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**UNIVERSITY OF CAPE TOWN**

**DEPARTMENT OF PSYCHOLOGY**

**AN ANALYSIS OF THE NARRATIVES OF WAR-RAPE OF  
REFUGEE WOMEN THROUGH THEIR SOCIAL WORKERS**

Dissertation submitted in partial fulfillment for the requirements

for the

Degree of

**MASTERS IN PSYCHOLOGICAL RESEARCH**

by

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**April 2007**

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## **ABSTRACT**

Sexual violence has been increasingly used against women during conflicts. The harm of war on women has been poorly visible due to the associated stigma and traditions that blame women for male sexual exploitation. As a result, it creates a collusion of secrecy around issues of sexual violence between women, perpetrators and society. Present literature on issues of trauma tends to draw on a PTSD (Post-traumatic stress disorder) model with a focus on the individual. As a result, it restricts, and limits the experiences of refugee women by neglecting a collective view of trauma. Research on the war rape experiences of refugee women is a step towards making the harm of war more visible and provides a meaning and context for their experiences. The aim of this study was to examine the experiences of women refugees who have survived sexual violence in the context of war through interviews with their social workers. Interviews were conducted with 10 social workers using semi-structured, in depth interviews. A guide detailing the questions to be used to elicit narratives from the women was supplied to the social workers. They then reported on the narratives of sexual violence experienced by their refugee clients. The interviews were transcribed and analyzed using content analysis. The analyses revealed five main themes: The damaging narrative of rape; Resistance and Survival; Helplessness; Stigma and Challenges in establishing new lives. Findings indicate that refugee women interpreted their experiences of sexual violence through the meanings available to them in their community and that in a scenario where the women are subjected to multiple traumas, the rape itself is not necessarily viewed as their worst ordeal. The results of the study are then discussed using a collective model of trauma as advised by Summerfield (1995).

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## **GLOSSARY OF TERMS**

<b>NRF</b>	National Research Foundation of South Africa
<b>PTSD</b>	Post-traumatic stress disorder
<b>IOM</b>	International Organization for Migration
<b>PPA</b>	Planned Parenthood Association of South Africa
<b>DRC</b>	Democratic Republic of Congo

# TABLE OF CONTENTS

<b>PLAGIARISM DECLARATION</b> .....	<b>I</b>
<b>ABSTRACT</b> .....	<b>II</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>III</b>
<b>GLOSSARY OF TERMS</b> .....	<b>IV</b>
<b>CHAPTER 1</b> .....	<b>1</b>
<b>INTRODUCTION</b> .....	<b>1</b>
1. BACKGROUND/RATIONALE .....	1
2. DEFINITION OF TERMS .....	3
3. OUTLINE OF THE THESIS .....	5
<b>CHAPTER 2</b> .....	<b>6</b>
<b>LITERATURE REVIEW</b> .....	<b>6</b>
2. LITERATURE REVIEW .....	6
2.1 <i>Research Objectives</i> .....	10
<b>CHAPTER 3</b> .....	<b>12</b>
<b>METHODOLOGY</b> .....	<b>12</b>
3.1 INTRODUCTION .....	12
3.2 RESEARCH DESIGN .....	12
3.3 SELECTION OF CASES .....	15
3.4 DATA COLLECTION .....	16
3.4.1 In-depth interviews .....	17
3.4.3 Reciprocity and ethics .....	18
3.5 DATA ANALYSIS PROCEDURE.....	19
3.5.1 Data analysis strategies .....	20
3.5.2 Respondent Validation .....	20
3.5.3 Analysis validation .....	21
<b>CHAPTER 4</b> .....	<b>22</b>
<b>RESULTS AND ANALYSIS</b> .....	<b>22</b>
4. INTRODUCTION .....	22
4.1 <i>The damaging narrative of rape</i> .....	22
4.1.1 Rape at home .....	22
4.1.2 Gang rape .....	24
4.1.3 Brutality.....	26
4.1.4 Physical repercussions.....	27
4.1.5 Reminders .....	30
4.1.6 Trafficking .....	32
4.2 <i>Resistance and survival: strategies for coping with rape</i> .....	34
4.2.1 Masking problems .....	34
4.2.2 Distrust .....	36
4.2.3 Silence about their experiences .....	39
4.2.4 Identifying perpetrators .....	40
4.2.5 Dissociation.....	42
4.2.6 Religion .....	45
4.2.7 Suppression .....	46
4.2.8 Acting out.....	49
4.2.9 Distress and survival .....	51
4.3 <i>Helplessness</i> .....	52

4.3.1 Medical Assistance .....	53
4.3.2 Reporting .....	54
4.3.3 Transactional Sex .....	57
4.3.4 Loss of family .....	60
4.4 <i>Stigma</i> .....	62
4.4.1 Shame .....	62
4.4.2 Worthlessness .....	66
4.5 <i>Challenges in constructing new selves</i> .....	68
4.5.1 Language Barrier .....	68
4.5.2 Dashed hopes and dreams .....	70
4.5.3 Xenophobia .....	73
4.5.4 Social restrains .....	74
<b>CHAPTER 5 .....</b>	<b>78</b>
DISCUSSION .....	78
5.1 <i>Discussion</i> .....	78
CONCLUSION .....	85
<b>CHAPTER 6 .....</b>	<b>88</b>
REFLEXIVITY .....	88
6.1 <i>Reflexivity</i> .....	88
<b>REFERENCES .....</b>	<b>91</b>
<b>APPENDICES .....</b>	<b>98</b>
APPENDIX 1 .....	99
APPENDIX 2 .....	100
APPENDIX 3 .....	101
APPENDIX 4 .....	103
APPENDIX 5 .....	105

# CHAPTER 1

## INTRODUCTION

***“Bombs and missiles kill men and women indiscriminately, but other aspects of war affect women and girls disproportionately.”***

(Ashford & Huet-Vaughn, 2000, p.186) (as cited in Hynes, 2004)

### **1. Background/Rationale**

The UNHCR (2004) defined refugees as people who are outside their country and cannot return because of a well-founded fear of violence and persecution. The UNHCR (2000) claimed that the refugee problem in Africa is expanding and becoming increasingly complex (as cited in Pavlish, 2005). Approximately 4.6 million refugees reside in African border camps (UNHCR, 2003a), although the crisis in Sudan has recently increased the number of African refugees. The majority of refugees and internally displaced persons in Africa are women and their children (UNHCR, 2001) thus; research about African women is needed (as cited in Pavlish, 2005). In 1980, the United Nations High Commissioner for Refugees designated refugee women as a high-risk group for developing serious psychological problems due to their pre-migration war experiences of rape and sexual violence (Refugee Women in Development, 1990) (as cited in Ying, 2001).

There is a very high incidence of sexual violence during wars. Rape is often used in an organised way during war, as a weapon of terror and intimidation. There is evidence of rape being used during the wars of the Roman Empire, the crusades, Korea, Vietnam, Afghanistan, the Congo, Somalia, Bangladesh, Mozambique and Bosnia (Lewis, 1994). Historically, rape has been played down as an unfortunate but “inevitable” part of war, if not ignored (Brownmiller, 1975) (as cited in McKay, 1998; Diken & Laustsen, 2005). In times of armed conflict, sexual abuse, including acts such as rape, forced oral sex,

mutilation of sexual organs, forced pregnancy and prostitution, have been used as an extension of war (Wilbers, 1994) (as cited in McKay, 1998). Sexual violence has become wide spread even though poorly visible. One of the reasons for this is underreporting by the victims due to associated stigma (Summerfield, 1995), fear of the rapist, fear of being socially ostracized and internalized shame induced by traditions which blame women for male sexual exploitation (Hynes, 2004). All these factors encourage a collusion of secrecy between women, their attackers and society at large (Schmuel & Schenke, 1998; Summerfield, 1995).

War related morbidity and mortality is normally collected by the military, which extensively ignore military sexual exploitation and violence against women (Garfield & Neugut, 1991) (as cited in Hynes, 2004). Consequently, the harm of war on women and girls is commonly overlooked. Research on the war rape experiences of refugee women becomes a contributing step in making the harm of war more visible. Considerable research has been done on refugees in general and their experiences in the South African society (Naicker & Nair, 2000; Williams, 2000; Okoth-Obbo, 2000). However, there has been limited research in acknowledging the existence of women as refugees and the hardships they face (Valji, 2000). Issues concerning refugee women in general, need to be addressed, especially in South Africa, which has become one of the African countries with the highest percentage of refugees in the continent.

Considerable studies have been done on the war rape experiences of women, but few have provided an understanding of war rape as targeting women specifically because of their gender. The prime aim of war rape is to inflict trauma and thus to destroy family ties and group solidarity within the enemy camp. Apart from demoralization of the enemy, war rape can also become an integral aspect of ethnic cleansing (Diken & Laustsen, 2005). Sexual violence is perpetuated on women's bodies and these bodies acquire meaning only in a specific social context that prescribes rules on what it means to be a woman (Sansani, 2004). Rape is gendered as it derives meaning from particular social contexts that aim to destroy the adversary's culture, through women due to their cultural position and their important role within family structure. Women are a symbol of honor

in many cultures; as a result, they become the prime target if one wants to destroy culture and community (Friedman, 1992).

In some parts of South Africa, political conflict is similar to a civil war in which rape is used to humiliate and terrifying communities (Centre for the Study of violence and Reconciliation, 2000) (as cited in Pavlish, 2005). The belief that a woman is the property of a man helps to explain the use of sexual violence during war: by raping a woman, opposing armies humiliate their male enemies by destroying their property, and by showing that they are not able to protect their women (Centre for the Study of violence and Reconciliation, 2000) (as cited in Pavlish, 2005). This is also observed in ethnic wars where women are increasingly raped for ethnic cleansing. Understanding the relationship between the place of women as holders of culture and ethnicity is integral to a comprehension of women's status in situations of war and relative peace (Sansani, 2004; Friedman, 1992).

This research examines the experiences of women refugees who have survived sexual violence in the context of war through interviews with their primary and mental health providers who interviewed them. It intends to focus on understanding how refugee women experience rape or sexual exploitation in war and how they make sense of the experience by linking their experiences to the socio-economic and political environment in which they live. The study will explore how the women's subordinate status continues to subject them to war rapes.

## **2. Definition of terms**

### **Refugee:**

A Refugee according to the Refugee Act of 1998 adopted by South Africa refers to "any person who has left their usual place of residence in order to escape serious human rights violations in his or her country of origin, who also needs and deserves protection. There

must be a heightened risk to human rights on account of race, religion, nationality, political opinion, or membership of a particular social group” (Crisp, 2000; Vaji, 2000)

**Rape:**

Refers to a physical invasion of a sexual nature, committed on a person under circumstances that are coercive. For the purposes of this research, the above term will also be referred to as sexual violence.

**Perpetrators:**

For the purpose of this research paper, perpetrators are those males who have committed crimes of sexual violence against refugee women, without their consent either during the war, on refugee camps or in route as the women travelled to South Africa.

**Service providers:**

Service providers refer to all those mental health workers and social workers who were part of refugee organization in the Cape Peninsula area. The terms mental health workers and social workers will be used interchangeably in this research report.

**Gender-based violence:**

It is referred to violence that is directed at a woman because she is a woman or that affects a woman disproportionately. And the consequences of that violence are only meaningful because she is a woman.

### **3. Outline of the thesis**

The first chapter provides an introduction to the topic, with important definitions and methodologies as well as the overall structure of the thesis. Chapter two describes the available literature on war rape by highlighting the different theoretical approaches available and then leads to the focus of the present research. Chapter 3 discusses the methodology employed on this research by drawing on a qualitative design structure and then follows on to explain the data collection methods and analysis. Chapter four presents the results of the study combined with an analysis of the proposed themes. The final chapter presents a discussion of the results and its broader implications and also considers some of the limitations of the present study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2. Literature review**

In 1980, with the growing awareness of incidents of violent rapes as a weapon of war, the United Nations High Commissioner for Refugees designated refugee women as a high-risk group for developing serious psychological problems due to their pre-migration war experiences of rape and sexual violence (Refugee Women in Development, 1990) (as cited in Ying, 2001).

McKay (1998) draws her discussion of gender-specific effects of armed conflict on girls and women from the Machel study. The Machel study monitored the situation of children in conflict zones with a particular focus on gender effects of armed conflict on women and girls. In many cultures, the females share responsibility for children's physical and psychosocial development, when the men leave to fight the women are responsible to maintain the social fabric of their communities. McKay (1998) notes that among the most traumatic effects of war on women, sexual exploitation and gender-based violence have the most profound psychosocial consequences. She advises a model that looks at the impact of armed conflict on children, especially infants in conjunction with the effects on women because they are the primary caregivers (McKay, 1998).

Many abuses against women are manifestations of power struggles between women and the patriarchal society in which they live. These struggles have a long historical record of economic and socio-political oppression (Comas-Diaz & Jasen, 1995). Such power struggles and consequent violence often results in frustration, anger, and a sense of hopelessness among many women. There seems to be a relation between economic hardship, political repression, and increased violence against women and children (Comas-Diaz & Jasen, 1995). Abuses against women under conditions of war and state-sponsored violence acquire added dimensions as women are used as scapegoats in order

to maintain their subordinate role in society. Sexist structures and policies tend to be reinforced rather than diminished under conditions of war in order to protect nationalistic political and economic power structures (Lykes et al., 1993) (as cited in Comas-Diaz & Jasen, 1995). These violent acts have traumatic effects on the physical health, mental health, self-esteem and overall functioning of women (Comas-Diaz & Jasen, 1995).

A unique harm of war to women is the trauma fuelled by a culture of war, male aggression and the social economic ruin left in the wake of war (Hynes, 2004). The effects of violence against women include severe trauma, grief, despair and hopelessness (Lykes et al., 1993) (as cited in Comas-Diaz & Jasen, 1995). Such effects can range from feelings of discomfort and anger to physical complaints and more severe diagnoses such as depression (Kuoch, Miller & Scully, 1992; Loo, 1992; Sheperd, 1992) (as cited in Comas-Diaz & Jasen, 1995). The psychological effects of abuse against women affect not only individual victims but also extend to their families and communities (Dumont, 1994; Lykes et al., 1993; Robertson, 1992) (as cited in Comas-Diaz & Jasen, 1995).

Examination of the psychological results of war-related violence for women tends to rely on concepts developed in research on male combatants. Post-traumatic stress disorder or varying combinations of its symptoms are identified as the principal outcomes of war-related events for women (Sideris, 2003). Largely, the dominant literature does not examine possible outcomes, which could be specific to gender. A richer understanding of the psychosocial outcomes of war and the needs of survivors is promoted by investigating gender in specific historical situations and how this frame the responses people have to experiences of violence and social destruction (Sideris, 2003).

War related trauma is commonly diagnosed as (PTSD) but a significant body of critical work has called for alternatives to the diagnostic enterprise (Turner & Gorst-Unsworth, 1990) (as cited in Sideris, 2003). This work emphasizes the significance for individuals of the social and collective features of war-related trauma, highlights the interconnectedness of social processes and personal mental life, and posits healing strategies that lie outside medical interventions (Turner & Gorst-Unsworth, 1990;

Bracken, 1993; Kleber, 1995; Becker, 1995; Bracken, Giller, & Summerfield, 1995; Summerfield, 1995;) (as cited in Sideris, 2003). As a result, this research will focus on a discussion of trauma as a collective experience in order to explain the personal experiences of war rape of refugee women. This framework will be used to account for the fact that victims react to trauma in accordance with what it means to them, and that those meanings are socially, cultural and often politically defined (Summerfield, 1995). Violence takes place in a context and gains meaning in a context that is defined by family and social ties as a result it is not sufficient to understand the individual's meaning to the experience but also that of the community that defines what constitutes trauma.

Feminist scholarship has long argued that women's psychology is woven in context (Walker, 1989) and has sought to understand the constitution of self in social relationships which are embedded in and structured by economic and political dimensions of power (Sideris, 2003). For example, it was early research by feminists on sexual violence that pointed out how the meaning and traumatic significance attributed to rape is mediated by social constructions of sexuality and culturally sanctioned sexual practices and values (Sideris, 2003). In this way, feminist frameworks located both violence and its outcomes firmly in the context of social relations of power. Thus, an examination of the outcomes of war specific to gender provides an opportunity to renew our understanding of the nature of trauma in situations of war and organized violence and the psychosocial outcomes (Sideris, 2003).

Kate Millett uses the concept of patriarchy to describe a social and political system in which men control, and have power over, women. She argues that women's subordination by men has been a feature of the majority of past societies and exists across different cultures and socio-economic systems today (Kelly, 1988). She illustrates how patriarchy is reproduced within the family and by the state, ideology and culture. Control in patriarchal societies, as in all political systems, ultimately rests on force (Kelly, 1988).

Patriarchy is defined as the power of the fathers: familial-social, ideological, political system in which men by force, direct pressure or through ritual, tradition, law and

language, customs, etiquette, education and the division of labor, determine what part women shall or shall not play, and in which the female is everywhere subsumed under the male (Kelly, 1988). This argument draws on political theory making central the use of force and coercion used by dominant groups as a resource of last resort to control women's sexuality. Rape is not used for sexual gratification but is a political violent act, the threat of rape functions as a form of social control, which affects all women in those conflict zones (Kelly, 1988). The threat of rape, and the fact that it happens to some women, creates a climate of fear and all men benefit from the fact that some men rape women. It is a primary mechanism through which men perpetuate their dominance over women using force (Kelly, 1988).

Pillay (2001) similarly provided a view of war-rape as a result of the unequal power relations in society. Unequal power relations between men and women are manifested in social practice and in beliefs and values that promote male superiority and female inferiority. Gender is then stereotyped into rigid, binary roles of male as protectors and female as nurturer with the objectification of the female as "property". As a result, women are owned by men and their violation by the "enemy" signifies a violation of male possession (Meintjes, Pillay & Turshen, 2001; Vogelmann, 1990).

The structural inequality of power that exists between men and women across societies creates the conditions for the social control of women. Relations of domination and subordination between men and women suggest a set of social practices, beliefs, ideas, values and speech that promote male domination and superiority and female subordination and secondariness (Rowbotham, 1983:27) (as cited in Meintjes, Pillay & Turshen, 2001). Sideris (2001) argued that the culture of a place frames what it means to be a woman and a man, this suggests that attempts to combat sexual violence require an understanding of gender roles, the relative power of men and women, material conditions and socio-cultural practices in specific situations and localities (Meintjes, Pillay & Turshen, 2001).

A discussion on how to approach research of minority groups such as refugee women is necessary. According to Sansani (2004) accessing traumatized refugee, women may pose a problem firstly because of refugee agencies' reluctance in allowing access or releasing much information about minority groups (Sansani, 2004). Secondly, because it sounds intrusive to believe that when approaching refugee women they will be ready to share their stories with strangers. Due to survivors' initial reluctance to share their experiences of torture with strangers; it is advised that the data be collected through individual in-depth interviews with the service providers. The apprehension of divulging one's trauma is particularly salient with regard to women who have survived rape and other forms of gender-based violence (Sansani, 2004). Certain cultural traditions prescribe that women who have been victims of sexual violence have been dishonored as a result; their stories become a source of shame, leading to many survivors' reluctance to discuss their stories, especially with a stranger (Sansani, 2004).

Another important consideration is that 'retelling' trauma is consequently 'reliving' trauma, therefore asking the refugee women to share their experiences and reliving their trauma would be irresponsible and unprofessional, as I am not qualified to deal with the consequences of reliving trauma. As a result approaching them through a group of professionals qualified to deal with those consequences seems more appropriate (Sansani, 2004). When working with victims whose trauma has been kept secret due to its nature, one needs to be prepared to handle the testimonies in a way that recognizes the pain and establishes a sense of dignity that the violence has tried to suppress (Beristain, 1998).

## **2.1 Research Objectives**

- Explore the psychological impacts specific to women who have been raped in the war situation
- Examine the common psychosocial effects that these rapes have on their life.

- **Explore the different ways in which they experience trauma and how those are determined by the socio-economic and political environment in which they live.**
- **Explore the challenges that refugee women face as they try to establish new lives and the role that presence or lack of family support plays.**

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the methodology used in this study, and the actual research process that was employed. The methodology section explains the practicalities of this research, the decisions made concerning the choice of research design and its justifications.

#### **3.2 Research design**

The study at present uses a qualitative design. Qualitative design follows Thomas's (1949) proposition that it is essential in the study of people to know just how people define the situation in which they find themselves (Wilson, 1977) (as cited in Marshall & Rossman, 1989). Preference for qualitative data allows for preference for naturally occurring data and a preference for meanings rather than behaviors that allow for inductive, hypothesis generating research (Silverman, 2000, 2001). Human behavior is significantly influenced by the setting in which it occurs, thus one must study that behavior different situations. This design allows reflection on participants' feelings, interactions and behaviors to allow for articulation; as a result, one cannot understand human behavior without understanding the framework within which participants interpret their thoughts, feelings and actions. The researcher needs to understand the framework when engaging in research (Marshall & Rossman, 1989).

Qualitative Research entails immersion in the everyday life on the setting chosen for study, which values participants' perspectives on their worlds and seeks to discover those perspectives that view inquiry as an interactive process between the researcher and the participants, and that is primarily descriptive and relies on proper words as the primary data (Marshall & Rossman, 1989). Qualitative designs are used to understand and document others' understanding because it provides us with a means for exploring the

points of view of the research participants, while granting these points of view the culturally honored status of reality (Miller & Glassner, 1997) (ac cited in Silverman, 1997).

In qualitative designs, the issue of social distance between the researcher and the participant is an important factor to consider. Social distances that include differences in relative power between researched and the researcher can result in suspicion and lack of trust, both of which the researcher has the responsibility to overcome. Rapport building can be a key to this process, by establishing trust, and familiarity through showing genuine interest and assuring confidentiality (Glassner & Laughlin, 1987:35) (as cited in Silverman, 1997). The existence of this social difference does not mean that the interviews are devoid of information about social worlds. In fact, the interviews can be accomplished in ways that put these social differences to use in providing opportunities for individuals to articulate their feelings about their experiences (Silverman, 1997). One potential benefit of social distance in research of this nature is that the interviewee can recognize him or herself as an expert on the topic of interest to someone typically in a more powerful position in accordance to the social structure (in this case, particularly, education). This approach is particularly advantageous with groups that have been stereotyped and devalued by larger cultures or whose perspective has been ignored such as refugee women and victims of rape in war situations (Silverman, 1997).

A qualitative design is desirable because it can provide rich descriptions and explanations that demonstrate a chronological flow of events as well as often leading to serendipitous findings (Gray, 2004). It goes beyond a mere snapshot of events and can show how and why things happen, also incorporating people's own motivation, emotions, prejudices and incidents of interpersonal cooperation and conflict (Charmaz, 1995) (as cited in Gray, 2004). A qualitative design will allow for a better understanding of the refugee rape victims through their service providers in their natural setting (Silverman, 1993) which will allow them to feel more comfortable and able to reveal more information in a safe environment.

The study focuses on the narratives of the refugee women as they narrate them to their service providers. Stories are particularly suited for this study as the linguistic form in which human experiences as lived can be expressed. A story is a special type of discourse production, the events and actions are drawn together into a categorized whole by means of a plot through which the meaning of individual events can be displayed (Polkinghorne, 1995) (as cited in Hatch & Wisniewski, 1995). A storied narrative is the linguistic form that preserves the complexity of human action with its interrelationship of temporal sequence, human motivation, chance happenings and changing interpersonal and environmental contexts (Hatch & Wisniewski, 1995).

Narrative as a story is of special interest to qualitative researchers as they try to understand the fullness of human existence by including in their inquiries the unique characteristics that differentiate human existence from other kinds of existence (Polkinghorne, 1983) (as cited in Hatch & Wisniewski, 1995; Czarniawska, 2004 ). Stories express a kind of knowledge that uniquely describes human experience in which actions and happenings contribute positively and negatively to attaining goals and fulfilling purposes.

The study was done in two phases. The first phase focused on establishing a contract with the participants by firstly providing them with an information sheet and subsequently a consent form that they were required to sign (Silverman, 2000, 2001). This phase focused on the service providers; it was discussed with them the research questions that this research intended to focus on in order to provide them with an overview of the issues that they needed to look at in relation to their refugee clients. They also received an information sheet with an explanation of the objectives of research (Appendix 1). The service providers were then required to fill in a consent form (Appendix 2). They were then given an interview schedule or a list of issues that they had to touch on in their meetings with the refugee rape victims (Appendix 3). They were given time in which they would collect the information concerning refugee women's experiences of war rape. The social workers were not given any specific training on how to conduct interviews, as it was established that they had previous experience on interviewing due to the nature of

their work as social workers or mental health workers in refugee organizations. Initially it was envisioned that social workers recorded the interviews with their available refugee clients but due to the constraints discussed in the literature, it was decided that social workers would then report on the experiences narrated by their different refugee clients.

In the second phase of the study, the researcher interviewed the social workers or counselors. The researcher solicited stories of the refugee women by simply asking the service providers to tell how something had happened, in this case, the rape and the events subsequent to it. The stories were generated as reminiscences of how and why something occurred or what led to an action being undertaken (Hatch & Wisniewski, 1995; Czarniawska, 2004). Participants were not required to be taught how to tell stories as it was part of their cognitive repertoire (Kemper, 1984) and an ordinary way in which the refugee women made sense of and communicated their life episodes (as cited in Hatch & Wisniewski, 1995; Czarniawska, 2004 ). Narratives focus on the individual as it is rooted in the sense making systems of individuals, the researcher and participants work closely together to come to a shared understanding of the participant's story, so participants are more involved in the research process (Hatch & Wisniewski, 1995; Czarniawska, 2004). They reported on their experiences of the narratives of rape reported by their refugee clients in detail (Appendix 4). The researcher did not attempt to interview the individual refugee women because the focus was upon how the refugee women told their stories to their counselors and not on how they actually thought about it (Silverman, 2000, 2001).

### **3.3 Selection of cases**

The ideal site for this research was stipulated on four basic assumptions or criteria, (1) only those sites where entry was possible were selected; (2) where there was a high probability that a rich mix of refugee women who might be able to answer the research questions might be present; (3) where the researcher would be allowed to maintain a continuity of contact for as long as necessary and (4) where the credibility of the study

would be reasonably assured by avoiding poor sampling strategies (Marshall & Rossman, 1989).

A theoretical sampling strategy was used, which consisted of selecting groups or categories to study based on their relevance to the research question. This sampling is concerned with constructing a sample, which is meaningful theoretically, because it builds on certain characteristics, or criteria, which help to develop and test the theory and explanations (Jennifer Mason, 1996:93-4). The researcher looked for organizations that worked with refugee women who were migrating from war torn areas where war-rape was likely to occur (Denzin & Lincon, 1994:202) (as cited in Silverman, 2001).

Participants to be interviewed by the service providers included all those refugee women who were victims of rape during the war, during their journey to safety or in refugee camps. Men were not being included in this study, as the literature suggests that it is mainly women who are raped during armed conflicts (Ellis, 1989; Ying, 2001; Sideris, 2003; Hynes, 2004). The refugee women were limited to those who, through their access to different refugee Centers were identified as victims of rape under the above-specified circumstances. The participants were those who have contact and have accessed the service providers of the following Refugee Centers, Trauma Centre, Cape Town Refugee Centre, Saartjie Baartman Centre for Women and Children, PPSA (Planned Parenthood Association of South Africa), IOM (International Organization for Migration), Place of Hope and Rape Crisis . Service providers for the purpose of my research, include social workers or counselors who have a direct and close relationship with women refugees who have been victims of war rape and provide for their needs in various ways (e.g. education, health, skills training, counseling).

### **3.4 Data collection**

Data was collected between August and November 2006 at the different Refugee Centers. Before commencing with any interview in those facilities chosen for the study, an introductory and information session was held with the social workers or counselors and

in circumstances deemed necessary also with management to explain the purpose of the investigation and to gain cooperation of the staff that was familiar with the refugee rape victims. The social worker was then required to address the issues in their meetings with refugee clients.

### **3.4.1 In-depth interviews**

In depth, interviewing is a data collection technique relied on quite extensively by qualitative researchers. It is often described as “a conversation with a purpose” (Kahn & Cannell, 1957:149) (as cited in Marshall & Rossman, 1989). The researcher explores a few general topics to help uncover the participants’ meaning perspective, but otherwise respects how the participant frames and structures the responses (Marshall & Rossman, 1989). The participants’ perspective on the social phenomenon of interest should unfold as the participant views it, not as the researcher views it, the most important aspect of the interviewer approach is conveying the idea that participants’ information is acceptable and valuable. Interviews are a useful way to get large amounts of data quickly, when more than one person is used as an informant, the interview process allows for a wide variety of information and a large number of participants (Marshall & Rossman, 1989).

Interviews also allow for immediate follow-up questions, and, if necessary for clarification, follow-up interviews may be scheduled later. The only shortcoming of this process is that interviewers may not be willing to share all the information that is needed with the interviewer, this process was tackled by the researcher by guaranteeing confidentiality at the commencement of each interview (Marshall & Rossman, 1989). According to Marshall and Rossman (1989), the interviewer may not ask appropriate questions because of lack of expertise or familiarity with technical jargon, as a result the researcher in the present study only constructed the interview schedule after consulting the literature available and becoming acquainted with its terms and concepts.

The main method of data collection in this research was in depth semi structured interviews as it allowed for opportunities for clarification and discussion between

participants and the researcher, it allowed participants to provide information that they felt was important. Social workers were not restricted on the time that they took to interview their clients, as the interviews questions could be tackled in a number of different counseling of interview sessions. Subsequent to their interviews with the refugee rape victims, the researcher (Appendix 4) then interviewed 10 social workers or counselors. These interviews lasted between 45 min to a 1h 30min hours and were recorded and transcribed later. The inclination to interview social workers and counselors is compounded by the choice not to access directly the sexual violence victims due to shortcomings discussed in the literature, in this way these service providers take the role of research assistants to the researcher as well as participants to the study. This meant that not only the experiences of refugee women were recorded but also the experiences and perspectives of the social workers.

#### **3.4.2 Tapes**

The use of tapes for recordings of the interviews was valuable because they are a concrete record of the data collected and can be easily available. Tapes can be replayed and transcripts improved resulting in analysis taken off on a different track, unlimited by the original transcript (Silverman, 2001). Tapes preserve references of talk, which are highly important to determine what was said.

#### **3.4.3 Reciprocity and ethics**

Qualitative studies intrude into settings as people adjust to the researcher's presence. People may be giving their time to be interviewed or to help the researcher understand group norms; as a result, the researcher must plan to reciprocate. Where people adjust their priorities and routines to help the researcher, or even just tolerate the researcher's presence, they are giving of themselves (Marshall & Rossman, 1989). In the present study, the researcher offered a non-judgmental attitude, by avoiding criticisms and imposing the researcher's point of view and in this way allowing the participants to feel free to expose their views and experiences (Silverman, 2000, 2001). Further, the

participants were promised feedback concerning the results of the research. It was agreed that both the researcher as well as the refugee organizations should benefit from the results of the research project. The research organizations were offered a copy of the final research report by the researcher. These organizations might have potentially benefited from the dissemination of the research and the exposure it brought to their work. Finally, the refugee organizations as well as the participants were guaranteed confidentiality concerning their participation in this project.

### **3.5 Data analysis procedure**

The data in this research project was analyzed using content analysis. Content analysis is a technique that allows for examinations of data to determine whether the data supports a hypothesis. It allows the researcher to obtain an objective and quantitative description (Berelson, 1952:18) of the content of communications (Marshall & Rossman, 1989).

Once the interviews were transcribed, attention was given to the interviews individually. After selecting the data to be analyzed, the researcher established an empirical link between the data selected and the inferences that were planned to be made from the data. Content analysis can be conducted without disturbing the setting in any way. The researcher determines where the greatest emphasis lies after the data has been gathered, it is not set out to prove or disapprove a hypothesis by gathering facts to support the researcher's position (Marshall & Rossman, 1989). Data was broken down into their constituent parts, and connections were made between these concepts (Gray, 2004). Firstly, I coded the transcription by finding themes in the data, in other words "speaking to the text". After doing this for each interview individually, I looked for similar themes and concepts across the individual transcriptions. The next step was to build categories based on the themes that came from the data and interpreted them within that category with quoted examples. The final analysis was to explain the meaning of those categories in context to the research question.

The transcribed data was analyzed using content analysis. This form of analysis can be used to examine any piece of writing or recorded information. This involves making inferences about the data by systematically and objectively identifying special characteristics within them (Gray, 2004). The process of category generation involves noting regularities in the setting or people chosen for the study (Marshall & Rossman, 1989). This form of analysis is advantageous because it looks directly at communication via texts or transcripts, and hence gets at the central aspect of social interaction. It provides insight into complex models of human thought and language use. It allows for valuable historical/cultural insights over time through analysis of texts and closeness to text. Further, it can be used to interpret texts for purposes such as development or change of policies with extensive benefits

(<http://writing.colostate.edu/references/research/content/com2d2.cfm>).

### **3.5.1 Data analysis strategies**

The data was analyzed simultaneous as the researcher went along collecting data in order to both adjust the researcher's data gathering techniques, shifting some emphasis towards those experiences which bear upon the development of the researcher's understanding, and secondly, to exercise control over the researcher's emerging ideas by simultaneous checking or testing those ideas (Marshall & Rossman, 1989).

### **3.5.2 Respondent Validation**

Respondent validation was used as a form of validation to allow the researcher to attempt to verify own findings (Silverman, 2001). According to Reason & Rowan (1981) the researcher should not be fearful of contaminating the data with the experience of the participants; on the contrary, they argue that good research goes back to the participants with tentative results and refines them in the light of the participants being studied (Silverman, 2001). In the present research, the researcher went back to service providers with the transcripts of the interviews that took place as to allow participants to validate

the information that they had provided. Processes of validation of data should be treated as yet another source of data and insight and not as a direct refutation or validation of the observer's inferences (Silverman, 2001).

### **3.5.3 Analysis validation**

After the coding of the interviews by the researcher, the interviews were given to another Social Sciences student to validate the themes that emerged from that specific transcription. Subsequent to the above process, both the researcher and the student engaged in discussions of the themes emerging and their meanings for the research project. This process allowed for a richer experience and different understanding of the data to be captured.

## **CHAPTER 4**

### **RESULTS AND ANALYSIS**

#### **4. Introduction**

This chapter describes the results of the study, outlining the multiple themes that arose from the interviews done with the refugee mental health workers. The themes have been broadly divided into the following categories: the damaging narrative of the rape, discussing the effects that rape has on the women; Resistance and survival looks at the strategies that refugee women employ to deal with the rape; the theme of helplessness looks at support issues surrounding the rape and the last two chapters look at the stigma attached to rape as well as the challenges that refugee women face in trying to establish new lives.

#### **4.1 The damaging narrative of rape**

##### **4.1.1 Rape at home**

Reiner & Carmen (1986) point out that confrontations with violence tend to challenge one's most basic assumptions about the self as invulnerable and intrinsically worthy and about the world as just (as cited in Webb, 2004). This was very common on the narratives of refugee women in circumstances where the violence took place in their home. The interviews with the social workers revealed a break down of the most basic assumption of safety of the refugee women. The rape when occurring in their homes caused a breakdown and a violation of those feelings of safety, control, love and peace that one's home represents. It challenged and broke down the feelings of control and safety that women had of the world. It increased their feelings of vulnerability and fear.

This social worker hints at the role of rape in destroying the most basic assumption of safety of the women and destroying that which is most sacred for women: their family. This example illustrates van der Kolk's (1996) conception that trauma is usually accompanied by intense feelings of humiliation related to the incapacity to be able to count on or protect oneself (van der Kolk, McFarlane & Weisaeth, 1996).

*"Ya, often that happens where they think they are protected, and so that is an added thing, you know. Coz we all think that we are safe in our own home. And then also having witnessed their partner being killed and family member being killed at the same time and still being raped as well, so those are the circumstances."*

The rape of both women and their daughters causes a disruption in the lives of the women by potentially causing feelings of inadequacy through their inability to protect their child and the family structure.

*"Most of the women say that the husband has been killed before and afterwards she was raped most forcibly at home. Like the soldiers come to the home and kill the husband and they rape the wife and if she has young daughter, they may also have the young daughters in front of children."*

The home is the ultimate place where one expects to find peace and security amidst the chaos around the world, the interviews described a sort of despair shown by the women when they realize that there is no place, where they can feel secure in their world.

*"And also some of them flee because of that, (pauses). In the country, the rebels will come and rape the women, especially in the DRC and Zimbabwe, if you are in the opposition then the government will come, they will come and rape the women in their houses. It is one of their methods of rape now and the same with the rebels, so the women are not safe in their houses and there is nothing that anyone can do about that."*

The rape in their own home invades their personal space and once that realization sinks in, the women realize that they are trapped in that situation and to stay alive need to do what is required from them.

*"The other one was also very emotional because, it happened; in her house (pauses). She was trying to keep herself alive, it was survival, coming to a new country not having anywhere any place to go and you just have to tell" I have got to do this."*

In some cases, the rape is used as a punishment when the women seem unable to provide for the demands of the perpetrators.

*“...rebel soldiers have invaded our house and demanded whatever from the family, maybe they demanded where is the father or they demanded money and couldn't be produced or the person couldn't produced. Then they say, if you do not tell us where x and y is then we are going to rape your daughter or we are going to rape your mother or whatever. Then maybe they will come again then the rape will take place.”*

The fear that the rape instills on the women is so strong that it forces them to leave the country of their birth, and look for alternative places where they can find safety.

*“Hum, what usually happens is that they would have left the house; most of the people have fled at that time, so they grab whoever they can grab then rape them and leave. So she has to leave the rape there and try to look for safely coz obviously she can't stay there because they will come back.”*

#### **4.1.2 Gang rape**

The interview material suggests a continuous breakdown of the self, as multiple partners rape women. It symbolizes a breakdown of their ultimate sense of control over their bodies and their lives, as they have no agency as to who uses their body and when. They are no longer beings with a will but are reduced to the physical nature of their bodies.

This social worker describes the use of rape camps, where women are kept for the use of soldiers. They are subjected to multiple rapes by different perpetrators and live with a constant fear of death.

*“...they are taken and they put in some kind of maybe a camp and then some girls are maybe just beaten up and whatever and some of the soldiers will just rape them as they want to. And then maybe there is one or two or three of them that maybe are prettier or whatever, and then the person in charge of the soldiers or in charge of the camp, will say okay, I want those 3 or those 4. Then they are not exempt but they also get raped, I mean, they are suppose to submit willingly, even though they don't want it, but is also a*

*violation of their rights so its still rape, even if you don't throw a fight or whatever, you still at risk because your life."*

In situations where the woman is allowed to go, she has lost so much of her self that one wonders whether she would be able to enjoy a life.

*"It has happened in the East of Congo where rebels coming from or used to come from Rwanda and gather up some women and taking them to the camp. They can make use of them, abusing them by more than one person and sexual violence when they want until they would decide to let her go. That is very very severe. "*

*"Sometimes they take the girls, the women and take them to the bushes, locations where they stay and they keep them there, they abduct them actually, they use them and then they free them."*

For some women the rape is not continuous but takes place at one time when a group of soldiers rapes her.

*"It is usually gang rape but which happened one time, there would be a whole lot of men but it wouldn't be like a continuous, continuous, because usually they then decide to get away and so on."*

*"...not just one to one, it's a gang of militia or a group of soldiers, police or guards or whatever there is, it's not a one to one rape, often there is 2 or 3 or 4 people involved and the person is being gang raped."*

This social worker suggests that the rape can at times take place in formal structures by formal government bodies such as the police, which take advantage of the climate of impunity available in war and render the women with no recourse to justice.

*"...and then you have sometimes maybe the cops driving past and then just sometimes stopping and putting you in the van, for no reason at all. They don't have any reason and sometimes locking you up in the cell and actually raping you there, making you do things and there is gang rapes, where you get all of them coming, you know, keeping you there over night, raping you continuously, each one of them and thereafter leaving you the next day, you know."*

Rape is associated with considerable amount of damage to the physical. This section intends to suggest that the additional burden of physical violence suggests that the women have to deal with double trauma. The literature supports this view by noting that when one is physically injured during trauma, the body tends to be shocked by the injury that it has sustained and this tend to complicate trauma, as the victims now have to deal with double trauma (Hybels-Steer, 1995).

#### **4.1.3 Brutality**

The current theme emerging from the transcripts examined the way in which the rape of refugee women took place within the realm of other human rights abuse. In recounting the rape experiences of refugee women, all mental health workers stress the physical brutality that prevails in those experiences.

This mental health worker compares the experiences of violence of refugee women with the experiences of South African women. She used this comparison to emphasize that the experiences of the refugee women are much more horrific than those experienced by women in South African. This comparison also suggests feelings of empathy on the part of mental health workers towards refugee females as women. She suggest that what renders refugee women's experiences worse is the fact that there is no discrimination with regards to the men that perpetrate the rape, it emphasizes that all men are a potential rapists.

*"I must admit that their experience is nothing compared to, even to ours. I mean, rather, ours is nothing compared to theirs because when you listen to theirs, it is brutal, brutal, it is something that you can't just get over so soon, and I mean, these are people that when they speak about, it is strangers, its brothers, its relatives."*

Many women talk about how they were attacked and raped and detail the painful experiences of physical violence involved in the rape.

*"And the one family were attacked in their shack by tsoties' and she was badly injured because she was kicked very badly."*

In some cases, the perpetrators used objects to rape the women and in that from inflicting more pain on them. This suggests that the perpetrators intended to reduce the women to the physical state where they were not valuable as human beings.

*“Either being hit with the back of the rifle or being tied up or mouth closed or slapped, you know, that kind of things. And some people also where there is not penetration via, is by other means, other objects, that as well.”*

This social worker recounts the experience of this refugee woman, when she was kidnapped from her yard in front of witnesses and violently beaten when she tried to resist the rape. The use of guns on witnesses implies that there was an intention to terrorize not only the potential rape victim but also the rest of the community.

*“With this woman there was one person who was in her yard but she was alone but there again she was taken away from her yard because there were other people around and they were men around who were threatened at gun point anyway. So, she was raped and was beaten. She was one who resisted and she was beaten so badly that she did not get back home for about two days. It took her two days...It was the children who had been looking for her. She dragged herself home.”*

#### **4.1.4 Physical repercussions**

According to the interview material, the rapes had very physical and damaging consequences for the women, such as pregnancies as well as HIV/AIDS. The pregnancy, which occurred within the context of rape, presented a number of difficulties and influenced how the rape was perceived. Refugee women presented very ambivalent feelings towards the children resulting from the rape, they felt that they should love the child as it is an innocent being but it was also a constant reminder of what was done to them and a symbol of their violation for the world to see. The pregnancy made the rape experience much more real. The material suggests to the researcher that refugee women may succeed in blocking out or hide internal feelings associated with the rape but a child resulting from rape cannot be erased from one's mind, as it is a physical and tangible reminder.

*“Women who give birth to a child as a result of rape are very ambivalent about the child. They love them on the one hand because it is their child constantly reminds them of what happened to them and the perpetrator.”*

When faced with concerns about the pregnancy refugee women seem to develop strategies to cope with it, they deny ownership of the pregnancy and their lives and attribute it to God. They become passive agents in their own lives as God is powerful and has honored them with a child for a purpose. For example, this passage shows Neyma’s attempt to cope with the pregnancy but once the baby was born, she felt unable to bond with the child for what it symbolized.

*“What did affect me was the one girl that was raped and she was impregnated. And I was with her even when she had the baby and I was still seeing her, she just could not connect with that child. It was so sad, she had said, she was a Muslim young woman and she had said I cannot terminate it because to me this is a life given by the Almighty then I have to carry the child a full term. And yet when the child was born, to me it was more like a travesty because she was not mothering the child. I am not blaming her, I am just saying that the child was missing on so much, and so was she....there was no bonding between her and the child, the child reminds her constantly of that pain and of that hurt.”*

This participant initially accepted her child but eventually could not cope with her feelings of despair as she realized what that child symbolizes

*“...you have those who go on with the pregnancy thinking that “Look I am not going to take innocent life” but with that pregnancy have the post partum depression. I mean this is a child that is going to remind me of that rape but surely I can say at least about is 6 out of 10 actually loves that child more, you know, and shows that child love despite the fact that that child was conceived out of rape, they have actually identified with that person.”*

Some women felt so alone, frustrated and burdened by the fact that they would have to support the children financially on their own without the support of the father.

*“She feels frustrated because the pregnancy is not supported you don’t know where you can take it.”*

*“Just a certain woman. She told me she is pregnant but she doesn’t know the man who impregnated her so I couldn’t go deep.”*

The stories told by the women about being HIV positive are a source of disruption to their lives. Refugee women are infected with HIV within the context of other traumas, in this case, the rape. They are powerless to prevent the rape or the infection. The virus is a permanent scar of the violence that they have been victims of, an HIV status cannot be changed; it will be carried on for life. Everytime a woman has to take antiretrovirals she is constantly reminded of rape, which is the reason why she is in the present ordeal. It can cause an emotional breakdown and a sense of utmost injustice and of being double victimized (Soskolne, 2003)

*“The common complaints are HIV related. They relate to pain in reproductive areas which is one of the areas that the virus attacks and the feet are swelling and what is described as the hypotactic section which causes swelling and causes pain and they cannot wear closed shoes or walk long distances and then general tiredness.”*

*“One of the ladies is very ill with brain stem. When I met her, she was ill of the brain stem. Her face was swollen, she had not been in hospital that time but she was very sick it was recommended that she obviously go on antiretroviral treatment but her resistance was so low after having come out of the TB treatment and she was feeling so weak, she was too scared to start the treatment. She did not feel that she would survive because she had seen what had happened to other people with the side effects. Unfortunately, she was ill again and she is now in hospital and is having injections on a daily basis and I almost think she is doing well with treatment.”*

Some women feel the effects of multiple victimizations initiating with the rape, the pregnancy and then HIV related sicknesses.

*“Some of them they come to me, they tell me they are HIV positive. Others come to me they are pregnant they want to terminate their pregnancy, so I try to refer them or to take them sometimes to...like those who are HIV positive.”*

*“Pregnancy, HIV and AIDS, STI’s. Ja. Some has been raped and afterwards pregnancy and after a few months HIV is positive.”*

Refugee women seem unable to deal with the effects of multiple victimization. The women interviewed by the social workers seemed unable to understand the full extent of their HIV condition. These narratives could suggest that the women employed a denial strategy to avoid acknowledging their condition and the physical constraints that result from it. This denial of their condition seems to be a powerful strategy that the women

used to hold on to hope. It established a sense that they were physically well and their health could be maintained.

*“ I have said that because of people like Lydia\* who when they park cars for a week, they are in bed for two weeks because they are so exhausted and it has taken its toll and it is a lot of tiredness just to earn a few rand.”*

This social worker explains that she had to warn her client about the physical effects of her being HIV Positive and the resulting inability to engage in very demanding occupations. This passage emphasizes the difficulties of managing HIV/AIDS on a day-to-day basis on the part of refugee women.

*“But I have to warn her that the work is very draining. Already she gets tired very quickly and home care is very draining work for someone who is HIV positive and is not on ARV’s. She feels she is too young. We have spoken through a number of times and the treatment process at the same time every day and it is for the rest of her life.”*

Even when they condition does not allow for, refugee women feel the need to engage in activities that can potentially contribute to her income.

*“The lady who has been attacked she is quite ill at the moment. She has a problem with her...She has a very distended tummy and obviously there is trouble there because she is being treated for that at the Grootte Schuur. But they lost the blood results three times. So she has been waiting for treatment now she is ill again. She has had a stall in Mitchell’s Plain and sold cigarettes and sweets because she has asked me for some capital to go and buy things to sell and I have asked someone else who had promised me some money and said “Just go and buy the goods.” I will tell you to go and what to buy.” They make up little packets and things but now she is ill so I am not quite sure.”*

#### **4.1.5 Reminders**

The stories told by the social workers hinted that refugee women carry with them reminders of their experiences of sexual violence on both their bodies and their minds. The idea of intrusive images in form of reminders is also central to loss and trauma (Horowitz, 1976) (as cited in Harvey, 2002). Intrusive imagery is a part of the schemata that develops after major losses. The schemata idea refers to our mental maps of what has happened to us. Major losses stick with us in our minds and have an effect on our general

psychological condition. What contributes to the effect on our psychological condition is the fact that we regularly encounter environmental stimuli that reminds us of our losses (Harvey, Flanary & Morgan, 1986) (as cited in Harvey, 2002).

For some women vocabulary that previously had no connotation now are associated with the rape and tend to bring back all the memories of their trauma. It suggests a reformulation of their vocabulary in such a way that incorporated the trauma of their experiences of sexual violence.

*“...so it takes a long time so when people mention the word rape or sex or babies or men, the woman goes into quite a state, you see...”*

They are constantly troubled with flash back of the event as if it is happening all over again. This tends to make the women frightened as they lack the control over those feelings. Once the experience is under way, the women lack authority to stop it or to put it away as the traumatic flashbacks immobilize their will as useless from which one tries to escape but fails to do so (Shay, 1994:174) (as cited in Brison, 2002).

*“They talk about being alone, being afraid, and also the flashbacks of seeing their families being killed...”*

The social worker suggests that the women cannot help thinking about the rape experience. These images tend to take control of the victim's mind without warning; it may lead the women to believe that they will never forget the rape experience and be able to live a normal life.

*“Each night you can't fall asleep because you are thinking and thinking and thinking and then you are cross with yourself because you can't stop thinking, you can't switch your thoughts off, we explain to them that it is natural and reasonable consequence of what happened, of course it is outrageous to have to go through.”*

Experiences of a sexual nature in South Africa brought flashbacks of the rape that had taken place in her home country.

*“We have had a woman who is from Cameroon and she had been raped there and coming here it is really affecting her, she has had some bad experiences here of sexual harassment and this brought all that to her life again.”*

Refugee women fear men in generally and avoid contact with men as it reminds them of what happened to them and they fear that it may happen again.

*“It has, we have those that see all men now, as same and have that fear in them, so it has actually changed in a negative way because they don’t have that confidence. They loose that confidence, they don’t speak to any man, and yes they are also not familiar and that comes with the ladies already fearing the men that have done these things to them, okay.”*

Most women who experienced rape felt a great distrust for the opposite sex; they felt that allowing themselves to trust men would render them vulnerable, so they rather employ a self-protective approach.

*“When we are doing our workshop on psycho-social issues affecting woman we talk about all the trauma they have been through and all the issues that have affected the way back home. And when they are giving their testimony you will see like, hum, emotionally she becomes ... she doesn’t believe think like one day she will get married or she will recover or she starting to think like all men are the same. She started to push away the family. That type of behavior can show you.... That one she was really affected emotionally.”*

#### **4.1.6 Trafficking**

One of the issues visible in the interviews is the continuity of sexual violence that women go through in trafficking situations. It puts women in situations where they have no other alternative, which forces them to contemplate drastic measures such as suicide in order to seek help.

*“Well, I think in particularly there is an issue of trafficking, and something that goes on over a period of time. So it is not a just once off incident, it happens over some weeks or months to the person. So they are actually forced into what looks like a lifestyle of*

*torture and abuse, so to the extent that, hum... one girl tried to commit suicide just to escape from the situation on which she was in. And she was hoping that the authorities would have discovered her and that would really expose what was going on..."*

This social worker suggests that the lack of agency of women in trafficking situations further pushes women into unfavorable circumstances. It disempowers them in making decisions concerning issues of their sexuality. It puts them in situations where they can easily be prey to sexual transmitted diseases as well as HIV/AIDS.

*"...especially with trafficking cases is heightened because it is easier to, they have to have sex with a lot of men and there is no protection, there is a high level of injury, so your risks for HIV are extremely high. There was one woman that I saw, she, hum, , she hadn't, the only people that had raped her were the traffickers themselves, so there weren't multiple partners in that case but he had raped all the women in the camp through his organization so, you don't know exactly the risks, just everywhere the risks are present."*

The interviews emphasized that woman's vulnerable situations and lives in poverty in war-torn areas are used as a strategy to lure women into South Africa.

*"some women are being grabbed when they are coming from refugee producing countries are already exploited in route as a form of control, so that works as a initiation or whatever into what is going to be their fate so I would say that yes on route."*

*"There is hum, you can say trafficking of the women. Some women they are being trafficked to be their sexual slaves you know."*

Some women experience feelings of disorientation when they are left on their own by the perpetrators subsequent to their trafficking and sexual abuse.

*"...and when they come here they get dropped maybe at a station or where else. And then that person disappears, they might have a name but who knows whether that name is the right name. It could be a fake name and they don't know the country and they don't have anything, so these guys are having a bull of a time bringing the women here."*

## 4.2 Resistance and survival: strategies for coping with rape

### 4.2.1 Masking problems

Analysis of the interview material suggests that in their sessions with the mental health workers, refugee women tend to seek fulfillment of their primary needs, they tend to mask their problems and end up discussing those issues that seem primary to them on their arrival to South Africa. This strategy for coping with their problems suggests that they had not yet found constructive ways of coping with their problems as a result they preferred to focus on the now. It also suggest that in some way, refugee women are trying to regain control of their lives through fulfillment of needs that will allow them to become more autonomous in making decisions about their lives.

In counseling sessions with their mental health workers, refugee women are not interested in addressing emotional problems; they attend those sessions with the hope of receiving help for what they consider feasible needs necessary for their survival.

*“You know what we found out for a very long time is that refugees come in with superficial requests. They know that we are dealing with counseling but they still usually come in and say that there are some problems with my papers, hum, I don’t have housing.”*

This social worker suggests that the women do not see the value of counseling when their primary needs are not being fulfilled.

*“(Interrupts) they are very and very stressed out because you can sit there, you are trying to do clinical work, group work, you are trying to do group therapy. But most of the times they say, like you come in, we contract with them and say this is what we gonna do, we gonna talk about your stresses, we gonna talk about the journey to South Africa, then they say “What job have you got for me” “ Can you take my c.v?” And now you have to say, remember we said we are not here to train you, we are not here to find you a job but at the end of the day the question is how am I going to cope. “Have you got a job for me? Do you know whom I can contact? Do you know where, you know? So that is mostly in their mind, how am I going to cope and they worry...”*

*“(Interrupts) Yes, I mean they come here from so far because often you would ask for, for the first basic needs. It would be most important and then tend to push the trauma to the*

*back and, and, hum and block the trauma because they do not have shelter, they do not have food and so on. But usually the first thing that she will currently ask for is "I need space, hum, I don't have accommodation, hum, people here aren't treating me well," and so on."*

This mental health workers suggests that refugee women's primary goal in attending session is to attain to their primary needs and once those are fulfilled they do not see the necessity of discussing their experiences of sexual violence.

*"They come to the office and they expect something feasible, if you give them and then they say, "I don't want to talk." They don't realize that Counseling is a service, okay, so they don't talk about the rape that will be in a more direct relationship."*

*"Some women decide to just leave a part of their lives in their home countries and concentrate primarily on seeking help so as to obtain material needs which are crucial to their survival."*

*"So they will come and present problems that is linked to either rent or things for the baby or food vouchers. So basically, the main, the main issues is surrounding assistance when they come to the office."*

*"Okay, some of them like the new comers, they have nowhere to stay, and to support themselves so sometimes I identify them to go the shelter or to go and receive food parcels."*

*"A lot is when they, when they come here it is accommodation and the support from the government, from, hum, from other people, they don't know anyone in the country, so, hum, it's mostly the accommodation and the support from other people..."*

According to mental health workers, some women tend to show an opportunistic attitude to disclosing their sexual violence experiences. They only disclose their experiences when they see that it will help them to attain some sort of advantage.

*"(Interrupts) No, it would be a long process, most of them won't talk about the journey here, they will focus on what information you need for them to get the voucher, okay, some of them we see once or twice and then the service ends when they get the voucher and then access other service. And the majority of them is not interested in Counseling, you understand?"*

*"The other one she was also HIV positive and she felt that I needed to know how she acquired it and the situation she is in. And she was one of those ladies who had been abducted and had been gang raped by the soldiers, that for her, it was very traumatic and also to talk about it, it was also but she had been to counselors, she had been to the Trauma Centre all of that. So when she came to us it was merely basically for assistance. And the reason why she would disclose that information is because she was scared that she doesn't qualify in law for the food vouchers but in order for me to understand the situation what she went through, I might consider giving her a food voucher, so she would use that information but that is how I came to that."*

*"They come to the office and they expect something feasible, if you give them and then they say, "I don't want to talk." They do not realize that Counseling is a service, okay, so they do not talk about the rape that will be in a more direct relationship. You can feel from their side that if that information can be use to gain something they will disclose it, okay."*

#### **4.2.2 Distrust**

According to the social workers, there is a lot of mistrust involved in the counseling of refugee women and as a result, they do not disclose their experiences in the initial meetings with their counselors. Their narratives only begin to surface once a bond of trust has been established with their counselors in an environment where they feel safe.

Some social workers emphasize on the importance of maintaining the contact with refugee women in order to create a bond with time that will allow the women to feel comfortable in opening up.

*"I also tell them, the other social workers to hold on, maintain that contact with the client, because by the second and third or forth contact, you start to hear the actual emotional stuff, hum, you know, the losses, they are trusting, hum, coz you see, it actually takes them a long time to trust people."*

Social workers also suggest that they go through a period of assessment from the refugee woman and only once that assessment is favorable do they start opening up and become more accepting of probing questions by the mental health workers.

*“Hum, some of them takes about a week. On the other end, okay depending also on how long they stay here. And it takes them also the person that you are to them, they, they sort of analyze you in their own way, you know. “Can I speak to her really, what kind of person is she?” so in that way we make the person comfortable enough, you know. So it can take a while, a few days, not always the first or the second day, only after that. And maybe if I should tell them that look I heard that this happen and that happen, then the will speak maybe or tell me that they do not want to speak about it. And then you just respect them and tell them, its fine, you don’t have to speak about it, if you need anything, come and speak to us.”*

*“(Interrupts) only afterwards then you can, through Counseling, then you can only unravel and then she will eventually start opening up about the difficulties that she has gone through in her country...”*

Sometimes refugee women rather discuss other aspects of their experiences in their home countries and compare those with South Africa. It suggests that they go through a period of testing the environment and assessing of how their differences are received. Only at a later stage do they decide to speak about their ordeals in the home country.

*“...we kind of get to see what is going on here where other ladies open up and as time goes past, you know, as weeks or days go past and then they feel, look I can now talk about it and many times when they talk about it, how it is in their country, you know, those kinds of things. But mostly, even initially they don’t always speak about what has happened, they speak about the differences in countries and such stuff, you know, where maybe, we are liberal in such things, say for instances, stealing, in most countries, if you still, your hands get cut off.”*

The use of focus groups with similar others tends to make refugee women more comfortable. Some women only feel comfortable to open up when discussing their experiences in a group with other refugee females who have gone through similar circumstances.

*“You know what happens mostly, is that we work with Shelter A\* and we also started group work there and then we offer individual counseling as well and so we found that once the women have been exposed to group and we create a safe space there and they start trusting you there.”*

*“Most of the other refugee ladies, they meet here, they met here in South Africa, through the church, through the church that they attended. And so on and there, and there, they*

*will honestly talk about what they have been through and so on. And, hum, and ya, but mostly it will just be females, ya, it will most be females that they will talk to or people that they trust.”*

A mental health worker who participated in the project recounted that one of her clients felt insecure because the counselor was recording the material in writing. She suggested that the recording of the information created the impression that the information would not be confidential and others such as her perpetrators would be able to trace the information back to her as a result she did not feel free to speak about her experiences of sexual violence.

*“I have one lady that, spoke about, hum, being raped in the war, and she was very, hum, insecure, she didn’t know that she could trust me to share it unfortunately because I am writing it down, maybe they will have access to it.”*

This social worker suggests that the presence of a gatekeeper from the refugee community would bring positive results in helping to establish a trust relationship with refugee women and helping them feel more comfortable in discussing their experiences of sexual violence.

*“...so it wasn’t that these women are coming out and saying to us, “Oh hang on, I have been sexually exploited and I need assistance.” It does not happen like that, especially in that particular sphere. That is the way we were doing, maybe that is the reason why at this particular time we have very little response from the refugee community because we do not have the necessary crowd. We don’t have the necessary passage that will allow us to have access to those women, but so far I can say to you these are women that are not speaking out, these are women that are not actively seeking help...”*

The women who had been referred by other organizations had already created a bond with the previous organizations, so they felt more comfortable in working with a new organization.

*“Most of the woman have been referred and we do receive them for some circumstances – like when they are requiring Counseling or they need a support group or they need any emotional or social support. They are coming from one organization or one stakeholder*

*and go to this person or go to PPASA and try to explain to him. In those cases when she is coming she knows that she is in good hands by being referred by someone she can trust.”*

#### **4.2.3 Silence about their experiences**

Most refugee women do not want to discuss their experiences because in most cases it brings about very painful memories and feelings. One of the most pervasive consequences of silence for survivors is a profound sense of isolation, loneliness and alienation that exacerbates their mistrust of humanity and makes their task of integration impossible (Enrlich, 1989) (as cited in Wilson, Harel, Kahana, 1989).

Refugee women do not volunteer information. The following social worker emphasizes that only subsequent to probing do the details of their experiences start to surface.

*“After, I won’t say a lot of probing but often you need to, you need to ask more in-depth questions about what exactly happened because they don’t usually, they don’t usually want to talk about it. That is just my experience, that is just my experience that, they won’t just come out with it, you would have to ask them, was there any sexual violence, anyone do something inappropriate to you and so on and then that will come out.”*

Refugee women refuse to remember because those experiences are extremely painful and they want to leave them behind in their past. Most victims of trauma refuse to discuss their experiences because they feel that they have buried it and are not prepared to let it surface again (Gobodo-Madikizela, 2003).

*“Sometimes it is not easy for them to describe because they don’t want like to remember or to think about what has happened.”*

There is a lot of emotional pain in remembering their victimization. It tends to bring back painful memories, which they are not ready to deal with.

*“It is not something easy. It is not something that they are happy to share just to make you sad. You will feel like they are really affected emotionally and they have to talk about if you ask the questions and again if they can trust you and if the environment is for*

*them good and for them to share, otherwise they will not. They might cry while they are explaining.”*

*“Of course, some they are tears, sometimes they don’t want to discuss what happened because it remind them of the bad experience they went through.”*

*“Sometimes they forget, sometimes they can remember because a woman, you know what is their hands but you don’t know what is inside their hearts because of what is inside the heart, it pains, sometimes they won’t tell you because it pains.”*

Some women just reveal that they were raped but do not go into detail to describe those experiences. It suggests that these women are unable to find the words to describe their experiences.

*“They don’t really talk about the experiences of violence at all. And in fact when I say that they started about the nitty gritty, they have spoken about the fact that they have been raped – not all of them.”*

*“But I think this one woman who was so, she was unable to speak about what happened I think in any language was severely depressed and I think it is as a result of things that happened to her in her life, not just the stress of coming here and being raped, we had very brief contact with her.”*

#### **4.2.4 Identifying perpetrators**

This study suggests that refugee women had a specific strategy to identify perpetrators’. They seem to be able to identify the perpetrators through the language or slang that they used and to associate certain types of physical features and language to the perpetrators. When the physical appearance of the perpetrators appeared to correspond to that characteristic of an ethnic or national group, survivors and witnesses identified them as having been of that group. They sometimes relied on the language spoken by the perpetrators and even regional or other nuances of accent.

This participant suggests that refugee women used culture specific characteristics to identify their rapists; she claims that herself as an outsider would not be able to identify

the differences between the different cultural groups, but refugee women seemed able to do so. In this specific case, the refugee woman's ability to identify the perpetrator helped to create feelings of hatred and revenge towards the perpetrator's cultural group.

*"I think that if it is in the Burundian area, it's more Tutsis and Hutus and they can see the differences in the features and that kind of stuff. And I think also for some people, some people in Northern Africa and Central Africa, maybe for us we can't see the distinct changes. But I think they know the distinct differences, whether it is in the slang of the language, and they might all speak Swahili but there is a different tongue to it, that kind of thing, they know. They know the differences and then their hatred and their feeling of revenge goes very far, goes very deep."*

In some cases, the mental health workers discouraged refugee women from remembering and identifying their perpetrators due to their own feelings of helplessness. Avoiding details of the perpetrators helped mental health workers to avoid feelings of inadequacy for not being able to have a more active role in providing justice against those who had harmed the women. It also helped the mental health workers to avoid making the refugee women rape experience more real. It suggests that it is easier for the human mind to accept a victim with no perpetrator and the suffering of victims than having to deal with both suffering of victims and having to accept the humanity of the perpetrator.

*"They, they don't actually go much into detail about it, they will just say, it was the rebels but, but I haven't much focused on who the person was because I feel that you don't want them to describe the person or to describe who exactly the person is because there isn't much that you can do about it. If they go into that, it will be the whole description of the male or the group, so mostly they will just say, it was the people from the other tribe and, ya."*

Participants also suggested that other than cultural differences, refugee women tended to identify the rapists through the levels of cruelty that they employed. Those less cruel were seen as the inside group and the most cruel were automatically branded as outsiders or rebels. This statement suggests a sense of justification for the actions of the in-group and in that way avoids that one feels threatened in ones environment where one is a potential target of cruelty of both in-group as well as out-group. It helps to create a

feeling of control and agency through some sort of understanding of the environment around and ability to assign blame to individuals or groups.

*“Like for rebels they will know like ... The, different countries people are, the way they look. They are different and also the uniform and so on but also if is the soldiers, the government soldiers they will know also by the uniform and you will see like ... They are according to the testimony we are receiving, you hear that the rebels are more cruel. Sometimes they can rape a woman and after rape they can even kill the woman or the girl, they can shoot or they can do whatever they want but we see people from the government soldier, they can rape but afterwards they can leave you alive even the husband can still alive. They don't necessarily to kill the husband, that is the difference and people know that this one is from the government of is from the rebel group.”*

*“And often is, it, hum, people are perpetrating and they are often in uniform, its officials, its soldiers, police, militia.”*

#### **4.2.5 Dissociation**

My analysis on the interview material suggests that most of the women construct their narratives separate from that of the self that was a victim of the rape. Their way of speaking about the rape by focusing on facts suggests that they have not come to terms with the rape and see that as separate from their new identity as a refugee woman in South Africa. It suggests that they do not desire to see themselves or be seen by others as one that was sexually assaulted.

Many women do not take ownership of their experiences. They first explain it as happening to others and then in moments of vulnerability during the interview mention that it is also, what they went through as part of that group, she does not narrate the rape experience as an individual.

*“ ...people first talk in general terms; they will say that, oh it's a big struggle for women to cross, first of all, to reach South Africa, because many people, ah don't come by air, they come by foot, lories, you know, these kind of things. So many women have to sell their bodies to feed the children or to cross the border and stuff like that and then later they will say this is what I have been exposed to. So its usually just skirting around things first of all it is not very direct. But also the way you said, they also speak like in another, like a third party generalizes in a way, yes I would say that.”*

The women portrays herself as part of a group, as a result if that is the treatment that all women are receiving she has no reason to internalize the experience as her own, she has to get over this normal part of life and move on. Most women believed that they were not being especially targeted by the soldiers as so many other people had been attacked too.

*“Mostly you would find one that has just given the facts and “I was raped. I was walking from wherever. One was dragged away and beaten and...” “Where did you go?” “I went home”. “Did you go to the clinic?” “No.” What can they do? It is happening to everybody. It is almost as if they just heal by themselves physically but obviously the emotional scarring is deep.”*

According to mental health workers, refugee women seem to be stripped of their feelings when they discuss their experiences of the rape. They speak of their story as if it is that of another.

*“By looking at people’s faces you see, what that word, emptiness is, talking with no emotion, that monotonous voice kind of thing. Hum, someone can be quite dependant and quite clingy you have to be careful with that, you know, with those issues.”*

*“...so they stand outside and they build this wall around them, it could be and then later they talk about it as if you know, like I was raped 3 times, you know, and its not a big deal, you know, and pretend that the person who was raped was someone else, it was not me, it could be.”*

This mental health worker describes an interview with one of her clients as very difficult as she was unable to connect with her client in any level. The client seemed deprived of any emotional connection with those similar others.

*“Then when he started asking her, she had a very blank expression. Her face was black, black dead, she never smiled, she never frowned, nothing it was as tough, I could almost say that she was sleeping, you know. But when you are sleeping there is like peace in your face but there was no peace in her face, her eyes were dead, you know and the woman never shed a tear, I thought that if I cried, she would cry, she didn’t shed a tear, you know, her face didn’t twitch or nothing, nothing, nothing.”*

Some women are very abrupt when discussing that part of their lives; it is mainly focused on facts with no emotions attached to that experience.

*“...if they say well, it happened, “it had to happen in order for me to get here” it will be a matter of fact thing, you know, it’s not something they like to talk about, if they talk about it, it is abrupt, its get over and done with.”*

*“After they have settled in here, what I usually do is, is I have, I do an intake assessment and there I do background history. Psychiatric history with the client, find out if they have been in any other shelters, hum, any drug or substance abuse problems. Hum and then she will maybe, the client will just, just, briefly go into what had happened in her country and, hum, what had happened in her travel and the difficulties that she faced when she came to South Africa. But usually most will just be around the difficulties she faced here because, often, you are running away from a crime scene; you are saying, “I am putting it behind.”*

*“It comes in bits and pieces as they are talking, then you understand a bit more about ok, this is what happened and then that happened afterwards so.”*

Women tend to rationalize the experience and what was apparent in their interviews is the lack of emotions available when one discusses a painful event in ones life.

*“...and they would tell stories, and there will be clues in that story of things that you need to pick up on, at the later stage, and they will speak about it as if it was not a great deal, it just happened, is part of everything that happened, even though it was terrible, that’s how they will talk.”*

This refugee woman describes her rape by multiple partners without acknowledging any sort of feelings associated with that experience. The rapes take place prior to the killing of her husband and family, suggesting that there is a lot of humiliation on the part of the husbands due to their inability to protect their wives.

*“They use a few sentences to describe what happened. They said like “I have been raped by two men or three or four”. Afterwards my husband has been killed, my children has been killed, or my family has been killed. I find myself in danger and I was forced to leave the country.”*

A mental health worker shows her respect for refugee women due to their ability to separate themselves from what is being done to their bodies at the time of the rape. This

suggests that the women tend to separate their emotions from what is being done to their bodies. This separation of mind and body is a common theme in accounts by women who work in the sex industry, for them it is a coping strategy that allows them to refuse to be totally objectified in their work. As a result, most are unable to recall the rape in any detail and are less likely to tell anyone about the rape (Kelly, 1988). Not acknowledging that the event happened to them is used when the victim is unable to cope with the strength of the emotions in times of distress. Dissociation helps refugee women to deal with the feelings of terror, helplessness, fear of abandonment, terror of being hurt again and fear of dying (Hybels-Steer, 1995). Feelings would be much too intense without the help of dissociation. If the victim was fully aware of one's helplessness at once, then it would lead to one feeling overwhelmed and become incapacitated. It allowed refugee women to experience as much of the feelings as they could manage at one time, at an early stage it is helpful and not a threat (Hybels-Steer, 1995).

*"They sort of reach a stage when they know it is going to happen, there has almost been a sense of surrender which I found with all of them. Do not fight it because you could be killed. They will beat you up and leave you for dead maybe. And this is where I marvel at women. It is the positive... the mind takes over almost. Yes, you are doing this to my body; I have children back home. So it is a case of I am not conscious of what is happening to me here – I am thinking back there because I have to survive this."*

#### **4.2.6 Religion**

In this study, it was reported that refugee women tend to turn to religion and churches for emotional support and guidance. Religion is considered to have a positive impact on individual personality and to play an important role in coping with stressful life events. A study done by Chang et al, 2002 suggested that the negative impact on victims of sexual violence diminished with increased frequency of religious service attendance (N. Sarkar & R. Sarkar, 2005).

Due to the absence of a family structure, refugee women tend to turn to churches and the church community as a source of support.

*“...and the fact that they have lost families, they are not in contact with dear ones, so for some people the substitute is that people seem more religious like church, because they can still get that contact there, that support.”*

Evidence of their attachment to religion is their use of prayer songs throughout their counseling sessions; it suggests that they turn to God for strength and guidance in the difficult moments when they have to touch on their painful experiences.

*“You know with the refugee women, what I found is that if you have a group meeting, they like to start with a prayer. They like to end with a prayer and often they have to break into song. They love that, if we end with a song, or if we do song as part of the proceedings during the workshop, they really like that, so they connect well with that, I mean that is very important to people.”*

*“...a lot of them turn to churches and there will be a, they will be, you know, in good relations with the pastor at the church, who speaks the language and so on. So I will get into contact with the pastor and say, listen I wanna assist this lady but she says you know her situation and so I will chat with that person a bit because what I have to do...”*

#### **4.2.7 Suppression**

Throughout the interviews, social workers emphasize that due to the hard reality of life, refugee women tend to suppress their feelings about the rape. In order to take control of their present lives, mental health workers suggest that refugee women have to contain those feelings associated with their experiences of the rape. The interview transcripts suggest that refugee women allow themselves to experience only those feelings, which they deem as manageable for them at that specific point in time.

Some women are forced to push their violation to the furthest of their mind because the hardship of their present daily lives does not allow them to dwell on the burdens of the past.

*“But yes having to cope with a child, having to cope when there is no food puts your hurt and your pain and your violation to the furthest part of your mind, so it's not being dealt*

*with, which is so much worse for the person because they have to deal with day to day things.”*

*“They worry about day to day things, so that’s why many women when they approach a welfare organization they come about the practical stuff. They don’t come about, I have been raped, I have been violated, my husband has been killed, that initial, I am sad, I am depressed, what’s happening to me, I am loosing my mind, they come with “My refugee status hasn’t been approved yet, where do I go with this?” they come with those kinds of superficial claims.”*

The ability to suppress their feelings is seen as crucial for the women as it symbolizes strength that they see as necessary for the upbringing of their children. They have buried their trauma and will not allow it to resurface again.

*“Always it is the concern for the children. I have to be strong. I have had to put on a brave face and a brave front for the sake of my children and particularly the girl children so that... I think that is very hard and so we get to talk about those emotional issues.”*

*“...but often people, people see that if you talk about what happened they view it as a weakness as you being weak and ya, and often they just block it out. And they just don’t wanna go back there and, and at the end of the day is not good, its not good, because of that it prevents you from getting that self esteem to get a stable job, to maybe do some courses, to get more educated and so on because you don’t feel that you can achieve much, ya.”*

The interview material suggest that refugee women make a conscious decision not to allow feelings associated with their experiences of sexual violence to surface as part of their present lives.

*“But that is, it is not most of our cases but then again a lot of those cases we miss because most of them; they will do whatever they have to survive so they will not share that information, they put it behind, its like, its something I had to do in order to feed to survive.”*

*“I don’t know, suppression, most of them they do that, acceptance, Christianity. And I also think, they are in a new country no one knows what has happened to them, all they know is there was war, and you don’t have to tell them what happened, you don’t have to disclose to anyone that you were raped, or that you are pregnant. You can say your husband died or that it boyfriend and that you got lost in between and were separated on the way here because, hum (pauses). There would be someone that knows you from your village, but you can always say that something happened so it’s not something that you have to tell.”*

In some instances, the women forcibly motivate themselves as they feel that their inability to cope would render them weak in their present life.

*“They are hard working, you know, so they have to make a difference, they have to cope, there is always “I have to do, I have to do.”*

*“And then you come here and you face this problem, a new problem and so then you focus on the present problem, and that is what a lot of people do, they focus on the present situation and they do not look much at the past, coz, coz its often hurtful to go back into the past but, hum, so, hum they don't really go into that...”*

The interview material suggests that there is no space for vulnerable selves in their lives in the host country. This tends to suggest that the women only allow themselves to experience as much of the feelings as they can manage at that time.

*“Life goes on. I do not have time to feel sorry for myself and that is where the counseling has been good for them because I have allowed them to feel sorry for themselves. I have allowed them time to see what they have experienced and to think through it and to almost re-live it in a sense, in a way so that they could start having those soft cries and start really feeling the pain and the anger and whatever their feelings were. It is a journey ...”*

Most women refuse to give voice to their experiences because they feel that they are not ready to manage those experiences.

*“...I think people are masked a lot. They mask how they are actually feeling and I think it is also because to be able to cope with day to day living they need to hide that, to cover that up, so their way of coping is that they share that initially, it takes a very long time because they have been coping for so long and now to actually utter **that unsolved hurt and that intolerable pain**, they are afraid that they are going to deteriorate, that they are going to fragment and therefore they hold on to that for so long before they can even share it...”*

In order to cope with the trauma of sexual violence, many women bury the memory of victimization and attempt to suppress the feelings it evokes. Refugee women are scared to unveil that hurt and opening up as it implies that they would have to face their trauma, the raw pain, once more, by just talking about it all those horrific moments are brought to life once more. The need to suppress traumatic events derives from the threat they represent

to the victim (Kelly, 1988). But whilst forgetting may control acute distress, it does not prevent women from being affected. Forgetting therefore complicates discussion of other impacts; it makes their identification more difficult and may affect their development over time (Kelly, 1988). Coping through forgetting also rules out the use of other strategies which most women saw as helpful, particularly being able to talk through experience. Talking to supportive friends is seen as an important factor in helping victims of sexual violence to cope (Lewis, 1994; Kelly, 1988).

Glynis Breakwell sees suppression as an attempt to cope with threat, useful as a short term “holding strategy” as a way of buying time out off the initial pain and trauma. But whilst acute disruption to the self is controlled, the threat remains and has to be dealt with at some point later (Kelly, 1988). Remembering acknowledging and working through experiences of sexual violence is a crucial process if women are to be able to deal positively with their past. It is extremely painful and draining and requires considerable personal strength and determination. Feminist services have long recognized the importance for abused women and girls of access to supportive listening and sharing of common experience (Kelly, 1988).

#### **4.2.8 Acting out**

The narratives of refugee women exposed some resentment and anger for the violence that they had to endure. Mental health workers suggest that due to their inability to have released their feelings towards their perpetrators they tend to act out those feelings in ways that provide them with some sort of release. Traumatic experiences destroy a part of the individuals’ identity; it violated those boundaries that protect the definition of the self, stripping the individual of respect, dignity and self worth. The only personal possessions available to the individual are indeed resentment and anger, they stand in place of what was lost and become an integral part of the identity of the traumatized individual (Gobodo-Madikizela, 2003).

This social worker compares refugee women with the South African population in terms of their experiences to traumatic examples. She emphasizes that they tend to normalize the use harmful substances as a coping mechanism to their trauma and only question those beliefs when challenged by social workers.

*"...its only when you say, are you abusing substances, are not sleeping well, are you having flash backs, do you have anger outbursts, are you hyper vigilant and then they realize but this is not normal, but for them its just, it will go on. And people are living with those even our own South African citizens if you look at the brutalization of the apartheid system, a lot of people are living with those and they don't realize that it stem from that, now the same with refugees, ..."*

Social workers suggest that some women approach them with some awareness of their failed attempts at coping with their trauma.

*"It varies, some people come in immediately and they say "I think there is something wrong with me. I am not coping, I am argumentative with my husband, or I can't have sex", there are some, so, there are some things that are manifesting so one can pick up on them and then go back and say, so tell me what happened..."*

*"...if you say to them this is possibly happening, they will say, yes I have noticed this, and this. So some people come in already with that, others will just say, something is happening to me, you know, or I am not coping or whatever and then slowly you have to identify what are those symptoms."*

Some women tend to direct their hurt and feelings of anger towards their children. Anger directed towards others is always a central problem in the lives of people who have been violated and this is itself a repetitive re-enactment of real events from the past (van der Kolk, 1989).

*"Women who give birth to a child as a result of rape are very ambivalent about the child. They love them on the one hand because it is their child on the other hand the child constantly reminds them of what happened to them and the perpetrator. And sometimes they find themselves, hum, venting their feelings disgust, anger and hatred on the child and then they end up feeling remorse and guilt for having done that, it becomes very complicated, a painful relationship, really, with conflicting emotions."*

This social worker suggests that after the traumatic experience all that refugee women have to connect them to that experience is the anger and rage and they tend to hold on to it and release it on those individuals available to them, in this case, their children.

*“...there are also identifiable symptoms and signs where they have taken on the children and when we look at it we can relate because we know their history as and as time goes by we can relate as they open up, they tell you about what has happened. And in this you hear, they are taking it out on their children or then end up beating their children and stuff like that and, and you find out why, and that is because it has happened to them, you know...”*

#### **4.2.9 Distress and survival**

The accounts of disclosure of the experiences of sexual violence of refugee women are transformatory accounts for most women. They provide them with an opportunity for dialogue with their other self and in that form try to provide the women with an opportunity to integrate the old self with the new self as well as an opportunity to mourn for the losses that the self had endured.

Some women get in touch with their feelings and begin to accept the losses that they had endured previously.

*“...have some people who become quite hysterical, you know, I have some people who weep quite a bit.”*

*“There are lots of tears and crying. I leave them to cry because it is not a loud outburst, it is that soft deep crying that you know comes from way within, so I just leave them and then they talk a little more next time.”*

This woman was very emotional when she managed to get in touch with all her feelings of losses that she endured because of her rape.

*“The other one was emotional because of this war, now she has the virus, and she has two children and she had been married and she was abducted, and she was (pauses) very*

*traumatic. It was like she was in a hole, they put her in a hole and then I think 6 or 7 days, I don't know how long she stayed there. She went through a lot of counseling already and she was very selective of what she said, you know, this what happened, this happened and that is how it happened, that's it, she would break down but then collect."*

This social worker emphasizes on the effects that the emotional burden that refugee women has on their physical health.

*"Sometimes they, they, don't want ... sometimes they cry because when you feel about what has happened in your life you don't feel you are physically fit... maybe that's why they acquire some of the diseases which they don't know."*

Some women still struggle to accept what happened to them and refuse to revisit or think about the place where their violation took place. They refuse to give that event a place in their lives.

*"I can say is that the person maybe feels a lit bit uncomfortable and then tearful, very tearful and some of them will say that they really don't want to go back coz I would ask them what is your plans for the future, what do you plan doing, lets say if you were to go back to your country. I am not saying that they must go back, I am just wondering, have they thought about it and that is a area that I realized I mustn't touch because they would cry and then she would say, no she doesn't want to go back ever, you know..."*

*"They are very sad. They have been affected emotionally and they don't even think about... some of them they are living in stress and they are not really prepared to go back home even if the situation was changing but they are not sure to go back."*

### **4.3 Helplessness**

Rape is a complex trauma that often occurs within the context of widespread persecution and human rights violations. In addition, the nature of modern warfare is such that whole populations are at risk of suffering extensive trauma, injustices, loss, and displacement. Refugees, in particular, experience sequential stresses that may compound each other over prolonged periods of time (Naicker & Nair, 2000). The present section will examine a number of themes concerning the social effects that the rape during the war may have on the individual female refugee.

### 4.3.1 Medical Assistance

The narratives of refugee women suggest an inability to take responsibility for their own health following the rape. The inability to seek medical help for one's own rape might suggest that refugee women refuse to take charge of their own life by seeking knowledge of the effects that the rape might have caused them as well as treatment in cases where the rape might have resulted in physical injury. In that way the refugee female avoids any uncertainty that may result from the rape as well as managing to keep to herself those parts that are fragile and sensitive, in this case, the rape situation itself. The materials of the interview also tend to suggest that refugee women did not want to be associated with a victim of sexual violence and as a result tended to make excuses to remain silent about the rape.

*“Medical attention. At large, they were not going to get proper medical attention because they knew what the clinics were like. They knew what the medical services were like so they didn't bother.”*

*“Not necessarily because in the village those hospitals are far. You have to walk long distances to get to hospital. If they have chance to go, it is not happening most of the time.”*

*“I don't think, yes they got the medical treatment, not all of them also, because not all is accessible to them, who is going to be taking them there.”*

It provides a sense that the refugee women are hiding the pain and anguish of the situation from others around them; this could be a sign that they do not believe that others would be able to understand or sympathize with their situation. It gives a feeling that they are not really acknowledging and dealing with what happened to them. This could potentially allow the trauma of the rape to surface at a later stage and disrupt their lives. Vogelmann (1990) suggests that women do not actively disclose their experience because they face the possibility of being blamed for the rape by both men and women.

*“The same thing with the rape, it has happened and they just to be fleeing. Whether they haven't even cleansing themselves, whether they haven't even have treatment, they haven't had antiretroviral drugs, anything like that, to prevent AIDS or to prevent pregnancy or even to terminate the pregnancy, and probably, often when the women*

*arrive at the refugee camp or another safe haven, they discover that they are pregnant or they have an STD. So no, they often don't have access immediately to assistance."*

*"...for instances there was this girl, that said that the uncle had taken her, took her to the airport and she flew out to South Africa, you know, whether she herself after the rape cleaned up, packed her clothes or whatever, I am not sure whether she even remembers what happened, you know."*

Refugee women want to let go of all the part of the rape so they tend to ignore those aspects of the rape that might have continuing consequences in their lives such as pregnancies and sexually transmitted diseases such as HIV/AIDS. They tendency to ignore possible long term effects of the rape is rooted up on the fact that assaulted women tend to become dependant and suggestible and have difficulty undertaking long range planning or decision making (Brad & Sangrey, 1986) (as cited in Crowell & Burgers, 1996).

*"With HIV/AIDS, it is difficult for them because they don't have access to hospital and sometimes she doesn't know if she has been infected or not until after years when she becomes sick. She goes to the hospital and she finds that she is HIV positive but most of the time they don't call for HIV testing because of the lack of distance and so on."*

*"This one lady she is in hospital now, I asked her are you pregnant, did you do the testing, now questions like that never occurred to them, that they might be positive, because it is just a matter of survival coming here and when they come here they get dropped."*

#### **4.3.2 Reporting**

The participants emphasized that there was generally a policy of no reporting on the part of refugee women. Their stories suggest a tension between wanting to take a pro-active role and report the rape but feeling defeated as they realize that it is pointless as no action will result from that, it can actually put the women in more danger. Throughout the interviews, it can be observed that there is a reluctance of the part of refugee women to be recognized as a rape victim as a result it tends to contribute to their silence about the rape.

While this comment suggests that there is some sort of initiative on the women's side to think of reporting, they tend to justify non reporting through the belief that there are no

structures in place and that it will further put them in danger. Their present lack of agency in dealing with their problems could have resulted from their inability to prevent or control their rape experience, which helped to create in them a sense of helplessness in other areas of their lives (Brison, 2002)

*"...there are those that don't want to report it because they know nothing is going to happen about it, "Where do I go and report it?" I mean the same places where do I go and report things are the same ones that are doing these to me", so there are many that just keep quiet and don't say anything about it."*

This comment suggests to the researcher that there are feelings of worthlessness attached to the reporting experience as the women are led to feel that they reporting has no value and no one seems to care about what has happened to them, they are forced to carry on with their lives and erase the incident from their experiences.

*"They don't report it because for them the perpetrator is never going to be found... No one did and the police laughed at her and she turned away and she said I better get away because it could happen to me again. What she felt was that they were all in the same the police and the rebels. They were in cahoots with each other so it was pointless."  
"Nothing happened to the perpetrators. Nothing has happened to them and so they just went back, washed themselves, spent a long time and let it go."*

*"That is difficult because in the war situation it is difficult to report because after being raped the woman she doesn't have any possibility to go to the police station because it is very far from the village. It is like the hospital and maybe she will get only chance to go to the big city after a couple of months and again if it is rape you can report but it is difficult for the army or police to identify the rapist. That is the problem."*

The feelings of not being able to follow up on ones victimization and have no recourse to justice render the women with a feeling of hopelessness.

*"...its just the fact of having been violated, you know, and not having any recourse to justice, not having any, hum, justice, how can I say, revenge, the helplessness, the hopelessness of that situation I think that for most people that is the most fixing."*

For others the fear of the rape and the violence that took place is so intense that the need to get away from that environment is greater than the need to try to make things right through the reporting of the incident.

*"I don't actually think that at that time they want to go and report it. For them it's like a crime that has been perpetrated to me, I have been robbed, I have been slapped, beaten, I want to get away, I want to get away from these violence." So it is not a matter that I have been raped and now I am going to report it to the police for these men could be rebels or they could even be the government soldiers, you know. And those soldiers are not going to help her get to, hum, a police station or whatever, you know, so I have never gotten that impression that any of the women have actually gone to lay charges or even medical check ups..."*

This mental health worker suggests that reporting sexual violence becomes a very complicated ordeal for refugee women, especially in circumstances where they do not have the proper status to be in the host country. It created feelings of apprehension where the women also feel as criminals and therefore trapped in their silence through the fear to approach the police.

*"...that is very difficult for it to be taken seriously by the authorities when you don't have a home address, when you don't have the relevant papers, when your very status in the country is in question. You are scared of the authorities, you think they actually coming to get you because you are illegal in the country, so, ya, there are reasons why refugee women are more vulnerable and less likely to escape when they have been abducted..."*

Other women have fears unfounded fears that having been raped would lead to their exclusion from the host country. It suggest to the researcher that the women feel somehow unworthy of being in the host country due to them being raped, it somehow points to them feeling tainted and unable to be part of the new society.

*"They, they are so frightened, not one of them that I have known has actually reported the case that they experienced when they came to South Africa because, because they are scared that their status might be taken away from them. And they might be told that they need to go back to their country and so on, so not one of them has ever, has ever wanted to report it."*

This idea of fear is also present in cases where other refugee males rape refugee women in refugee camps prior to their arrival in South Africa. They still fear for their lives and being raped again so as a result develop a culture of silence around the sexual violence that they are victims of in that environment.

*"Yes, there are but remember many camps are far from the city and the people who are managing the camps they are not living in the refugee camp. They have to come back every morning and come and go and even when they have to take action can be taken but they warn the women that if she tries to disclose the man she would have suffered danger or be killed and women like with that will fear of being killed by the same people who raped her."*

#### **4.3.3 Transactional Sex**

Analysis of the interview material of the mental health workers suggests that there is a general feeling of entrapment by the refugee women, as they have no other options and source of support. The material suggests that refugee women seem to disown their own agency in making decisions concerning their sexuality. Mental health workers contribute to this idea of refugee women as helpless by suggesting that refugees are being forced into a situation where they are raped as a way of paying for their transportation costs.

*"...a lot of them are being abused especially for sexual favors, coming here, the truck drivers, so they will trying to get here, there is a lot of sexual exploitation that goes on finding your way from your country of origin to South Africa."*

This social worker implies that there is a sense of inevitability to resisting sexual advances due to the circumstances in which refugee women travel to South Africa.

*"...oh it's a big struggle for women to cross, first of all, to reach South Africa, because many people, ah don't come by air, they come by foot, lorries, you know, these kind of things, so many women have to sell their bodies to feed the children or to cross the border and stuff like that..."*

This social worker shows her sympathy for refugee women by emphasizing that women have no other options available to them when they are raped. The victims inability to be and assert herself in the context of the rape constitutes at least a temporary social death, one from which a self can be resurrected only with great difficulty and with the help of supportive others (Brison, 2002).

*“On the road, and I believe its going to be somewhere far and obviously you can’t come back, then what will she do? Then she will say “But what could I do? There was nobody. I don’t know where he took me; I don’t know where I was at that time.” And then you will say but happened. “He will say I am saving your life in your country so you own me.” So you understand, so they will say, so that happened to me.”*

Throughout the interviews, it became apparent that social workers seemed to believe that refugee women are left with no other ways of negotiating their livelihood but through their sexuality. This statement suggests that the social workers sympathize and identify with refugee women on their unequal position as women, with scarce means of negotiating other than their sexuality. It provides a sort of contradiction because it gives the impression that transactional sex is justifiable and inevitable because there is no other means available. It also suggests that there is a lot of shame involved in this process. There is a lot of shame in having to sell ones bodies in order to survive and have access to the most necessities.

*“Well as I said, I only have these 2, 3 cases, hum, the one was like, it was a sense of hopelessness, “There was nothing I could do, you know, on my way coming here, there was nothing I could do, nothing is for free.”*

*“At that time there was a group of people staying there under the bridge. She started crying and then she said that she is so ashamed of telling me, she said “I had to sell my body”, it was the only way that she could survive. Especially when they are in Town, they will wonder around, they will ask here, they will ask there, they will end up at a certain place, there is no where else they can go, they see that people are making a lot of money and she must eat.”*

Other refugee women speak of the nature of the transaction as a means to an end. They tend to normalize those experiences as a legitimate way to reach their country of destination.

*“They talk normally, like “To get here, it was not easy, I was raped by men so that I could get here because I had no money, I had no food”.*

*“They speak about it as if “Look this is just suppose to happen, I came already from it, this is something that I cannot get away from, I mean I have come here to South Africa, the same things is happening here.”*

*“They accept it as they way of getting in, it is a means to an end, means of survival. The one in the country was associated with the war, it was one of those things that she had to get out to survive, this was in Rwanda, so it was very serious and ya, on her way out she was raped.”*

Social workers see refugee women as innocent victims caught on by circumstances in which they have no control over. There is a lot of normalization of transactional sex in which social workers play a supportive role to the refugee women's views.

*“Not many of them. A few newcomers it depends on where they are coming from or coming for and which transport they are taking. A few women who have taken trucks and as you said being promised to be taken to South Africa for free without knowing what the truck driver is expecting from them. And only on the woods she will ask he has to have sex with the woman and it is in an area where she does not have a choice in that she will be left in that where she does not know and she does not know where to go to even and not to go back. She like accepts or... she must accept it to happen.”*

This idea of women using sex for transactional purposes in different circumstances is not new in the literature (Wines, 2004 as cited in Swindler & Watkins, 2005; Iversen, 2005; Hunter, 2002; Hyde, 2004). In the case of refugee women, it is more a case of desperation to reach a potentially peaceful environment and attain the most necessities. Mental health workers suggest that refugee women lack agency in making decisions about the use of sex for transactional purposes. However Hunter (2002) suggests that women do approach transactional relations, not as passive victims but in order to access some sort of power and resources in ways that further reproduce their inequality, as men are portrayed as the superior and the custodians of all the resources and power. This unequal situation makes it very difficult for women to negotiate safer sex when the other party holds the key to their livelihood (Hyde, 2004).

The transactional sex situation that refugee women find themselves in creates a context in which women can be sexually abused and where men view sex as a service that can be easily obtained using pressure. Refugee women feel deceived and taken advantage of by other males. It creates a sense that she is there to be abused and has no power in the matter, starting from the violation at home during the war, which now continues

throughout her journey to a place where she hoped to find peace and safety (Csete, 2002; Lewis, 1994)

#### **4.3.4 Loss of family**

The accounts by mental health workers suggest that a number of losses characterize the refugee experience. The loss of husbands seems to represent a point of disruption in the refugee women's life narratives, where they lose their major source of support as well as their companion and protector. Parkes (2006) notes that grief for the loss of a loved one is aggravated if the person lost is the person whom one would turn to in times of trouble, faced with the biggest problem ever experienced, the individual turns on repeatedly to a confident who is no longer there.

The fact that the loss of the husband occurs within the loss of body integrity through rape, the loss of a home within the violent context of war suggests that refugee women have a lot to deal with all at one time. The loss of a home creates in the refugee a sense of confusion and lack of purpose. They end up developing defenses against this intolerable loss and inner pain as a defense mechanism (Alcock, 2003). In order to survive they detach themselves from the experience in order to find present meaning for them, this leads to a depletion of parts of self and as a result, their own identity can be threatened (Alcock, 2003).

The loss of family within the context of the war leaves an uncomfortable feeling with the researcher because it suggests that refugee women do not have a chance to mourn for their dead ones, especially in the African context where burial is important as a symbol of respect for those who have passed and the first step in letting go. This unresolved part of their lives may continue to affect them as it could potentially create excessive feelings of guilt on the part of the surviving spouse.

*“Most of the women they describe, they say that the husband has been killed before and afterwards she was raped most of the time at home. Like the soldiers come to home and kill the husband and they rape the wife...”*

There could be a lot of guilty involved in the grieving process of refugee women, especially in those cases where the husband is murdered as a result of trying to protect them. It could create many uncomfortable feelings on the part of the surviving spouse.

*“Yes it does happen. I said now it is happening but for the married people most of the time the husband must be killed before. They do not give chance to the husband. If the husband is still alive he will offer support to the wife.”*

*“Like during the war their husbands were killed some their lives were threatened that’s why they flee from their country to come to this country.”*

The counseling sessions that refugee women attend try to bridge this gap and try to integrate their narratives by allowing them to grieve for what has happened and incorporate those losses as part of their lives.

*“The husbands have been killed or died. The lady who is the sex worker, she saw her husband being killed. The grief counseling in the mourning and then the mourning for themselves for their situation, for the loss of what they have had to leave behind.”*

This mental health worker discusses the fact that even when refugee women are silent about their circumstances in the initial phases of assessment, there is still evidence of their loss in the way that they talk about loves ones left behind. It suggests that some refugee women try to leave that part of their lives behind as they struggle to construct a new life narrative without their loved ones.

*“To get out of their minds and to try to focus on the present, but you can get, you sense it immediately even with the first assessment that you have with them and they just briefly go back and tell you about what they had gone through. You can definitely see that she has been through a lot, she has been through a lot and also when they tell you about the family that they have left and what family had died in the country and how they were left alone and so on...”*

This participant suggest that some of her refugee clients come alone by choice as she emphasizes on the important role of family support by contrasting the “alone group” with the group accompanied by their family. The lack of family support is extremely damaging for these women. Due to their status as refugee, women do not have their

family to support them (HCR, ACNUR, UNHCR, 2002), and as a result, they suffer double (Doyal & Anderson, 2005) and this tend to be quite damaging to the women who end up developing a culture of silence around sensitive issues. Research on HIV positive refugee women suggested that once mothers, in particular, understood the situation, they usually provided a great deal of help (Doyal & Anderson, 2005), this is not available to the female refugee that has left most of her family behind and has developed the culture of silence. The unavailability of family support is very damaging for refugee women. To be able to achieve reintegration, the survivors must be surrounded by people who understand and love them and empathize with their difficulties. “The only road back to psychological health is to make the survivors remember the facts of their victimization in an atmosphere of love and understanding that would bolster their weakened confidence and carry them through the first stage of the inevitable shock (Enrlich, 1989) ( as cited in Wilson, Harel, Kahana, 1989). Refugee women however face added difficulties because they are deprived of a family environment.

*“...what we see is mostly younger people wanting to go for a better life for themselves, wanting to study, wanting to get a job, wanting to make their way on their own really. So we haven't really seen women who come here with their children and/or a partner it is generally women who come on their own and I think that that makes it even more difficult, the women who are my clients that come from other countries, they do best when they do come with their families or, hum, friends.”*

*“...so for them it is a whole change, so it is hard, it is hard to know that you don't have that support from family and being in a foreign country, it is difficult really grasping what has actually happened and now what am I going to do, what is my plan from here now.”*

## **4.4 Stigma**

### **4.4.1 Shame**

The whole community is scathed by sexual violence of women during the war and is very unsupportive of women who have been violated. The community's offer of support for these women would symbolize their acceptance of their own vulnerability in face of

violence. It is easier to accept that one is protected and that brutal acts such as rape only occur to others. Individuals try to protect themselves from the realization that the world in which they live and where the rape occurs is their world and so find it hard to identify with the victim. They cannot allow themselves to accept it as their illusions of their own safety might begin to crumble (Summerfield, 1995; French, Teays & Purdy, 1998; Simpson, 1998).

This social worker explains that even having been witnesses of the events, the community is unwilling to provide support to the women who have been victims. This has a negative effect of the recovery process of the victims because in order to recover, they need an audience that is able and willing to hear and understand their stories as they are intended. This aspect of remaking oneself after trauma, emphasizes the dependency of the self on others and helps to explain how difficult it is for survivors to recover when others are unwilling to listen to what they have endured (Brisson, 2002).

*“The community doesn’t always offer support because it is like during war everyone is at home and you see like when the soldiers are coming and they have to go from one house to another and afterwards to hear the cries everywhere in the community. And it is something very shameful in the community and people are not happy about it. It is like a disgrace to the community.*”

Some women speak about being ostracized by their community and run out. The presence of these women in the community is a constant reminder of the vulnerability of all individuals of the community and as a result, it creates uncomfortable feelings within the same community. This unsupportive environment creates in the survivor a strong sense of betrayal, loss and abandonment as their experiences and histories are ignored and end up feeling even more hopeless than they did during the period of the traumatic event (Simpson, 1998).

*“...there were those who, that person was run out, so with that, you know, they are not part of the family anymore and that was, especially in this places, I mean, you have these ladies that from small and they get raped or sexually abused and as in these countries chastity is very important. So once that has been done whether it was by rape, by force, they look at you as if you are a shame to ourselves, most of them were treated in these ways, so as to now they lost their respect.”*

For some women it is very painful to see their tentative hopes for the future crashed because of her victimization. This proves to be a potential disruption on their narratives as all that she longed for is no longer available to her.

*“Like in one case what happened is that a lady a young lady was engaged and wanted to get married but when the soldiers came in the village they had all the young girls and that one was also raped and her fiancé heard about it and he would not marry her, because he does not know what happened. Maybe they had disease and so on. She was affected firstly by the fact that she was abused and secondly her fiancé left her. She was really deeply affected by that.”*

The women tend to internalize the views of their community of themselves as shameful and that tends to further contribute to their feelings of alienation. The general socialization of women place the need of others before their own and naturalistic models of sexuality or drives result in many women internalizing a sense of responsibility for men’s sexual pleasure, hence women find it very hard to blame men for sexual violence (Lewis, 1994; Kelly, 1988; Crossette, 2003). Further, a key component of community identity, and therefore the demarcation of community boundaries, is the preservation of communal honor. Both community members and non-community members, as residing in the sexual behavior of the women of the community (Aafjes, 1998), frequently perceive such honor.

*“And I think that that is what they live with, there is that added burden, yes you have been violated but you also living with that shame, and that is an enormous burden to carry.”*

*“I find that the people further north are a lot more religious than our people at the moment, they are a lot more, hum, hum, almost respectful of elders. So tradition is very important, so for that person to live in that environment where she has been violated and all the people know she has been violated there is such a major shame.”*

According to the social workers, there is a lot of humiliation when the rape takes place in front of the family members especially children. Witnessing by children of this event seems to be a very painful ordeal to the mothers and creates a barrier between mother and children where they feel disoriented in how to relate to their children. Rape of the women

in front of witnesses tends to violate basic cultural norms against the victim as well as the family and community. The rape tends to target not only the refugee women who are exposed in front of others but also the husbands who were unable to protect them from such ordeal.

*“Husband, mostly children, mostly children and like I said to you, chastity is important, so these are ladies that come out ashamed of there, their bodies, and you have their clothing ripped off from them and their body parts open, you know, exposed to the children. It has left mothers today, still being ashamed, you know, in front of their children growing up, knowing that the children have actually seen my private parts, my private parts. It has left them with these scars and yes it has happened and there have been cases where it has been in front of the husband, and where the husband has been beaten up also if he, if he tried to do anything about it.”*

This social worker explains how some women felt very uncomfortable in discussing the rape with her due to their feelings of shame.

*“Because they feel shy to tell that “I was abused on the way”, you know. Children witness it and mothers don’t know how to relate to their children.”*

There is a contradiction that goes on within the rape victim, as some women feel unworthy meaning that they are stripped of all that that gives them value but at the same time, they still have the drive to seek some form of justice for what was done to them, which already makes them worthy.

*“...they feel, hum, ashamed that this has happened to them, they feel that, hum, that they are not worthy, that they are seeking some form of justice, or, hum, action that needs to be done. But knowing that, they have a despondent, you know, air about them, not sure that whether if they speak out, do seek justice, its going to happen.”*

Some women seem to put the views of the community as more important than their own feelings. They feel that they are able to cope with the violation itself but not prepared to cope with the shame that would arise should members of the community find out about their ordeal.

*“But I think it is also the shame of having been raped, of being so violated and disregarded. Yes, it is the shame, the embarrassment but I think also largely someone did talk about the fear of maybe the nursing staff telling somebody else in the community.”*

#### **4.4.2 Worthlessness**

The transcripts of the interview suggest that the women tend to position themselves negatively. They speak of having lost the self that had a right and a place in the world. Their stories suggest that they have been stripped of their identity as women, and that once that is removed they have nothing left.

A social worker interviewed in this project that women internalize their sense of self-inadequacy and feel guilty for not having lived up to the expectations of their identity as women.

*“...and people have said to me, hum: I feel that I am I wish I had a good word, I feel that I am dirty therefore I cannot go to my partner. How do I speak with my partner again now because I have been violated by so many others? That I think is an important issue for people, hum, from a religious point of view, they are very, very affected by that, hum, they feel the guilt, a lot of guilt and they feel that they have betrayed their partner in a way. They have betrayed faith; they have betrayed who they are.*

Some women perceive their rape as rendering them as no longer a part of society; they feel that there is no longer a place available to them. Once that identity is stripped from them, and then there is nothing left. As Herman (1992:53) (as cited in Brison, 2002) “the traumatic events destroys the belief that one can be oneself in relation to others.”

*“...they feel that they are a failure, most of the times when we chat, they feel that they have failed, that they are hopeless and worthless, what do I, “I have really failed what I was suppose to be doing, society sees me, the perception that society has of me is that that is no more”, so they speak of that worthlessness, that failure in them.”*

Some women feel that they are so alienated from their former selves, the self that was familiar to them and that had endured less damage than the new self that has been victimized.

*“...she didn’t have lots of English, she was, you know, I think she spoke Swahili and French but she could communicate in English but she explained herself: I am no longer me, I am nothing! Its like she had been stripped of her identity, she has been stripped of whatever she had valued.” “She was the young lady that was sent to me that said: I am no more, you know, I am not me. She was totally, totally, almost dysfunctional, you know, it had really destroyed her.”*

Some women feel that they have no more places in this world, and their body is the only thing that is keeping them in this society so some women contemplate the idea of suicide as that would lead to the ultimate removal of the self from an unwelcoming place.

*“...a greater percentage of those who have been gang raped and immediately have no sense of, there is no hope for them left, “there is nothing more, I have been raped”. And with that even so, we have had cases where they have been gang raped and yet after the gang rape being raped again. So this has been multiple trauma for them and in that way they felt that “Look, we do not have no, we are not supposed to be here”, so they end up wanting to take their life, so it is much more greater.”*

For some women the view of themselves as valueless is internalized that tends to render conflicts in their marital lives. The social worker explains how one of her clients had internalized her views of self-inadequacy largely that it blurred her interpretations of her husband’s view of her.

*“...this specific lady, that I am gonna refer to quite a bit, the lady from Rwanda with her husband. What had happened is that she seemed to have been very, very traumatized, she does have sometimes delusions of persecution, so that causes a bit of conflict in their marriage, that is sort of presented to me as if it is just a little bit of conflict, coz I have had the husband and wife in for Counseling because she came to tell me that the husband doesn’t want her anymore, he want someone else, he wants a South African, so I had them in for Counseling, he said to me, no, its not true, you know....I was raped 5, 6 years ago and now he doesn’t want anything to do with me, she might just have that idea.”*

## 4.5 Challenges in constructing new selves

### 4.5.1 Language Barrier

The analysis of the interview material suggests that most social workers have trouble in communicating with refugee women. Throughout the interviews, it became apparent that the provision of counseling on arrival to refugee women is highly difficult if not impossible. It suggests to the researcher that refugee women are further deprived of assistance on arrival due to language barriers.

This social worker speaks about her concerns on using interpreters for refugee women especially in circumstances where the women would want to discuss issues of rape as it tends to make her feel uneasy.

*“...and also for us is a challenge many of the refugees speak, well for us is a foreign language. They speak French, or, ah, Lingala or Swahili and we don't understand so, even then if a woman needs an interpreter, and an interpreter, lets say is one of the people who is also waiting in the waiting room then I am very careful...”*

The social workers constantly use pronouns such as “we” and “they” this implies a separation that mental health workers could be using for comparing refugee women to the rest of the South African community, suggesting that the general community does not easily understand the needs of refugee women.

*“Other problem that I also have is that when they come here, they are new, we have a problem with translation, okay, and sometimes we don't have, hum, a trustworthy counselor.”*

*“One sick lady that we have here from Rwanda, she came, like completely alone slowly she had a communication problem, slowly she pick up a language, English very quickly, so now only we started to really communicate properly but, hum, and often she doesn't, and you can't also get a translator in because it still makes things a bit uneasy for the client to completely open up but, hum, but she had been totally alone when she came here...”*

In cases where interpreters have been used, they are those who are trusted by the refugee female and in this case a family member.

*“She didn’t speak any English and I don’t understand Swahili, and I knew this is really gonna be a challenge, so the friend who is a man offered to be the interpreter but then he had been moving with them and she is got 3 children.”*

Social workers also emphasize that there is a difficulty in understanding and tackling the issues of trauma or others that trouble refugee women due to the inability of refugee women to communicate in English.

*“...and often, ya, they wouldn’t and also the language barrier, the language barrier, because a lot of them, they have just arrived in South Africa, they don’t speak English, English at all so only once they understand a bit more of the language then only then you can go into, in depth with them...”*

*“Well that is a problem because sometimes there is a communication barrier with them; they not always understand what we say, okay.”*

This social worker touches on the challenges of using translators from the refugee community due to their lack of training in refugee counseling.

*“That was very difficult because she speaks French, and didn’t actually speak English at all and so we really struggled to find out her name and she wasn’t actually counseled here, she was counseled I think at a refugee camp by someone who speaks French, so in that instant we were unable to help due to the language problem.” “We have someone to speak the language but they don’t know how to do rape counseling and someone who can do rape Counseling but don’t know the language.”*

Strategies designed to tackle issues of trauma using writing skills can also prove to be problematic as they are highly dependant on the client’s ability to write in a language that they have problems communicating in.

*“It’s not just what they think of no one is listening to my story, sitting in a Counseling session with a counselor, but when they go away, they think about some, more, and they can write down as well, so it’s a bit of both verbal and emotional way of expressing. I mean, we have to depend a lot on the fact that the women can speak English, and is*

*literate, you know, those kind of things for that to work, and to be helpful; and that is when the language barrier becomes the biggest problem that we experience.”*

The communication problems experienced by refugee women do not only affect their ability to work through trauma in counseling sessions with their social workers but it also affects other areas of their lives such as seeking employment to substantiate themselves and their families as well as their ability to integrate into their new environment.

*“Hum, their experience... some women they are from French speaking countries so it's very difficult for them to speak the language and it's hard for them to get employment because they can not be able to express themselves in English. So they have got a problem; language failure so, it's very difficult for them.”*

*“They don't speak English unfortunately. It is only the mother who is ill and who speaks English. So they cannot go anywhere anyway. Last week they brought a neighbor along and she was not communicating with the daughter but she communicates with the mother who is ill and so she was doing all the talking. So not much at all.”*

#### **4.5.2 Dashed hopes and dreams**

It was by working through the hopes and expectations of refugee women in South Africa that I began to have a real sense of how the women felt on their arrival to South Africa. Throughout the interviews with the social workers it is constantly visible the disappointment expressed by refugee women's narratives. According to this social worker, some women see Mandela as an icon of freedom and as a result end up creating unrealistic expectations of South Africa. When those expectations are challenged, they revert to comparisons of their life at home to their lives in South Africa. The women speak about their lives in South Africa as one that stripes them of their dignity as their sense of autonomy is crashed through their inability to have the freedom and the life that they expected.

The internal world of the refugee woman is disturbed. They feel worthless, treated with injustice and loss of what they loved their home country (Alcock, 2003). In order to survive, that love for their home country needs to be preserved, as they cannot handle the

painful reality of the new life. Refugees then identify with the loved object: their home country (Alcock, 2003) and make comparisons where the home country is now seen on a favorable light.

*You know South Africa is this nice place, all the nice things, all the nice laws, Nelson Mandela and many people tell them, when you come here, you will get these nice things but when they come here there is nothing, this is their last hope to get assistance, they get assistance but it isn't quite what they expect. Most of them have a good life, reasonable life in their country although there is war, they have something, now when they come here there is nothing and all these things happen to them and there is actually nothing that they can do because they cannot go back."*

*"(Interrupts) they feel bad because, like, when you leave your home country then you are in a different country, then things are not coming the way you expect it, or you are actually getting a new life, so you feel out of the environment, because the environment is not conducive."*

A social worker involved in this project explains the shock of refugee women when she realized that what she believed to be toilets were actually homes of South Africans. It is a shock for them to witness a level of poverty so low, and she compares the living conditions in South Africa to that of her home countries, emphasizing that at least she had place where she could call home. Harvey (2002) refers to this process as major loss, which is the loss of something in a person's life in which the person was emotionally invested. The loss of one's home becomes very difficult for one to bear, especially in circumstances where the new home is not favorable, the individual therefore tend to internalize and memorize the value of the previous object in one's mind.

*"Oh, most decisively and I think for people that is such a major let down because, South Africa looks to the rest of Africa, like America. They actually say we came for Mandela, you know, coz they hear the story about Mandela, and what not, and our freedom, and the struggle, and they get here, they are totally shocked, we look like the land of milk and honey! One woman, who arrived, said why do they have so many toilets in this place and then I looked and saw that it was the people's homes. And she said as poor as we were in Rwanda, I had a brick house to my name. I had a job whether it was cutting chicken on the side of the road or selling strips of material or oiling things but had a job, I had my dignity and here we don't have this, you know, what was your question, sorry?"*

The situation in South Africa proves to be so adverse that some refugee women would rather return to the war torn home from which they ran away. They miss the life that they

left at home and regret being in the host country. They miss their home country where the struggle for material possessions was not common (Alcock, 2003). This homesickness can affect the individual largely through disturbed sleep and mental problems (Alcock, 2003).

*“They see South Africa as the place where the rainbow ends and the pot of gold is there and so there are a range of reasons that they come for. They see a better life for their children because they know that they are going to die but I have heard two people say that they would actually rather go back home because they feel unsafe, because they are not finding work.”*

According to this social worker, one of her clients was finding it very hard to cope with the pressure and then ended up developing a mental disorder due to her inability to cope with her current circumstances. According to the literature women who have sustained sexual or physical assault have been found to disproportionately suffer from depression, thoughts of suicide and suicide attempts (Hilberman & Munson, 1978; Hilberman, 1980; Kilpatrick et al., 1985; Stark & Flitcraft, 1988; McGrath et al., 1990; Dutton, 1992 a, b; Herman, 1992) (as cited in Crowell & Burgers, 1996). However the findings of this study did not concur with the literature available as only 1 of the 10 participants presented a mental disorder.

*“Hum, but the doctor then says that it is a reactive depression or the depression is a result of the person’s circumstances coz often, yes they are in South Africa, we don’t have refugee camps, so people don’t have work, they don’t have accommodation, they can’t feed their children. So the doctor will say to you it is as a result of those social circumstances, and if you not gonna change the circumstances, and you can’t do anything about the circumstances are we really gonna treat this depression?”*

This social worker describes how the lack of proper refugee status removes the humanity of the women in South Africa.

*“...and also the expectations that they have when they come into this country thinking that it is going to be a better place. And then when they get here, they are traumatized all over again because of the way the police has treated them and, and being locked up and so on, its just of being afraid most of the times and being shocked because you think that you are coming to a better place and then. And you get here and it is just as bad, its just as bad if you don’t have the proper status, ya.”*

*"I think that it is also very traumatizing when they come to South Africa, and she was kept in a cell for a few days, somewhere at the border, but then, and then I think someone assisted her from there, she was set free but then she was able to get a refugee status, ya."*

Even the most basic expectation of refugee women, that relating to safety is crashed in South Africa as they can still be easily harmed in the communities where they are able to settle.

*"And they came into the shack, overturned it looking for money, they don't have any money and there is a granny there as well. The boy was there and a daughter with a five-month-old baby and a 6-year-old girl and then someone came back... She managed to call for help or call out and they ran away. One person came back a second time, banged on the door and she could hear them cocking the gun and then she called out to somebody again. The third time she and her mother passed them through the alley way and they immediately jumped up and blocked their way and said, "We are coming to rape all of you." Then what they were doing is at night they were going to sleep in the church hall just on the floor so that they were not home at night."*

### **4.5.3 Xenophobia**

Some narratives talked about how lack of involvement in the community was rewarded with friendliness from the community and lack of xenophobic attitudes. Local studies of particular South African communities have since confirmed that many black foreign citizens feel the verbal and sometimes physical sting of denigration from South Africans on the street (Dolan, 1995; McDonald, 1998; Bauillan, 1998; Reitzes & Bam, 2000; Dodson & Oelepse, 2000) (as cited in Crush, 2000). This justifies refugees striving to keep low profile in the community as a protective strategy to avoid violence on the part of locals; it does not allow refugees to integrate but to keep to themselves. It has been documented that South African communities see refugees as economic parasites, as a competition for the limited resources and jobs and this leads to violence against them (Naicker & Nair, 2000). There is a lack of understanding for their reason to be in the host country (Adams, 2004).

*"What I have discovered is that even in the townships, yes, there are xenophobic problems and I talk about a particular family but for many they say that if they keep a low profile, and they are friendly then people are friendly towards them."*

This passage suggests that social workers face some sort of conflict when working with refugee women. On the one hand they are witnesses to the hardships that a refugee woman face as a result of being a foreigner and sympathizes with it but she also tries to provide a justification as to why South Africans, her inner group treats refugees in such manner. She might be experiencing feelings of guilt as a South African social worker who has to be the intermediate between these two groups.

*“Very mundane, very, very mundane, very empty, I would say, you know, ya, and look they are shunned, when they go into the communities, they are shunned. Unfortunately the whole apartheid system that emphasized differences being so important in our country, has left out people with that mark and so for us when we see a black person who is a different kind of or shade of black or different features, we ostracize because of that. The way Somalis dress for instances they are immediately marked, you know, that kind of thing, you know. Unfortunately the indoctrination of apartheid has gone very, very deep and we have got a lot of work to do.”*

For other refugee women there is a constant sense of disorientation as they feel alone as well as the unwillingness on the part of the locals to provide them with some sort of direction. This xenophobia is aided by the state by its failure to respond to criminal assaults on refugees (Naicker & Nair, 2000) and it that way creating a finality of feelings of hope as they are made to feel that there is nowhere to run. Refugees face intense fear as part of their daily reality. They are attacked, hurt and disabled by the local community without any particular reason. They run away from one war to face another in the host country (Adams, 2004).

*“...they are very lonely, they haven't had anyone to speak to, they don't know who to trust, so they have already been through that trauma in their country and then they are traumatized again when they come here because of the xenophobia as well so...ya.”*

#### **4.5.4 Social restrains**

The mental health workers emphasized that being a refugee was synonymous to a number of social restrictions and difficulties. The expressions of the negative effects of being a

refugee were salient in lack of employment, inability in securing accommodation as well as in attaining a legal refugee status.

There is a great deal of creativity involved in trying to find ways to sustain ones life as refugee women. These narratives suggest that there is a great deal of endurance involved in trying to generate income when the formal venues to do so are closed.

“

*“They don’t have steady jobs so they do things like park cars and anything to put bread on the table. Parking cars depending on where they do it can be quite lucrative. They gave to go to shopping malls not in the city. That is useless. They have to go to shopping malls in the suburbs.”*

*“That is not easy because if especially she was not working back home and that is a change in her life for her. Change everything in her life and she is forced to find something to do to sustain her family. From the experience we have had they are very active and willing to do any kind of job and if she can earn something to support and sustain her family.”*

The presence of a skill is not synonymous to earning an income as in the case of this refugee woman who had the additional burden of having to pay for extra costs in order to be able to sell her goods.

*“The lady from Kenya has a stock of old goods – wooden carvings, but she says there is no space to sell it because there is a glut of the same stuff and she had to pay for a plot on the square to the City Council – an annual fee which she does not have.”*

The lack of jobs is seen as disempowering for the women as they have nothing to look for or to take pride in. According to this social worker, it renders them passive and unable to engage actively in creating something for themselves.

*“I have often just popped around there because it is close by and I would find her sitting in the sun. I would say, “What are you doing? Have you nothing else to do?” “No.” But they live in the shelter for free, so they have to clean the place.” Sitting around at home and waiting for something to happen and that is what I am trying to change and want to change – to get out of this situation of waiting for something to happen and make something happen.”*

*“Many of them would just be mostly with their friends, you know, because some of them don’t have jobs. So they would just basically be sitting around, other would just be winding around Cape Town and just see maybe what they could do, you know, but they don’t have any sort of structured way... others who won’t really be doing anything not because they don’t want to but because there aren’t really many job opportunities, you know,...”*

With the threat of not having, a place to stay in the near future, refugee women’s lives are altered as they burden themselves further with planned pregnancies to avoid being forced into the streets.

*“Oh, Shelter A\* is wonderful, at least it’s a shelter from the moment they come in there, they are worried, what I am going to do when my 6 months is up, what do I do. And you know what is happening unfortunately, some of them are purposely falling pregnant because if you are pregnant, Shelter A\* will not kick you out, so they extend your stay. So unfortunately, they are burning themselves once more by having a child but they think it’s a way of extending their period of time there, it’s very sad.”*

*“Coz you know that at Shelter A\* you can only stay for six months, then you have to move on and cope on their own, so that the new people coming in also have a place, so there aren’t many shelters.”*

The added burden of having to find accommodation adds to the feelings of disorientation that refugee women feel when they arrive to the new country and do not know where to run to for help.

*“...and I think that also plays a part in finding the accommodation, finding stable employment because there is such a lot of things that you need to focus on but taking care of the kids and usually the first month it is mostly just focused in getting your status, going to Home Affairs, how many times, going to Home Affairs because they give you different appointments every time and then you have to go and see this person and so, hum, so, the role change is quite difficult for them.”*

*“You know what is happening on that side and then just because of fleeing from there and coming here, not having a place here, not knowing anybody, you know, “Where do I go to from here, who can I trust?” you know... “Where do I go to?” “What do I do from here?” “What are my options?”*

Mental health workers sympathize with refugee women as they see their inability to access permits as a result of the government officials’ abuse of their powerful positions.

*“You know what still happens is the fact that the Department of Home Affairs where these people go for their status, they cannot get their status which they are entitled to at that point, because they don’t have the R500-R700 to put down on the counter to bribe the officials”*

*“and usually the first month it is mostly just focused in getting your status, going to Home Affairs, how many times, going to Home Affairs because they give you different appointments every time and then you have to go and see this person and so, hum, so, the role change is quite difficult for them...”*

*“She said I go back and ask for a status for maybe 6 months or longer that is what happened to the lady who is the sex worker. When she went for status they said you can only stay in the country another week because she did not have money to pay them. They sent her back to the refugee centre who sent her to the lawyers and her status was granted”*

The inability to obtain a status is only one of the difficulties of the refugee women. But it is one that affects other areas of their practical life, as this mental worker points out. It affects their lives to such an extent that it becomes a superficial claim in the context of all the other problems that refugee women have to face in the host country.

*“My refugee status hasn’t been approved yet, where do I go with this?” they come with those kinds of superficial claims.*

*“...however, due to their refugee status, asylum seekers status or non South African status, it was very difficult for them to gain access to shelters”*

*“Well... Hum... They, I think they face a lot of difficulties in terms of their status which is being able to plan their lives.”*

## **CHAPTER 5**

### **DISCUSSION**

#### **5.1 Discussion**

The approach adopted in this study depicts refugee women as strugglers in dealing with their experiences of sexual violence. They are unable to construct their own narratives of their experiences of rape. The only narrative available to them is that constructed by their community and drawn from their culture. The initial reading of the interview material tended to reinforce the view that the experience of war-rape is very damaging to the women especially in an unsupportive environment, which is determined by the construction of a group identity. This tends to alienate women's position and provide a fabric in which sexual violence gains more power.

The first section of the analysis looked at the damaging effects that the rape had on the women. The damaging narrative of rape analyzed the different ways that the rape challenged refugee women's assumptions of the control that they had over their bodies and selves. Aspects of the rape discussed in this section contributed to the continuous breakdown of the self, especially in circumstances where the women were subjected to continuous violations, which resulted in permanent scars on the self. The rape even though targeting the physical, had long reaching consequences in alienation of the women both to their self before the rape as well as the rest of the world. It caused a breakdown in the life narratives of the self by challenging everything that was familiar to the self.

A number of strategies were used for coping with the rapes. Refugee women tended to employ strategies that did not address their trauma directly. Failure to address trauma has been looked at extensively in the literature, it proves to be a negative strategy to deal with trauma, and its consequences and its effectiveness is short-lived (Simpson, 1998;

LaCapra, 1999; Brison, 2002). Trauma that is not addressed tends to resurface in the victims lives in other forms. This was visible in the present study in the refugee women's anger towards their children and husbands. The counselors also experienced the marks left by trauma on refugee women through their inability to trust others. And while disowning their agency in parts of the self that were connected to the rape, they tried to gain control over other areas of their lives. Another point of clarity in this research is that for women who have lost all that was dear to them and facing the hard life of deprivation that refugee women experience in the host country the rape is considered only a small part of their life. This renders it difficult for women to see the necessity of addressing issues of their previous self.

Part three of the analysis explored the theme of helplessness and the effect it had on the lives of refugee women. There was a lot of helplessness that resulted from the rape, it rendered victims helpless and affected their ability to take decisions or actions on issues concerning the violation. There was generally a culture of silence surrounding the occurrence of the rape, which involved different aspects of the social fabric of society (authorities and well as medical staff). This collusion of silence has been discussed in literature (Brownmiller, 1975 as cited in McKay, 1998; Schmucl & Schenke, 1998; Summerfield, 1995) and it tends to contribute further to the helplessness of refugee women.

The helplessness created on the women, as well as other effects of war tend to create an unsupportive environment for refugee women. This climate tends to contribute to the renouncing of their agency in making decisions concerning the self, such as not seeking medical support for the rape, the silence surrounding reporting as well as leading refugee women to disown their agency in making decisions concerning their sexuality. In their state of helplessness, refugee women are unable to rely on the support and validation of their experiences by a support structure.

Traumatic experiences are not the only issue pressing refugee women; they face crucial problems of reintegration in the South African community. The experience of integration

is filled with disappointment and is very traumatizing to the women as it involves the crashing of all those tentative hopes for the future. Reintegration is a very lonely experience due to the rejection by the host community and the refugees' language inadequacy. Social restraints such as lack of jobs and accommodation can be further damaging to traumatized selves. The first step to recovery of most traumatized victims is the ability to take control of aspects of their lives, the same control that trauma tends to strip away from the victims (Brison, 2002; Kelly, 1988). This tends to make the ordeal of traumatized victims heightened, as that ability to control their lives is not readily available to them.

Personal meaning of traumatic experiences for individuals is highly influenced by the context in which it occurs. Women understand their experiences of sexual violence based on understandings of their cultural group. This kind of study is crucial in showing an understanding of the ways in which the experience of violence is shaped through large-scale social forces at work and its consequences are felt in a culture-specific context embedded by cultural understandings of gender and sexuality.

Women and men learn from a young age what meanings are available to them in their respective society. To be part of a society one needs to learn how to perform their respective identity in that society and that is crucial to the legitimacy as well as full participation in that cultural group (Williams & Chrisman, 1994; Paichter, 2006; Morgan & Bjorket, 2006). Therefore, the views of trauma or the meaning of the trauma will be defined by the community in which the women live. Both the communities as well as the refugee women have seen rape in this study as a source of shame; this implies that there is no validation or support for the suffering of the women because the source of their traumatic experience had to be kept secret.

McFarlane & van der Kolk (1994) referred to this as the 'second injury' where the society is unable to deal with the fact that they may also be victims of tragedy. Therefore, they resort to blaming the victims for their own ordeal. The acceptance of the victims as victims is received with resentment, as it would require a change of beliefs where the

community accepts the fragility of its safety and the inability to protect members of the group. Rape was a very shameful event for the community. The community was the basis from which the women tended to interpret their perception of the rape and internalized them as part of the cultural norms. The meanings available to them in that society are those associated with shame and worthlessness and the victims in turn tend to internalize those available views. The trauma narrative has different meanings to the women and to their community, those conflicting views end up causing more harm as efforts are then directed at judging the women for their fate and end up damaging them more.

Women's internalization of the meanings available to them by their society was visible in the coping strategies that they used. Women used coping strategies that were relevant to their environment, which was concentrated on silence about the victimization and avoided active involvement in tackling the abuse. The women would not want to broadcast it to the world, as it was a source of shame that rendered them worthless.

The unavailability of meanings for the refugee women to make sense of their narratives other than the cultural one potentially caused some disorientation on the women with no narrative to draw from. As a result, they had no space to tell their stories to join both their narratives and that of the community, and in that way to construct a positive narrative as a whole.

One is only able to construct one's identity in relation to those with whom one has significant relationships. It is important to note that for women who are alienated by their families and communities because of their experiences of sexual violence and end up losing all that is part of their own identity, the rape experience might not be the worst predicament that has happened to them. As a result, rape is a very powerful tool for destruction because it draws upon knowledge of the culture of the victims and the perpetrators are fully able to appreciate the consequences that the rape will have on the victims (Williams & Chrisman, 1994).

The trauma research community also decontextualizes rape. It is only one of the interchangeable phenomena that can trigger symptoms of (PTSD). Currently most of the medical or psychological literature has used (PTSD) as a basis from which to measure trauma. PTSD embodies a core set of ongoing disturbances of physiological and psychological arousal and drive-disturbed sleep with recurrent nightmares, variability of mood, poor concentration and memorizing sensitivity to environmental stimuli, liability to re-experience aspects of the original trauma, which are seen as universal human reactions (Summerfield, 1995, Bracken, 2001). The result is that our research literature is dominated by studies in which the impact of rape is only assessed from the perspective of PTSD symptoms. The result is an incomplete capture of the ways in which rape creates harm (Crossete, 2003).

Underlying the concept of a diagnosis of PTSD is the assumption that the essence of human experience of war and atrocity can be captured by negative psychological effects as understood and categorized in the West, based on a constant focus on the individual (Summerfield, 1995). Most of those who research and write about PTSD appear confident that the syndrome captures something fundamental about the way in which human beings deal with trauma. This tends to assume a universal applicability regardless of culture or historical period (Bracken, 2001). This effort in the PTSD literature to isolate a simple cause-and-effect relation between trauma events and specific symptoms ignores the social and cultural embedding of distress that ensure that trauma, loss and restitution are inextricably entwined (Kirmayer 1996:150) (as cited in Bracken, 2001).

Medical models of trauma are simplistic because they do not utilize a socialized view of mental health. Exposure to massive trauma and its aftermath is not generally a private experience (Summerfield, 1995). In most wars the whole community is a potential target, as in the case of war-rape, most women in the present study discuss a rape committed in front of the whole community, where witnesses are husbands, children and in that form destroying the fabric of the entire community.

Most torture worldwide does not take place as isolated acts but in the context of destruction and terrorization of whole communities. The meaning of torture to many victims may primarily relate to the familial and social rupture accompanying it (Summerfield, 1995). Bosoglu et al. (1994) studied Turkish activists with a history of torture and found that the secondary consequences on family, social and economic life were more important predictors of outcome than the torture per se (Summerfield, 1998). This social aspect of trauma sheds light to the fact that the rape that refugee women endure in the hands of perpetrators during the war is not itself viewed by them as the traumatizing experience but the shame and resulting social exclusion that it causes could be the worst part of their experience.

Some torture survivors have alleged that the torture itself was not the worst that happened to them. They cite other experiences, such as the disappearance of a brother, witnessing the gruesome death of people they valued, the crushing of their community or cause as having affected them more (Summerfield, 1998). In the war, circumstances filled with a number of different losses, such as death of a husband, child or other family members, loss of a home, the experience of being a refugee in a foreign country; it becomes difficult to define which trauma is the worst under those circumstances for refugee women.

The PTSD symptoms described in the literature are not symptoms manifested by refugee women as they struggle with their everyday life to survive. The PTSD model involves observing and documenting visible patterns of response or behavior but is not useful to capture the essence of distress experienced by refugee women. Their stories provide meaning and context for the symptoms, it in fact allows for the women's transformatory journey in incorporating fragmented parts of self.

It is important to note that the symptoms per se do not cause intensive distress in their lives. But the effect it has on their social relationships, such as stigmatization by the community, lack of support, death of husband trying to protect them from the rape, or the unavailability of a future in a community where her rape has no place. Consequently,

psychiatric models like PTSD have inherent limitations in capturing the complex ways in which individuals, communities and whole societies register massive trauma, socialize their grief and construct meaningful existences (Summerfield, 1995).

## **5.2 Limitations**

One of the greatest challenges of this project is of its generalization. Only those women who seek help or are identified by the different refugee centers as in need of help were part of this project. However, those who chose not to disclose the rape and have found ways of coping with it were not identified so their experiences were not reported. It is important to explain that in this research generalization was not the aim but the need to give the narratives of refugee women a voice.

Research into sexual violence is highly sensitive and requires taking into account the consequences for the survivors/victims of speaking out. Rape victims are often stigmatized by the rest of the community and even by their own family members, speaking about the crime may expose survivors to such rejection as a result some might be reluctant in discussing the rape (Human Rights Watch, 2002). Further victims, who recount the circumstances of the crime, may suffer from renewed or intensified psychological trauma and physical stress reactions that characterize posttraumatic stress syndrome (Human Rights Watch, 2002).

The use of mental health workers as interviewers could be problematic as it implied that the information would not be on the first person and directly collected by the research. However this allowed for the refugee women to feel comfortable and safer to disclose more information than they would have should the researcher interview them. It also allowed for trained mental health staff to engage with traumatized individuals in a safer space, which the researcher would not be able to provide

Taking in consideration the above concerns, victims were interviewed by social workers with whom they have worked before. The majority of the health professionals conducting

the interviews were all females and in order to guarantee confidentiality all information and the names of the interviewees were not used or were changed in the transcriptions and sometimes details of dates and locations of interviews were changed.

Future research should be undertaken to explore the effects of trauma based on the cultural meaning that the consequences of trauma produce on those who have been previously traumatized so that appropriate policy can be generated to attenuate the effects of trauma. Research that applies this model will undoubtedly provide new insights into sexual violence as well as in the field of gender-based violence.

## CONCLUSION

Current research has looked at the act of rape as a form of gender based violence designed to maintain the role of women as subordinate in society (McKay, 1998; Comas-Diaz & Jasen, 1995; Crowell & Burgers, 1996) and the negative outcomes of the rape have been looked at through a medical model drawing extensively on PTSD symptoms (Sideris, 2003). This study attempted to provide an alternative model by looking at the outcomes of rape as a construction of cultural practices. It used Summerfield's model to explain the process through which refugee women internalized the narratives available in their communities in order to construct their own narratives of the meaning of the trauma of sexual violence in their lives.

The use of counseling in different settings for the treatment of trauma needs to be readdressed as it draws meaning on a western understanding of what it means to be traumatized. It should rather support a view that addresses cultural structures in order to instigate a dialogue that will allow victims of trauma to be able to tell their own stories of trauma, construct transformatory accounts through community acknowledgement of their experiences, and in that way lead to positive healing. This view allows the participants with the opportunity to articulate their feelings and their life experiences according to how they interpret it and free from judgment. It can be empowering and illuminating

because the participants are allowed to reflect on and speak about their lives in ways that are not available in their culture (Miller & Glassner, 1997) (as cited in Silverman, 1997).

### **5.3 Recommendations**

The result of this research suggests some implications for the policy of refugee population on South Africa.

#### **5.3.1 Refugee Agencies**

1. Refugee women should go through a process of Psychological Assessment on their arrival to the host country as to allow for identification of traumatized victims and to allow adequate provision of counselling on arrival.
2. Active involvement on the part of agencies providing support. Agencies need to make their services known and available to refugee women. Active involvement could mean making available information of services available and resources for refugee women in public areas such as the Home Affairs Department
3. Agencies should strive towards a policy of integration by training refugee ladies in counselling courses as to allow them to bridge the language barrier which has been a great setback in provision of counselling and integration.
4. Availability of jobs would facilitate the recovery process as they need something to occupy themselves with other than counselling. Having the appropriate social circumstances is vital for the recovery process of the victims, things like an occupation help victims to look forward not at the past, to have hope and construct their livelihood. It allows them to take some control over their lives, which was stripped away from them during trauma. Bearing in mind the huge difficulty of unemployment in South Africa, there could be some constraints in

providing refugee women with paid employment. But skills training or voluntary work would be as valuable.

5. A more feasible policy towards the rights of refugee women, as right to does not mean access to. Refugee women have a right to their refugee status but the reality of life such as having to find monetary values for this process does not allow them to access what should be their right.

E.g.: Right to education implies having money for transport to go to school.

6. Use of counselling approach that is informed by the social and political context in which the trauma takes place.
7. Special efforts are required to elicit accounts of harm; such approaches use cultural sensitive approaches when dealing with sexual violence and the use of female interviewers at the refugee determination process at the Department of Home Affairs.

## **CHAPTER 6**

### **REFLEXIVITY**

#### **6.1 Reflexivity**

One of the most important factors that allowed for a certain degree of commonality between the social workers and me was the common aim that we both had of addressing refugee issues in South Africa. It meant that each one of us was engaged with the objective of the interview and as a result, the inflow of the information was effective. In our preliminary meetings, the social workers became aware that I had previously worked with refugee women and that provided a great degree of credibility to my present work. My motivation to conduct this study surfaced from that prior connection with refugee women, which created a feeling that a space had not been created for their stories to be heard.

All the social workers were older than I was and while this could have potentially led them not to take me seriously, it was not the case in this study. The fact that I had previously worked with refugee women was a contributing factor to the positive outcome of my research as it asserted some sort of credibility and created a feeling that I was there to learn from older and more experienced people in the field of refugees. This aspect opened the door for me and made it easier for them to accept me and not to perceive me as a stranger.

As a preparation for the interview, I read extensively the literature on war rape. The available literature was very descriptive as a result; I expected a sense of detachment during the interviews, as I believed that the exposure to the material had somehow desensitized me to potential overwhelming emotions that could arise. However, the interviews with the social workers were disturbing as it made the experiences more real through naming the victims and describing their ordeal. It allowed for a connection with the participants as well as a surge of empathy for their suffering. This creation of

empathy in the research process is very important as it enable understanding of the other as well as understanding of the self (Finlay, 2005).

The fact that I was also a female created a sort of connection between the participants and me. This was of considerable advantage to my research, as it allowed me to identify with the women and placed me on the same level, as a female and as a foreigner like themselves. This contributed to a richer understanding of their experiences and played a role throughout the analysis of their narratives. It also made me think of my own experiences as a foreigner in South Africa, forced me to try to make sense of those experiences in my life, and in a way shaped the questions that followed.

My identity as a foreigner created feelings of tension, between the interviewed social workers and myself. This was especially visible when discussing issues of xenophobia, where it could potentially create an uncomfortable feeling within the South African social worker. This was especially noticeable in the first interview where the social worker tried to provide an explanation of xenophobia as a cause of the apartheid legacy in South Africa. This left a very uncomfortable feeling in me as the researcher as it suggested that xenophobia was justifiable. It made me connect more with the refugee women and created unfavorable feelings concerning those justifications. I was left with the task of constantly reminding myself that the social workers and I were partners in this research and I was forced to avoid antagonizing feelings towards them.

The place that one chooses to conduct the interview is very crucial. I have learnt that it is quite difficult to organize a place completely free of interruptions. Every location has downfalls. It is very crucial to allow for a quiet environment with no possible interruptions when conducting interviews. During some of my interviews, there were occasions where the social worker was requested and that tended to disturb the flow of the interview. The participant would come back and not remember what he or she was just saying and the argument that was being made is then lost. To avoid the loss of valuable information, the researcher had to resort to repeat the questions.

Exposure to the trauma field previously created an almost unconsciously self-protective strategy. I would walk out of the first interviews with almost no reflections at all of sometimes the most horrid stories that I had ever heard. Subsequent to a conversation with a friend where I shared the narratives that I had heard that day, she burst into tears for the suffering of these women. When I sat in my room to reflect on my inability to merge with the participants' feelings and experiences, I realized that I was using a protective strategy to counter the feelings of powerlessness and pain that those experiences would bring about. It made me think of an experience long forgotten 5 years ago when a close friend in my undergraduate residence had disclosed her rape experience to me. I felt powerless due to my inability to help in the face of so much pain and helplessness on her part. I was re-experiencing the same powerlessness throughout the interviews.

Throughout the research process, I was overwhelmed with a great sense of powerlessness. I felt challenged constantly with the fact that even in the face of utmost injustice and brutality experienced by refugee women, there was little that I could do but make their stories heard. This helplessness was evident in both mine as well as social workers avoidance to identify or discuss the perpetrators in detail. In my case, this a defensive technique against the realization that those perpetrators were just like any other ordinary men who could potentially take advantage of a particular state of affairs to perpetuate such abuses against women and I was no exception.

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## **APPENDICES**

## **Appendix 1**

### **Information sheet for participants**

#### **TITLE: THE ANALYSIS OF REFUGEE WOMEN'S EXPERIENCES OF WAR RAPE**

I wish to investigate the experiences of war rape of refugee women. I would like to understand the psychological impacts of women who have been raped in the war situation, the different ways in which they cope with the rape and how that is affected by the society, in which they live. This investigation will be done firstly by interviewing mental health workers and/or counselors which have a close relationship with the refugee rape victims and then through interviews with the rape victims.

In your sessions with your refugee clients, you will be required to discuss their war rape experiences as required by the researcher. The researcher will then interview you.

The interviews will be individual and audiotaped. These tapes will be transcribed at the end of the study and if requested by participants will be destroyed later. Your name will not be present in the transcriptions of the interviews or in any other document that will be seen as part of the research. After the interviews are transcribed, you may request to read it.

Once you agree to participate, you will be requested to fill in a form that indicates your willingness to participate.

The discussions will take between 45 minutes to one hour with a possibility of coming back to you for verifications of what was discussed.

**Thank you!**

Claudia Phiri  
Research Psychology Masters Student

## **Appendix 2**

### **CONSENT FORM**

I, \_\_\_\_\_, agree to participate in this research project on  
“Experiences of war rape of refugee women”.

I understand that the study involves face-to-face interview and will discuss my general ideas about the topic.

I understand that my participation in this study is entirely voluntary, and that if I wish to withdraw from the study; I may do so at any time, without any repercussions or retaliations.

I understand that I may not receive any direct benefit from participating in this study, but my participation may help others in the future.

I understand the information I give will be kept confidential to the extent permitted by law.

I have read and understand this information and agree to take part in the study. I have received both verbal and written information and agree to participate.

\_\_\_\_\_

**Date:**

**Signature**

## **Appendix 3**

### **Interview Guide**

#### **(Mental Health workers-Refugee Rape victims)**

##### **Issues to be raised**

1. Circumstances that led them to flee to South Africa?
2. What happened to them during the war?

I am specifically looking at the violence and at aspects of the rape:

- How was the general climate of violence?
  - What were they doing when the rape took place?
  - Who else was there?
  - How did they identify the identity of their attackers?
  - Was the rape continuous?
  - How did it make them feel?
3. What did they do afterwards?
    - Did they report it?
    - Did they receive medical attention?
  4. Family and husband's reaction after the rape?
  5. How did that make them feel?
  6. How did the community react to it?

7. How was the journey to South Africa? Did they feel safe?
8. Did they stay at shelters or with fellow refugees? Did they feel safe there?
9. Where they alone or with children? Did that make the situation difficult?
10. Do they currently stay with their husbands? If not, how is the experience of being the head of the family?
11. How is the experience of being away from home?
12. Can you take me through your daily routine?

## **Appendix 4**

### **Interview Schedule**

#### **(Researcher-Service Providers)**

1. What are the most common complaints by refugee women that you work with?
2. Where are they from?
3. How do they talk about their experiences of violence during war, in particular rape?
4. Under what circumstances did the rape take place?
5. What sort of feelings do they talk about?
6. Were they admitted into hospital because of the rape?
7. How were they viewed by their family?
8. How were they viewed by their society?
9. How did that change their life?
10. Did they experience the same fate in their journey to safety?
11. How do the women talk about their experiences in the refugee camps?
12. What sort of activities do refugee women engage in the refugee accommodation projects?

13. How do women who are the heads of households cope with having to find resources to sustain the household?

14. What activities do they engage in their daily life?

## **Appendix 5**

### **Example of interview transcript**

**TRANSCRIBER: Claudia Phiri**

#### **PARTICIPANT 2: Cape Town Refugee Centre**

**Interviewer:** What are some of the common complaints by refugee women that you work with?

**Participant:** You mean in respect of the rape or just in general?

**Interviewer:** Just in general when they come and see you, they do not immediately start with they rape stories.

**Participant:** Hum, hum

**Interviewer:** How do they start?

**Participant:** What they normally, normally what they would say is basically that they need assistance, all right, then one would look at what specifically do they need. And then obviously one needs to determine their vulnerability because not all women are vulnerable, it is like, we cannot say all men are not vulnerable and so one determines their vulnerability. And then if they are vulnerable then we see how we could assist them, maybe with something immediate, like some food vouchers, and, and transport and sometimes one would arrange for accommodation for them. And then if one finds out, as you get information find that they are traumatized, then one would do some counseling, then sometimes it would come out a bit more detail why they are traumatized, it wouldn't be just because of the war probably, maybe violence against them, you know. It will depend on, on. And after one does a proper assessment, you will find that many of them

will start speaking about what is traumatizing them. Sometimes it is not exclusively the war, maybe it will be abuse, maybe by family members against the women, or it will be, ah, maybe the discrimination of a partner or a husband or a father or a brother, maybe physical abuse, then sometimes it will be sexual abuse, ah, maybe some boyfriend raping or taking advantage of them. And sometimes also there are traumatic experiences of being raped by, lets say, strangers, strangers in the sense of rebels, the police or whatever, or maybe just people in the neighborhood that are just victimizing them, you see, that could be.

**Interviewer:** So would you say that many, when they come they mask all those feelings, it is not initially all that that they bring to you?

**Participant:** Yes,

**Interviewer:** And only after a certain time they gain trust in you...

**Participant:** (Interrupts) many of them do not really and also for us is a challenge many of the refugees speak, well for us is a foreign language. They speak French, or, ah, Lingala or Swahili and we do not understand so, even then if a woman needs an interpreter, and an interpreter, lets say is one of the people who is also waiting in the waiting room then I am very carefully. I am personally very careful, I just don't start getting into deep, deep things with the women, you know. But sometimes if they were, if I pick up something, then I will normally ask if perhaps they can bring someone with, maybe a friend, someone that they trust, you know, then I would go into the deep to find information, the questions and whatever, you see.

**Interviewer:** And mostly where are they from?

**Participant:** Hum, well the majority of the refugees that comes to our offices is obviously from the DRC, because obviously that is the higher population. But we also have people from Rwanda, from, hum, Burundi, from Zimbabwe, you know, so it's also

few people from Angola, it's not many people from Angola that we have, but, hum, but I am not prepared to say that most of the refugees are from the DRC, even though that if you look at it, you know, in numbers, yes the number is larger. I would rather want someone to do like a percentage thing, like let's say one covers for the population of so much and that is the percentage coz it might be that it is a small percentage of the DRC people coming out. Then Rwanda it's a small country but it could be 90% of the population that in, you know, and then maybe its only 10% of the Congolese from DRC, so it looks as if there are more Congolese but in relation it's actually less, you see, so ya, its difficult for me to answer that question.

**Interviewer:** That is fine! And how do they talk about their experiences of violence during the war, specifically if there is rape involved, coz what I found is that most victims, they dissociate themselves from the experience, so they tend to talk about it in a monotonous tone, like its not part of them and others will tend to break down. What do you find mostly with your clients?

**Participant:** What I found in some sessions that I have had is, especially if there is a lady friend, the lady friend will talk most of the times, usually I don't understand what is being said by the person. So I can't say to you is a monotonous tone or it's a kind of detachment even though I can still see that maybe this person is still uncomfortable, you know. I can see that and I can still see that they are not very comfortable speaking about it, you know, but I always, hear the friend saying, the friend will obviously be more articulate and more comfortable maybe, because this probably did not happen to the friend, you know. So that is my experience which I feel I have lost out a lot, because if it is someone who speaks English, then I would be able to pick out exactly as you say, that it is a monotonous tone because someone speaking another language, I don't understand the rhythm of the language. I don't understand maybe what is being said, so I am unable to tell you that, but I can say is that the person maybe feels a lit bit uncomfortable and then tearful, very tearful and some of them will say that they really don't want to go back coz I would ask them what is your plans for the future, what do you plan doing, lets say if you were to go back to your country. I am not saying that they must go back, I am just

wondering, have they thought about it and that is a area that I realized I mustn't touch because they would cry and then she would say, no she doesn't want to go back ever, you know. Then I say, okay, not its fine, its fine. I can understand if you are traumatized, just getting through the moment, you don't still have the energy to look at the future, so I just also wanted to find how traumatized the person is, so if the person does not want to look at the future, then I know that the person is still heavily in depression or very heavily traumatized about the situation.

**Interviewer:** And normally under what circumstances do these rapes take place?

**Participant:** The very scenarios that have been presented to me is that basically, lets say, rebel soldiers have invaded our house and demanded whatever from the family. Maybe they demanded where is the father or they demanded money and could not be produced or the person could not produce, then they say, if you do not tell where x and y is then we are going to rape your daughter or we are going to rape your mother or whatever. Then maybe they will come again then the rape will take place. In some cases, it will be that people are fleeing and then they would be grabbed, you know, and maybe taken somewhere and be raped by the soldiers, maybe in the bush or sometimes they are taken and women are captured. It is difficult for me to actually depict it because these are the stories people are telling me, I have never seen it, so I must apologize for that. But my impression is that they are taken and they are put in some kind of maybe a camp and then some girls are maybe just beaten up and whatever. And some of the soldiers will just rape them as they want to and then maybe there is one or two or three of them that maybe are prettier or whatever, and then the person in charge of the soldiers or in charge of the camp, will say okay, I want those 3 or those 4. Then they are not exempt but they also get raped, I mean, they are suppose to submit willingly, even though they don't want it, but is also a violation of their rights so its still rape, even if you don't throw a fight or whatever, you still at risk because your life...

**Interviewer:** (completes) is in danger

**Participant:** So its still rape which I think it also is still traumatic. And there, there is actually one woman who said that she had actually contracted the HIV/AIDS virus from being raped. And there is one woman, who is a married woman but she has left Cape Town, now she is in Johannesburg, she was also violated and she also contracted the AIDS virus, you know. But I also, not always ask, do you have an STI or whatever, because to me and also to the services that we render, its not that we only render services to the people who are HIV positive. So if that person is prepared to disclose it, keep it confidential, you know, but probably, one could image that lots of these women who have been violated probably have contracted AIDS, you know. And probably they haven't gone to get themselves tested and they don't even know, you know. And sometimes they only know maybe once they are pregnant and they get tested here, and then maybe they forget or don't want to remember that they were raped way back then, you know what I mean, so its quite a.. (Pauses)

**Interviewer:** Do you find there to be an differences between the women who have been continuously raped, the ones that were taken to camps and stayed there for a while, raped and then taken back to their communities and the ones that are just raped once. Is there any difference on the levels of traumatization that they face?

**Participant:** Hum, well, I will tell you another scenario. Just this morning I had a young girl in the office and there was a gentleman who was going to interpret it. What was quite surprising is that she just said to the man, I was raped twice, you know, she didn't look really traumatized. I didn't want to, I couldn't really, she spoke Lingala, so I couldn't speak to her and I didn't ask that but she just volunteered the information. Well, I think that she volunteered the information, because the man, the interpreter told me that, this is what she said, you know. So I just said its fine, I pretended that, that wasn't very important, I didn't want to hear it, coz I am not too sure whether she knew this man and I am not sure whether this man is going to take advantage of her. So what I intend doing with this young girl is that I will need to call her in again and get a woman, and get the woman to ask her certain questions but to me she didn't look very traumatized. I mean, there are some women who claim that they have been raped, maybe once, once off,

maybe by 1 man so they look much stronger. They seem to bounce back very well, and there are others who have been repeatedly, they are more tearful, you know, that is what I found. But for me its actually difficult, difficult in the sense that the language is the barrier, so I am hoping that what I am sharing with you is going to help because I know that when someone has been violated, when someone has been raped, you know, that person is totally traumatized even if it is once. They are totally traumatized, because I know, I have counseled people here in South Africa that have been raped and I was a young girl, woman who had been raped once. She was raped by a guy who was suppose to be her boyfriend, you know, and that poor girl, well that was a long time, she was terribly, it was a nightmare for her. So those are the kind of things that go through my mind is that these women say that they were raped once but they bounce back, you know. So are these women saying that they have been raped because they know that in South Africa there is a Human Rights thing and rape is wrong and whatever, but they look too healthy, you know what I mean! Too mentally healthy, lets put it like this; too mentally healthy than someone who has been raped once because it must be a traumatic experience, because in no ways is the person gentle with you who was raping you. And if it is rape by 2 or 3 men it is obviously a nightmare so, so it takes a long time. So when people mention the word rape or sex or babies or men, the woman goes into quite a state, you see, that is the things that I find missing from some of the women who told me that the had been raped.

**Interviewer:** But could not that just be another sign of their trauma, the fact that they cannot actually stand what has happened to them so they talk about it in a way that does not hurt them.

**Participant:** Ya, it could be, it could probably be that they just dissociate themselves with what had happened. So they stand outside and they build this wall around them, it could be and then later they talk about it as if you know, like I was raped 3 times, you know, and its not a big deal, you know, and pretend that the person who was raped was someone else, it was not me, it could be.

**Interviewer:** And what happens when they are in a community, and then they come and rape them, what happens in those cases? Like, are they accepted by their community, are they excluded, what sort of feelings do they talk about?

**Participant:** I, I am not really able to tell you much about that. Hum, most of them would say, the few that I have spoken to would say that they were raped by the soldiers or by the people who were harassing the family and that was the reason why they then decided to leave. So uncle so and so either put them on a plane or they had to leave and they had to get on a bus or a truck and then they came to South Africa. So you see, I can't say how or whether they were accepted into the community, whether the community has marked them, you know. I do know that nowadays you know, with rape being an open thing in South Africa, you know, the victim is not really, you know, sort of put the blame on. The perpetrator is blamed more and they encourage you to speak out, so that you can get the rhythm back to normal, you know, so I really don't know, I would assume that maybe they are discriminated against, although there was this one lady, the one I spoke to you about, the one that went to Johannesburg, she was, she was raped, her husband knew about it and, there was no discrimination. I mean he took her and fled from, she is from Rwanda, took her and they fled with the children to South Africa. And they were leaving together and now they have gone to Johannesburg, so I don't know much of what happens in the private but they seemed to happy, you know. They had a little bit of a problem but they seemed, so I don't know whether it is the exception to the rule, you know or whether that is normally what happens.

**Interviewer:** And do they go through medical, medical examinations, once the rape happens, is that it or do they actually go to look for medical attention in their countries or when they get here after what happens to them?

**Participant:** I do not get the impression that they went through medical attention in the country that they, because here I would say please go have yourself examined. Please go have yourself tested, you know, so I am not too sure, so I cannot really tell, yes they did, or definitely they did not, I really did not go into that. I would assume that maybe they

were so traumatized that they would rather just flee, you know, sometimes when things happen, especially with us women, and then you realize that it was a stupid reaction. I remember in the past telling people when you get raped do go wash yourself, don't wash yourself, but that is exactly what the women does she goes and gets into a bath and she has a shower and now she wants to go and report but she has just washed away the evidence.

**Interviewer:** But with refugee women, do they actually wanna go and report it because it happens in such a state of violence and there is no actual legitimate body where they can go and report it.

**Participant:** Ya, its like a type of anarchy, I don't actually think that at that time they wanna go and report it, for them its like a crime that has been perpetrated to me, "*I have been robbed, I have been slapped, beaten, I wanna get away, I wanna get away from these violence.*" So its not a matter that I have been raped and now I am going to report it to the police for these men could be rebels or they could even be the government soldiers, you know. And those soldiers are not gonna help her get to, hum, a police station or whatever, you know. For instances there was this girl, that said that the uncle had taken her, took her to the airport and she flew out to South Africa, you know, whether she herself after the rape cleaned up, packed her clothes or whatever. I am not sure whether she even remembers what happened, you know. So I have never gotten that impression that any of the women have actually gone to lay charges or even medical check ups, but you know, I could be wrong, alright, I could be wrong. It could be that they did go and then decided to come to South Africa,

**Interviewer:** Are there cases where the rape results in pregnancy?

**Participant:** Hum, Hum, even this one lady Paula\* she never said she had a baby as a result of the rape, you know.

**Interviewer:** And when they talk about the rape, do you feel that, do you have a sense that, of that change they got, did it change who they are?

**Participant:** Look, obviously if I look at the bit of counseling I have done before, and I am sorry I am gonna keep comparing it to the South Africans, there is a change, alright. But for me when I am talking to these ladies, I think there is a change but whether there is definitely a change, I don't know, you know, because sometimes the person who is with them will talk as if they know what happened. And then I will say to them, but were you there, were you present, they will, no, no, no this is what she told me, so you see, that is sometimes an issue. So if you were to ask me if there is a change, then I would say yes, of course there would be a change, right, this woman has been violated against her will, so the perception of life is different. The perception of man is different, hum, she might fear him, she might disrespect him, she could be angry with men. And also because a baby could have been conceived as a result of that, so she might even dislike the baby, might even feel that she didn't want the baby, might have had it aborted or might have given the baby away, so you see, there is a change, there is a change in the person's life. But I can't say, I can't put it to you, these things have changed, this specific lady, that I am gonna refer to quite a bit, the lady from Rwanda with her husband, what had happened is that she seemed to have been very, very traumatized. She does have sometimes delusions of persecution, so that causes a bit of conflict in their marriage. That is sort of presented to me as if it is just a little bit of conflict, coz I have had the husband and wife in for counseling because she came to tell me that the husband doesn't want her anymore. He want someone else, he wants a South African, so I had them in for counseling, he said to me, no, its not true, you know. But then again, she could, she could be telling me the truth that the husband is getting involved with another woman and he could be lying to me, you know. Lydia\* also had dealings with that case, but then the man would say no, this is my wife and I am responsible for her. Now, one thing that I can say about him, is that he has got a job, he works, he pays the rental, you know, he feeds his children, so that is good but he might be looking at another woman. The other thing might be that she shares delusions of persecution, she might be thinking, he knows that I was raped 5, 6 years ago and now he doesn't want anything to do with me, she might just

have this idea. There is another incident that I want to tell you about, it is a lady from Tanzania, and I have lost contact with this lady because they left Cape Town. She and her husband and there was another guy from Uganda, they were from Tanzania but the friend that was with them was from Uganda. This was a very, very challenging interview that I actually held because the husband wanted to be present while I interviewed his wife, I didn't have a problem, my challenge was that, I think they spoke Swahili, is it? From Tanzania, is it Swahili?

**Interviewer:** Yes it is

**Participant:** She didn't speak any English and I don't understand Swahili, and I knew this is really gonna be a challenge, so the friend who is a man offered to be the interpreter but then he had been moving with them and she is got 3 children. So this guy has been with this family, for you know, whatever. So what happens is that, when I pose the question I look at the lady and asked her the question knowing fully well that she does not know what I am saying but I wanted her to get to hear so that she knows that I am asking her the question. Then the interpreter would ask the husband! And I would say to him, please, I don't want the husband's answer; please ask her, let her talk, now that lady was very badly traumatized. She was very badly traumatized, hum, there was apparently a write up in Swahili in a newspaper and there were photos, they showed me the photos. I cannot discern that it is her, these photos were quite blurred so I cannot say that it is her, I don't understand Swahili, so I couldn't read to say, yes, definitely it is her because there is a name and whatever, or yes, they are talking about this specific incident. Hum, and I told him to tell her husband and I am telling you as well that if you gonna be asking her husband for another question, I am gonna be asking you to sit outside. I said I don't mind him sitting here while I interview his wife, I like that, he is giving her a support which is wonderful but please don't, you know. Then when he started asking her, she had a very blank expression, her face was black, black dead, she never smiled, she never frowned, nothing, it was as tough. I could almost say that she was sleeping, you know, but when you are sleeping there is like peace in your face but there was no peace in her face, her eyes were dead, you know. And, and she was raped by rebels, she was put in jail and she

was raped in jail as well and horror on horror that is already bad. They apparently pushed a coke bottle up in her vagina, she had apparently given birth before she was raped, she had given birth to a baby, her husband's child and then they were attacked, and then they were, oh, I couldn't take it, I just couldn't take it, I just wept, I just wept. I mean this woman must have been so sore after the birth. I don't know how long after the birth, whether it was 2 days or week or whatever, but it was after she had given birth, and apparently these guys who raped her knew she had given birth so I don't know what they were trying to do and they pushed a coke bottle, I don't assume it would be a 2 liter, 1 liter, I assume it must be probably the 500 milliliters, I don't know, I didn't see, I didn't even ask. And I regret not having asked, coz I mean, it would have given me an idea of what the soldiers thought, but I just couldn't, I just couldn't with that interview, that was the worse that, that was in 2003, it was the worst interview that I have ever had in respect of any women that was raped. And that woman never shed a tear, I thought that if I cried she would cry, she didn't shed a tear, you know, her face didn't twitch or nothing, nothing, nothing. I mean she was telling this guy, the guy that was interpreting for me and afterwards I thought to myself, did this woman really say that to him, is he really telling me the truth?

**Interviewer:** Exactly

**Participant:** You know what I mean

**Interviewer:** With your clients do you find that, like this woman, was she also raped on her journey to South Africa, coz most of them have to travel long distances, so were they also raped on their journey or in refugee accommodation projects.

**Participant:** This particular woman, this took place in Tanzania, it did not happen on route. Hum, the people that I have spoken to, their basic stories is that it happen there on their country of origin and then they fled, you know. Now my concern is when these women have to drive in these trucks and I normally ask them, were you alone in this trucks, were you safe in the truck, did anybody harm you, nobody said anything about

people being raped in the truck. Some of them say that is these furnisher trucks that come down, you know these big trucks, I don't know coz the trucks I have seen in the videos or on refugee camps are these big trucks that all people are on like that (*gestures people getting into piles.*) So I don't know if it is truck like that, now I am trying to find out if it is a truck like that but they tell me it is a furnisher truck, it's a truck, its closed, its transporting furnisher or any products that its maybe coming to South Africa or to another country. And then they get into these trucks, now I mean if there is a woman there and there are men there, obviously she could easily get raped, but I can't, I can't answer you and say yes its happening, I didn't get anything form that. They are very silent about that.

**Interviewer:** And with women who are heads of households, which happens mostly here, what sort of challenges do they face, especially with the women who are traumatized?

**Participant:** Obviously the challenges that they would face would be accommodation, I mean that is always... . I had a lady here, she was not raped this afternoon, this morning, what this lady had done, she has 3 children, her husband had died, she was also from Rwanda. She bought a Wendy house for herself and the children, which is a brilliant idea, she had it in someone's ward and she was paying them for the space, then the people sold the place. Then she was given a place to put the house, it was like an industrial site and these guys said they could put the Wendy house there and they didn't have to pay, they can stay there for a year. When she told me about it, I said to her please be careful, wherever you go and stay, you have to pay, if this man says a year that is fine but look for an alternative. This was 3 months ago and she came today to say that the guy have sold, its some industrial area and they gonna build something there. The area actually doesn't belong to anyone, this guy was very nice for letting them stay there for free but now she has the challenge of having to get a place, either to sell the wendy house and as a family they are now going to split up or get another place where she can rent, you know. So accommodation is always a challenge for a mother and the children, employment, you know, basic survival and our office we look at the vulnerable refugees. So when a woman is vulnerable, we try to help her, with try to help her with skills training, we try to help

her to start her own businesses, right, which is not thousands, we do not give thousands for people to start their businesses. So we have to take what we get and we have to divide, lets say for a 100 or 30 or whatever and then give each one a bit which is a drop in the ocean and try to help 30 or 40 people. If we get R40 000 we have to give each person maybe a R1000 to say, we can help 30 people instead of helping 1 person with R30 000 which is not going to be fair or 2 people with R15 000 or even 3 people with R10 000, you know, that is not going to be fair, so lets be fair and help as many people as possible. So then we try to encourage the women to maybe start her own business, we try to empower her, we motivate her and then we try to support her as well, so that is also challenging. Obviously also the other challenge would be the opportunistic males in South Africa, which are obviously the South Africans and also refugee men, you know. *(Laughs)* let me just tell you this, this is, this is, when I said opportunistic man, I thought of this gentleman. This gentleman is from the DRC (Democratic Republic of Congo), he came here and he wanted to see me and he said it's very urgent, I said he was to wait his turn and when I saw everyone else, he came and said to me, you must tell me where is Shelter A\*, now Shelter A\* is

**Interviewer:** Shelter A\*

**Participant:** He says tell me where is Shelter A\*, and I said why? "Because I want a wife" *(laughs)* so I said, no, no, no I do not know where is Shelter A\*, I thought I cannot say to him, there it is, its Shelter A\*.

**Interviewer:** He knows that the women staying there can only be there for a certain amount of time and obviously someone coming there with that proposal

**Participant:** Yes, he is obviously going there to grab an opportunity coz he says his wife is in the Northern Hemisphere, and that is where she is staying. And he was quite adamant and I lied to him and I said listen I do not know where Shelter A is, I thought I cannot send him to Shelter A\*. You know, even if I say to him, there is Shelter A and then he goes there and he says Pamela\* said I could come here get a wife, *(laughs)*, you

understand. So that is another challenge that the women face, it is this opportunistic males that say, ah, ah, there is a woman on their own and she is struggling and whatever so let me take advantage here. And then obviously with sweet talk and whatever, they get involved and what also happens the men will stay for a while get the woman pregnant and then obviously that is not rape. But then he would get her pregnant and then move and then she would come to the office and say, I am pregnant and then this guy is not supporting me and whatever, so there is a lot of challenges for the women, you know.

**Interviewer:** And that makes it even worst with traumatized women?

**Participant:** Oh, yes, oh yes, definitely, definitely.

**Interviewer:** And what sorts of activities do your clients, do your clients specifically engage with, like what is their daily routine? What they do?

**Participant:** Many of them would just be mostly with their friends, you know, because some of them do not have jobs, so they would just basically be sitting around, other would just be winding around Cape Town and just see maybe what they could do, you know, but they do not have any sort of structured way. And those who have families like that lady from Rwanda who is now in Johannesburg, she had tried to start her business. She had really tried to start her business, she had bought these telephones for people to make calls with, so in her case this is what she did. And then happened is that she was then, not quite robbed but the guy who sold her one of the phones, one phone she bought from a specific company and the other guy sold, conned her. So the phone wasn't quite working, you see, I think that that also sort of set her off, she was just very, very agitated and then she went up to Johannesburg and then I believe her husband also followed her. So there are those who are doing something, like this lady and then there is others who won't really be doing anything not because they don't want to but because there aren't really many job opportunities, you know. And also many of them, sometimes when I do the home visits, they will be busied caring for whoever is there, they will be doing the

laundry and those kinds of things, cleaning the house, feeding the children, ya, those kind of daily activities.

**Interviewer:** And with those traumatized women, what signs, what symptoms, other than being dissociated, being tearful, are there any other signs of their trauma in their daily life?

**Participant:** That is very difficult for me to answer, I am not able to answer, I would suppose there should be. I mean, obviously they should be having back flashes, they would obviously be, for instances lets say, for instances this lady that was also busy with the telephones, if a man comes and says I would like to, I would assume that maybe she would have any kind of reaction. But its not something that I can respond confidently and say, yes there have been reports like that, so you see, I am sorry that I cannot give you something definite, but I know, like this young girl that came here today, unfortunately she does not speak English so you want your things to be done by the end of September right. But what I will do, what I am planning to do is that later on in the year lets say about October, November I am gonna call her, I want to speak to her about that.

**Interviewer:** She doesn't speak Portuguese, only Lingala?

**Participant:** Well she is from DRC (Democratic Republic of Congo), she doesn't speak Portuguese, we don't have a lot of Angolan refugees coming in anymore, you know. And most of the Angolans, anyways who were here, speak English or Afrikansaas, so I would be able to speak with an Angolan refugee at great ease but my examples that I am quoting to you are people from DRC, Rwanda and the Tanzania maybe.

Thank you

**\*The names have been changed.**