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# The epidemiology of rape and sexual coercion in South Africa: an overview

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## Abstract

During 1999 the issue of rape in South Africa was debated at the highest levels. The epidemiology of rape has become an issue of considerable political importance and sensitivity, with President Mbeki demanding an answer to the question: how much rape is there in South Africa? The purpose of this paper is both to summarise and synthesise the findings of research to provide an overview of the epidemiology of rape of women in South Africa and to show how difficult it is to answer the President's question. The review begins by considering why rape is so difficult to research. Data available shows that rape reported to the police (240 incidents of rape and attempted rape per 100,000 women each year) represents the tip of an ice berg of sexual coercion. Representative community-based surveys have found, for example, that in the 17–48 age group there are 2070 such incidents per 100,000 women per year. Non-consensual sex in marriage and dating relationships is believed to be very common but is usually not well reported in surveys. Forced sexual initiation is reported by almost a third of adolescent girls. In addition coerced consensual sex is a common problem in schools, workplaces and amongst peers. Knowledge of causal and contributory factors influencing the high levels of rape are also discussed. We conclude that *the* rape statistic for the country is currently elusive but levels of non-consensual and coerced sex are clearly very high. International comparison needs to be approached with caution because most developing countries lack the infrastructure for accurate crime reporting and do not have such a substantial body of survey data. © 2002 Elsevier Science Ltd. All rights reserved.

*Keywords:* Rape; Epidemiology; South Africa; Violence against women; Sexual abuse

## Introduction

In 1995, the Human Rights Watch report on domestic violence and rape, dubbed South Africa the 'rape capital of the world' and, citing a figure which had been quoted for some years by NGOs, asserted that there were 35 rapes for every one reported to the police (Human Rights Watch, 1995). When this figure was made centre piece in a prime time TV advertisement, the President responded defensively by questioning its basis. Investigation suggested that the figure had possibly just been made up. There was an ensuing high profile debate about the use of statistics on rape and although consensus that there was too much rape in South Africa

was readily reached, disagreement about the magnitude of the problem has continued. The aim of this paper is to review the available data on the epidemiology of rape in South Africa. The data is prefaced by a discussion of the difficulties in arriving at *the* rape statistic for the country, both conceptual difficulties and barriers to reporting. In the final section we discuss the findings of the review and the implications of our experiences of rape research in South Africa for understanding of rape and sexual coercion internationally.

## What is rape?

In terms of common law, rape is committed by a man having intentional and unlawful sexual intercourse with a woman without her consent (South African Law

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Commission, 1999). New sexual offences legislation is currently being drafted and discussion documents (South African Law Commission, 1999) have indicated that it will include a declaration that sexual penetration is unlawful if it occurs in coercive circumstances, which include the application of force, threats, abuse of power or authority, use of drugs etc., and will widen the circumstances in which rape is said to have occurred beyond penile penetration of a vagina to include a range of actions involving different body parts (e.g. fingers), objects and orifices (anus and mouth). It will also be gender neutral and include same sex incidents.

Whilst the law is formed around clear definitions, in the discourse of the general public the question of what constitutes rape is much less clear. A given incident of non-consensual sex will be interpreted differently depending on the relationship of the victim to the perpetrator, the ages of those involved, prevalent social notions of gender roles in decision making around sexual matters, the circumstances in which it occurred including whether the woman was deemed compliant with an idea of 'modest' behaviour and thus questions of blame. The question of whether a set of actions constitute 'rape' will also depend on who is discussing the incident with whom, where, when and in what circumstances. Discourse in communities is heavily dominated by the idea that rape is a crime of violence and commonly informants in research indicate that people often confine the word 'rape' to use in describing acts of strangers, particularly violent acts, or, gang rape (Wood & Jewkes, 1998; Wood & Jewkes, 2001), although privately women may perceive themselves to have been severely violated in a range of other circumstances. The differences between legal and popular notions of 'rape' have important implications for women who have experienced particular sexual experiences, for how they interpret these themselves and to others, and clearly have important implications for attempts to gain an understanding of the magnitude of the problem of non-consensual sex.

### *Barriers to reporting*

Many women will only try to report to the police incidents which fall within popular notions of 'rape' because of fear of not being believed (Stanton, 1993). These fears are confirmed by police assertions that many women lie about rape (Stanton, 1993). As a result these types of incident are more likely to result in a docket being opened, in other words to become rape 'cases' (CIET Africa, 1998). There are a range of other barriers to reporting to the police including problems of physical access to police (Artz, 1999), fear of retaliation by the perpetrator and fear of the legal processes including experiencing rudeness and poor treatment by the police (CIET Africa, 1998). Many women do not go to the

police because they anticipate that ultimately their action will not lead to the perpetrator being punished. Few rape cases go to court (ranging between 50% and 5% in Soweto police stations) (CIET Africa, 1998) and of those which do, only between 7–13% result in conviction and custodial sentences (Masimanyane Women's Support Centre, 1999). Corruption in the form of perpetrators paying to 'lose' dockets is widely acknowledged as a problem in the system, in Umtata a docket will be 'lost' for R20 (\$US 3) (Wood K.M., pers. comm.). In Southern Johannesburg, one in twenty dockets were estimated to be "lost" in a fraudulent manner (CIET Africa, 1998). This report also outlined a range of other corrupt practices described by police who were interviewed, which when they become known would dissuade women from reporting cases. These included police, prosecutors and other court officials being paid to destroy the case, taking the suspect to the complainant to tell them to accept money and drop the case, asking for payment to complete the investigation and having sex with the rape survivor to "check if she was raped" (CIET Africa, 1998).

Fear of not being believed is probably also a barrier to reporting rape to interviewers in surveys, although this method of data collection captures incidents which are not taken to the police. In the United States rape has been shown to be more likely to be kept secret than any other form of victimisation (Koss, 1993). Women may be unwilling to recall and discuss with an interviewer experiences which were unpleasant and humiliating and may be associated with shame, guilt or fear of blame (World Health Organisation, 1999). Good questionnaire design, including triggers to enhance recall, will elicit higher levels of reporting without leading to over-reporting (Koss, 1993). Furthermore field work approaches which create a supportive environment for women disclosing and psychologically support field workers in their very difficult role, also can greatly influence reporting (Jewkes, Watts, Abrahams, Penn-Kekana, & Garcia-Moreno, 2000; Ellsberg, Heise, Pena, Agurto, & Winkvist, 2001).

The most common forms of sexual coercion are most vulnerable to unreporting in South African surveys and to the police (Wood et al., 1998). These occur within marriages, dating relationships, families, or where sex is agreed to after blackmail, threats, trickery or persistent pleading. There has not been a dedicated representative rape survey and so no single local study has been able to describe the magnitude of these forms of coercion, however insights are provided through a multitude of qualitative studies, surveys and particularly research amongst adolescents. The difficulty in getting these actions recorded in surveys of adult women seems to be a matter of recall, and may well reflect the fact that most women have such low expectations of genuine sexual negotiation in relationships that being forced to have sex

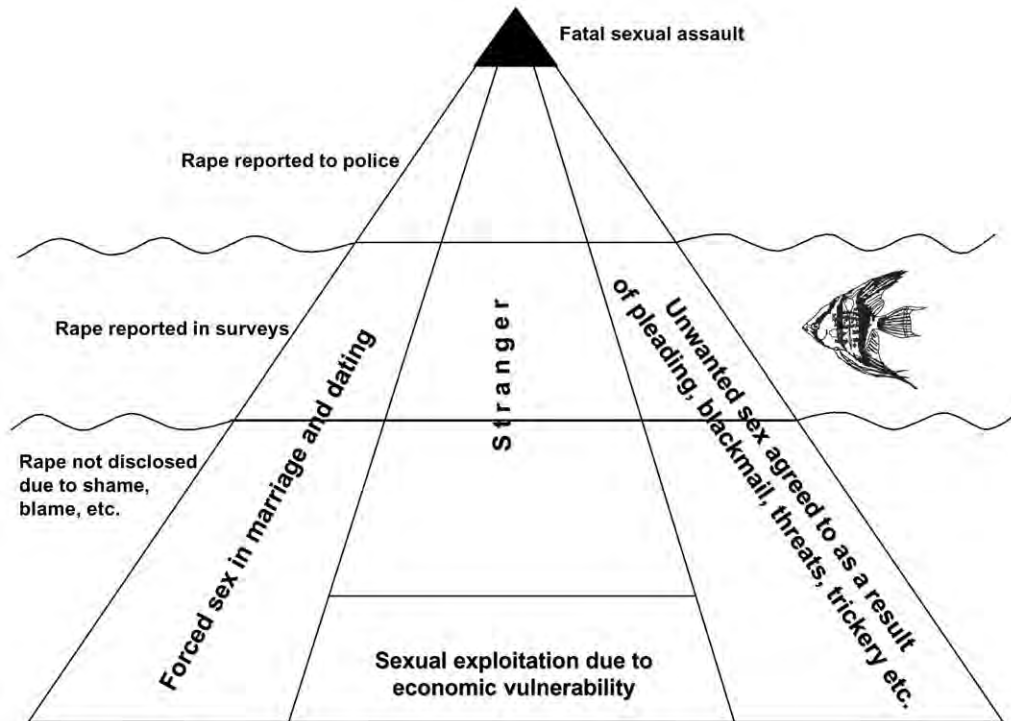


Fig. 1. Ice-berg of sexual coercion, NB the figure is in the attached powerpoint file entitled “figure one. ppt”.

when men (husbands, boyfriends or often would-be lovers) want it, or provide it as a unit of exchange, is seen as “normal”. Sexual coercion has often been said to occur on a continuum of degrees of force. In understanding its magnitude, however, it is helpful to think of the problem as an ice-berg. The parts which are visible (i.e. police reports), or become visible at low tide (i.e. in surveys), and more readily quantifiable are almost certainly only a proportion of the real problem. The ice-berg of sexual coercion is depicted in Fig. 1. The size of the iceberg blocks is figurative—there is insufficient data to enable them to be drawn in a manner which reflects prevalence.

#### *The epidemiology of reporting of rape to the police*

The police statistics are the most readily available source of information about the magnitude of the problem of rape and provide a basis of comparison between countries. A summary of the statistics between 1996–1999 is presented in Table 1, no subsequent data have been published due to a current moratorium on publishing crime statistics. In 1996 there were 44,222 cases of completed rape, which is equivalent to 210 incidents per 100,000 women (CIAC, 2000). By comparison in the US in 1990 there were 102,555 reported rape

cases with an annual rape rate of 80 per 100,000 females (Ramin, Satin, Stone, & Wendel, 1992) and 132 incidents per 100,000 women in 1993 in Botswana (Emang Basedi Women’s Association, 1998). The table shows a rise between 1996 and 1997 and then a small reduction in the number of reported rape cases. Data are only available for the first six months of 1999, but these suggest that a further decline occurred. It is extremely difficult to know to what extent these reflect non-significant annual fluctuations or true trends in the crime. The number of rape cases reported in prior years were much lower, 15,342 in 1983 and 32,107 in 1994 (Human Rights Watch, 1995), but it is terribly difficult to interpret this with confidence. It is possible that there has been a substantial increase in rapes, but the very poor relationships with the police during the apartheid years would have deterred Africans from reporting cases before the 1994 democratic elections, the statistics from the ‘independent’ Bantustans were not included in national figures prior to 1994 and between 1983 and 1994 there was substantial population growth but no reliable denominator for estimation of rates was available prior to the 1996 Census.

For the crime of rape and attempted rape, 40% of reported cases were among survivors under the age of 18. This is roughly the same as the proportion of this age

Table 1  
Police statistics for rape and attempted rape (Source: CIAC)

	January—December 1996	January—December 1997	January—December 1998	January—June 1999
Rape & attempted rape	50481	52159	49280	23900
Rape	44222	45377	43021	20768
Rape & attempted rape per 100,000 women	240	244	226	—
Rape per 100,000 women	210	212	197	—

group in the population. A detailed breakdown by age is not available, but it is likely from the Demographic & Health Survey (Department of Health, forthcoming) that most of the rapes are of girls over the age of 9. If this is the case, teenagers are at much higher risk of rape than the population as a whole. There are marked interprovincial differences in rape and attempted rape reporting. The data for 1996, the Census year, is shown in Fig. 2. The reasons for interprovincial differences deserve further exploration.

Further information about rapes reported to medico-legal clinics in Johannesburg is available from a complete case series of rape from the Hillbrow medico-legal clinic in 1992 ( $n = 584$ ), which covers central and north Johannesburg (Martin, 1999) and a less complete surveillance project of central and southern Johannesburg from 1996–1998 ( $n = 1401$ ) (Swart, Gilchrist, Butchard, Seedat, & Martin, 1999). Martin found that the great majority of rape survivors were young women, 12.2% were 16 years and younger, 75.4% were between 17–35 years, 12.4% were over 35 years. Contrary to popular stereotypes, both studies found that the great majority of women were raped by a man of the same racial group. 80% of attacks were by strangers in the 1992 series (Martin, 1999), 55% in the surveillance series were complete strangers but a further 22% were just known by sight (Swart et al., 1999). Rapes committed on girls of 16 and less were more often perpetrated by men known to them than rapes of older women. Gang rapes feature prominently in both case series. Martin (1999) found that in one third of cases there was more than one perpetrator, and Swart et al. (1999) found this in 27% of cases. It is likely that incidents involving strangers, gangs and children are very much more likely to be reported to the police than other rapes.

Swart et al. (1999) showed that rapes were much more likely to occur over weekends, with a quarter of all rapes happening on Saturdays. One third of rapes occurred between 6 and 10 pm. Rapes most commonly were perpetrated in open spaces such as fields (31%), in the rapist's home (29%) or in the rape survivor's home (14%). In 55% of cases a weapon was used, most often a knife (51%) but also firearms (35%). A large proportion of rapes in Martin's series (1999) were committed on women travelling to and from work, with

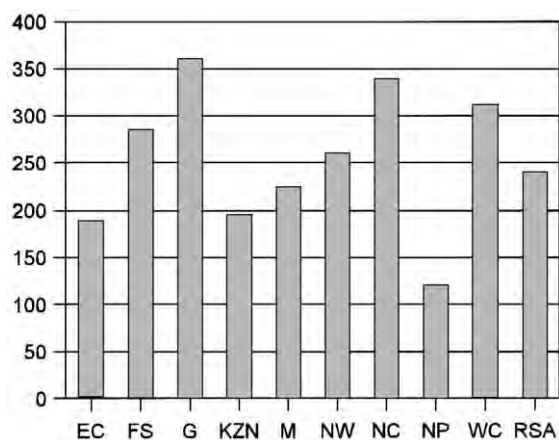


Fig. 2. The rate of rapes & attempted rapes per 100,000 women, by province in 1996 (Sources: CIAC & Statistics South Africa): EC, Eastern Cape; FS, Free State; G, Gauteng; KZN, KwaZulu Natal; M, Mpumalanga; NW, North West; NC, Northern Cape; NP, Northern Province; WC, Western Cape; RSA, Republic of South Africa.

abduction (often at gun point) forming part of the *modus operandi*.

#### Rape homicide

Within the group of rape cases which come to the attention of the police are those which are fatal, the rape homicides. In the Greater Cape Metropole the epidemiology of rape homicide was described by Martin (1999), based on a review of all cases admitted to the Salt River Medico-legal Laboratory from 1 July 1996–1931 December 1998 ( $n = 57$ ). The incidence of rape homicide was 7.2 per 100,000 women, representing a fatal sexual assault rate of 1.2% (i.e. 1.2 fatalities per 100 rapes reported to SAPS). This rape fatality rate is twelve times higher than that for the USA in 1983 (Marchbanks, Kung-Jong, & Marcy, 1990). In a country where 1 in 9 of the population is estimated to have HIV (Department of Health, 2001), the ultimate fatality rate associated with rape is likely to be very substantially

higher than what is currently defined as rape homicide. 70% of the victims were Coloured<sup>1</sup> women, which partially reflects the population of Cape Town. The majority were aged 17–45 years, with children of 16 and under and women over 45 years both constituting 13.6% of cases. The perpetrator was identified in 93% of cases, of these in only 23% was the person a stranger to the woman.

#### *Prevalence of reporting to the police*

Representative studies of women in communities have provided opportunities to explore characteristics which influence reporting of rape to the police. The most detailed information comes from the South African Demographic & Health Survey (SADHS) (Department of Health, 1999) as the total number of women reporting rape was the highest. The results are shown in Table 2. In the SADHS, overall, only 15% of women said they had reported an incident where physical force was used to make them have sex against their will to the police. Older women were less likely to than younger women, but there was not great variation with age and area of residence. Women in certain provinces, Mpumalanga, Northern Cape and Gauteng were more likely to report. There were very marked educational differences, having no education is seen as a major barrier to contacting the police and women with post-school education were eight times more likely to report than uneducated women. This barrier has not been visible in other local research. White women were mostly likely to report and Asian women were nearly half as likely. Although it is assumed that for historical reasons white women would be more ready to access the police than Africans, the data suggest that there is still very substantial under-reporting of rape in this group.

#### *Rape reported in representative household surveys*

##### *Magnitude of the problem*

There have been three major household surveys of representative samples of women in South Africa which have asked about experiences of rape. The methods and findings are summarised in Table 3.

The different estimates of lifetime and 12 month prevalence are most likely explained by differences in question wording and study methodology (Koss, 1992).

<sup>1</sup>In this paper race is discussed using the language of the apartheid racial classifications i.e. White, Asian, Coloured and African. During the apartheid years these groups determined almost all aspects of a person's life and, critically, access to resources and economic opportunities. Seven years into the new democracy these categories remain socially relevant because much of the previous inequality and de facto racial segregation persist.

The differences in question wording can be seen in the table footnotes. As would have been expected from rape research from elsewhere, a much lower 12 month prevalence was reported in Study Three which asked about "rape". The highest lifetime prevalence was found in the Demographic and Health Survey (Study Two) where two questions were asked (unfortunately not one on 12 month prevalence or on attempts). The higher figures in Studies One and Two may also have been influenced by the careful measures taken to create supportive environments for the study (described in Jewkes et al., 2000) with special training around violence against women for interviewers, training to interview in private, handing out of referral sheets with NGO contact numbers and regular debriefing. However, a common problem in all three of these studies was that rape questions came at the end of lengthy questionnaires, none of the studies was a 'rape survey', this might have led to even high levels of reporting. There are differences in the age-groups reporting rape but these are not sufficient to explain the differences in prevalence between the surveys.

The findings of the Demographic & Health Survey, shown in Table 2, indicate that rape was much more commonly disclosed by young women. The youngest age group, 15–19 year olds were twice as likely to do so as the oldest, 45–49 year olds. Rape was much more common in certain provinces, the Western Cape, Mpumalanga and Gauteng. There are substantial differences between interprovincial ranking of the proportion of women interviewed in each province who disclosed rape in this survey and the police crime statistics. It is not possible to know without further research whether this reflects changes over time in provincial rape risk or particular by serious problems in some provinces, notably Mpumalanga, with police discouraging women from pursuing rape charges. Rape was much more commonly mentioned in the survey in urban than rural areas, amongst White and Coloured women and amongst women with more education. It is likely that there are differences between population groups in the likelihood of reporting rape to an interviewer in a survey and so some caution is needed in interpreting the interracial and educational differences.

The Three Province Study generated information about perpetrators of rape. Women's first episode of rape was perpetrated in 42.5% of cases by a stranger, 20.8% by an acquaintance, 9.4% by some one from school, 8.5% by a relative, 7.5% by a partner and 11.3% by others. Rape in the previous year was perpetrated in 50% of cases by a stranger, 17.8% by an acquaintance, 8.8% by someone from school, 8.8% by a partner, 8.8% by a landlord and 3% by others. The distribution of perpetrators may have been influenced by under-reporting of sexual violence by intimate partners in the survey (see above). In this study the mean age at which

Table 2

Percentage of women reporting having ever experience rape or coerced sex and proportion who reported this to the police according to background characteristics, South Africa 1998<sup>a</sup>

Background characteristics	Ever forced or persuaded to have sex against will <sup>b</sup>	Ever physically forced to have sex	Ever physically forced <sup>c</sup> and sought help from the police	Total number of women
<i>Age</i>				
15–19	9.7	4.9	13.2	2249
20–24	8.1	4.9	18.8	2075
25–29	7.4	5.1	17.2	1857
30–34	7.8	5.3	12.4	1654
35–39	5.4	3.6	16.4	1636
40–44	5.3	2.8	15.2	1294
45–49	5.2	3.2	9.6	970
<i>Residence</i>				
Urban	8.2	5.0	14.5	7095
Non-urban	5.4	3.6	16.8	4640
<i>Province</i>				
Western cape	12.4	6.5	13.3	1193
Eastern cape	4.4	2.9	14.3	1566
Northern cape	4.7	3.8	17.2	253
Free state	4.1	2.6	12.1	763
Kwazulu natal	6.4	3.3	12.5	2364
North west	2.8	2.3	13.7	909
Gauteng	9.6	6.5	15.7	2552
Mpumalanga	10.5	7.1	25.2	819
Northern	3.9	3.3	10.9	1316
<i>Education</i>				
No education	3.8	2.6	3.1	804
Sub A-Std 3	6.1	3.8	11.5	1291
Std 4-Std 5	6.8	4.0	15.5	1625
Std 6-Std 9	7.5	4.9	15.5	5181
Std 10	7.0	4.1	14.4	1922
11+	9.6	5.5	23.3	912
<i>Ethnicity</i>				
African	6.0	3.8	14.6	9147
African urban	6.9	4.4	14.5	4873
African non-urban	4.9	3.2	14.3	4274
Coloured	12.0	6.5	15.5	1201
White	13.0	8.7	18.9	916
Asian	3.8	2.3	10.1	406
Total	7	4.4	15.2	11735

<sup>a</sup>Source: Department of Health, forthcoming.

<sup>b</sup>Based on an affirmative response to one of the two rape questions.

<sup>c</sup>Based on an affirmative response to the question inquiring about “force” only.

rape occurred for the first time was 20 years and range 1–38 years. For those raped in the year prior to the study, the median age was 27 and range 18–49 (i.e. the same as the age range for the study). Overall, 25% of women raped in the previous year had reported it to the police and 11% of women who experienced an attempted rape.

#### *Girl child rape*

Data on the epidemiology of girl child rape is available from 1998 South Africa Demographic and Health Survey (Department of Health, forthcoming). This included a series of questions for women on incidents before age of 15 (chosen as it was the entry

Table 3  
methodology and findings of community-based rape studies

	Sample & Sites	Lifetime prevalence of non-consensual sex <sup>a</sup>	12 month prevalence <sup>b</sup> of rape and attempted rape (95% C.I.)	12 month prevalence of rape per 100,000 women
<i>Study one:</i> Three Province study of violence against women (Jewkes et al., 1999)	Random sample of 1306 women in Northern Province, Eastern Cape & Mpumalanga	Rape <sup>c</sup> : Eastern Cape 4.5% Mpumalanga 7.2% Northern Prov 4.8%	Over three provinces: 2.07% (1.25–2.88) Eastern cape 2.0% (0.86–3.87) Mpumalanga 3.3% (1.80–5.43) Northern Prov. 2.1% (0.34–2.44)	Rape of women 18–49 years: 1300
<i>Study two:</i> South African Demographic & Health Survey (Department of Health, 1999)	Random sample of 11735 women aged 15–49 years in all provinces	Rape and attempted rape: Eastern cape 6.7% Mpumalanga 11.9% Northern Prov 6.3%	National figure for rape <sup>d</sup> : 7% Provincial estimates ranged from 3–12%	—
<i>Study three:</i> National victims of crime survey (Statistics South Africa, 1999)	Random sample of 4000 people over 16 years (approx. 2000 women) in all provinces	Raped in last 5 years: 1.7%		Rape of women > 16 years <sup>e</sup> :390

<sup>a</sup> Women reporting having ever been raped as a proportion of all women interviewed.

<sup>b</sup> Women reporting having been raped one or more times in the past 12 months as a proportion of all women interviewed.

<sup>c</sup> “Forced or persuaded to have sex against you will by being threatened, held down or hurt in some way”.

<sup>d</sup> Figure based on two questions “forced to have sex against your will” and “persuaded to have sex against your will”.

<sup>e</sup> Figure based on a question on “rape” which followed a screening question on having been “sexually abused”.

age for the study). In total 1.6% of women reported having been forced or persuaded to have sex against their will before the age of 15. These findings are very similar to the Three Province Study, which found that 1.2% reported rape before the age of 15 years. 3.3% reported experiences of having been touched up sexually against their will and 1% had been forced to touch a man's genitals. Women who reported rape were not asked the other questions. Analysis of age-specific prevalence of abuse reveals a significant trend for increasing rape but not other forms of abuse.

The majority of assaults first occurred between the ages of 10 and 14 years (85.4% of rape, 80.5% of fondling and 75.6% of touching a man). Which suggests that these should be seen as the lower age end of the spectrum of adult rape rather than as quite different sets of acts. However, a little further caution is needed as there is some evidence that traumatic events in childhood may be subject to selective memory lapses (Williams, 1994) and so surveys asking adult women about childhood experiences may tend to underestimate

child sexual abuse. One third of rapes were perpetrated by school teachers and 21% by relatives. Two women reported having been raped by gangs of three and ten men.

#### *Sexual coercion in intimate relationship and among acquaintances*

Studies of adolescents are an important source of data on sexual coercion, which strongly suggest that both household studies and police statistics substantially underestimate the degree of sexual coercion in society. Surveys of adolescent sexuality have found consistently that a high proportion of young women describe forced sexual initiation. This was reported by 28% of a sample of Transkei school students ( $n = 999$ ) (Bugha, Amoko, & Ncayiyana, 1996) and 28% of a random sample of young women ( $n = 449$ ) from Khayelitsha, Umlazi and Soweto (Richter, 1996). A case control study of teenage pregnancy in Khayelitsha found that 30% of pregnant teenagers ( $n = 191$ ) reported forced sexual initiation and

18% of the controls ( $n = 353$ ) (Jewkes, Vundule, Maforah, & Jordaan, 2001). Amongst adolescents there are marked differences in perception of 'rape' and unwanted dating sex. At the time of interview (mean age 16.5 years) 11% of cases and 9% of controls said they had been "raped" and 72% of cases and 60% of controls reported being forced to have sex against their wishes (including at initiation of sexual activity). Although these data is from a non-probability sample and was collected in part of one city, they suggest that experiences of non-consensual, sexual intercourse, could be very common indeed. Further data to support a high prevalence of marital or dating sexual coercion comes from Abrahams et al.'s study (1999) of a random sample of 1394 male workers in municipalities in Cape Town. 15% of men reported having raped or attempted to rape a wife or girlfriend on one or more occasions during the ten years prior to the study.

Qualitative research on adolescent sexual relationships indicates that sexual coercion takes a number of different forms. Often it does not involve force, may ultimately be consensual, but still results in unwanted sexual intercourse. Wood et al. (1998) highlighted the importance of verbal persuasion tactics, of begging and pleading, which often are deployed with an underlying threat of violence if acquiescence is not forthcoming. Other tactics include for example, inviting a woman into the man's room, locking the door and refusing to open it until she agrees to sex, which will happen as evening approaches because she fears being raped by other men if she has to go home in the dark or being beaten by her mother for being out late (Wood K., pers. comm.). Sometimes blackmail is used.

### *Sexual harassment*

Sexual harassment in school and associated with employment is often reported. Women in Nkomazi district of Mpumalanga described in focus groups, which were conducted as formative research for the Three Province Study, being forced to have sex with *indumas* (leaders of workers gangs) if they wanted to get work on farms (Jewkes R., pers. comm.). In the Three Province Study, 3% of women who had tried to get paid employment disclosed that a man had insisted that they have sex with him before he would give them work. Of those who had worked, 2% had been told they would lose their job or their work suffer if they did not have sex with their boss. Similarly in qualitative research, school girls have reported being told that if they do not agree to sex with their teacher they will fail the school year (Wood & Jewkes, 1998). In the Three Province Study, of those who had been to school 2% disclosed that they had been threatened with exam failure or bad marks if they refused to have sex with their teacher.

### *Sexual exploitation of due to economic vulnerability*

Coercion can take many forms and offering economic reward is one form. This is classically seen in the practice of older men securing girlfriends who are very much younger than them through present giving, the so-called 'sugar daddies'. Although young women may readily consent to these relationships in exchange for presents or money which would otherwise be beyond their reach, it is also a form of exploitation and coercion and places the women who are involved in such relationships at considerable risk of HIV and STDs and pregnancy, with subsequent abandonment. Similar forms of relationship also are found for older women. Data on the prevalence of this is not available.

### **Causal and contributory factors in sexual coercion**

The question: why do we have so much rape? Is much more difficult to answer. Research on causal and contributory factors in rape internationally is some what limited and fragmented. In South Africa, most of the work has been based on rape in the relationships of youth, rather than on stranger rape, rape of children or of older women and important work based on very long term fieldwork amongst young men and women is still in progress (Wood K., pers. comm.). Rape is a difficult area to study. Rape survivors are very much more accessible than rape perpetrators, yet it is this latter group who are of most interest. Rapists who have been convicted are a more accessible group, but even they represent a very small proportion of the overall group of offenders. Rape is influenced by factors operating at both an individual level and at the level of a society. Local research points towards the importance of gender power inequalities, status within male peer groups and a climate of male sexual entitlement; rape as one manifestation of a very violent society; poverty; alcohol and drug use; and at a societal level, a general climate of tolerance towards rape.

The problem of rape in South Africa has to be understood within the context of the very substantial gender power inequalities which pervade society. Rape, like domestic violence, is both a manifestation of male dominance over women and an assertion of that position. This is not to argue that men are 'naturally' aggressive, but to assert that male control of women and notions of male sexual entitlement feature strongly in the dominant social constructions of masculinity in South Africa. Both sexual and physical violence against women form part of a repertoire of strategies of control (Wood & Jewkes, 2001).

Ethnographic research on relationships of young people has highlighted an overwhelming preoccupation amongst young men with ensuring the sexual availability



of women, with the evident use of violence to enforce this when women show reluctance to enter into relationships desired by men (Wood & Jewkes, 2001). Young women are subject to assault (ranging from slapping to beating with objects and stabbing) and sexual coercion by partners and others. For the most part these are deployed to ensure sexual availability, to discourage or punish infidelity, to assert control over the commencement and ending of sexual relationships and discourage attempts to undermine the boyfriends' sexual success with other women (Wood & Jewkes, 2001; Varga & Makubalo, 1996; Varga, 1997). Whilst acknowledging that there are multiple and context-dependant notions of masculinity, the ability to control women in such ways has been described as essential (in the hegemonic masculinity) to attainment of the status of being a 'successful' or 'real' man. This is important for positioning amongst same-gender peers (Wood & Jewkes, 2001). Thus the arena in which peer group status, respect and self-esteem can be won or lost is one in which the central action is control of women. Thus the coercion of women is a manifestation of male dominance over women, an assertion of such dominance and an instrument in the establishment of dominant positions amongst other men.

Whilst 'normal' sexual coercion is part of everyday life for many young people, there are extreme illustrations of this. These take the form of ritualised abduction, gang rape and murder of young women as part of Cape Town gang initiation and the common practice of gang rape, sometimes known as 'jack-rolling' (Mokwena, 1991) or 'streamline' (Wood, 2001). The focus here is not on the victim but the rapists themselves in watching and taking turns. The women are merely the vehicle for the interaction amongst the men (Holstrom & Burgess, 1980).

The acts of gang rape and forcing by strangers are extreme manifestations of a general culture of male sexual entitlement. This is reinforced in multiple ways by institutions of society, one of which is customary marriage, and dating relationships. The meanings of lobola to women in the general public, particularly rural women in the Eastern Cape, Mpumalanga and Northern Province, were canvassed in a recent survey (Jewkes, Penn-Kekana, Levin, Ratsaka, & Schriber, 1999). 79% said that they understood that in their culture if a man paid lobola for his wife it meant he owned her. Three quarters of women (74%) said they understood that in their culture if a man paid lobola for his wife it meant she had to have sex whenever he wanted it. In this survey women perceived the practice of lobola to entrench the dominance of the husband in the relationship. However, similar ideas are found in all types of marriage. In two of the provinces 60% of women reported that they did not believe that a married woman could refuse to have sex with her husband (Jewkes et al., 1999). Women's

perceptions of their inability to refuse sex may also reflect a position of dependance within the relationship and fear of abandonment or loss of economic support.

In her study of cross-cultural study of rape Sanday (1981) found that rape was more closely correlated with the degree of interpersonal violence in a society than any other factor. In South Africa, rape and sexual coercion form one part of the broader problem of gender-based violence, which in turn is heavily influenced by a general culture of violence which pervades society. Research on domestic violence has found that a quarter of women have been beaten by an intimate partner (Jewkes, Levin, Penn-Kekana, forthcoming). One of the consequences of decades of State-sponsored violence of apartheid and colonialism (with armed resistance) is that physical violence has become for many people a first line strategy to resolve conflict (Simpson, 1991) or gain ascendancy. It is used in a variety of settings including between neighbours (Department of Health, forthcoming), nurses and patients or patients' relatives (Jewkes & Cornwall, 1998), teachers and pupils, by colleagues in the work place (Abrahams, Jewkes, & Laubscher, 1999) and in same sex relationships. In a violent society, the use of sexual force to acquire desired relations becomes unremarkable.

The connections between rape and poverty are complex. The role of control of women and rape in male peer group positioning must be understood within the context of the limited number of other recreational opportunities available to poor township and rural youth. Competition over women has achieved overwhelming importance because it is one of the few available and affordable opportunities for entertainment and arenas where success may be achieved and self-esteem gained. Whilst young people in much of the world are preoccupied with relationships, in this context poverty raises the stakes, and rape and violence may be more readily deployed to seek goals.

Poverty increases the likelihood that women will engage in sex work or more subtle forms of transactional sex, for example trading sex for beer in bars (Wojcicki JM., pers. comm.). In these circumstances women are vulnerable and have few opportunities for redress because communities and the police blame them (Farley & Barkan, 1998). An exchange element in sexual relationships is very common, particularly amongst young people, with a heavy premium placed on having a partner with economic resources (Nduna M., pers. comm.). In relationships of dependency, women find it very difficult to protect themselves from sexual exploitation and very often have to tolerate abuse. These dynamics also reduce the ability of women to apply ostracism as a community based sanction against abusive men. Poverty also forces women to carry out a range of daily practices in ways which place them at risk. In rural areas, lack of piped water, easy sources of fuel

and electricity place women at daily risk of rape during the processes of collecting resources for daily living. In urban areas, difficulties with transport create situations of risk. Furthermore, desperation in the search for employment, leads many women to accept that sex may be the price of a job.

Drinking alcohol increases the risk of women being raped, probably because it reduces their ability to interpret and act on warning signs and to effectively defend themselves. In the United States alcohol has been shown to play a disinhibiting role in perpetration of certain types of sexual abuse (Araji & Finkelhor, 1986) and is very strongly associated with domestic violence (Department of Health, forthcoming). The recent South African 3-Metro's Arrestee Study (Parry, Louw, & Pluddemann, 2000) found that 44% of men arrested for rape and attempted rape tested positive on urine analysis for dagga or mandrax.

Rape as a mode of transmission of HIV has been touched on above, but HIV as a cause of rape is a separate issue which deserves further attention. The belief that having sex with a virgin can cleanse a man of HIV is one which has wide currency in Sub-Saharan Africa, including South Africa (Jewkes et al., 2000a), but the extent to which the idea is acted upon, and thus a cause of rape, is unknown. There is anecdotal evidence that this is sometimes the case. Probably a more prevalent problem is that fear of HIV drives some men towards seeking very young partners in the belief that they will be free of the virus. In some cases this involves rape. All aspects of the relationship between rape and HIV are in urgent need of further research.

Whilst rape is a major problem for women who are raped and those whose lives are constrained by fear of rape, several researchers have reflected that the very high prevalence of rape largely reflects a high level of social tolerance of the crime. The CIET investigators referred to this as a 'culture of violence' (CIET Africa, 2000). This is expressed in the trivial way in which complaints are treated by the police, particularly if they involve date rape; the lenient sentences handed down by judges and magistrates in the small proportion of cases that ever get to court; the hostile attitude of district surgeons towards rape survivors and careless way in which examinations are performed; the small price for which a docket can be 'lost'; and the efforts of friends and relatives of rape survivors who often discourage women from laying charges, and suggest instead that the rape just be accepted. Whilst many families try to protect their daughters from rape, or to mitigate the consequences of the inevitable through putting young girls on contraception (Wood, Maepa, & Jewkes, 1997), there is very little social pressure or control applied to the men involved or potentially involved. Young men are not taught either at home or at school to respect women's right to withhold consent from sex. Furthermore there is

no evidence that involvement in non-consensual sex carries any social stigma for the perpetrator. In many cases rather than blaming the perpetrator the women is held to be responsible as she is deemed to behave immodestly (Nduma M., pers. comm.).

## Discussion

This paper set out to provide an overview of available statistics on rape from crime information systems and results of representative studies of rape and sexual coercion and to piece together the fragments of data which are available from other research which provide additional insights into the problem of sexual coercion in South Africa. It has shown that national data on rape is highly sensitive to the source of information, the way in which questions are framed and the definition of rape. Popular ideas of rape as being a violent attack by a stranger or gang is reflected in only a very small proportion of women's experiences of coerced sex. Although a reliable numerical reflection of the complete spectrum of sexual coercion is not possible from available data, the fragments of evidence suggest that the experience of non-consensual or coerced sexual intercourse at some stage in a South African woman's life is certainly the norm and may be little short of universal. The evidence points to a conclusion that women's right to give or withhold consent to sexual intercourse is one of the most commonly violated of all human rights in South Africa.

International comparison is tempting but extreme caution is needed. The most readily accessible data on rape is available from police statistics, which are vulnerable to both differences in legal definition of rape (e.g. some countries differ in whether they require the use of force, include marital rape, male rape and attempted rape) and differences between countries in many of the factors which influence the action of reporting an incident to the police. In most presentations of international police statistics South Africa is near to or at the top (for example in the 1996 International Criminal Police Organisation (ICPO) Interpol report, ICPO, 1996). It seems likely that there are other countries with very high levels of rape but less accessible police or less well gathered statistics.

The model of an ice-berg is potentially useful in understanding why there is a problem with pinpointing the magnitude, in explaining why police statistics only reflect one part of the problem of rape and sexual coercion and pointing to the other information needed to piece together a fuller picture. It appears from the literature that a representative study dedicated to rape and sexual coercion has never been conducted in a developing country. This is an important outstanding research challenge and would enable a more complete

picture of women's experiences of sexual coercion to be constructed. In addition to more reliably quantifying the problem understanding of cross-cultural variations in the relative sizes of different segments of the ice-berg is important, as is understanding the relationship between degree of force used and the severity of the impact on women and their health.

The paper has raised a series of methodological challenges in measuring rape and sexual coercion. It suggests that these become even more acute in undertaking research in a very diverse country like South Africa, where there are substantial differences in language, culture, education, wealth and living environment. In such a setting there is an distinct possibility that disaggregated by province, race, urban/rural etc. could point towards groups which were "at risk" of disclosing in surveys or to the police, rather than "at risk" of rape. Given the anticipated levels of under-reporting, these two things could be very different. This points to the need for caution before adding questions on rape to larger surveys without careful testing of questions and training of interviewers. It suggests that researchers designing studies need to very extensively pre-test questions in several different sub-groups of a study population. Qualitative research might be particularly valuable as part of this process to probe experiences which the questionnaire may not be capturing. This would need to be added to the ever growing list of methodological considerations for this area of research, which currently includes good interviewer selection, training and adherence to ethical principles, avoidance of complex notions such as "rape" and "abuse" in questions, use of multiple questions, use of triggers to memory (e.g. age, or setting—school, work or community), and the need to ask about specific forms of coercion in multiple ways including the use of physical force, coercion in intimate relationships, forced sexual initiation, persuasion, economic coercion, sexual harassment at school and work and child sexual abuse.

Recall is a problem in surveys and appears to be a particular issue in child sexual abuse. The findings of Williams (1994) are particularly pertinent. She found that 38% of a sample of 129 women who had been contemporarily identified as child victims of sexual assault had no current memory of it. Recall was less likely with younger victims and where the relationship with the perpetrator was closer, but unrelated to severity of abuse. This suggests that surveys of adult women may well systematically under-report younger experiences of sexual abuse and particularly incest, and a caution should be added to findings about this.

Considerable further research, particularly cross-culturally on meanings of different forms of sexual coercion is needed. This is an area where qualitative methods are required. Whilst understanding gradations in use of force or in visibility of a problem presents

challenges, doing the same for meaning is much more difficult. Pertinent questions relate to whether gradation in meaning attached to acts follows that of force, and indeed whether the meanings for the women involved of stranger rape and being tricked into sex by a boyfriend or economically enticed are sufficiently similar for them to be regarded as parts of a 'whole'. Is there just one iceberg or should we be conceptualising the problem as more than one overlapping icebergs? A cross-cultural understanding of meanings of different forms of sexual coercion for women is essential in understanding sexual coercion and understanding the needs of women victims and priorities for intervention. The same is important for men, not least because engaging in a national debate with men which results in shifting meanings of less forceful acts towards the others is likely to be an essential part of prevention activities. The health impact of different forms of sexual coercion needs to be explored independently. This may not mirror meaning for women, for example forced sexual initiation is not regarded as anything like as serious as "rape" by women, but may have a health impact which is more pronounced than the meaning of the act for women victims (Jewkes et al., 2001). The same may go for economic coercion of minors.

This paper has taken its discussion of causal and contributory factors from a perspective which views rape as a social problem rather than suggesting that it is a product of individual psycho-pathology which is so common in criminological discourse. Whilst recognising that in a small proportion of cases there are individual factors of overwhelming importance in the perpetration of rape, individualistic explanations are inadequate for understanding a phenomenon which is experienced by a very high proportion of South African women and by implication perpetrated by a large proportion of men. Clearly the most important underlying causes of the problem of rape are rooted within the society, and fragmented though the data are, they point to gender power inequalities and the low status of women. Other factors of importance are poverty, the generally high levels of violence in society and alcohol abuse. Considerably more research is needed in this area. There is a need for more highly contextualised data on the circumstances in which coerced sex occurs, the question of which women are vulnerable in which settings, and the most important contributory factors in these contexts. There is a similar need for data on perpetrators, in particular focusing on questions of which men in which circumstances and contexts coerce women into sex and the main contributory factors influencing perpetration. There is also a need for further research into the role of social institutions, for example, families, schools and so forth, in creating a climate of tolerance to rape, or resilience to rape. In approaching this it is important to conceptualise sexual coercion broadly as

otherwise discussions of risk and intervention revolve around popular notions of rape and all other experiences of forced sex are obscured.

#### *Approaching rape as a public health issue*

The magnitude and complexity of the problem of rape is such that addressing it requires a committed multi-sectoral partnership between Government departments, non-governmental organisations, other organs of civil society, researchers and the community. There needs to be a visible commitment of resources, capacity and a sustained focus, as a prerequisite for genuine partnership. The resources and capacity to do this need to be commensurate with the magnitude and importance of the problem.

The focus of the majority of intervention efforts have been on improving the management of the small proportion of rape cases which are reported to the police, with the assumption that increasing the risk of apprehension of perpetrators and the application of stiff sentences will be effective deterrence. Whilst this approach is of great importance, it needs to be seen as part of an overall strategic approach to rape as only a small proportion of rapes fall into this category. Constructive approaches to behaviour change are likely to be the only ones feasible for changing practices of a substantial proportion of the population, especially where the police and criminal justice system are inefficient and somewhat corrupt.

It seems logical that strategies to reduce rape and coerced sex must, in addition, include interventions to prevent the occurrence of rape which focus on the main causal and contributory factors. Interventions need to be developed to change prevailing gender norms in sexual relationships and create a climate of zero tolerance for sexual coercion in communities. The extent to which such interventions must focus on rape or whether interventions which generally raise the status of women, for example removing discriminatory legislation and regulations, affirmative action in employment for women, and promoting female role models, will ultimately lead to a reduction in rape is not known. Poverty reduction interventions and the provision of basic amenities, especially water and electricity, to communities may also reduce rape. Intervention is also needed around alcohol abuse which is a major factor in violence against women.

In South Africa in general respects there have been very considerable advances in the status of women since 1994 and a framework has been set for further progress. There have also been messages about rape from the President and several ministers. Interventions to raise issues around gender norms and women's rights in the mass media have included addressing these issues in the award-winning, prime-time edutainment series *Soul*

*City*, which has a very substantial viewership. *Soul City* also places material on local radio and in the press. There have been NGO funded mass media campaigns with posters and TV commercials on rape. There are some gender-focused sexual health promotion training materials which have been extensively used by the Planned Parenthood Association of South Africa, notably the 'Men As Partners' package (AVSC, 1998) and Stepping Stones package (Jewkes & Cornwall, 1998). There have also been examples of community development initiatives using research to raise issues for community action, notably in Soweto organised by CIET International (CIET Africa, 2000). These sorts of activities begin to focus attention on gender norms and challenge general tolerance to rape, but for the most part they are either small scale or limited in time and the effects may be reduced by counter forces, for example the recent extreme defensiveness about rape statistics. Deeply entrenched attitudes and forms of behaviour will only change in response to sustained intervention addressing rape and also addressing the status of women more generally.

The criminal justice system and police also need to be addressed, not least because with respect to rape they are the most visible sectors of the State. Their performance in response to complaints of rape is a yardstick against which the seriousness of the crime is measured. Whilst it is believed that rape convictions may centrally revolve around medico-legal evidence, in many developing countries, like South Africa, the infrastructure for collecting this is very poorly developed with doctors unavailable, inadequately trained and unmotivated. This is a critical area for improvement and may require the adoption of radical new approaches, particularly through forensic nursing which has been highly effective in a pilot project. Coupled with this needs to be dissemination of knowledge amongst the public about the need to go immediately to the police after rape, not to bath, change clothes and so forth. Health workers also need education particularly around not examining rape survivors 'to look for signs of rape', which is very common.

Support for women who have been raped needs to be part of an overall strategy to address rape. In most developing countries counselling and support for rape survivors is almost exclusively in the NGO sector and with highly uneven access. In an attempt to extend access a Stop Woman Abuse Helpline has been established in South Africa and in the first five months of its operations 150,000 calls were answered, over 25,000 of which were of one or more minutes duration (Christofides N., pers. comm.). The possibility of HIV transmission during rape is a major concern for many rape survivors, yet there is no good data on transmission risks to provide them. Voluntary testing and counselling of rape survivors for HIV is just being made more widely

available in South Africa, but post-exposure prophylaxis is not available in the public sector in most provinces. However, it is most likely that the majority of HIV transmission risk is located within the 'normal sexual coercion' occurring in relationships which never gets reported to the police and perhaps not even to NGOs. Given the rampaging nature of the HIV epidemic in sub-Saharan Africa, understanding and tackling sexual coercion should be a very high public health priority.

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