

# Profile of Victims of Rape in the Transkei Sub-Region of South Africa (2006-2014)

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## Abstract

**Background:** Rape of a women is a serious public health problem in South Africa. It is a complex issue, but it become more complex when raped either elderly women or a baby. **Objective:** To study the profile of victims of rape in the Transkei sub-region of South Africa (2006-2014).

**Method:** This is retrospective descriptive study over a period of 16 years (2006-2014), carried out at Sinawe Thuthuzela Center (STC), Mthatha, Eastern Cape, South Africa.

**Results:** Between 2006 and 2014, 6699 cases of rape were recorded in the register of Sinawe-Thuthuzela Center. Of this, 3208 (47.88%) were children of the age of 16 and below. Majority 3048 (45.5%) of rape were outside of their home. Victim was known in 3418 (51%) of cases. Only 1064 (15.9%) sustained physical injury. Alcohol has contributed in 56.2% cases. Delayed (>72 hrs) reporting to STC were 2052 (30.6%). HIV positive were found 1180 (17.6%) victims at the time of reporting to center.

**Conclusion:** There is a high number of rape in the Transkei sub-region of South Africa. About half of them were children under the age of 16 years. It needs urgent attention.

**Keywords:** *sexual assault, rape, HIV, poverty*

## Introduction

Global estimates published by WHO indicate that about 1 in 3 (35%) women worldwide experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.<sup>1</sup> The first sexual experience for many women was reported as forced: 17% of women in rural Tanzania, 24% in rural Peru, and 30% in rural Bangladesh.<sup>1</sup> South Africa has one of the highest rates of rape reported to the police in the world and the largest number of people living with HIV.<sup>2</sup> The 43,195 number of rapes were reported in South Africa in 2014/15, it means that for every 100,000 people in the country there were 80 rapes reported.<sup>3</sup> There is considerable concern about the links between rape and HIV problems.<sup>2</sup> There is a high number of rapes but only 14% of rapes result in convictions.<sup>4</sup>

A rural South African women who experienced intimate partner violence and had high gender inequity

in relationships had increased incidence of HIV infection.<sup>5</sup> South Africa is in the midst of a catastrophic AIDS epidemic. HIV prevalence statistics in most countries indicate that up to 60% of all new infections occur among 15 to 24 year olds.<sup>6</sup> Alcohol dependency and binge drinking are significantly associated with transactional sex in South African women.<sup>7</sup> Alcohol may fuel once-off sexual encounters, and women's limited authority to negotiate sex and condom use; factors that can facilitate transmission of HIV.<sup>8</sup> A rural South African based study showed that 14% of sexually active young women reported engaging in transactional sex. Engagement in transactional sex was associated with an increased risk of HIV positive.<sup>9</sup> The trio of poverty, sexual assaults and HIV infection are complimentary to one another.<sup>10</sup>

A recent (2017) report on poverty showed that thirty million South African living in poverty. The number of people living in poverty has increased from 27 million

in 2011, to 30 million in 2015, with almost 14 million people living in extreme poverty. Majority (46.6%) black African's living in poverty. The poorest of the poor currently live on R531 per month and spend nearly 30 percent of this amount on food every month.<sup>11</sup>The purpose of this study is highlight the problem of rape in the Transkei sub-region of South Africa, and also discuss the associate related factors of rape in this region.

### Subjects and Method

This is a retrospective descriptive study at Sinawe Thuthuzela Center which is attached with Mthatha Regional Hospital (MRH), Mthatha. This is one of the 30 centers in South Africa provides one stop care to the victims of rape. It is catering about a half million people in this region. It serves to 16 police stations in this region such as Ugie, Mclear, Tsolo, Qumbu, Elliot, Elliotdale, Mqanduli, Libode, Lurhasini, Bityi, Coffee Bay, Ngqeleni, Mthatha central, Madeira, Ngangelizwe, Engcobo, and Dalasile. The data were collected by the clerk with case number, age, gender, pregnancy test, HIV test results, number of perpetrators, and place of incident. These data were analyzed by ANOVA program and displayed in table and graphic forms.

### Results

Between 2006 and 2014, 6699 cases of rape were recorded in the register of Sinawe-Thuthuzela center (Table 1). Of this, 3208 (47.88%) case were children of the age of 16 years and below (Table 1 and Figure 2). Majority 3048 (45.5%) of rape were taken place outside of their home (Table 1). There were 3418 (51%) victims known to the perpetrator of rape (Table 1). Only 1064 (15.9%) victims reported physical injury, and 3624 (54.1%) were genital trauma on examination (Table 1). The history of alcohol intake was found in 56.2% cases of victims of rape in this study (Table 1).

Use of condom was found in 1783 (26.6%) cases, and 3443 (51.4%) women were not washed after the rape (Table 1). The highest number 2402 (35.9%) of victims of rape were reported between 24 and 47 hours of rape, followed by more than 72 hours in cases of 2052 (30.6%) in this study (Table 1). There were 1180 (17.6%) cases were found HIV positive on screening test of HIV (Figure 3). In 3683 (55%) raped victims were complaint with HIV post exposure prophylaxis, while

911 (136%) were not complaint in this study (Table 1).

**Table 1. Profile of victims of rape in the Transkei sub-region of South Africa.**

Characteristics	Frequency (%)
Group of rape victims	
Adult	3491 (52.1)
child	3208(47.9)
Place of rape	
Outside home	2574(38.4)
Inside home	3048(45.5)
Not Known	1077 (16.1)
Relationship of perpetrator	
Known	3418(51.0)
Unknown	2984(44.5)
Family member	297(04.4)
Physical injury	
Yes	1064(15.9)
No	5635(84.1)
Genital injury	
Yes	3624(54.1)
No	3075(45.9)
Rape under alcohol	
Yes	3764(56.2)
No	2935(43.8)
Use of condom	
Yes	1783 (26.6)
No	4916(73.4)
Washed genitalia	
Yes	3256(48.6)
No	3443(51.4)
Delay in reporting	
<12 hours	919(13.7)
<24 hours	2402(35.9)

### Discussion

Between April and December 2016, 30 069 cases of rape were reported. It has decreased from 32161 for the same period the previous year. It amounts to approximately 110 cases of rape per day. The rate decreased from 58.5 per 100 000 to 53.8 per 100 000 people.<sup>12</sup>There were 6699 victims (average 744 per year) of rape reported over a period of 9 years (1006-

20014) in the Sinawe Thuthuzela Center. There was approximately 41000 rapes were recorded in 2014/15 in South Africa, which comes out 74.5 per 100 000 of population.<sup>12</sup> In a population of about half million in the sub-region of Transkei, the rate of rape was 148.8 per 100 000 population, which is two to three-fold higher than South African average (Table 1). The probable causes of high rape in this region is an extreme poverty, gender inequality, patriarchal notions of masculinity, and the exposure of abuse in childhood and fractured families.<sup>13</sup> The additional contributory factors in perpetuating rape in this region are high unemployment, alcohol and drug abuse, family breakdown as well as the social norms and values that condone and perpetuate violence are some of the major contributing factors to violence against children in South Africa.<sup>14</sup>

A little less than half (45.5%) women were raped, outside of their home (Table 1). Most of them were raped either coming from their work especially little bit late in night or waiting for a taxi in town. These are young girls or women who are walking to their destination either at home or school. A little less than one third (38.4%) of women raped at home were elderly women who are staying because of their old age or disability (Table 1). The home should be the safest place, a place of comfort and freedom from fear; yet a high number (38.4%) of women and children are attacked, raped and abused in their homes, often by people who are supposed to protect them (Table 1). It should be the responsibility of a civil society to protect these vulnerable groups from harm such as children and elderly women. The forced marriages of young children and rape for money in Xhosa community are on rise.<sup>10</sup> A little less than half (47.9%) in this study were children younger than 16 years of age (Table 1 and Figure 2). A recent (2017) study published by the author showed that there is a high number of rapes among elderly women in the Mthatha area of South Africa.<sup>15</sup> According to this study 83% cases of elderly rape taken place in the home.<sup>15</sup> About half (51%) women or girls were known to the victims of rape.<sup>15</sup> A majority of rapist were known their victims such as ex-boyfriend or some of their family members.<sup>16</sup> There was a recent study (2017) carried out by Jewkes et al showed that 14.3% had raped a current or ex-girlfriend or wife.<sup>2</sup> There were one at least one in six victims (15.9%) of rape reported physical injuries (Table 1). There were no injuries found in more than four-fifth (84.1%) of the victims of rape in

this study (Table 1). Health care providers, as experts, are required to use evidence related to physical injuries in the court as a sign of resistance, and it indicate that the force has used in the sexual assault, against the will of a victim.<sup>17</sup>

Genital injuries are the positive sign of rape, and it was recorded in about more than half (54.1%) cases of rape (Table 1). Genital injuries especially ruptured hymen could easily identified in the young children.<sup>18</sup> In adult it is difficult especially among women who delivered baby through vagina. It does not mean that rape has not taken place. The interpretation of evidence of injuries in adult is much more complex.<sup>17</sup> This creates a problem for health care practitioners who has to testify in court especially in cases where no injuries have been found.<sup>17</sup> No documentation of injuries in J88 form, could be assumed by the defense lawyers that no injuries means no rape.<sup>19</sup> This may not be true as most of the rape occurred on the threat of gun or a knife. The major issue of concern is lack of uniformity in examining of victims of rape and the skills and experience of the examiner and discrepancies in recording of injuries.<sup>20</sup>

Use of alcohol was found in more than half (56.2%) of the victims of rape in this study (Table 1). Women in South Africa who consume alcohol at high rates, particularly those who are bartender, may particularly vulnerable to forced sex experiences.<sup>21</sup> It is alcohol played a role either perpetrator was drunk or both were drunk. It mostly happened in night hours especially in local alcohol supplying outlets like shebeen. Men purchase alcohol for women, and in turn feel a sense of sexual entitlement that could lead to forced sex.<sup>22</sup> About one fourth women (26.6%) were using condom with their partners in this study (Table 1). A structured interview based study conducted in Eastern Cape Province (2014) on condom use, over all, 49.2% using condom.<sup>23</sup> This is higher than Transkei sub-region. The reason of this low use of condom is because of high illiteracy and misconception of use of condom in this region. There is wide spread poverty, and lack of education in the Transkei region of South Africa.<sup>24</sup> There is always delay in reported of these cases to Sinawe Center. About one third (30.6%) of victim has reached after 72 hours after incident of rape (Table 1). This is a serious problem because they are not qualify for 'Post Exposure Prophylaxis (PEP)' treatment, and chances of acquiring

HIV infection is high among these patients. About half (48.6%) of the patients were reported washed after rape in this study (Table 1). They washed either because of ignorance or delay in reaching to hospital. STC is only one centre catering a population of more than half million in a wide area of about 200 kms in radius (Figure 1). There is always shortage of vehicle to transport these patient from far-flung areas where is lack of roads. Every seventh patient (13.6%) in this study was found to be a defaulted PEP treatment in this study (Table 1). The prevalence of HIV infection is higher in low socio-economic class in South Africa.<sup>25</sup> A study carried out by the author showed that there is association between poverty, child sexual abuse and HIV in the Transkei region of South Africa.<sup>10</sup> Transkei is one of the poorest region in South Africa.<sup>24</sup> Almost every sixth (17.7%) victim of sexual assault in the Transkei sub-region was found to be HIV positive in this study (Figure 3). Similar observation was also showed by the Wabiri et al (2013) that HIV prevalence was highest among poor (20.8%) followed by those in middle (15.9%) and those in upper (4.6%) in South Africa.<sup>25</sup> Interventions should move beyond the individual level to be effective and target gender-based inequalities, human rights violations, including sexual violence and rape, as well as stigma and poverty reduction, both at community and tertiary educational level.<sup>6</sup>

### Conclusion

There is a high number of rape in the Transkei sub-region of South Africa. About half of them were children under the age of 16 years. In majority of cases perpetrators were known to the victims, and were under influence of alcohol. Physical injuries were accounted only in one sixth of victims of rape, and genital injuries were found in more than half in this study. It is challenged to government as well as to law enforcement agencies to reduce this high number of rape in this region. It is fuelling HIV infection, and with it prevention, it is difficult to control HIV.

### Ethical Issues

The author has ethical permission for collecting data and publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa.

**Conflict of Interest:** The facts in this report could be submitted in demand. The references were not labelled but can be produced if necessary.

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