (Teicholz, 2006, p. 49). In such moments of meeting, two or more people can become participants in each other’s emotional worlds and can connect, even if only momentarily (Kruger, 2012).

CONCLUSIONS

We have shown that in the case of Zee non-disclosure of sexual violence is related to shame, a shame that is also connected to a sense of passivity and helplessness. It is clear then that there are many reasons why women like Zee do not speak about sexual violence. Not only is their silence shaped by a more pervasive communal discourse of silence, it is also informed by a gender discourse that prescribes that women specifically should be passive and silent in order to protect men and the community. As such, they become the carriers of painful feelings, such as shame. Furthermore, shame by its very nature is difficult to articulate and can be isolating, alienating individuals from their families and communities. Disclosure in unsafe spaces can potentially bring more shame and more disconnection for a woman who has already experienced the psychological, physical and emotional damage of being sexually violated. This may, in turn, lead to increased feelings of helplessness and a lack of agency which further entrench feelings of shame.

Already in the brief research interviews, the participant, Zee, spoke of experiencing benefits, of “feeling better”, as a result of finally being able to speak in a safe context after over 40 years of silence. This coincided with an increased sense of agency in her. Safe, supportive
contexts for disclosure in which individuals experience empathy thus play a fundamental role in the amelioration of shame and the release of internalised trauma. It is important to keep in mind that “sexuality and sexual violence are particularly difficult subjects to discuss openly” (Hans, 2004, as cited by Parpart, 2010, p. 24). Within a psychotherapeutic context, it remains essential that practitioners attune themselves to the manner in which the dynamics of shame may potentially impact on the therapeutic encounter.

The current study also suggests that larger societal discourses play a pivotal role in the shame of women who are victims of sexual violence. On the one hand, in the case of Zee’s community, sexual violence and the painful emotions associated with such violence were obscured in a communal complicity of silence. On the other hand, powerful gender discourses also compel women to be silent and passive. It is therefore not as simple as urging “rape victims to become empowered by speaking out, taking their persecutors to court and obtaining retribution” (Parpart, 2010, p. 19); various structural levels of society do not always support this process (Strandberg, 2001). This solution becomes “empty rhetoric” if there still are “widespread, entrenched cultures supporting sexual violence” (Parpart, 2010, p. 19). These larger discourses also need to be addressed for women to feel safe to disclose sexual violence. In other words, interventions that address the “gendered power structures that subordinate women on the societal level” (Strandberg, 2001, p. 6) are indicated.

The relationship between shame and non-disclosure is complex and even more so when it involves the non-disclosure of sexual violence. Zee’s story illustrates some of the complexities involved in the reasons for why women do and do not talk. It also suggests that in order to hear the stifled voices of traumatised women, more focused interventions are indicated that take the above factors into account. Interventions considered should not only focus on women as passive victims of sexual abuse or as powerless pawns in a society where hegemonic discourses render traumatised women silent. Foucault (1961) stresses that individuals are always in the position of simultaneously undergoing and exercising power. Hence Zee’s silence about her shame, the shame of her family and friends and the shame of her community inadvertently serve to entrench dominant discourses. Foucault’s notion (1977) of the agency of the seemingly powerless in the midst of social restriction has to be acknowledged and mobilised if dominant discourses are to be subverted.

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