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Faculty of Law

A SILENT SIN?

An Investigation into the provision of community based non-governmental support services for male victims of sexual violence in South Africa

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CHAPTER ONE

INTRODUCTION

1.1. Problem statement

South Africa is often described as “the rape capital of the world”¹, a description which is justified because of the prevalence of sexual violence in the country. As per the latest statistics of the South African Police Service there were 51 895 sexual offences reported from April 2015 to March 2016. Given the underreporting of sexual offences official statistics only capture a portion of actual incidence rates (Jewkes & Abrahams, 2002). Some estimates for example say that a woman is raped every 26 seconds in South Africa, and that eight out of nine cases remain unreported (Kapp, 2006).

The research literature has extensively elaborated on the severe psychological and behavioural consequences of sexual violence (Walker et al, 2005a; 2005b; Singh, 2005; Elliot et al, 2004; Vearnals and Campbell, 2001; Coxell et al, 1999), highlighting the importance of having systems in place to support victims recovering from the trauma. In recent decades South Africa has made considerable efforts to advance the rights of victims of crime and victims of sexual violence, placing a specific emphasis on the victim-centred practices and provision of services (Artz & Smythe, 2013; Nel & Van Wyk, 2013). Much more support has been forthcoming from criminal justice and health care institutions to civil society organisations. Victims of sexual violence in particular have benefitted from such developments. While women undoubtedly represent the vast majority of victims of sexual violence across the globe, men also constitute a proportion of the overall number of victims. It has been estimated that around 10% of victims of sexual offences are adult males (Scarce, 1997; South African Police Service [SAPS], 2012). However, male sexual victimisation remains widely unrecognised and unspoken of.

¹ This “designation” was given by Interpol. See: *South Africa, world's rape capital*. 2012.

The true prevalence of male sexual victimisation in South Africa is unknown. Outside of prison settings there is extremely limited empirical evidence on male survivors' experiences and needs. In the light of the general silence around male sexual victimisation in the country this dissertation will explore the following issues: What is the available knowledge on male sexual victimisation? How is the issue of male sexual victimisation being addressed in South Africa? How enabling is the environment for the protection and support of male victims? What kinds of services can be accessed by adult male victims and what are the challenges in this regard? This research will contribute to the literature by providing exploratory research that has not been previously done in the country, with the intention to initiate debate on the acknowledgement of male victims of sexual offences and their appropriate treatment by service providers.

1.2. Focus of the enquiry and terminology

The aim of this research is to examine the current state of affairs in regard to the provision of services to adult male victims of sexual violence in South Africa, focusing on community-based, non-governmental service providers in two urban areas – Cape Town and Johannesburg. The enquiry will focus on services available to adult males regardless of whether such men seek assistance for childhood or adulthood sexual abuse.

The focus on male victims of sexual violence is not meant to detract from the plight confronting women and girl children as victims of sexual violence. However, men and boy children constitute categories of victims of sexual abuse and violence which deserve to be recognised. In search of such recognition the challenge is to move beyond the conventional and exclusionary binary construct of females as victims and males as perpetrators.

The terms "sexual violence" and "sexual victimisation" are used interchangeably in this minor dissertation. While sexual violence also includes psychological and emotional violence and verbal abuse, this dissertation focuses its attention on sexual violence that is physical in nature (and its resulting victimisation) which could consist on any of the sexual offences as defined in Part 1 and Part 2 of the Chapter Two of South African Criminal Law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007, or namely: rape, compelled rape, sexual assault, compelled sexual assault and compelled self-sexual assault. The reasons for this decision are two-fold. Firstly, the majority of available literature is

focused on physical forms of sexual violence, which would make it easier to compare the findings. Secondly, in terms of service provision it is assumed that victims are more likely to use services for more severe forms of violence suffered (Sims et al, 2005).

Following the academic literature on the topic, the term “victim” is the most frequently used in this dissertation to describe a person who is a target of the criminal offence, and against whom violence is perpetrated. However, with feminist victimology, which paid much attention to the use of language, its meanings and the labels words produce, the use of the term “victim” is being contested. It was noted that the term “victim” has too much of a negative connotation that implies passivity, undermining the agency and recovery in many people who suffered violence (Spalek, 2006). It was suggested that the term “survivor” would be more appropriate (ibid). In practice, people working in victim support indeed prefer to use the term “survivor” rather than “victim”. This preference was evident in the interviews which were conducted with the service providers in this research.

1.3. Research questions

The empirical component of the research will focus on the community-based non-governmental service providers and explore their views relating to a number of questions:

- How is male sexual victimisation perceived by service providers?
- How visible are men as a victim group? What services are available to male victims of sexual violence in the sampled organisations? How are services available to men designed?
- From the respondents’ experiences, how often do men come for help and what in their opinion are the main constraints restricting men coming forward and asking for professional help?
- What kind of recommendations do they have to offer for improving current service provision?

1.4. Structure of the dissertation

In order to adequately frame the area of enquiry and gain a better understanding of the issues in question, this minor dissertation provides, by way of introduction, a literature

review that will consider the existing body of knowledge on the subject of male sexual victimisation. Chapter Two focuses on the key international and national literature that will discuss how the interest in sexual violence against men emerged, how it's been conceptualised and studied. The findings on the extent and consequences of sexual violence will demonstrate and highlight the importance of adequate support systems.

Chapter Three will explore the enabling environment for the provision of services to victims of sexual violence in South Africa, with the focus on how male victims fit into existing discourses. It will provide an overview of the existing policies regulating services for victims of crime and sexual violence specifically, and will outline the existing knowledge about the provision of support services to male survivors.

Chapter Four addresses issues relevant to the research methodology and methods utilised in this dissertation. Content analysis of the service providers' websites and interviews with a sample of service providers were used as the main methods of data collection. The analysis of the data and research results will be presented in Chapter Five. The findings reveal the kinds of services available and utilized by male victims of sexual violence. This section also discusses how, according to service providers, sexual violence against men is perceived and conceptualised. Chapter Six will summarise the conclusions and offer some recommendations for the visible, inclusive and effective provision of services to male sexual violence victims.

CHAPTER TWO

THE UNSPOKEN TRUTH: MEN ARE VICTIMS TOO

- *UNDERSTANDING MALE SEXUAL VICTIMISATION*

2.1. CONSTRUCTION OF A (MALE) VICTIM OF SEXUAL VIOLENCE

2.1.1. Background: Victimology and gender

The study of victims of crime (i.e. victimology) is a relatively new area of enquiry. Victims in fact were for long a neglected constituency in the study of crime (Zedner, 2002). At first, interest in victims of crime and efforts to explain victimisation mainly focused on “victim precipitation”, or the examination on how victims contribute to their own victimisation. This concept was developed through work of von Hentig (1948) and later Wolfgang (1956).

Victimology as a discipline has grown significantly since the mid-1950s with new theories and empirical research forthcoming. It contributed greatly to our understanding of criminal victimisation, as well as recognition and improvement of the status of victims worldwide. Victims’ movements have also challenged the roles of the victims in the criminal justice system. They have advocated for victims’ rights and appropriate assistance, and in doing so have introduced much “political activism” (Fattah, 2000) into the academic debates. Previously seen as passive actors and merely witnesses in criminal justice (Zedner, 2002), victims of crime have been receiving more and more attention. Extensive research into victims’ experiences has revealed the serious negative effects associated with criminal victimisation (ibid; Wolhuter, 2009), highlighting victims’ needs and the importance of addressing secondary victimisation². The last three decades have seen a proliferation of victim-centred policies across the world aimed at improving the status and treatment of victims of crime (Fattah, 2000).

Early victimological work mostly studied victims as a group undifferentiated by gender. The notion of “gender” was introduced into public and academic debate in the early

² Secondary victimization refers to “an attitude, process, action and/or omission that may intentionally or unintentionally contribute to re-victimization of a person who has experienced a traumatic incident as a victim, [...] [which] may take place at a personal, institutional and broad social level.” (Department of Justice and Constitutional Development, 2012:15)

1970s by feminist explorations of domestic and sexual violence and abuse experienced by women. Feminists have identified patriarchy as the structural context conducive to the abuse of women. Patriarchy is understood as a form of political, social and economic dominance by men over women (Wolhunter *et al.* 2009; Spalek, 2006). Sexual violence in particular was put at the forefront of debates, highlighting the vulnerability of women at the hands of male perpetrators on the one hand and the invisibility of female victims in a male dominated society on the other. The very nature of the feminist discourse on sexual violence became very gendered, with strong dichotomised presentations of female victims and male perpetrators. Even terms such as “domestic violence” or “gender-based violence” are often understood and equated to mean violence perpetrated by men against women. As Artz (2013) points out: “[M]uch of gender related research and theory is still entirely synonymous with a focus on women and women-relevant issues” (p. 148). This exclusive focus on female victims contributed towards the conceptualization that men can only be oppressors and offenders, the view which fails to recognize the extent to which men are exposed to criminal victimization (Newburn & Stanko, 1994). It prevents us to “confront the reality in which men not only victimize women, but also victimize each other, and that such victimization may have significant impact upon those who experience it” (p.159).

Gender is an important element in establishing the risk of criminal victimisation (Van der Hoven & Maree, 2005; Artz, 2013). Various studies on violent crimes have shown that men commit most of the crimes, but are also the ones to experience violent forms of victimisation (Newburn & Stanko, 1994; Walklate, 2004). For example, the UN Global Study on Homicide (2013) states that 79 per cent of all homicide victims across the globe are male and yet few studies address the criminal victimisation of men (Newburn & Stanko, 1994). It would be fair to say that men as victims of violent inter-personal crimes have been largely marginalised. It would seem that research and academic engagement with gender and crime tends to be rather selective – with an overwhelming focus on men when we speak about criminality and offending, and on women when we deal with victimisation. Victims are usually portrayed as vulnerable and helpless, and therefore female, creating the perception that only relatively powerless social groups could be subjected to victimisation (*ibid*, Newburn & Stanko, 1994). As Burcar and Akerstrom (2009:37) argue, being a man and a victim does not fit easily with cultural understandings of masculinity and the power of men.

The above mentioned criticisms do not intend to undermine the contribution of the feminist movement and feminist victimology, especially in profiling sexual violence and placing its victims on the political agenda. Feminist scholars have contributed greatly to our current understanding of sexual violence and its dynamics. Feminist research has challenged social myths relating to rape and sexual victimisation and have captured victims' personal experiences. Feminists have successfully advocated for redress, intervention and better treatment of victims and sexual offences cases in the criminal justice system, challenging discriminatory laws, policies and practices (Artz & Smythe, 2007a). Feminist scholars and activists have created a fruitful ground, perhaps unintended, for discussions on male sexual victimisation and for theories which are not "gender-blind" (Walklate, 2004).

2.1.2. "Emergence" of victims of sexual violence in South Africa

Sexual violence is now a part of daily public discourse in South Africa. But was that always the case? What do we know about the evolution of the discourse on sexual violence and perceptions of victimhood? How do male victims fit into these discussions?

Deborah Posel (2005a, p.240) explains that "[u]p until the mid-1990s, the issue of sexual violence in South Africa had languished on the margins of public debate and political engagement". This does not mean that sexual violence wasn't wide-spread in the past. On the contrary, "[t]he conditions producing high levels of sexual violence within the country were deep-rooted and long-established" (Ibid). Sexual violence against black women was particularly wide-spread and almost normalised (Armstrong, 1994). But the issue of sexual violence was widely neglected during the apartheid years, showing, as Vetten (2007:435) notes, "an ugly relationship between race and rape". Unless the perpetrator was black and the victim white, there was little interest in the incidents of rape and sexual violence, leaving violence against black women "utterly neglected" (ibid, Posel, 2005b).

This political marginalisation was followed by culturally induced silences and secrecy around the issue of sexual violence (Posel, 2005a). Sexual violation was seen as something shameful that should be kept concealed. A victim-perpetrator relationship was seen through a stereotypical lens, where the perpetrator was painted as a violent stranger and the victim as a morally ambiguous woman who "asked for it" (ibid). Additionally rape was seen as an act of bodily violation with no reference to the emotional and psychological trauma on the victim

(ibid). During the 1970s and 1980s, the feminist movement criticised and challenged these understandings. Whilst such feminist debates filtered through to the South African context, the struggle against racial oppression took precedence over gender-based forms of oppression (Morrell et al. 2012).

Post-apartheid South Africa provided a platform to more forcefully engage with sexual violence and rape in particular, both at a political level as well as in wider public debate (Posel 2005a; 2005b; Vetten, 2007). The Bill of Rights also provided a supportive context within which to mobilise. The Human Rights Watch Report of 1995 fuelled extensive and high profile debates about the prevalence of rape in South Africa (Jewkes & Abrahams, 2002). In 1999 rape was further in the spotlight with president Mbeki discussing the “real magnitude” of the problem (ibid). In 2001 following extensive public outrage over the gang rape of a 9 month old baby, the image of both victim and a perpetrator was reshaped (Posel 2005a). The victim was seen as vulnerable, innocent and defenceless, while the rapist was not any more “just a stranger” but a member of the community, a neighbour and a family member – an uncle, father, cousin or a friend (ibid). Rape and sexual violence became recognized as important social and political issues which posed moral challenges of the nation (ibid).

Men were not completely excluded from the discussions on sexual violence. Studies that focused on men or more precisely male identities and masculinities started in the early 1990s, prompted by the work of Raewyn Connell on hegemonic masculinity³ (Morrell et al. 2012; Jewkes & Morrell, 2010). The theory was interested in understanding and explaining male attitudes and behaviour. In South Africa, studies on masculinities have focused on male violence (Morrell et al. 2012) rather than on the victimisation of men. As a consequence the sexual victimisation of men in particular has remained hidden and widely neglected. The first intentions of challenging this state of affairs, came with the process of legal reform of the South African law on rape discussed in the following section.

³ Hegemonic masculinity is “the set of ideas, values, representations and practices associated with ‘being a male’ which is commonly accepted as the dominant position in gender relations in a society at a particular historical moment.” (Jefferson cited in: Walklate, 2004:74)

2.1.3. Male victims of sexual violence and the South African law

Marginalisation of male sexual victimisation is sometimes seen as a consequence of a long history of the narrow legal definitions of rape across many jurisdictions (including USA, UK and South Africa) that only used to acknowledge the rape of a women (King in: Mezey & King, 1992).

The common law definition of rape in South Africa was defined as “male having unlawful and intentional sexual intercourse with a female without her consent” (Snyman, 2002:445-6). According to this definition only women could be raped and only through penile-vaginal intercourse. Rape of men (or anal rape of a woman) would be regarded only as “indecent assault” which is a lesser offence than rape and therefore would result in a lesser sentence (Phelps & Kazee, 2007). This definition was seen by many as a “visible manifestation of injustice” and “patently inadequate” (ibid: 342), not only for its narrow views on what kind of penetration constituted rape, but also for being discriminatory towards men. Male rape victims remained forgotten and unacknowledged by the law for a long time.

Even though the common law definition of rape violated the constitutional rights of all people to equality, dignity and security embedded in the Constitution (Act No. 108 of 1996), it remained the legal requirement until 2007 and the enactment of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 32 of 2007, and its gender-neutral and broad definition of rape and other sexual offences (such as compelled rape, sexual assault and compelled sexual assault among others as described in the Chapter 2 of the Act).

According to the Act, the offence of rape is now defined as follows: “Any person (“A”) who unlawfully and intentionally commits an act of sexual penetration with a complainant (“B”), without the consent of B, is guilty of the offence of rape.” Sexual penetration is also broadly defined and “includes any act which causes penetration to any extent whatsoever” and which could be done by: (a) the genital organs of one person into or beyond the genital organs, anus, or mouth of another person; (b) any other part of the body of one person or, any object, including any part of the body of an animal, into or beyond the genital organs or anus of another person; or (c) the genital organs of an animal, into or beyond the mouth of another person (p 16 para 15).

The new definition therefore understands the act of rape much more broadly (than the previous understanding of a penetration of a vagina only) and acknowledges that anyone can be a victim and perpetrator, regardless of gender. This change in the law, however, didn't happen "overnight", but was an outcome of dynamic legal reform process which is important for our understanding how male victims of sexual violence have been conceptualised in South Africa.

The first intention to initiate the legal reform process and change the legislation related to sexual offences started in 1996 when the South African Law Commission announced the establishment of "Project 107: Sexual Offences By and Against Children" (Artz & Smythe, 2008). Two years later, in 1998, the Commission decided to expand the scope of the investigation to include sexual offences against adults, subsequently renaming the investigation to "Project 107: Sexual Offences", marking the beginning of what is known as a "rape law reform" in South Africa (ibid). The South African Law Commission (SALC) issued the first discussion paper (Discussion Paper 85) which discussed the substantive law on sexual offences in 1999. From the very first discussion paper, the Commission clearly pointed out the limitations of the common law definition of rape and highlighted that "[...] oral, anal or vaginal penetration or even simulated sexual intercourse under coercive circumstances can constitute rape. This meant that both men and women can be rape victims and perpetrators" (SALC, 1999: VI). This coincided in time with one of the first academic articles on the topic of male rape being published in South Africa. The article titled "Notes on male rape" (Pantazis, 1999), explored the implications of legal definition of offence and reviewed the literature on the topic.

The second paper (Discussion Paper 102) issued in 2002 dealt with processes and procedures (see: SALC, 2002). The draft Bill was introduced to Parliament in January 2003, but it featured further deliberations and redrafting, resulting in the final adoption of the Bill only in December 2007 (Artz & Smythe; Naylor, 2008). The almost 10 year long legal reforms brought out a wide and enthusiastic engagement from academics, activists and civil society who saw this reform as crucial for improving the treatment of victims of sexual violence by the criminal justice system, creating the environment, both legal and institutional, which would be responsive to the needs and experiences of the victims (Artz & Smythe, 2008). The law was seen as a tool to challenge not only legal but also social understanding of sexual

violence, having an important symbolic function and generating new ways of thinking (ibid; Artz & Smythe, 2007).

Throughout the process, and understandably so taking into account the reality of rape in South Africa, there was a strong focus on women's experiences and needs. Feminism was an integral part of these reforms and feminist voices were strongly featured in the discussions, resulting in important contributions to the law as we now know it. As Naylor notes (2008:50) within feminist theory there has always been a need "to acknowledge rape as a form of sexual violence and a violation of the dignity and autonomy of women". Therefore it is not surprising that the gender-neutral definition of rape met with certain resistance.

One of the reasons against gender neutrality, or against the formal and direct recognition of men as victims of rape and sexual violence was that in that case it would "cease to emphasise the reality that sexual violence is predominantly committed by men against women and that rape would no longer underline the protection of the sexual autonomy of women" (Reddi, 1999 cited in: Naylor, 2008:26). This does not mean that feminists have been denying that men could be and are victims of sexual violence. However, the magnitude of violence committed against women in the country seems to have created a resistance within feminist circles to expand its focus to male sexual victimisation.

As the discussions on the draft Bill progressed, South African courts faced the legal challenges in relation to the definition of the common law offence of rape. The Constitutional Court judgement in the case of *Masiya v Director of Public Prosecutions*⁴ is of particular importance for current discussion on language, definitions and its impact on the victims.

The Regional Court convicted Mr. Masiya for anally raping a 9 year old girl. Even though the common law definition of rape didn't include anal penetration, the Court found the definition unconstitutional and found Masiya guilty of an offence of rape. The High Court confirmed the decision and ordered a redefinition of the crime of rape in gender neutral language. However this was not upheld by the Constitutional Court. The Court ordered the amendments to the definition to include 'acts of non-consensual penetration of a penis into the anus of a female' (60 para 74), but not to include penetration of a man. Phelps and Kazee argued that the decision is "at odds with the principles and values contained in the Bill of

⁴ *Masiya v Director of Public Prosecutions* 2007 (5) SA 30 (CC).

Rights” and “is sending out a clearly discriminatory message to males” (2007:345). The Court was firm even in the light of the submissions of the *amicus curiae* arguing in favour of gender-neutrality who highlighted the high prevalence rates of sexual violence against boys (ibid). What this judgment reveals is the existence of a hierarchy among victims of sexual violence. As such it created a clear distinction between more and less legitimate victims, leaving men being “valued” less in the eyes of the law (ibid).

Shortly after this judgment, however, the Sexual Offences Act was passed in the South African Parliament. After almost 10 years of extensive debates, the new legislation repealed the common law offences of rape and sexual assault and included new gender neutral definitions which are equally protecting both men and women.

This change happened more than a decade after jurisdictions like USA and UK reformed their laws on sexual offences⁵. The long silence and “gendered” construction of victimhood related to sexual violence made male sexual victimisation almost invisible. Even though male victims are now legally acknowledged and the new legislation provides legal protection to men challenges still exist. While the law is a tool for change, it cannot action the change (Artz & Smythe, 2007; Naylor, 2008). In the words of Martha Fineman: “No matter what the formal legal articulation, implementation of legal rules will track and reflect the dominant conceptualizations and conclusions of the majority culture” (cited in: Artz & Smythe, 2007:17). Therefore, challenging myths and misconceptions that men are not and cannot be legitimate victims of sexual violence is a crucial step in recognising and assuring appropriate legal protection of male victims.

2.2. MALE VICTIMS OF SEXUAL VIOLENCE IN THE ACADEMIC LITERATURE

Male sexual victimisation is an emerging topic in international debates. This section will trace the academic interest in the topic - in which contexts it has been studied and what knowledge it has produced. As noted by King (In Mezey & King, 1992) and Burrowes and

⁵ The UK amended the Public Order and Criminal Justice Act in 1994 extending the definition of rape to include anal penetration of any person, and not only a woman as previously stated in the common law definition (Graham, 2006). In the USA, the reform of state criminal law on rape began in the 1970s and continued throughout '80s and '90s, eventually resulting in a legal recognition of male rape in every jurisdiction in the country (Stemple & Meyer, 2014).

Horvath (2013), most research on male sexual victimisation has been conducted performed in the USA, followed by the UK and Canada. The literature to be reviewed therefore has a strong Anglo-Saxon focus, and represents evidence coming from well-established western democracies. Where applicable this section will also point out at where South Africa stands in comparison to other jurisdictions.

A detailed engagement with theories of male sexual victimisation falls outside of the scope of this enquiry. However, from a theoretical standpoint this work follows the approach of feminist and masculinity theories which adopt elements of social constructionism in terms of which sexual violence is interpreted as an instrument for exercising control, power and dominance (Abdullah-Khan, 2008). As Stemple (2009) has argued power dynamics exist not only between men and women, but also within sexes. She explains that “when both the perpetrator and victim are men, the interaction often typifies a gendered power-play of masculinized dominance and feminized subordination [...]” (p. 628). Sexual violence against both men and women originates from the same patriarchal structure and is related to various systems of oppression (Turchik & Edwards, 2011). The notion of sexual violence as a form of social stands central to the work of scholars concerned with male sexual victimisation. It is also used to explain victimisation across different contexts and settings such as in prisons, during war, or sexual violence during peace.

2.2.1. Sexual violence in prisons

The academic interest in male sexual victimization, or more specifically “male rape”, emerged during the 1970s in the USA, focusing on incarcerated populations (Graham, 2006). From that time onwards, the literature on sexual violence in prisons has been extensive, contributing towards the widespread identification of prisons as high-risk places for sexual violence. Sexual coercion between inmates has been usually conceptualised as a by-product of the prison as institutional setting with its own norms and values (Dumond, 1992). In the words of Man and Cronan (2001) in prisons “most sexual acts [...] are the coerced products of dominance, intimidation, and terror”.

In South Africa, interest in sexual violence in prisons started in the early 2000s, with one of the first pieces of research being initiated and conducted by the Centre for the Study

of Violence and Reconciliation in 2001⁶. From that time, and in the light of high levels of violence in South African male prisons, there has been ongoing interest in prison-related violence in academic and activist circles. Research has focused on the prison inmate culture, the rules, rituals and dynamics of sexual interactions, as well as on the impact that societal notions of gender and sexuality “from the outside” has on the patterns of sexual violence in prisons settings (Gear, 2005; 2007; 2010).

The testimonies of inmates confirm that “sexual violence continues to be rampant” in South African prisons (Ghanotakis et al. 2007). Sexual interactions and relationships in South African prisons, including coerced sexual activities, are often connected to prison gang culture and their particular ‘codes of conduct’ (Gear, 2005). The interrelation between sexual violence, prison gangs and street gangs is very important, because the same initiation rituals, codes and dynamics possibly spill out to the “outside world”.

The literature on sexual violence in prisons is important because this body of work triggered interest in male sexual victimisation more broadly, and made visible the issue of men as victims of sexual violence. This literature has contributed greatly to our understanding of male-on-male sexual violence and has argued that it should be understood as primarily an act of sexual desire, but rather (like with female victims) an instrument of dominance and control. Furthermore, even though there seems to be general acknowledgement that sexual violence is wide-spread in prison settings, support systems for victims are underdeveloped. Given South Africa’s high rates of incarceration, this means in practice that many potentially victimised inmates who are released from prisons need services, but are unlikely to find them. This lack of available support could have serious effects on the ex-inmates and, can affect their psycho-social adjustment, which in turn affects families and communities too.

2.2.2. War-time sexual violence

Male victims of wartime sexual violence only emerged in the literature after the establishment of the International Criminal Tribunal for the former Yugoslavia (ICTY) and International Criminal Tribunal for Rwanda (ICTR) in 1993 and 1994 respectively, and the first prosecutions of sexual violence against men (Loncar et al, 2010). While it is known that sexual

⁶ See: Gear, S. (2001). Sex, Sexual Violence and Coercion in Men's Prisons: A literature review. Paper presented at AIDS in Context International Conference, 4-7 April, University of Witwatersrand, South Africa.

violence against men has been happening in conflict situations dating from Ancient Persia and the Crusades to the conflicts in Iraq, DRC and Bosnia (Sivakumaran, 2007), many authors agree that international criminal justice has failed to adequately deal with and punish these crimes (Lewis, 2009; Carpenter, 2006). The international community has recognised the coordinated and strategic use of sexual violence in war, describing it as a tool of military strategy, or a weapon of war (United Nations Security Council Resolution 1820 (S/Res/1820/2008); Buss, 2009; Diken and Laustsen, 2005). More often than not the focus has largely been on sexual violence perpetrated against women and girls.

The literature on wartime sexual violence against men is important in highlighting the vulnerability of male victims. Carpenter (2006) argued that military-age men and adolescent boys, seen as potential combatants, are more targeted in armed conflicts, and that sexual violence is just one form of gender-based violence perpetrated against them. From rape, castration, circumcision or other forms of sexual mutilation, to being forced to perform rape on other people, sexual violence against men has been widely used in war zones to terrorise and humiliate the enemy. Many authors have drawn similarities between the sexual violence in war and during peacetime (e.g. Sivakumaran, 2007; Lewis, 2009), especially relating to the serious traumatic consequences that these assaults have on victims. The distinctive features (scale of the abuse, intensity and brutality of violence) of wartime sexual violence however have meant that it is discussed separately from sexual violence during peace (Loncar *et al.* 2010).

2.2.3. Childhood sexual abuse

While this dissertation is focusing on adults seeking help for sexual victimisation that happened in peacetime, and outside of institutionalised settings, it does not distinguish between victimisation that happened in adulthood or childhood. In fact, studies have shown that the majority of male adults accessing support services are doing so for sexual victimisation that happened in childhood (Hester *et al.* 2012). Therefore, a body of knowledge related to childhood sexual victimisation has to be considered and its findings inform service provision for adults.

Boys are increasingly being acknowledged as vulnerable to sexual victimisation. Prevalence rates of sexual abuse of boys vary from country to country and study to study,

depending on the definitions of abuse and the methodology used. They go as high as 36.8% in South Africa, 28% in Switzerland and 9.2% in China⁷. A recent study done by the Optimus Foundation (Optimus Study South Africa: Technical report, May 2016) on the sexual victimisation of children in South Africa, makes a critical contribution that will shape our understanding of gender vulnerability in relation to sexual violence. The study revealed that 35.4%, or one in every three young people, had experienced some form of sexual abuse at some point in their lives. The study put this number into context and explained that a total of around 784 967 young people in South Africa have been the victims of sexual abuse by the age of 17. In the past year alone, a total of 351 214 cases of sexual abuse had occurred among 15- to 17-year-olds. According to the study, boys (36.8%) were more likely than girls (33.9%) to report experiences of sexual abuse. The findings of the Optimus Study make a critical contribution to our understanding of the sexual victimisation of both boy and girl children in South Africa.

In light of these findings, it is particularly relevant for the present research, to recognise the long-term effects of childhood sexual abuse and its impact on adulthood. Studies have shown that majority of male victims of childhood sexual abuse experience problems with social adjustment and sexual dysfunction in adulthood, as well as being at higher risk of showing abusive behaviour (Beitchman *et al.* 1992). A study by Desai *et al.* (2002) found that childhood physical and sexual victimisation increased the risk for adulthood victimization for both men and women. The study indicated that men with a history of child sexual abuse were nearly six times as likely to experience sexual victimization in adulthood. These findings confirm the need to have appropriate treatment in place for adult males, as childhood sexual abuse often gets disclosed only in adulthood (Hester *et al.*, 2012; King & Woollett, 1997). It also highlights the need to put in practice appropriate intervention measures to prevent and adequately respond to the potential incidents of re-victimisation.

2.2.4. Male sexual victimisation in the community

The first studies addressing sexual assault of adult men in the community appeared in the 1980s and were pioneered in the United States (King in: Mezey & King, 1992). Most of the

⁷ Results from 3 research studies conducted by Optimus Foundation which include physical and non-physical forms of sexual abuse. For more details see: 1. Optimus Study South Africa, 2016; 2. Optimus Study Switzerland, 2012; and 3. Optimus Study China, 2013.

studies on the male sexual victimization followed a quantitative methodology, describing prevalence, characteristics of the assault and psychological consequences (Peterson et al. 2011).

2.2.4.1. Prevalence of male sexual victimisation

Prevalence estimates vary considerably across the studies, from 0.8% (Tjaden & Thoennes, 2006) to 3.8% (Elliot et al. 2004) in the population-based samples in the United States, to 3% - 18% in clinic-based studies in UK (Coxell et al. 1999; King et al. 2002). Institution-based samples however raise concerns about the generalizability and validity of the findings (Peterson et al, 2011) as they represent only a fraction of victims that exist in the community. In his analysis of the existing data in the US and the UK, Scarce (1997) concludes that male victims involve between 5% and 10% of all reported rape cases. However, most of the authors agree that male sexual victimisation is severely under-reported, probably even more so than in the case of violence against women, and that the exact prevalence rates are very difficult to obtain, most of the figures being only an “underestimate of the extent of the actual problem” (Davies, 2002:205).

The South African Police Service (SAPS) reported in the crime statistics for 2011/12 that out of all sexual offences reported, 11.4% of the victims were adult males, a figure which goes above the international average. This category of statistical data, however, was not available in the following years, and SAPS only continued to provide an overall number of reported sexual offences. In the context of the most recent SAPS statistics this would mean about 5916 men having reported sexual victimisation. In contrast the Medical Research Council (Jewkes et al, 2009) has reported that about one in 30 men (3.5%) in South Africa have been raped by a man. This policy brief did not elaborate on the methodology used and did not provide further information and data in this respect.

In 2013 Dunkle et al. published the results of the 2008 cross-sectional household survey of three districts of the Eastern Cape and KwaZulu-Natal provinces, and revealed numbers that confirmed rather high rates of sexual victimisation of men. The findings show that 9.6% of men reported experience of male on male sexual victimisation, and 3% reported perpetrating sexual violence against other men.

Even though these figures differ significantly, they show that sexual violence is not an unknown occurrence in South Africa. However, regardless of this fact, there has been no systematic interest in the area and no comprehensive research about the extent of male sexual victimisation on a national level has been done up to date.

2.2.4.2. Effects of male sexual victimisation

The literature shows that men, similarly to women, experience adverse physical, psychological, emotional and interpersonal consequences in the aftermath of sexual violence. According to some studies male victims are often subjected to higher levels of physical force and as result thereof a substantial proportion of victims sustain physical injuries (Walker et al. 2005b; Du Mont et al. 2013). However, the literature is not consistent in this regard and some authors like Kimerling et al. (2002) found that female victims are more likely to experience injuries.

Of the most powerful effects of sexual victimisation amongst men is stigma, shame (embarrassment) and guilt – a theme which is found consistently throughout the literature (Mezey & King, 1992; Scarce, 1997; Bullock & Beckson, 2011; Peterson et al, 2011). These same feelings are present in female victims, however to a greater degree in the case of men due to the “invisibility” of the sexual violence on men as a social problem (Bullock & Beckson, 2011). Additionally men are perceived as physically stronger and “in a position” to resist and defend themselves (Davies & Rogers, 2006; Weiss, 2010). An inability to do so makes men doubt their role in the events that led to victimisation, with a high tendency to blame themselves (Scarce, 1997; Weiss, 2010).

Long-term psychological symptoms usually include depression, anxiety, suicidal thoughts, alcohol abuse, high degree of anger and hostility, decreased levels of self-esteem, sexual dysfunction, etc. (Tewksbury, 2007; Walker et al. 2005b, Coxell et al. 1999; Goyerand & Eddleman, 1984). Walker et al. (2005a) compared a group of 40 male rape survivors with a control group and found much poorer psychological functioning, lower self-esteem and self-worth amongst survivors. An alarming finding is that almost half of the male victims reported suicidal thoughts, most of which had actually attempted to commit a suicide (Walker et al. 2005b; Isley & Gehrenbeck-Shim, 1997). While most of the effects of sexual victimization are similar in both men and women, Elliot et al. (2004) reported in their study (on a sample of 941

victims) that male victims of sexual violence showed higher levels of distress than female victims. Singh (2005) highlights the distinctive features of male experiences like more powerful feelings of guilt, more aggressive and hostile reactions and issues related to homophobia and sexual orientation. Indeed, many studies confirmed that a majority of male victims experience long-term crisis with sexual identity (70% of men in the study of Walker et al. 2005b).

Most of the South African literature engages in the review of the research studies from abroad rarely providing locally based empirical research. Only two studies conducted interviews with male survivors in South Africa, Roos and Katz (2003) and Pretorius and Hull (2005). In both instances the samples were very small consisting of two and three respondents respectively. Their findings resonate with the international findings relating to as shame, stigma, guilt and anger. According to the authors the rape experience “impacts on all dimensions of the survivor’s existence, ultimately disrupting his entire manner of being in the world” (Roos & Katz, 2003: 56)⁸.

2.2.4.3. Reporting and help-seeking behaviour

Male victims are far less likely than female victims to report sexual violence, or to disclose their experiences to anyone in the aftermath of the assault. The main reasons for this reluctance are shame, stigmatization and fear of not being believed (Scarce, 1997; Kimerling *et al.* 2002; Walsh et al, 2010). Masho & Alvanzo (2010) showed that only 17.6% of the victims from their sample of 91 men sought professional help. In the study of King and Woollett (1997) 77% of men never sought any help after the assault and the mean time from assault to contact with the counselling group was 16.4 years⁹. The authors highlighted that the long delay in seeking help may reflect a lack of public recognition that men can be sexually assaulted and therefore it’s important to have a specialised organization that is specifically designed to meet the men’s needs and is sympathetic to their experience (p. 586).

⁸ It was also very similarly put by Pretorius and Hull that rape experience “challenges and deconstructs all previously held constructions of the world and the self” (2005: p.6).

⁹ This long delay, however, has to be seen in the light of the fact that the majority of the victims in this study reported being sexually assaulted in their childhood, and the contact with the service provider called ‘Survivors’ was their first time asking for professional help.

When men do seek help it was noted that often they do not disclose the assault (Walker *et al.* 2005). Mezey (in: Mezey & King, 1992) points out that victims of severe trauma, even when they start the counselling treatment, are often reluctant to continue with it, concluding that “[v]ictims who seem to be most in need of help and the most damaged also appear to be least able or willing to seek out and make use of the treatment” (p.138). These findings are important in informing service providers of the issues that might emerge and affect service delivery to men.

2.2.5. Social context and challenges in addressing male sexual victimisation

The fact that there is rather limited literature dealing with sexual violence against men does not mean that the problem is rare or does not exist, but rather that “its emergence as a social problem reflects the current social climate” (Graham, 2006:189). From early childhood men are taught to hide their physical and emotional vulnerability and are socialised to identify themselves as powerful, forceful, and able to protect themselves (Singh, 2005; Kassing *et al.* 2005). The defencelessness and vulnerability, invoked through sexual victimization, is “dissonant and foreign to the traditional male belief” (Singh, 2005:193). As King (1992:10) point out “[...] for men there are no cultural expectations that they might be assaulted sexually [...]”.

Social constructions of gender and sexuality, that promote men’s power, invulnerability and heterosexuality, contribute towards the creation and widespread acceptance of numerous myths (known as “rape myths”) that shape the way male victims of sexual violence are perceived and acknowledged in society (Kassing *et al.*, 2005; Turchik & Edwards, 2011). Rape myths are defined as “prejudicial, stereotyped, or false beliefs about rape, rape victims, or rapists” (Burt, 1998).

The most common male rape myths, based on the literature that elaborates this topic (Kassing *et al.*, 2005; Turchik & Edwards, 2011) include the following:

1. Men cannot be raped / Men are not targets of rape and sexual assault;
2. Male rape does not happen outside prisons;
3. Being raped does not really upset men;
4. Men are too strong to be overpowered and forced into sex;
5. Men cannot be raped by a woman;

6. Male victims are gay and they probably “asked for it”;
7. Presence of an erection or ejaculation implies consent.

These myths tend to minimize the seriousness of the crime and responsibility of the perpetrator and contribute to victim blaming. It has been found that men are more prone to accepting rape myths (Struckman-Johnson & Struckman-Johnson, 1992; Chappleau et al, 2008; Sleath & Bull, 2010) and that male rape victims tend to be blamed more than female victims (Davies & Rogers, 2006). It is therefore understandable that the underreporting of the sexual victimisation is directly linked to male rape myths acceptance (Bullock & Beckson, 2011).

Previous discussion on the prevalence and effects of male sexual victimisation indicate that it is indeed a serious issue with serious implications on men’s well-being. One matter that hasn’t been previously discussed and is very scarcely explored in the literature, is sexual violence against men perpetrated by women. Studies confirmed that between 6% and 15% of sexual assault on men involved a female perpetrator (Turick & Edwards, 2011), however this occurrence is rarely spoken of perpetuating the myth it does not happen.

Furthermore, stigmatisation and animosity displayed towards the gay community are significant challenges faced by victims. Research by King (in Mezey & King, 1992) showed that “[m]ost homosexual victims were wary of the police, believing that they would be perceived as ‘asking for it’, and heterosexual men feared the humiliation and suspicion that they must be gay” (p.6). Michael Scarce (1997), in his own personal account of experienced sexual victimisation, explained how society and in particular social structures around him created a space in which he as a gay man was continuously gagged and as a result effectively silenced after assault.

Dispelling these myths is of critical importance for victim’s well-being. Family and friends are found to be the most frequent sources of victim assistance (Davis, 1999¹⁰) and negative reactions from informal support systems were found to hinder and delay victim’s recovery resulting in increased distress, depression, post-traumatic stress disorder and associated health problem (Campbel et al, 2001; Borja et al, 2006).

¹⁰ This finding was drawn from the sample of victims of assault and robbery. However, it is assumed that confiding in a close friend or family member would be a likely occurrence in case of victims of sexual violence.

2.2.6. Male victims of sexual violence in South African media

With the intention to examine whether and how South African media reports incidents of male sexual victimisation in the country, I used Google News search (filtering results to South African sources only) to try find relevant online newspaper articles on the topic. Search words included: “male rape”, “male victims of sexual violence”, “male sexual victimisation”, and “male rape survivor”. In the absence of advanced filtering options, the search produced articles that were primarily reports of female rape by male perpetrators. After hundreds of articles were screened, only a few articles on the topic of male rape appeared. Some included general discussions on male rape and male sexual victimisation and the exclusion of the topic from the public discourses and activism campaigns¹¹. Other articles focused on sexual violence in prisons, revealing survivors’ stories¹². Let us explore further 2 examples where the media reported on particular incidents of male sexual victimisation in the communities.

In February 2015, a story of an 18-year old who was raped by some of his fellow-students with a broomstick in his dormitory room at the Northern Cape Agricultural School in Jan Kempdorp hit many newspapers.¹³ While this story was received with shock and was followed by many compassionate reactions, it did not result in substantial discussions and/or advocacy on male sexual victimisation.

Another incident of male rape received a lot of public attention but unlike the previous example the commentary was not so compassionate. In January 2015 media reported on a case where three women allegedly raped a 21-year-old man at gun point in Diepsloot, and another case where a woman got arrested for raping a man in Bolobedu, Limpopo¹⁴. Comments from the readers of this media report questioned the possibility that a man could be raped by a woman. Some of the comments included the following:

How is it possible for an unwilling man to participate and call it rape?

How can u get erection at gunpoint? Give us a break this is a true lie...

¹¹ See: Oosthuizen, N, 2016.

¹² See: Keehn & Gear, 2015.

¹³ See: Saba, 2015.

¹⁴ See: Germaner, 20015.

Many male commentators refused to accept that these young men were victims. They considered the victim to be “a lucky one”:

I will do it with pleasure, tell them to put the gun down we have fun....

Diepsloot will see an increase in the number of men jogging after hours, just in case they get lucky.

Lucky bastard...

Another media channel reported the same incident using a headline – “Joburg man enjoys being raped by 3 women at gunpoint”¹⁵. This headline constructs rape as something enjoyable. Through this kind of narrative acts of sexual violence are effectively normalised and the negative effects minimised. Contemporary media is a powerful tool that can shape and influence public perceptions on various issues (Scarce, 1997:99; Abdullah-Khan, 2008), and is therefore crucial not to perpetuate the rape myths but rather to engage in dispelling them.

The public commentary discussed above suggests a failure to appreciate the detrimental effects associated with sexual violence perpetrated against men. There is also evidence of a hierarchy of victims. While an act of gang rape of a boy by his fellow-students was seen as a violent act of bullying and intimidation, the second act of gang rape at gun point perpetrated by women was normalised and ridiculed.

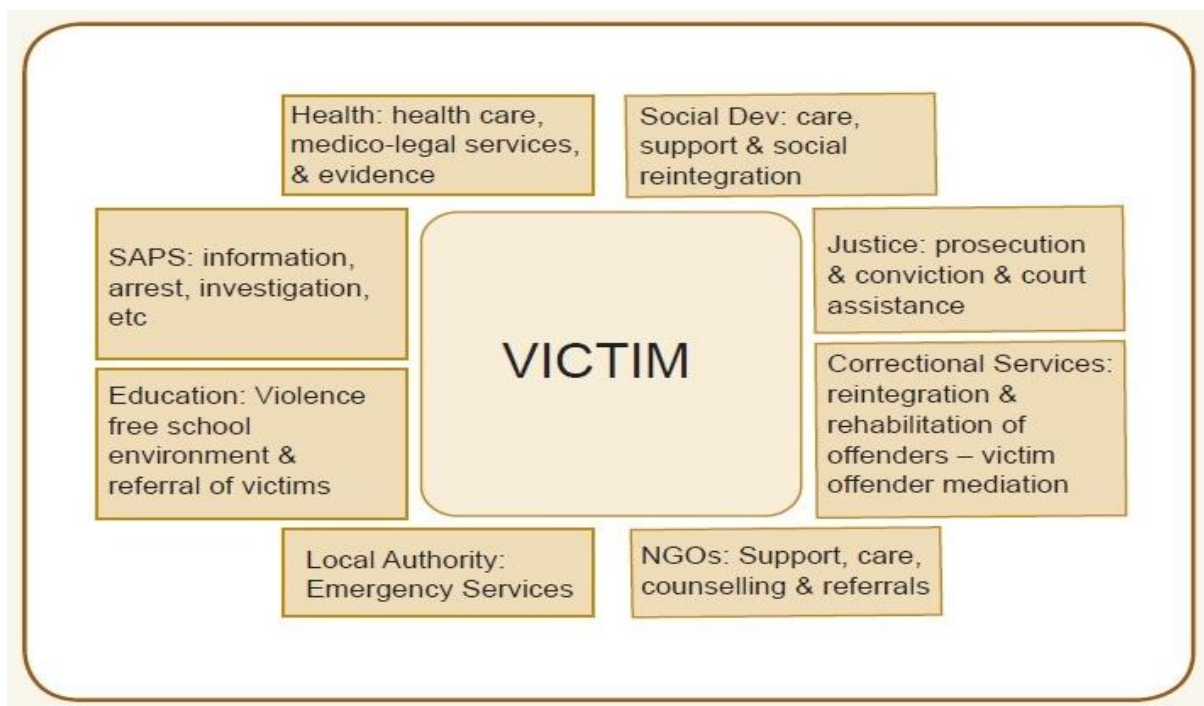
¹⁵ See: *Joburg man enjoys being raped by 3 women at gunpoint*, 2015.

CHAPTER THREE

SERVICE PROVISION FOR MALE VICTIMS OF SEXUAL VIOLENCE – ENABLING ENVIRONMENT IN SOUTH AFRICA

3.1. THE ROLE OF VICTIM SUPPORT AND VICTIM EMPOWERMENT PROGRAMMES

The term “victim support” refers to assistance provided to victims of crime and violence in terms of practical and emotional support, information and advocacy (Pretorius & Louw, 2005). The term “victim empowerment” was supposed to take the concept of victim support further. As such it refers to a philosophy or approach that believes that all individuals have the capacity to come to terms with experiences of victimisation and control their own lives (ibid, Nel & Van Wyk, 2013). The concept of victim-empowerment also advocates a victim-centred approach to crime prevention (Snyman, 2005) which involves the delivery of a range of services to victims of crime and violence. A range of actors are implicated in the delivery of such services including state institutions, non-governmental institutions and civil society organisations (see diagram below).



Source: National Policy Guidelines for Victim Empowerment (2009)

The short and long term psychological and behavioural consequences associated with criminal victimisation more generally (see: Pretorius & Louw, 2005) and sexual victimisation more particularly (see section 2.2.4.2.) has been discussed extensively. The role of victim support and victim empowerment is to:

- Reduce the trauma by providing emotional and practical support;
- Identify symptoms and refer victims to appropriate professional services;
- Prevent and reduce secondary victimisation by providing information and appropriate, compassionate treatment of victims;
- Prevent repeat victimisation by raising awareness about risk factors.¹⁶

There are many perceived benefits of receiving support in the aftermath of experienced victimisation especially in the reduction of short and long-term negative physical, psychological and behavioural effects of trauma (see: Nel & Van Wyk, 2013). Another benefit is that it is believed that victim-centred programme and support would improve victims' cooperation and trust in the criminal justice system (ibid; Pretorius & Louw, 2005).

Some studies that examined effectiveness of psycho-social support to victims of crime found no benefits in terms of psychological adjustment for victims who received support services (Davis cited in: Sims et al. 2005:367; Sims et al. 2006). In this respect, we should consider that treatment of victims of sexual violence through community based programmes (irrespective of gender) are mostly focused on crisis intervention and short-term counselling assistance (Mezey In: Mezey & King, 1992) which do not attend to the long term effects of victimisation. This could have a serious impact on the recovery of victims and could be the reason why some studies would show no tangible benefits in terms of psychological functioning after using community support services. In South Africa, where majority of victims of sexual violence come from underprivileged communities with high risk of re-victimisation and without resources to access longer term psychological or psychiatric help, the assumption is that in terms of the impact, at least some service providers would need to provide a platform for longer-term engagement with survivors.

¹⁶ This is a paraphrasing of the objectives of victim support and empowerment as noted by Pretorius and Louw, 2005 and Nel and Van Wyk, 2013.

My stance is that the existence of these support systems and services at different levels and stages is of critical importance if we want to advance victims' rights and ultimately their well-being. There are a number of practical interventions that victims need in the aftermath of the assault such as the need for medical attention, transportation to/from hospital, advice and information etc. (Pretorius & Louw, 2005). Even if we take into account that there would not be significant improvement in the psychological functioning after the use of such services, survivors in many cases positively evaluate these (Wasco et al, 2004; Borja et al, 2006; Roehrs, 2011).

3.2. SUPPORT SERVICES AVAILABLE TO VICTIMS OF SEXUAL VIOLENCE IN SOUTH AFRICA

Fattah (2000) called victim support services "the growth industry of the decade". This section will examine what services are available to victims of sexual violence in South Africa. For our purposes the focus is primarily on service delivery by civil society organisations.¹⁷ Only brief mention will be made of state initiatives that impacted service delivery to victims of sexual violence in the country.

3.2.1. State-led victim support services

The National Victim Empowerment Programme (VEP) is the initiative of the South African Government (announced in 1996 and implemented in 1999), committed to victim-centred criminal justice system and a delivery of support services to victims (Pretorius & Louw, 2005). VEP is meant to include all relevant government departments – (Departments of Health; Social Development; Justice and Constitutional Development; Correctional Services; Education; the National Prosecuting Authority and the South African Police Service). As envisaged the VEP would also rely on strong cooperation with civil society organisations. The VEP has been an important initiative. Translating the ambitious vision into routine practice however, turned out to be more difficult than originally anticipated.¹⁸

Of a particular interest here in terms of specific services offered to victims of sexual violence is a government-led initiative established by the National Prosecuting Authority (NPA) and delivered in coordination with others – namely Thuthuzela Rape Crisis Centres or

¹⁷ For more detailed discussion on criminal justice victim support services see: Bruce, 2005.

¹⁸ For critical assessment of VEP see: Nel and Van Wyk, 2013 and for more recent assessment of provincial VEP of the Western Cape Government: Gender, Health and Justice Research Unit, 2014.

Thuthuzela Care Centres (TCCs). TCCs are “one-stop facilities that have been introduced as a critical part of South Africa’s anti-rape strategy, aiming to reduce secondary victimisation, improve conviction rates and reduce the cycle time for finalisation of cases” (National Prosecuting Authority: TCC Brochure, 2009). The first TCC was established in Cape Town in 2000 (Nel & Van Wyk, 2013) with the intention to open centres across the country. Currently there are 51 TCCs (*Thuthuzela Care Centres in South Africa*. n.d.). They are located in public hospitals (in the communities known for high rates of rape), and linked to sexual offences courts, with skilled prosecutors, social workers, magistrates and police officers (ibid). The establishment of TCCs is an important accomplishment. The availability of these specialised health centres is of critical importance as studies have shown that access to HIV prophylactic treatment and having a sensitive healthcare provider who could provide counselling are factors that influence the decision whether to seek care in the aftermath of sexual victimisation (Christofides et al, 2006). Survivors with access to specialised rape centres and services report higher rates of satisfaction with services (Roehrs, 2011). However many rape survivors can only access casualty units. The latter are not adequately equipped to deal with rape survivors (ibid). In order to strengthen casualty units staff through and the development referral systems. It is not currently known whether and to what extent men access TCCs or casualty units.

3.2.2. Victim support services rendered by civil society organisations

South African Civil Society Organisations are recognised as significant role-players in “nourishing our young democracy and addressing the needs of vulnerable communities and groups” (Department of Social Development, 2015:6). As of March 2015, the total number of registered organisations was 136 453, with the number of organisations increasing from year to year (ibid). Available reports (ibid, Graham et al, 2008) show that South African civil society constitutes a diverse sector, working in a range of different focus areas, but with a strong focus on service delivery especially in the field of social and community welfare.

As Pretorius and Louw (2005) note, most of the available victim support services in South Africa are rendered by civil society organisations who provide support to victims in general or to victims of sexual offences in particular. The services rendered include: advocacy and awareness campaigns, trauma counselling, provision of legal and medical advice, shelters and support with criminal justice institutions (ibid). However, studies have shown that the

civil society sector faces many challenges. Financial sustainability is a common challenge and linked to that the ability to retain staff (Nel & Van Wyk, 2013). Extremely high levels of crime and sexual violence create a high demand for support services. Services are more easily accessible in cities with rural populations having to contend with limited access to services, or a limited range of available services (Gender Health and Justice Research Unit, 2014).

Civil society organisations were the backbone of the reform of the South African law on sexual offences and the implementation of such reforms through for example the Shukumisa Campaign¹⁹. The Campaign now comprises of 47 organisations who engage in advocacy but also render particular services to victims of sexual violence at the local level.

All in all, South Africa has a dynamic and engaged civil society with initiatives that have been delivering some excellent victim support services. The services, however, seem to focus on child and women abuse (Pretorius & Louw, 2005) and it is unclear whether and how are men included in the delivery of those services. Before answering these questions, which are the focus of this enquiry, I will first examine the existing policy framework about service provision for victims of crime and sexual violence in particular.

3.3. POLICY FRAMEWORK REGULATING PROVISION OF SERVICES FOR VICTIMS OF (SEXUAL) VIOLENCE IN SOUTH AFRICA

Though ratification of international instruments²⁰ and the development of victim-centred legal and policy frameworks where provision of services play a central role, the South African Government have shown a strong commitment in advancing the rights of the victims (Artz & Smythe, 2013). The discussion will now turn to a consideration of the most important government policies related to provision of services to victims of crime and sexual violence specifically, and then explore whether and how men as victims feature in these policy frameworks.

¹⁹ See: *About Shukumisa*. n.d.

²⁰ The first and most important for the present discussion is 1985 Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. For more information on international instruments see Artz and Smythe, 2008.

3.3.1. Victims' Charter and National Policy Guidelines for VEP

The South African Victims' Charter (Department of Justice and Constitutional Development [DJCD], 2004a) was approved by the cabinet in 2004 and officially launched in 2007 (Nel & Van Wyk, 2013). It is accompanied by the Minimum Standards on Services for Victims of Crime (DJCD, 2004b). The Charter outlines the following rights that victims of crime have when dealing with criminal justice systems: the right to be treated with fairness and with respect for dignity and privacy, the right to offer information, the right to receive information, the right to protection, the right to assistance, the right to compensation and the right to restitution. These rights are available to all, "regardless of race, gender, culture and class" (p. 2). The Minimum Standards also highlights that the provisions "are applicable to all victims without prejudice of any kind on the grounds of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth, as set out in section 9 of the Constitution of the Republic of South Africa [...]" (DJCD, 2004b:3). The policy document further explains the rights as set out in the Victims' Charter and provides information to service providers on what is expected of them when rendering services to victims, as well as information to victims on what they can expect when dealing with different service providers in the criminal justice system, health care and social sector. The specific needs of survivors of sexual violence are recognised by providing information on specific services in case of rape/sexual assault, and without any gender specifications, applying equally to men and women.

The National Policy Guidelines for VEP (Department of Social Development [DSD], 2009) offers an 'integrated' (inter-departmental and inter-sectoral) approach in managing victim empowerment and include "all victims, irrespective of race, gender, sex, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture and language [...]" (p.2). The Policy defines victims of sexual assault and rape as a vulnerable group and states that "[t]hough some men are also victims of sexual assault and require special assistance, the overwhelming majority are women" (p.10). Defining all victims of sexual violence as vulnerable is a positive development for male survivors. Whether this definition makes any difference in the day-to-day delivery of services to men is not however clear.

3.3.2. The National Policy Framework (NPF)

The new Sexual Offences Act required the development of the National Policy Framework (NPF) so as to ensure an integrated management of sexual offences between all relevant government departments and institutions. The NPF is also meant to guide the implementation, enforcement and administration of the Act and enhance service delivery (see part 3, article 62(1) of the Act). The NPF was adopted and published in June 2012, with the promise to ensure the provision of appropriate, effective, efficient, coordinated and victim-centred services (DJCD, 2012). The NPF promises that the equal treatment must be afforded to all in the provision of services, with service providers being sensitised to the diversity of victims' needs. Whether and how practitioners in the government sector are sensitised to male sexual victimisation, is not clear. In the foreword of the NPF Minister J.T. Radebe highlights that the Government "is committed to establish a society that is free from all forms of violence, particularly those perpetrated against the most vulnerable persons. Recently, our country experienced a spate of sexual crimes committed against children, lesbians, and persons with disabilities" (p.7). It is interesting to note that "lesbians" were pointed out as vulnerable, excluding the rest of the LGBTI community (gay, bisexual men and transsexuals), though later on in the document LGBTI population as a whole is categorised as a vulnerable group. Public acknowledgement of the vulnerability and entrenchment of rights for sexual minorities represents an important development. The NPF further on says: "By making reference to the vulnerability of victims and the eradication of secondary victimisation, the [Sexual Offences] Act may be further construed as recognizing the peculiar circumstances of victims of sexual violence, which often gives rise to special needs that require a specialized response (p.18)." Does this mean that only such vulnerable groups, as identified by the Act or NPF have special needs? And what do we know and how do we acknowledge the needs of other groups not seen as vulnerable (i.e. men)? Further on, the NPF states that communication and public awareness campaigns "must be aggregated on rural/urban communities focusing on specific target groups such as women, children, persons with disabilities, victims of human trafficking, LGBTI persons, elderly persons, etc. (p.29)". How will (heterosexual) male victims know their rights, especially in the light of the stigmatisation, macho-culture and the myths surrounding male sexual victimisation? My

intention here is to raise some of the issues, rather than to provide definitive answers to these questions.

3.3.3. How do policies affect male victims of sexual violence?

Legal reforms hold out the promise of protection to male victims of sexual violence. At least on paper this seemed to be the case. The language in both the legislation and policy documents is largely gender neutral. There is recurring reference to “protection to all”. Beyond the surface however there is no explicit recognition of male victims. These policies perpetuate the notion that our focus should be on vulnerable groups, and men are not generally conceptualised as “vulnerable”.

However, it is unclear what the concept of “vulnerability” entails. From the explanation provided in the NPF it means a recognition that certain groups (women and children in particular) are more at risk when it comes to sexual violence. South African data of course confirms such risk profiles. Interestingly enough elderly people are also listed as a vulnerable group, though statistics would show that they are less likely to be victimised than younger people (Clark, 2005). This classification therefore means that vulnerability is also measured by the effects victimisation has on a particular group. If that is the case, wouldn't sexual victimisation be an equally disturbing experience for everyone irrespective of age or gender?

This is not to say that we shouldn't prioritise certain victims groups on the basis of their likelihood of being victimised. However, I argue that we shouldn't refrain from mentioning male victims of sexual violence in the policy documents even though they constitute a minority victim group. If we consider that women, children, disabled and LGBTI people are considered vulnerable, by deduction this means everyone except heterosexual men. By not even raising the issue of male rape in the country and by not mentioning men as potential victims in the policies and supporting documents, we keep them invisible. This represents just a variation of a broader marginalisation of men as victim group in South African policy documents. In a content analysis of 20 selected legislative documents (related to violence prevention in South Africa) Van Niekerk *et al.* concluded that they tend to ignore men as victims of crime and especially violent crime “despite current evidence” to the contrary (2015:7).

Existing legal and policy frameworks are overall a good start in providing better legal protection and treatment for victims of sexual violence in South Africa, including men. They recognise the seriousness of the problem of sexual violence in the country and needs of the victims. However, as it was argued in the Chapter 2, there is still an execution gap from the words in the policies to implementing in practice. Even with a regulatory framework that is truly inclusive and adequately deals with all victims regardless of the gender, it will not have its preferred impact if it is not properly executed. While the commitment from the government is reflected in extensive legal and policy developments, it will not work if the institutions and practitioners involved in the implementation do not show the same level of commitment and the old preconceptions and attitudes are not challenged (Artz & Smythe, 2007a; 2007b; Reeves & Mulley, 2000). This affects all victims of sexual violence, but while feminist scholars and activist engage in these issues, track implementation of relevant legislation²¹, and advocate for the change that would make impact on female victims, we don't engage in similar discussions and activities with regard to male victims. In ensuring that male victims are indeed included in the implementation of victim policies and delivery of services, raising awareness, training and sensitisation of professional about male sexual victimisation are crucial steps.

3.4. LITERATURE ON SERVICE PROVISION FOR MALE VICTIMS OF SEXUAL VIOLENCE

The literature discussed in the Chapter 2, namely the prevalence of the phenomenon of male sexual victimisation, its impact and consequences it leaves on the victims, is important for setting-up an agenda and starting a discussion about support services provided to male victims of sexual violence. How do we support male survivors? Should the approach differ from working with females? However, the research that focuses on the provision of support services provided to men is very limited, and the number of available studies suggests that this field is under-researched (Burrowes & Horvath, 2013).

Newburn and Stanko (1995) are of the opinion that the needs of male victims have remained largely unconsidered and that is evident in the lack of services available to men. Mezey highlighted that many rape crisis centres across the globe are driven and inspired by

²¹ Particular interest has been placed on domestic violence. For literature see publications of the Gender, Health and Justice Research Unit see: *Publications, Journal Articles. n.d.*

feminist movements (In: Mezey & King, 1992). Through their advocacy, communications and outreach strategies they primarily target victimised women and tend to see men as oppressors and aggressors (ibid). It is assumed that this would probably discourage male victims to approach these organisations, perceived by the community as women's organisations. These statements were, however, made more than two decades ago, and the findings of the present research will attempt to establish whether they hold water in today's South Africa (discussed in Chapter 5).

In South Africa, the literature examining service delivery to victims of sexual violence have exclusively focused on women's experiences, with a strong emphasis on health care service provision (Martin & Artz, 2006; Christofides et al. 2005a; Christofides et al. 2005b; Roehrs, 2011). There has been no examination of service delivery to men or needs assessment of male survivors. Two South African studies with a small sample of 2-3 male survivors (Roos & Katz, 2003 and Pretorius & Hull, 2005) did however indicate that male survivors have an important need - to be heard and be believed.

International literature on service delivery to male survivors has focused on the examination of the availability of services for men and their utilisation. One of the studies, often cited in the literature, is the research done by Donnelly and Kenyon (1996) in the USA. They conducted qualitative research, examining 41 community-based service providers. Many of the contacted organizations (37%) indicated that they would not provide services to men, and many of the ones that would, never had a male client. Only 9 providers actually had experience with male victims. In summary, the findings revealed that many respondents felt that sexual violence against men wasn't really a problem and common stereotypes were present (including the belief that men cannot be raped or the once who are raped 'asked for it'). The respondents who acknowledged the problem pointed out the difficulties that men are facing – mostly shame and fear of disclosure due to the societal attitudes about men and masculinity (ibid).

Similarly, Tsui et al. (2010) investigated the utilization of services by male victims of intimate partner violence and the reasons behind the reluctance in seeking help. This study revealed that out of 68 service providers who participated in research, 25% did not have experiences with men as clients. Those with experience, stated that individual counselling and

legal advice were most popular among men, while group counselling and sharing through the Internet were least used. The study confirmed that men are very reluctant in accessing services due to the feelings of shame, denial, stigmatisation and fear. Three main recommendations were raised through this study – a need to increase public awareness and education, to have gender inclusive practices and services, and training for service providers working with male victims.

While most of the literature highlights men's reluctance in accessing services a study by Du Mont et al. (2013) in Ontario, Canada showed quite a high service uptake. In examining the use of services provided to male victims of sexual assault by specialized hospital-based programmes it was found that 14% of men used one to four services, while 86% used five or more.²² However, the reason for such a high level of service utilization has to be understood in the context of this specific sample that consisted of males that already presented to a clinic in order to use some of the services available. Nonetheless, this study showed that the needs of male victims are substantial and therefore access to a broad range of services is essential.

In assessing the needs of male survivors of sexual violence Hester et al. (2012) highlighted that whilst men needed positive responses from service providers to their plight their main concern was the silence in the broader society concerning male sexual victimisation. This cultural silence made victims doubt what reactions they might encounter. It is particularly important that survivors of sexual violence don't receive negative reactions from service providers, resulting in secondary victimization, whose effects can be devastating (Campbell *et al.* 2001; Borja *et al.* 2006). Secondary victimization can also be experienced when the services are denied to the victim (*ibid.*). Kassing and Prieto (2003) reported on the acceptance of male rape myths of counsellors-in-training and their attribution of blame to male victims. They identified a very high level of myth acceptance within the group of trainees. The majority hold the opinion that men should be able to protect themselves. These findings point to the need for gender-sensitive training of counsellors and social workers to prevent secondary victimisation of male victims of sexual violence.

²² Services that were available and offered at the clinics were: crisis counselling, medical care/treatment, HIV PEP counselling, prophylaxis for treatment of sexually transmitted infections, assessment/documentation of injuries, anal examination for injuries, photo documentation of injuries, sexual assault evidence kit, re-victimization prevention programs (assessment for risk, safety planning), and referral to services for ongoing support (on-site follow-up care and community agencies).

Furthermore, studies based on needs assessment on male survivors have indicated that certain areas are important in service provision, one of which being that male survivors should be provided with an option whether to see a male or female counsellor (Sullivan, 2011; Hester et al. 2012). Additionally, men regularly express the need for after-hours appointments, which is often not an available service due to the limited resources of service providers (Sullivan, 2011). It was found that men are generally more in favour of gender specific (male only) services where they felt more comfortable disclosing sexual victimisation (Hester et al 2012). Sullivan (2011), acknowledges this but also raises an issue that some men might be deterred from accessing service providers specialised in working with male survivors, for the lack of privacy and fear of being identified as a survivor of sexual violence. In the examination of female-centred organisations across Australia, USA and Canada, Sullivan (ibid) found that they delivered some excellent services for males. However many challenges and concerns were present in working with male survivors in these centres, some of which being: - How to deal with male victims who are also perpetrators of sexual assault or family violence? How to deal with the reports of female offenders? And what does it mean for feminist theoretical framework? The question however remains – what would be the most efficient but also feasible way of delivering services to men? From a resource perspective it is not feasible to establish male-only centres across the country to provide services to male survivors. Male-only centres are important but the model where they operate together with gender-inclusive services with well-trained staff might be a more realistic option.

CHAPTER FOUR

METHODOLOGY

4.1. KEY RESEARCH QUESTIONS AND THEORETICAL PERSPECTIVE

The importance and the need for victim support services for victims of sexual violence is undisputed. Existing research findings show that the psychological consequences of sexual violence can be devastating, and that services providing psychological and social support are important in helping the victims recover from the trauma they are experiencing (see for example: Borja et al, 2006; Walker et al, 2005a; 2005b; Elliot et al, 2004). Support services also aim to challenge the rape myths and push back against societal beliefs that are harmful for victims of sexual violence (especially myths that contribute to victim-blaming).

Despite the pressing need for victim support services, the evidence presented above shows that male sexual victimisation remains underdeveloped on research agendas. More research is needed in order to understand the extent of the problem, its impact on the male survivors and specific needs in terms of service provision.

To fill the gap in the South African literature, the present research explores community based, non-governmental support services available to male victims of sexual violence in Johannesburg and Cape Town. By interviewing 9 staff members from 8 organisations that have had experience in providing services to male victims of sexual violence, the research aims to obtain an understanding on the following issues:

- How is male sexual victimisation perceived by service providers?
- How visible are men as a victim group? What services are available to male victims of sexual violence in the sampled organisations? How are services available to men designed?
- From the respondents' experiences, how often do men come for help and what in their opinion are the main constraints restricting men coming forward and asking for professional help?
- What kind of recommendations do they have to offer for improving current service provision?

Understanding the issue will be approached from an interpretivist, social constructionist theoretical perspective. From this standpoint it is assumed that the reality is socially constructed and that knowledge is constituted through people's lived experiences, and research relies on the participants' view of the topic that is studied (Creswell, 2013). The aim of the research would be to understand the nature of service provision for male victims of sexual violence in South Africa through respondents' experiences of working in victim support and with victims as they seek recovery and (possibly) justice. Because the research is explicitly interested in documenting the various ways in which service providers respond given the differences in focus, resources and models adopted across organisations, a qualitative research approach was used as the best suited research methodology for this type of exploratory inquiry.

4.2. DATA COLLECTION METHODS

Because the research is exploratory, and attempts to understand an area of sexual violence service provision about which relatively little existing research exists, the project combined a number of different empirical research methods to provide a holistic understanding of the phenomenon. These included a review of relevant legislation and policies in South Africa (presented above); a review of media coverage on male rape and male sexual victimisation; content analysis of community based service providers' web sites and interviews with service providers.

The research relied on interviews as the primary method of data collection. Interviewing is the most commonly used method of data collection in qualitative research (King & Horrocks, 2010), and is an appropriate method for exploring other people's experiences and perceptions with richness and depth. As Patton explains (2002) "qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowledgeable and able to be made explicit" (p. 341). An advantage of using interviews in data collection is that it can provide an opportunity for deeper investigation into a participant's responses and provide more in-depth data than other methods. Because the subject under study has been scantily researched in South Africa, this provided an opportunity to gain a good understanding of reasons behind service providers' decisions, actions and perceptions, and collect rich data which would make a meaningful exploration of the issues in question and add value to the existing literature.

The interview schedule was piloted in a single mock interview. However, the first two interviews revealed that the questionnaire required further refinement, as it elicited repetition and references to information already discussed. As a result, after the second interview the questionnaire was revised, with questions either merged or slightly reformulated. This change resulted in a better flow of the conversation with the respondents without impacting collection of data and their future comparability.

Interviews followed a semi-structured to structured format (combined approach), which meant that some questions were fully structured to ensure that they were all asked in the same way, while other questions were more flexible to allow for the emergence of new topics and themes that the researcher may not have anticipated. The interview schedule also required flexibility to respond to and probe the differences in the specific context in which each organization operate, and to allow for sufficient follow up.

All interviews (9) were conducted between December 2014 and November 2015.²³ All but one of the interviews were conducted face-to-face, with the remaining s conducted via Skype call²⁴. Five interviews were conducted in Johannesburg and three in Cape Town, and most of the interviews took place at the organisations' offices. Two interviews were done in more informal settings (coffee shops or restaurants) due to the logistical constraints.²⁵ Interviews lasted between 45 minutes to 1 hour and 40 minutes. The length of the interview primarily depended on respondents' experiences in working with male survivors of sexual violence, and therefore the breadth of the information that needed to be explored.

In addition to interviews, the project undertook policy analysis to understand how male victims are addressed by current legal and policy frameworks. Moreover, documents and information available on the websites of 40 victim support were analysed, focusing on whether and how male victims are visible as potential target group and whether they have been included in the service provision.

²³ Interviews in Johannesburg took place between December 2014 to July 2015, and in Cape Town between Augusts to November 2015.

²⁴ Even though, face-to-face and Skype encounters are not equivalent ways of conducting interviews no substantial difference was noted in the quality or amount of data collected.

²⁵ In one case, office of the respondent's organisation was very busy and without a quiet meeting room at that time. In another case, office of one organisation was in a more remote town area that could not be located by GPS. Therefore, meeting in a restaurant in a landmark shopping centre was suggested.

4.2.1. Sample

Although the sample was small – shaped in part by limited resources, logistics and time constraints inherent in dissertations of this nature – it captures a good sector of the service providers under examination. By applying purposeful a sampling method, only organizations that were serving adult victims were included. Purposive or purposeful sampling means that the sample is selected with specific purposes in mind, and that specific individuals are deliberately selected because “they are likely to produce the most valuable data” (Denscombe, 2007: 17). Within these organisations, staff members from either higher management level or counsellors that have had experience with male victims were identified. Management personnel would be able to provide more insight into organisational and operational issues, provide a broader picture and deeper understanding of existing services, human and material resources, capacity development etc. Counsellors would be able to describe their personal experiences in working with male victims, main challenges victims are facing and to identify gaps (if any) in the delivery of services. It is assumed that both perspectives would provide a meaningful and valuable contribution to answering the questions this inquiry is interested in.

The aim was to conduct at least 10 interviews, from at least 10 different organisations (5 in Johannesburg and 5 in Cape Town). Several community-based victim support service organizations were identified and initially approached:

1. Rape Crisis Cape Town Trust
2. Trauma Centre for Survivors of Violence and Torture (hereinafter Trauma Centre), Cape Town
3. Mosaic, Cape Town
4. Triangle Project, Cape Town
5. Rape Crisis Helderberg, (broader Cape Town)
6. Health4Men, Cape Town and Johannesburg
7. SAMSOSA (South African Male Survivors of Sexual Abuse), Johannesburg
8. Matrix Men, Johannesburg
9. ADAPT (Agisanang Domestic Abuse Prevention and Training), Johannesburg
10. MEDSA (Men for Development South Africa), Johannesburg
11. Life Line, Johannesburg

12. Women in Action, Johannesburg²⁶

However, securing the minimum target of 10 interviews also proved to be challenging. In making contacts and accessing organisations for this research, personal contacts with so called “gatekeepers” proved to be crucial. The Director of TEARS Foundation (Transform Education About Rape and Sexual Abuse), Ms. Mara Glenie, offered to connect me with several people relevant for my research which allowed me to extend the sample by approaching other organisations through emails, mentioning TEARS as my referral. The process of setting up interviews in Johannesburg was surprisingly easy and five planned interviews were scheduled in relatively short period of time.

Cape Town was much more difficult to negotiate access and confirm interviews. Despite having entrée to organisations through Dr Kelley Moulton, a co-supervisor of the project, only two interviews materialised. This may be the result of a lack of resources and capacity within Cape Town organisations to deal with any demands other than their day-to-day activities, but may also be an artefact of the timing of the Cape Town fieldwork, which came in September and October 2015, just ahead of “16 Days of Activism for No Violence against Women”, which is generally a time when organisations engaged in advocacy and activism are fully engaged with events under the campaign.

The absence of more Cape Town organisations in the sample and data is unfortunate, but unavoidable given time and resource constraints. Rape Crisis Cape Town was, for example, the only organisation that included a separate on-line brochure on male sexual victimization, and several interviewees from this research noted that Rape Crisis works with male victims. Their views would undoubtedly have enriched the findings, and future research should prioritise incorporating their views.

4.2.2. Organisations and Respondents

Eight non-governmental organisations whose support services²⁷ are open to men (including but not restricted to victims of sexual violence) participated in the research. Five of

²⁶ The sampling process included organisations that work only with men (e.g. SAMSOSA, Health4Men), organisations that work predominantly with women (e.g. Mosaic and Women in Action), as well the ones who work with both men and women (e.g. Life Line, Trauma Centre).

²⁷ These services, depending on the organisation, included trauma and psycho-social support, support with the criminal justice process, and/or medical support.

the participating organisations are based in Johannesburg, two in Cape Town and one has centres in both cities.

A total of nine interviews were conducted with professional staff in these organisations. Six respondents were male and three female. All respondents were either at the position of higher management (some of them founders of organisations themselves), or counsellors/social workers. All respondents except one have experience in working with male victims of sexual violence (at least at some point in their career). One respondent, despite not working directly with clients, brought insight from his role as Policy and Research Coordinator working on these issues.

Four organisations identified explicitly as “men’s organisations” – catering for, and working with, only men (SAMSOSA, Matrix Men, MEDSA and Health4Men). SAMSOSA and Matrix Men specialise in working with male survivors or sexual abuse only. MEDSA is a platform for men to discuss and seek help with any issue, and the organisation works with men as both victims and perpetrators of violence. Health4Men focuses on health outcomes and provides comprehensive medical care for men, in particular men who have sex with men (MSM). Triangle Project specialised in working with LGBTI population, and the remaining three (Life Line JHB, ADAPT, Trauma Centre) are gender inclusive and offer services to both men and women, for a number of types of trauma symptoms related, but not limited to, crime and violence.

The organisations differed considerably in size, structure and available resources, ranging from organisations mostly run by a single person (such as SAMSOSA and Matrix Men), to smaller organisations staffed by between 7 and 20 employees. Only two organisations were larger organisations - Health4Men has 71 staff members, and Life Line Johannesburg has 132 employees. Unsurprisingly, the bigger the organisation the more systems and structures are in place to ensure good functioning. Larger organisations were therefore more likely to have a number of projects running, had governance structures, and were concerned about professional development and training of personnel. This also made them more easily eligible for funding, which in turn provided the human and material resources that could directly influence service delivery. These organisations were not only able to attend to more clients, but they also had the capacity to invest in training and outreach activities.

In contrast, SAMSOSA and Matrix Men were acutely understaffed and had virtually no existing funding. The only two organisations that specialised in male sexual victimisation and recovery, both SAMSOSA and Matrix Men were founded and run by male survivors of sexual abuse, and operated primarily with only one person (the founder) and an assistant. Despite being incredibly passionate and committed to raising awareness about, and helping male survivors of sexual violence, they recognised the limits to what a single person is able to accomplish when compared to organisations with several professional staff members. Both organisations did not have any funding support from government or private sector and at the time of the research completely depended on personal funds generated through other businesses to keep their organisations and services running. As a result, these two organisations often accommodate the need of their clients after working hours and on weekends, while larger organisations have protocols and regulations that guide interaction with clients, and provide services during set hours.

In meeting these men few additional observations are worth mentioning. Their accounts provided probably the richest engagement with the interview questions, and brought in their experiences not only as service providers, but also as survivors with personal stories and histories. Their answers were far more detailed than of the other respondents – likely partly as a result of their greater experience in working with male survivors, but also from experiences of their own long path of recovery. The tone of their interviews was also different, much more personal, passionate and enthusiastic. Their commitment to the work – to supporting and advocating for male survivors – is patently clear, and should not be undermined. Yet, at the same time, they might run the risk that the blurred lines between their professional role and personal experiences, taken against their lack of resources, may hinder the quality of their service provision.

4.2.4. Ethical considerations

In line with requirements for research with human subjects, this project was cleared by the Research Ethics Committee of the Law Faculty (Ref. L29-2014) on 1 December 2014 for a duration of 12 months (see Appendix 3 for a copy of the ethics clearance certificate).

All research participants provided voluntary, informed consent prior to participating in the research. Participants were provided with an information sheet and consent form,

which included information on the project's purpose, procedures and data collection, and detailed the possible risks of participation for participants (see Appendix 4). All interviews were recorded with the prior consent of the respondents. None of the respondents requested anonymity in writing up the data, since they felt that they were speaking on behalf of their organisations. The names of the organisations and respective respondents are therefore included in the remainder of this report, and are also provided in Appendix 2.

One unanticipated issue stemmed from the fact that two of the respondents disclosed that they were male victims of sexual violence themselves. Despite the fact that the interview did not ask any questions related to their personal experiences of victimisation, these details often emerged throughout the interviews. However, as both of these participants routinely speak out and share their own experiences in public, they did not experience adverse reactions as a result of their disclosure.

4.3. DATA ANALYSIS

Individual interviews were digitally recorded and transcribed verbatim by the researcher. The transcripts were coded thematically to focus analysis on subsets of (relevant) data, and to allow the discovery of patterns and themes that emerge from it. Roulston (2014:305) argue that the "generation of themes via coding and categorization is arguably the most common analytical approach taken by qualitative researchers using interviews". This coding and analysis process resulted in several themes and subthemes, which also guide the presentation of data in the findings section of this paper.

One of the biggest challenges in analysing data in this way is "forcing data to fit preconceived hypotheses" (ibid: 306). Our own values and biases play an important role in determining what understandings we might develop throughout the research process. Reflexivity on the part of the researcher is therefore critically important as "practicing reflexivity helps researchers get in touch with their research assumptions by making them more conscious of what values, attitudes and research concerns they bring to a given research endeavour" (Hesse-Biber, 2010:32). I tried to be aware of my own biases or preconceptions, often questioning and reflecting on my initial judgements and interpretations, aiming to be as objective as possible.

4.4. LIMITATIONS OF THE RESEARCH

A critical limitation of this research relates to sample size: while data from eight organisations can yield trends, it is not sufficient to draw definitive conclusions. This research is also explicitly exploratory, and focused on only two urban areas. While the results provide an indication of the state of service provision in those two particular cities, the findings are not generalizable, and should not be taken to speak for the rest of the country (for better or for worse).

Relying on the perceptions of the professionals working in the sector, without testing it with survivors' own needs and experiences of service provision is another limitation. Professionals' views are nonetheless relevant and can provide unique insights into the successes and issues with the system that may be outside of the gaze of survivors or other outsiders. In addition, any number of the respondents in this research may have been survivors themselves, and their own experiences and accounts contribute to the depth of the findings.

While the sample is adequate for the present exploratory study, and provides a basis to begin to understand the issue of service provision to male victims, more extensive research with larger samples that also include male survivors would improve the rigour of future research on this topic.

CHAPTER FIVE

LOOKING INTO SERVICE DELIVERY TO MALE VICTIMS OF SEXUAL VIOLENCE IN SOUTH AFRICA - RESEARCH RESULTS

5.1. VISIBILITY OF MALE VICTIMS IN SERVICE DELIVERY – REVIEW OF SERVICE PROVIDERS WEBSITES

Due to the small and limited interview sample, it was considered important to extend the analysis to include other available and relevant sources of information. For this reason, I undertook a review of selected service providers' websites with the view to bolstering the body of research. The main purpose of this analysis was to determine how victim support centres determine who are the users of their services, how they communicate their message to clients and how inclusive of men they are.

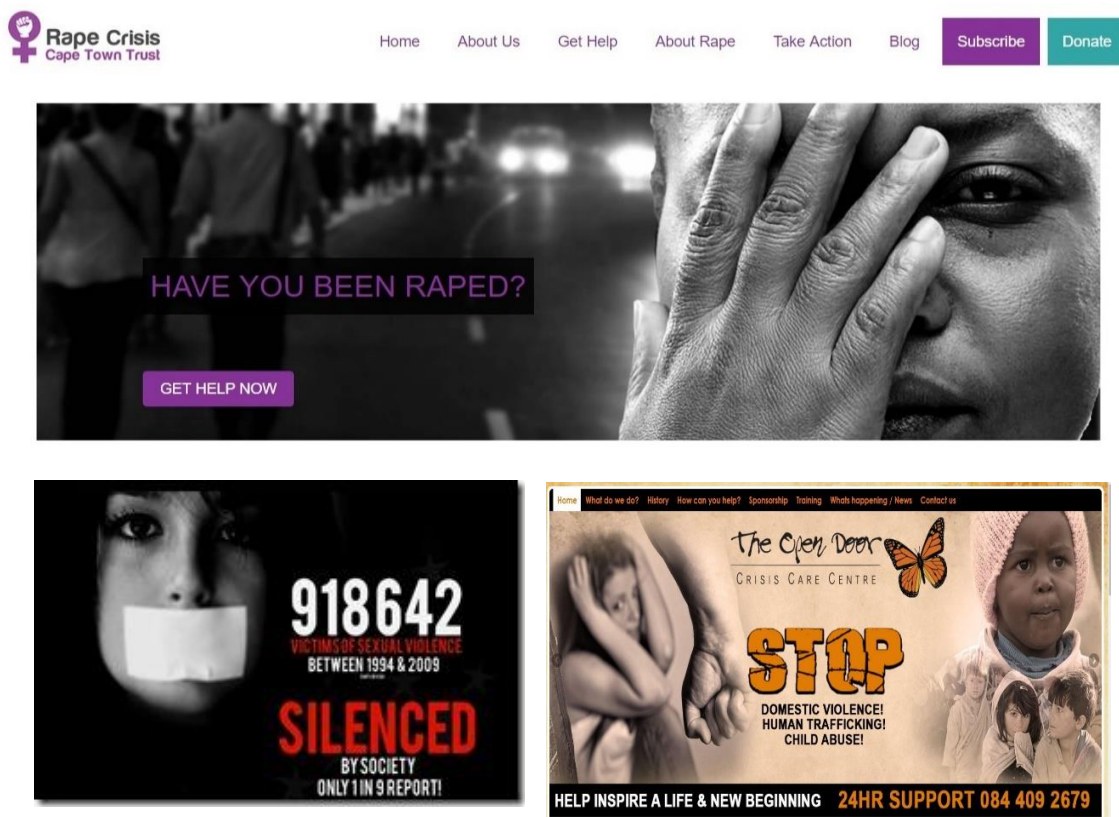
In order to get a reliable and comprehensive list of organisations across the country, I used the National Directory on Services for Victims of Violence and Crime (DSD, 2009). The Directory aimed at providing a wide-range list of services available to victims, from government departments (police stations, courts, generic social services and hospitals) to non-governmental (NGO) community based victim support centres. The Directory listed around 400 NGO victim support centres across the country.²⁸ Out of this number, organisations that work only with children were omitted and the subsequent Google search was used to identify which organisations have online presence (websites or social media pages). It was found that only approximately 10% of listed organisations have an online presence.²⁹ After excluding organisations that engage only in advocacy (with no direct service delivery to victims) only 36 organisations remained. Further Internet search found four additional service providers not listed in the Directory.³⁰ The final sample comprised of 40 victim support organisations (see Appendix 1).

²⁸ There is a lot of incomplete information across the document, as well as repetitions or mistakes in categorising organisations/institutions. Therefore this number is not definite but rather an approximate.

²⁹ This may be symptomatic of the lack of resources to invest in digital communications. However, it is unfortunate as Internet is increasingly becoming the main source of information and even platform to offer support to victims. These issues will be more discussed in the following section.

³⁰ Google search was used, using key words such as "rape crisis centres", "support (centres) for victims of (sexual) violence" etc. The fact that additional organisations were found shows that Directory is not fully comprehensive and would need to be regularly updated. Directory was published in 2009, with no subsequent updates.

Out of 40 reviewed websites, one third (13) were women’s organisations, targeting and servicing women only. Of the remaining 27 organisations, that are meant to be inclusive in their service delivery only 16 are completely gender neutral in their outreach to potential users. That means that they consistently use gender neutral language in identifying potential users (using terms “victim(s)” or “survivor(s)”), not making any particular gender distinctions, with neutral images that feature throughout websites. The rest of the organisations (11) are rather inconsistent in their “gender inclusivity” and are sending different messages through their visual and verbal outreach. For example, some organisations say that they are providing services to all victims irrespective of gender, but would mostly feature visual images of women (often, but not always, with strong emotional features such as sad facial expressions or defensive body language).



Source: Picture 1: Rape Crisis Cape Town (<http://rapecrisis.org.za/>); Picture 2: Ithemba Rape and Trauma Support (<http://ithembasupport.org.za/wp/>); Picture 3: The Open Door Crisis Centre (<http://opendoor.org.za/>)

With majority of victims of sexual violence being women, it is completely understandable why services providers target women as the primary user population. However, this public and primarily female face that is put on service provision could have

detrimental impact on men who may be seeking information or services. It could underscore the myths and misconceptions about male victims, making it seem like services are only provided to women (or are at least more clearly designed for women).

Often there is an inconsistent way in acknowledging the potential victims of sexual violence. Some organisations would state that their services are offered to everyone but would soon after reveal that their services are “especially for women”³¹ or that they focus “particularly on women and youth”³², or have “history of working with abused women and vulnerable children”³³. For example organisation GRIP says that: “GRIP ensures that all [my emphasis] rape survivors will be provided with [available services]”³⁴. However in discussion on rape and sexual violence only females are acknowledged as victims:

*The predators are the victims’ very own brothers and fathers. The safety and protection of vulnerable children and unemployed women and girls is severely compromised. [...]*³⁵

Out of 40 reviewed organisations, only two (Rape Crisis Cape Town and Rape Crisis Helderberg) make specific reference to male sexual victimisation on their websites, explicitly acknowledging men as victims of sexual violence. Rape Crisis Cape Town even dedicate a separate section discussing male sexual victimisation and male rape myths. However even where there is such an acknowledgment, the narratives on rape and sexual violence are clearly gendered and female-centred (see picture below).

³¹: See: *New World Foundation – Who we are*. n.d.

³² See: *Introduction to MOSAIC*. n.d.

It has to be acknowledged that the term “youth” is indeed inclusive of males and includes boys and male adolescents. This formulation therefore leaves out only adult males.

³³ See: *History*. n.d.

³⁴ See: *About GRIP*. n.d.

³⁵ *ibid*

Supporting a rape victim

Someone close to you has been raped. She has been through a traumatic time and may be feeling a range of emotions. You too might be feeling scared, angry, and unsure of how you can help her.

Here are 8 things you can do to help:

- 1 Don't judge her
- 2 Listen
- 3 Let her talk as much as she wants to – and listen. Good listening requires effort and concentration. Your own inner voice may drown out what she is saying because you are shocked, hurt or unsure of what to say. When a person shares something important with you, she is putting a lot of trust in you. She needs to know that you believe her, that you are trying to
- 6 Don't insist she goes for counselling
- 7 Let her make her own decisions
- 8 Let her know you believe her

A woman who has been raped has experienced a situation in which her

Source: Rape Crisis Centre (<http://rapecrisis.org.za/get-help/>)

The patterns identified support (at least from the outside) what Mezey (in: Mezey & King, 1992) explained as feminist driven approach in the work of victim support organisations. Words and images used in official communication and outreach send a powerful message out to the world about how victims of sexual violence are perceived and constructed by service providers. Even when the content of the websites is “de-gendered” by using neutral language, it seems the service providers are not ready to talk directly about (or to) men as victims. Out of 16 organisations that use completely gender neutral language and imagery, there was only one direct mention of men as victims. It seems that sexual victimisation is often “styled” as women’s issue, which might hinder the utilisation of support services by men.

It has to be acknowledged that the lack of male inclusive content mentioned previously should not be seen as an indication of the quality and availability of services to men. Even when an organisation declares itself as a women’s organisation, that does not mean that men would be denied of their services. It could very well be the case that they would be able to provide high quality assistance to men.

In addition, there are two organisations in the country that specialise in working with male survivors of sexual violence - SAMSOSA (South African Male Survivors of Sexual Abuse) and Matrix Men, both based in Johannesburg. As such their communication and operations

are completely and exclusively targeting men as victims. More details on their work and services will be presented in the discussion on the interview findings.

5.2. INTERVIEW RESULTS

5.2.1. Perceptions on male sexual victimisation in South Africa

The interviews aimed at understanding dominant perceptions and attitudes amongst professionals regarding male sexual victimisation in the country. The participants easily recognised and described the seriousness of sexual violence against men, and did not appear to speak about the problem in a way that showed acceptance of rape myths. This goes against other research, such as Kassing & Prieto (2003) and Donnelly & Kenyon (1996). This may be because in the past two decades the sector of rape crisis support has been further developed and “matured”. In my opinion, this is in part due to the extensive advocacy efforts of feminist scholars and activists, as well as the victims becoming more aware of their rights and more willing to utilise services.

All participants noted that perceptions of how prevalent the problem is would be no more than speculation given the absence of comprehensive research. However, all of the nine respondents indicated that based on their experience male sexual victimisation in South Africa is much more prevalent than people imagine.

Nobody actually knows, but my sense is... if we look at the sexual offences against women that is so high, my sense is that sexual violence against men may also be very high. [...] my sense is that it is there, my anxiety is that it is very high. (Isabella Holden, Life Line)

I think it's a huge problem and it is understated. [...] but we definitely see it in the communities we work with, where male rape is normalised. (Vivian, Trauma Centre)

My perception is that it is huge. I'll give you one example. I was asked to talk to the men's club in Hillbrow. There were 20 adult males there, and after the talk 3 weeks later, I was asked to come back. I said... 'This is very unusual'. I went back and there was more than 60 people in that room. [...] but I knew there is a high proportion of people who didn't come just to hear the information only. So, yes I think it is very prevalent. (Rees Mann, SAMSOSA)

The respondents agreed that there is a general “secrecy” around male sexual victimisation, as something that is not spoken of and not acknowledged by society. Sexual abuse of men has been widely neglected as an issue which, according to the respondents, contributed towards the invisibility of the problem. The silence amongst the survivors themselves was often seen as a response to the myth that rape and sexual assault actually doesn’t happen to men.

I call it a ‘silent sin’, because nobody talks about it. [...] People kind of know it is there but won’t talk about it. So, it’s like ‘let’s just keep it quiet, forget about it and you’ll get over it’. So, that is the approach. Male rape can’t happen. (Martin Pelders, Matrix Men)

Several times it was highlighted that this secrecy is particularly common within African communities:

For us as Africans to talk about these things is a taboo, something new, something we cannot talk about. And most of the families are keeping it secret. (Ozee Phiri, MEDSA)

If we consider that dominant masculine ideals amongst black communities in South Africa praise strength, toughness and heterosexual performance often through violence and control of women (Jewkes & Morrell, 2010), we can understand why male victimisation and particularly sexual victimisation (which would entail either an idea of homosexual performance or one where women would be in power of a man) would be kept secret and filled with stigma and shame. Unwillingness to disclose sexual victimisation has detrimental effects on survivors’ well-being with the possible spill-over effect on the family and community environments.

Several themes were identified in terms of the contexts in which male sexual victimisation happens, as well as the characteristics of victims and/or assailants.

5.2.1.1. Gang-related male sexual victimisation

Gang violence and sexual violence perpetrated in a gang context was highlighted particularly by the two respondents from Trauma Centre. The organisation is based in Cape Town and works with communities beset by gang violence (see Pinnock, 2016). Adult male

sexual victimisation was seen as a violence technique used by gang members against members of rival gangs or as a form of punishment toward disobedient fellow members.

You have a male rape within the gang context, in prisons... so they come out and that is a normal way of exercising power. (Valdi Van Reenen-Le Roux, Trauma Centre)

Last client that I saw [...] e was a member of a gang and during his membership he was raped by quite a number of members within the same gang. [...] It was about teaching him a lesson, it was a form of punishment. (Sharon Vermaak, Trauma Centre)

It would appear that much like prison gangs, street gangs too use sexual violence as a tool to exercise authority, intimidate and punish. While it is important to explore this further and have research that would reveal true scope and spectrum of sexual violence with gang context, the present finding is crucial in informing organisations that like Trauma Centre that work closely with or in the communities known for gang violence. Understanding gang related dynamics and risks could help practitioners be more aware and able to guide and help victims uncover these experiences and recover from the trauma.

5.2.1.2. Gender of the perpetrators

From respondents' experiences adult males that access service providers are mostly victimised by other males. Only two organisations reported having dealt with cases where men have been victimised by women. Respondent from MEDSA commented that from their experience women as perpetrators are mostly involved in gang rapes. These kinds of incidents were reported by South African media and were discussed in Chapter 2 (section 2.3.3.1.) In the case of female perpetration, both normative heterosexuality and masculine conceptualisation of men's control over women were raised as significant barriers in disclosing this type of assault:

It is rare and surprising for people to hear 'I was abused by a woman', because they expect me to be the one abusing women. (Ozee Phiri, MEDSA)

Mr. Pelders dealt with men who have exposed to sexual abuse by female family members and school teachers. However, sexual violence perpetrated by women on men is even more hidden and less acknowledged in the society as it contradicts the "normal" gender roles and dynamics.

Females are supposed to be the caregivers, nurturers, ones that provide love and care, and then it turns out to be your mother that actually is the perpetrator. But about female perpetrators, people don't talk about it. You know... Women can't be abusers.
(Martin Pelders, Matrix Men)

5.2.1.3. Vulnerability of male children

Several respondents highlighted that children in South Africa are very vulnerable to sexual victimisation, with speculations that boys are equally affected as girls. These perceptions on the vulnerability of male children were confirmed by the findings of the Optimus Study South Africa (2016) which indicated disturbing levels of sexual victimisation of children of 35.4% (see section 2.2.3.).

The effects of childhood sexual abuse are devastating and have a serious impact on adulthood (Beitchman et al, 1992; Desai et al, 2002) which highlights the needs for appropriate support measures, both for children and adults. International studies noted that adult males often access services for sexual abuse that happened in childhood (Hester et al. 2012) and this was confirmed by the respondents of the present research. Respondents from SAMSOSA and Matrix Men in particular noted that majority of their clients are in fact childhood survivors. Implications of this data are critical for service delivery. With the prevalence rates of childhood sexual victimisation in the country, service providers (in and outside of the government) would need to reconsider their current narratives of male sexual victimisation and be ready to come up with practical responses, prevention strategies and adequate support systems in the communities. This would, however, require a re-think of the target population and an acknowledgement (in the outreach, programming of services and activities) that more than one third of the male grown up population have at some point in their lives experienced sexual victimisation. Depending on the extent of their trauma, they might experience social or psychological maladjustment. Without support systems in place, this might have a direct impact on the economy we potentially have less functioning adults to positively contribute to the goals of society.

5.2.1.4. Vulnerability of gay and bisexual men

The vulnerability of gay and bisexual men to sexual violence was raised by several organisations but it was particularly highlighted by the respondent from the Triangle Project.

There are incredibly high levels of sexual victimisation amongst men and boys in this country, and [...] it's often a sort of punitive sexual victimisation. [...] For feminine gay men there is tremendous amount of victimisation and sexual violence perpetrated against them to which we don't have response at the moment. [...] And things that make people vulnerable or make them less likely to seek help is just sort of increased for LGBTI people in general and in particular for gay and bisexual men. (Matthew Clayton, Triangle Project)

The vulnerability of the LGBTI population is being increasingly acknowledged by policy makers, and LGBTI people are considered a group vulnerable to sexual victimisation by the National Policy Framework (DSD, 2012). This official recognition, however, is not enough and does not bring changes in terms of the attitudes. Recent study by the Other Foundation (2016) found that 72% of the South African population feels that same-sex sexual activity is morally “wrong”, and almost half of the population (49%) thought that LGBTI people should not have the same human rights as all South Africans. Homophobic and discriminatory attitudes act as strong barriers for both GBT and heterosexual men to speaking out and seek support (King in Mezey & King, 1992; Scarce, 1997).

5.2.2. Services available to male victims of sexual violence

Unlike some examples from the international literature (Donnelly & Kenyon, 1996) where it was found that some service providers denied services to men, all eight organisations that participated in this research offer services to adult males who have been sexually abused. As these organisations differ in size, specific focus and scope of action, and the types of services that they offer also vary from one organisation to another (see the table below).

Organisation	Individual counselling	Telephone counselling	On-line counselling	Assistance with criminal justice processes³⁶	Health care services
ADAPT	X				
MEDSA	X				

³⁶ This service mostly refers to information assistance and support (how to press charges at police, what to expect from the process), and does not entail legal assistance.

Matrix Men	X	X	X	X	
SAMSOSA	X	X	X	X	
Life Line	X	X		X	
Trauma Centre	X				
Triangle Project	X			X	X
Health4Men	X		X		X

All nine organisations offer individual counselling to men. In addition to individual counselling, Life Line offers telephone counselling and if men present themselves to one of the police stations where Life Line has Victim Empowerment Programmes where “victim supporters” would provide crisis counselling and advice regarding medical attention and legal actions (opening the case, etc.)³⁷. The Triangle Project offers support throughout the criminal justice processes, and in addition to counselling they provide general health care/clinic services for victims that need medical attention.

Health4Men provide comprehensive medical attention to men who present themselves in one of their specialised clinics. Their target population are men who have sex with men (MSM) and they have developed extensive expertise in all areas of men’s sexual health. Health4Men has two centres of excellence, in Cape Town (Woodstock) and in Johannesburg (with three sites, one in Yeoville and two in Soweto). In the centres of excellence mental health features strongly and male victims can access psychological support and if assessment indicates, they are referred to a psychiatrist. They do not, however, provide ongoing counselling support. Health4Men has trained over 3000 health workers in the public hospitals to provide prejudice-free services to men (especially MSM). At the moment there are over 260 clinics in all provinces across the country that, according to the respondent, were trained to provide competent, high quality treatment and care to men. The list of competent clinics is available on the organisation’s website (<http://www.health4men.co.za/map/>). Health4Men also engages with clients online and through social media, and through these channels men could seek advice whilst remaining anonymous. With highly trained staff, it

³⁷ Life Line also provides educational projects that haven’t been included in this discussion as they don’t represent direct service provision to victims. For more information on Life Line projects see: *Community Projects and Partners*, n.d.

seems that the organisation provide a comprehensive, wide-range and specialised services for men.

In terms of individual counselling, all of the organisations offer short term intervention with around 6 - 8 counselling sessions recommended. This corresponds with the finding of Mezey (in Mezey and King, 1992) who highlighted the short term engagement within community based victim support organisations, regardless of the long-term impact that sexual victimisation has on its victims. After initial counselling, the victims would be referred for specialised psychological or psychiatric help. However, given that majority of victims come from underprivileged communities, it is unlikely that many of them would have necessary resources to engage in longer term therapies.

According to the respondents from SAMSOSA and Matrix Men, male survivors often don't feel comfortable to present themselves at the organisation, online counselling is a strong feature in both of these two organisations. SAMSOSA receives numerous emails and engages in that way with survivors. Matrix Men has a strong presence on social media, with around 8 support groups on Facebook and Whatsapp. Online groups not only provide a space to pose a question or seek advice, but also to connect to other survivors. Knowing that you are not alone, and having a sense of community where you can openly share feelings and experiences without being judged could be very beneficial in the healing process according to Matrix Men. Engaging with survivors through Internet is a novel and innovative model of service delivery which uses the advantages of new-age technology, especially in terms of the reach. However it is only used by three organisations. Telephone counselling is also available through SAMSOSA and Matric Men, though (unlike Life Line) these organisations do not have a permanent call centre or hot line available 24/7.

Both telephone and on-line engagement offers unique opportunities for survivors to access services across the country, who a) would prefer to remain anonymous; b) prefer to seek help from the comfort of home or office without experiencing "downtime" by going to service providers or who are physically unable to access services due their proximity to the location of such service providers. However, there are several potential risks that come with this service provision. This kind of client engagement suffers from a lack of personal interaction, with the risk of not being able to create and maintain stronger client connection and relationship. Counsellors may find it more difficult to "read" the client in the absence of

face-to-face encounters. Especially in on-line groups, advice given might be “generic” and not suited for all. However, there is no evidence to tell us whether this type of counselling is beneficial for the end-users and to which extent. In an age where the Internet and social media are becoming more used and easily accessible, it would be important to explore this area and inform other service providers whether this model should be used more extensively in the future.

Both organisations provide individual counselling done mostly by their founders, being supported by a single professional counsellor or psychologist on need-driven basis. From the interviews it appeared that Matrix Men focuses more on online engagement and online counselling, while SAMSOSA spends more time and resources on individual counselling. In addition, SAMSOSA has designated premises and seemed to have a more structured approach to service delivery (i.e. counselling sessions available on Fridays and Saturdays), while Matrix Men at the time of the interview was using offices of his other business, and often operated under, as Mr. Pelders himself stated, “loose arrangements”. Whether these decisions on how to deliver services were made as a response to perceived needs of the survivors or as a response to practical time and budgetary constraints, were not explored in the interviews. Given that these two organisations do not have additional full-time staff and are also running other businesses (in order to support themselves and their organisations), there is a concern that they are not able to provide a fulltime regular service. That brings less certainty in service provision (e.g. if a victim was to call an organisation, would the organisation be reachable?). Whether this kind of service provision fully meets the needs of male survivors remains an open question.

There have been attempts by Matrix Men and MEDSA³⁸ to offer group counselling sessions for men. Matrix Men was created with the idea of being a support group for male survivors of sexual abuse. However, the experience has showed that group sessions are not yet a service that men in South Africa feel comfortable using.

The guys we are dealing with don't actually like support groups, believe it or not. So what we are finding is that the guys need two or three years of counselling, constant

³⁸ It is likely that MEDSA was referring to sessions with men as victims of any kind of violence, and not sexual violence specifically.

counselling, and then when they would have reached the point when they are happy enough with themselves to be able to go to a support group, and talk openly and freely. [...] they are still very shy and reserved and they don't want to talk in front of other people. [...] I think for the first three months I sat alone in a room at the clinic waiting for people to come, [...] and only one or two guys would come in and it's tough... it's hard for them. (Martin Pelders, Matrix Men)

MEDSA's experiences confirmed the view that it was hard for men to expose and share their stories, making it hard to use the potential of group engagements. This reluctance in speaking out in groups might be the reason why many men opt for online engagement as previously discussed. On the other hand, it seems that women are more open and comfortable in using group sessions. As an example Trauma Centre is successfully running this service for female survivors. This may be an indication of gender differences in the utilisation of services.

SAMSOSA hasn't been offering support groups but noted the following:

In what I have read and what I have experiences myself involved in groups overseas and participating in them and having reports back from the people who are running groups.... groups are phenomenal, dynamic part of healing. However, in South African society we don't have many groups and going to groups is not something that you would normally do. [...] People don't like to talk to each other, [...] and a lot of my clients don't want other males to know. [...] We are not there yet. I would love to do groups at some stage, but that's years down the line. (Rees Mann, SAMSOSA)

Even “years down the line” this might remain the case if perceptions and attitudes on male sexual victimisation are not challenged. Extensive advocacy, outreach and continuous engagement with male survivors will be needed in order to create more “conductive” conditions for running this type of service. While short term crisis engagement is practiced by majority of service providers (Mezey in: Mezey & King, 1992) support groups could potentially serve as a platform for a more sustainable long-term engagement with survivors.

5.2.3. Networking and cooperation

Every service provision environment relies on collaboration, networks and connections for referrals. I was therefore interested in exploring to which extent

organisations were aware of the existence and work of others when it comes to male sexual victimisation.

Whilst SAMSOSA and Matrix Men knew of each other's presence and work, there seemed to be a limited level of cooperation between them. Other organisations in the present sample were not well aware of their existence, especially those based in Cape Town. All organisations that participated in the research operate very independently, without much cooperation and sharing of information and resources when it comes to responding to male sexual victimisation in the country. SAMSOSA was known to MEDSA and ADAPT, while Lifeline only heard of it (but had little knowledge of the organisation). Matrix Men was not mentioned by any of the other respondents except SAMSOSA. ADAPT and Lifeline were quoted only once by single respondents. None of the respondents seemed aware of Health4Men clinics. Out of other service providers across the country, Rape Crisis Cape Town was most frequently named by the respondents and there was one mention of Grip in Nelspruit. Sonke Gender Justice³⁹ and Just Detention International⁴⁰ were named as organisations who do work related to male sexual victimisation in prison settings by engaging mainly in advocacy. One respondent also highlighted the existence of a men's shelter (Carroll Shaw Memorial Centre for men)⁴¹ in Gauteng, the only one in the country that is open specifically to accommodate abused and victimised men.

The fact that respondents were able to mention only a very small number of organisations (some of which focus on environments like prisons and are not direct service providers) raises several concerns. It may mean that the victim support sector is not integrated enough when it comes to responding to male sexual victimisation. Lack of knowledge of other organisations may further hinder referrals.

³⁹ Sonke Gender Justice is non-profit organisation working to strengthen government, civil society and citizen capacity to promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV and AIDS (*About Sonke*. n.d).

⁴⁰ Just Detention International-South Africa is a health and human rights organisation that seeks to end sexual abuse in all forms of detention (*Our mission*. n.d).

⁴¹ The only additional information found on this shelter is that it is open to men above the age of 19, and with a capacity of 20 residence. See: *Database of Men's Organizations*, n.d.

Therefore, it would be very important to firstly make the issue of male sexual victimisation more visible in society and secondly to make organisations that work with male survivors more visible and connected within the victim support sector.

5.2.4. How are services designed and delivered to men?

Apart from exploring what services are available to male victims of sexual violence in the country, this research also intended to understand how these services are designed and delivered. In particular, it was explored if services were designed in any gender specific manner, if there was a difference in approach in dealing with male versus female victims (in organisations that work with both groups) and if counsellors have had any specialised training on gender and/or male sexual victimisation. However, it needs to be recognised that the general lack of knowledge and research on male sexual victimisation and victims' experiences in the country is a critical limitation in making legitimate conclusions on what the appropriate design and service delivery would be. This was captured by one of the respondents:

There is no use of creating a service without creating a demand, because otherwise it won't be utilised. So we have to start with what do we need, and [that is] to do some research before we design services. It would be quite arrogant from service providers to say 'this is what male survivors of sexual violence need, this is what services should look like'. We don't know! We don't know what's needed and what would be accessible. [We should] try to access men, if it's through online survey, [and try get] their experiences and what they think would be useful to them and how would they access that service. (Gwenn de Swardt, Health4Men)

Organisations that are identified as "men's organisations" (SAMSOSA, Metrix Men, MEDSA and Health4Men) are organised and designed to cater for men only. They take into account the specifics of the target population and create safe spaces where men can come forward and share their problems and be attended by people who are equipped to work with men. What would need to be assessed is how equipped these organisations are to work with male survivors and provide a high quality service. The Triangle Project, catering specifically for the LGBTI population, has its services designed around the special needs of that target group and the challenges that they face. Health4Men has well trained personnel specialised in male sexual health, and invest a lot of effort and resources on training other health care

workers. On the basis of their expertise one would expect they would respond to incidents of sexual violence with high professional standards. Mr. Mann from SAMSOSA was mentored, trained as a lay counsellor and attended several specialised courses related to male sexual victimisation. Mr. Pelders from Matrix Men, on the other hand, is mostly self-taught. While engaging with the literature and studying available knowledge is important in understanding and making sense of male sexual victimisation, the question is whether that knowledge would be sufficient to engage in counselling. Especially if there is a danger that the formed knowledge is mediated through one's own experience of victimisation (and Mr. Pelders is a survivor himself). Without obtaining solid counselling skills, the engagement with survivors of sexual violence might encounter some serious challenges and risks.

The remaining organisations who provide services to both men and women like ADAPT, Life Line and Trauma Centre, have a generic way of rendering counselling to their clients. Counsellors do not have any gender specific training on male victimisation (or male sexual victimisation in particular), and the delivery of services to male and female victims of sexual violence is the same. Some were confident that their current generic approach which makes no gender differentiations is best.

We do Rogers' humanistic person-centred counselling. We work to a model, we don't work to an issue. [...] And that can be applied into any issue that a person might have. [...] My counselling in general isn't going to be so different for a male or a female, although responses are totally different and we work with that, [...] with what that person is telling, [...] what that person brings. We facilitate and people are working with themselves. (Isabella Holden, Life line)

Counselling is standard. Social work don't have specific method to say this is how you offer counselling to women, and this is how for men. [I haven't had] any special training about male victimisation, but I rely mostly on reading research and techniques. Would it be useful? I don't think I know. (Peter Mahani, ADAPT)

The second quote also indicates that gender issues are not broached in training of counselling skills. However, there seems to be a growing acknowledgement amongst some organisations that the practices might need to change.

I think [specialised training] it's definitely needed. And we certainly don't get training, we simply don't have budget for it. And so... the way counsellors are counselling victims of sexual violence is the way they've been trained at university, and you know... specifically on male rape, it's very problematic. [...] male rape treatment frameworks and treatment plans... I don't think it's adequate enough, and I speak for my organisation. [...] But I also don't know whether we know enough from the evidence based perspective whether that would be ideal or not. [...] I would imagine in terms of the counselling process one would need to take into consideration different dynamics at play, [...] like the issue of anger, the sense of loss of manhood. [...] and as a director one area I struggle with is the issue of whether the counsellors are capacitated to deal with male rape. (Valdi Van Reenen-Le Roux, Trauma Centre)

Absolutely! When you look at the current literature it focuses on women. Our own cultural and belief systems, our own norms prevent us from delivering excellent service to a male victim. [...] So when it does happen, because yes it happens, how do we give a counselling support that men need. For me there is a huge gap in being able to therapeutically help a male in this case. (Sharon Vermaak, Trauma Centre)

These examples unpack broader challenges of societal “acceptance” and engagement with the topic of male sexual victimisations. Our education system and subsequently academic research on the topic mirror the broader social attitudes, which impacts current service delivery, by being geared and designed to cater for women’s needs.

The international literature is explicit about the importance of the training of professionals working with male survivors (Hester et al, 2012). This view was confirmed by the respondents from men’s organisations. SAMSOSA and Matrix Men highlighted the importance of sensitisation of all professionals who are working with male survivors.

I learned from my experience when I walked around from one psychologist to another. You sit there paying them... and then eventually you have the courage to tell them that big dirty secret that you've been holding on to for 30 years, and you say 'I was sexually abused as child'. If that psychologist makes one wrong move in that moment, it's over! It's finished! The man would stand up and walk out and never go back again. And you

start again. So we need to train people, psychologists, therapists, trauma counsellors, [...] they have to respond in a correct manner. (Martin Pelders, Matrix Men)

Similar was the opinion from Mr. de Swardt from Health4Men:

I do think there is a need for gender specific or tailor made services. Why do I say that? It's because of the high prevalence of prejudice and stigma associated with men having sex with men. [...] Our staff members are very well trained. And what that training is about? We need an attitudinal shift first, and we do this through diversity training, and then we give them knowledge. [...] how do you talk to a men, how do you take sexual history from a man... often there are cultural sensitivities, how do you raise the subject etc.? [...] training is absolutely essential when we are dealing with sexual health. (Glenn de Swardt, Health4Men)

Understanding that there is a difference in the way women and men are responding to violence and resulted trauma is significant variable in service delivery, and some of those distinctive features of men's responses to sexual victimisation have been pointed throughout the literature –like masculinity crisis, self-blame, anger, and substance abuse (Singh, 2005).

There has to be a different approach, there has to be a different methodology. [...] and with men, it's a slower approach. Every male I have come across has self-blame. [...] if people want to get involved in this they need specialised training. If I have to get involved in female rape, I don't think I'm equipped, and I should myself go on a specific training. (Rees Mann, SAMSOSA)

It's [about] understanding the male psyche, the way the male within society perceives himself, the way society perceives him and what the voice of rape or voice of sexual abuse is telling him. The sub-consciousness is telling him different things than what the subconscious mind of a female is telling her. And the biggest issue is the issue of masculinity in dealing with it. (Rees Mann, SAMSOSA)

As a conclusion, it seems that out of 8 organisations, two can be considered to be more “specialised” in their delivery of services to men, mostly by undertaking specialised training on either male sexual health (Health4Men) or male sexual victimisation (SAMSOSA), an approach that according to the literature is considered crucial. These two organisations

however differed in size and available resources. In relation to other organisations, it is not held that some specific approaches utilised by the respondents, such as Rogers' humanistic person-centred approach of Lifeline, wouldn't be appropriate. It is beyond the scope of this enquiry to engage in the assessment of well-established and long-used trauma treatment plans. However, regardless of individual approaches, it seems important for the professionals to undertake gender related training to understand particularities of male beliefs, attitudes and subsequent behavioural and psychological reactions to sexual victimisation.

Specialised training and professional development are crucial for high-quality service delivery and is directly linked to the resources available. The respondents identified lack of funding as one of the biggest threats to victim support sector in general, irrespective of gender or type of victimisation (Nel & Van Wyk, 2013). Community based victim support centres are extremely under-resourced and have to rely on volunteers to deliver services (ibid). From the interviews it seemed that the resource constraints are even more pronounced in the case of organisations working only with male survivors of sexual violence. The lack of understanding, stigma, general disbelief in the phenomenon of male sexual victimisation on behalf of the funders, and the perception that individual supporters might be perceived as survivors themselves were quoted as biggest obstacles in accessing funds.

Nobody is going to give you money for this. There is no company or business that wants to be associated with male rape victims. [...] We need to work out the way. [...] If we specialise in male survivors, then I don't think we gonna get funding. Ever! (Martin Pelders, Matrix Men)

More advocacy about male sexual victimisation needs to take place in order to ensure the support of male victims becomes more "mainstreamed" and sufficient funding is secured. However, it also has to be acknowledged that successful fundraising requires particular sets of skills (knowing donor environment, establishing donor relationships, negotiating, proposal-writing, etc.) and considerable time invested, which could also be a barrier in securing funds given the current human resource constraints of organisations such as SAMSOSA and Matrix Men.

5.2.5. Perceptions on men's utilisation of services

Respondents were asked, based on their experiences, to comment on the utilisation of services by men who have suffered sexual violence and sought help in their organisations. Some organisations had more experience than others in working with male survivors. SAMSOSA receives approximately around 50 male survivors for individual counselling over a year, and Matrix Men around 15. Other organisations mostly referred to the overall number of cases they have had in their career, which ranged from 50 cases in MEDSA to mostly just a few cases in the rest of the organisations. The respondent from ADAPT reported working with 3 male clients in the course of 2 years. The director of the Trauma Centre had worked with approximately 5 to 6 cases, while Sharon, who is the counsellor at the Trauma Centre, had dealt with 'very few cases, and just 1 in the last year'. The director of Life Line Johannesburg has worked with 3 cases and referred another 5 in the course of her career in the organisation. The respondent from Triangle project wasn't able to provide this information, and the respondent from Health4Men preferred not to disclose the number as many of the clients at the clinics who might have been victimised, actually do not disclose sexual violence, which corresponds to international studies presenting the same finding (Walker et al. 2005). What we can uncover from this data is that only a few men opt to use gender-inclusive services, and that more confidence is placed on men-only support organisations.

However, some respondents voiced a concern that some men would be deterred by accessing organisations that identify themselves with male victims of sexual violence. The same concern was raised by Sullivan (2011) in his assessment of services provided to male survivors.

If men really do feel stigmatized by the fact they were raped, [I'm thinking] whether they would be willing to come to such organisation where it's very clear 'if I come in that means I was raped'. So, I'm just wondering whether that would actually keep men away [...] given the fact that men prefer to be invisible in the way they are accessing services. (Valdi Van Reenen-Le Roux, Trauma Centre)

An affiliation of certain service providers to LGBTI population was also raised as a potential deterrent. King (in Mezey & King, 1992) noted the same barrier amongst male survivors who expressed fear of being perceived as gay and therefore "humiliated" and more blamed.

My experience is that [sexually assaulted] men wouldn't like to present, whether they are gay or heterosexual, at the health centre that aligns itself with gay people. And especially if the guy is heterosexual, I think he would avoid going to a gay associated service organisation [...]. (Gwenn de Swardt, Health4Men)

MEDSA also noted that identifying as a counselling organisation might be an obstacle for men. In a wish to mitigate these concerns, MEDSA chose a more “neutral” location, considered to be more easily accessible for men.

Another thing that makes them easier to come to us is because our offices are situated at the clinic, so it's good for them. No one will know what they are going to do there. Otherwise people would know. 'Oh they are going there, that office is offering counselling, what's the problem with that guy?' (Ozee Phiri, MEDSA)

These observations might be reinforced by the fact that men prefer to be “invisible” in accessing services according to SAMSOSA and Matrix Men. Both organisations stated that from their experience online counselling is the most used service by male survivors, due to their preference of anonymity. Online, men don't have to be seen and could fully hide their identity.

I know guys with false IDs, false profiles, you can't even see where they are coming from. (Martin Pelders, Matrix Men)

The reluctance in accessing services and disclosing sexual violence was a constant theme that came up in the interviews. Respondents often expressed their concerns, or more a “gut feeling”, that men who have been sexually abused would probably prefer not to access services and would rather withdraw into themselves. These suspicions were raised on the basis of common belief systems related to gender roles and masculinity, where men are supposed to be strong, powerful and in control, and especially in the system where sexual violence is painted as something that happens to women only. In that respect, society with its norms was often quoted as the biggest obstacle for men to speak out and seek help. In addition, shame, guilt and self-blame, feelings related to the perceived loss of masculinity and powerlessness, were frequently mentioned by all respondents as personal barriers in accessing services. These findings fully resonate with international research literature (Scarce,

1997; Walsh et al, 2010; Weiss, 2010). In addition, general lack of visibility and knowledge about services available in the community was raised by some of the respondents.

I don't know [about services available], and I'm a man. If I was a victim of sexual assault I would have no idea where to go, and I'm a well-resourced man. (Matthew Clayton, Triangle Project)

This indicates that there needs to be more public engagement with the issue of male sexual victimisation. Victim support organisations would need to invest more in outreach activities and directly speak to men as a client group. On-line channels might be the way to initiate this process. Based on the websites reviewed in the section 5.1., majority of service providers do not seem to communicate to men as a target population. If online platforms are indeed most frequently used by male survivors and the main means of researching and obtaining necessary information about support and recovery (as indicated by Hester et al, 2012 and confirmed by respondents from SAMSOSA and Matrix Men), this would need to change if there is a true commitment to respond to male sexual victimisation and motivate men to come forward and utilise services.

As experience showed, and again as confirmed by international studies (King & Woollett, 1997; Hester et al, 2012) many respondents noted that men rarely seek help shortly after the assault and that there is usually quite a long time before they present themselves to the service provider.

I have never experienced seeing someone who has just [recently] experienced sexual violence. It has always been quite a while, years after the event. (Glenn de Swardt, Health4Men)

SAMSOSA and Matrix Men confirmed that, similarly to some international findings, in the majority of cases it is adults who seek help for the trauma from childhood sexual abuse they had suffered (King et al, 1997; Hester et al, 2012). In most of the cases accessing these organisations would be the first time they disclosed their problem to anyone.

All respondents agreed that men are far less open compared to women when they approach service providers and less willing to disclose and talk about the sexual violence they suffered. Often, it was stated, it is hard for men to find words and articulate what has

happened to them, carefully choosing the words and avoiding the use of “rape” or “sexual assault”. Though this “openness” varies from individual to individual, respondents agreed that it takes more time for men to reveal that they’ve been sexually abused. Often, men would approach service providers presenting different problems and symptoms. This was particularly raised by organisations that don’t specialise in sexual violence but general trauma.

With men it’s different. Only after a while they would say ‘My real problem is... I once got sexually abused’. They do not open immediately. You have to go through stages, trying to probe what really the problem is. And the maybe in 2 or 3 sessions they would say. They don’t open up from the start. (Peter Mahani, ADAPT)

Very often they [men] do not come in and openly disclose rape. They come with other issues, like ‘I’m constantly beating my wife and I can’t understand why’ or ‘I can’t hold a job’ etc. So, they come with presenting different issues and symptoms, and it’s only later when they feel they can trust me that they say in a very indirect way ‘I’ve been violated, I’ve been sexually abused’. (Valdi Van Reenen-Le Roux, Trauma Centre)

They would say ‘I’m on drugs’ or ‘I’m a mess’ or ‘I have problems in my relationship’. And then... it only comes afterwards. Quite a good proportion of women would say they were raped. But men... (Isabella Holden, Life Line)

The effectiveness of any treatment is dependent on getting to the root-cause of the problem. Male victims of sexual violence being reluctant to disclose the full extent of their abuse means that the treatment time and recovery would take longer. In addition, international literature raised that men are often unwilling to stay in counselling and complete the treatment (Mezey in: Mezey & King, 1992). While this obviously varies on a case by case basis, several respondents in this research (especially from gender inclusive organisations) confirmed that men often drop out from counselling after the first or second session.

Another important issue, raised by the majority of the respondents, was that male survivors usually have preferences as to whether they would like to be attended by a male or female medical practitioner or counsellor/therapist, and that they should be able to have that choice. The choice of male and female counsellors was also raised as a recommendation by

Sullivan (2011). However, with psychology and counselling believed now to be dominated by women (Human Factor, 2011), it might be challenging to have a sufficient number of male counsellors available across the country and organisations.

5.2.6. Perceptions on current service delivery to male victims of sexual violence

There was unanimous acknowledgement amongst the respondents that men can be and are victims of sexual violence, and that services wouldn't be denied to males who present themselves at the support centres. There was also agreement that the issue of male sexual victimisation remains much neglected. There was consensus among respondents that there is not enough visibility of men as potential users of support services, a finding that was also raised through a review of service providers' websites, and especially that there are not enough specialised services for men. Respondents from SAMSOSA and Matrix Men, were much more outspoken and probably more critical in their evaluation of the availability of services for men.

Terrible, shocking! Horrible, horrible! On a scale from 1 to 10 I would give it a minus 1. Let's face it. A guy called me from Witbank and asking where is the closest therapist, and I said 'In Johannesburg.'⁴² [...] I'm desperate to find people, you know... I need organisations to be able to send people to. (Martin Pelders, Matrix Men)

A common theme that appeared throughout the interviews was that the system is primarily focused on and designed to cater for women as victims of sexual violence, and that from the outside it seems like men as victims do not feature in either service provision nor in broader public debates.

There are not enough services for absolutely anyone. And civil society is mostly geared towards women. (Matthew Clayton, Triangle Project)

When you compare to the organisations that deal with women, there are a lot of them. But the ones working with men specifically.... Not that much. (Peter Mahani, ADAPT)

If we look at it from the perspective of the Department of Social Development, [...] the issue of sexual violence is often seen ... the assumption is that it is a female problem, not male. [...] and when you read the literature, it's always about female rape. We

⁴² To put this into perspective, distance between Witbank and Johannesburg is approximately 150km.

need to change the narrative [...] saying that rape does not call for a particular sex or gender. (Valdi Van Reenen-Le Roux, Trauma Centre)

Respondents also commented on public service providers in the system who are in the frontline in dealing with victims of sexual violence, namely the South African Police Service and health-care practitioners. While concerns and doubts were raised about both sets of service providers, there seemed to be slightly more confidence in the medical care system. This confidence was, however, formed mostly on the basis that by the nature of their profession (and their medical education) health care workers should be equipped to work with survivors of sexual violence, rather than from the evidence or personal experience.⁴³ Half of the respondents either didn't have (or didn't hear of) any negative experiences, or didn't have enough knowledge in order to comment. Concerns that were raised from the remaining respondents were related to the experience and knowledge of medical personnel in how to detect and treat male victims and in particular to providing access to post-exposure prophylaxis (PEP) treatment⁴⁴ and perform forensic examinations. As research studies have found PEP related services to be rather problematic in case of female rape survivors (see: HRW Report 2004 cited in: Roehrs, 2011), the fear that this would be worse for male survivors is reasonable. While the new Sexual Offences Act makes access to PEP a victim right (section 28 of the Act), Roehrs (2011) still found many challenges in its practical implementation. The urgency of the treatment is often not addressed by health care workers and police (ibid). There is also a scarcity of health care professionals who had received training on sexual offences and medico-legal and forensic examinations (ibid). With the lack of knowledge about new legislation and its provisions, men might not be viewed as victims by health care practitioners and therefore possibly not even be in possibility of getting PEP.

It was noted by few respondents that there needs to be sensitisation training about how to work around male rape and how to communicate with a male survivor. One respondent captured a negative experience by one client:

⁴³ With the body of literature showing rather disastrous ways in which health care system provides services to women (as referenced above), it is unlikely that the situation would be any better in case of male survivors.

⁴⁴ PEP - post-exposure prophylaxis. PEP is an antiretroviral medication which may protect individuals from HIV transmission if started within 72 hours of exposure to HIV and taken for 28 consecutive days. (Roehrs, 2011)

From the one client that I had, I don't think it was explained to him well when he first presented himself at the hospital. I don't think doctors or nurses explained to him 'This is what happened to your body'. And he was under the influence of drugs at the time, so his memory of rape only came months later. He was just released from hospital, doctors never even called the police. (Sharon Vermaak, Trauma Centre)

With regard to police services and their ability to deal with male victims of sexual violence, while there were only few positive examples, these were unfortunately often seen as an exception rather than the rule. Consistently, respondents raised their doubts in the way police handle these cases, and often provided survivors' negative experiences.

A male went to Gauteng based police station to report he was raped and a female police officer called all male police officers and said 'come here to hear what this guy had to say', and they laughed at him, and he ran out. [...] Another incident that we had is a male who was gay and who was raped by another gay male. He went to report to the police, and because he was effeminate, they quickly picked up he was gay, and they replied they wouldn't open up the charge because [as they said] 'that's what you people do'. (Rees Mann, SAMSOSA)

These negative experiences do not come as a surprise. Police management of sexual offences have been in a spotlight of researcher for a long time, with studies pointing out at the practices of mismanagement of rape cases (Artz & Smyth, 2007b) and particularly negative and prejudicial attitudes towards female rape complainants (Du Plessis et al, 2009; Roehrs, 2011). Such problems are likely to be exacerbated in the case of male victims. According to Roehrs' (2011) police officers only have rudimentary knowledge of the new definition of rape and have not received sufficient training on the Sexual Offences Act and related policies. Additionally, high level of acceptance of "real rape" stereotypes (ibid) within police creates a big anxiety on how male survivors would be regarded and consequently dealt with.

CHAPTER SIX

CONCLUSION

South African has since the early 1990s experienced growing commitment towards improving the status of victims of crime, their treatment within the criminal justice system and the provision of support services (Artz & Smythe, 2008; Nel and Van Wyk, 2013). Disturbingly high levels of sexual and domestic violence in the country have contributed to the mobilisation of feminist activists and scholars interested in improving the plight of female victims. Male victimisation, however, has historically been on the margins of political, academic and activist engagements. Voices of male survivors of sexual violence have been unheard, and their needs largely unrecognised. This dissertation has argued that all types of victims deserve equal treatment.

Research in South Africa has indicated several contexts in which male sexual violence occurs. For example, it is well acknowledged that sexual violence in South African prisons is a common phenomenon. Accessing support inside correctional facilities brings many challenges, but the question is what services are available when victimised men leave correctional centres. New research data on childhood sexual abuse in the country paints a worrying picture with one third of South African boys experiencing some kind of sexual victimisation (Optimus Foundation, 2016). The existing empirical evidence has to be used to put the pressure on decision makers and place the topic of male sexual victimisation on the social agenda and expand support systems to facilitate recovery. The purpose of this study was to examine the status of adult male victims of sexual violence in South Africa by analysing relevant legal and policy frameworks as well as investigate the availability, scope and utilisation of services provided to adult males by non-governmental, community based support organisations.

South Africa now has a set of regulations that provides legal protection for all victims of sexual violence including men. From the law governing sexual offences to a number of policies that tend to improve status and treatment of victims of sexual violence, the regulatory framework follows the principle of equality as guaranteed in the Constitution and promises protection to all regardless of gender. The review of the South African regulatory framework (Chapter 3, section 3.3) showed that apart from the gender-neutrality embedded

in the language men do not feature as a victim category in policy discourses. The invisibility of male sexual victimisation reinforces societal perception that the sexual victimisation of men is not a problem. Institutions and professionals dealing with victims of sexual violence are the ones enforcing the legislation and upon whom the proper implementation of laws and policies lie (Artz & Smythe, 2007a; 2007b; Reeves & Mulley, 2000). Whether and to which extent are male victims acknowledged and protected in South Africa will depend on how they are treated by service providers in the system. Respondents in the present research were rather critical about the ways medical practitioners and especially police deal with male sexual violence survivors. Raising awareness on male sexual victimisation and training of professionals is a crucial step in truly delivering promises set up in legal and policy documents.

In terms of the civil society victim support organisations, the discourse analysis of the official web presentations showed a similar trend as the one embodied in the legislation – gender neutral language is mostly used to formally acknowledge that anyone can be a victim, but the engagement with the topic of male sexual victimisation is almost non-existent and there is rarely a mention of male survivors. The messages that services providers communicate to the community are overwhelmingly targeting women and again men as potential users of services remain invisible. This places additional stigma on male victims and can be a serious barrier in accessing the services (Mezey & King, 1992). Therefore, the language we use is important and powerful tool.

This research explored what services are offered to adult males and how those services designed and delivered. The research was also interested in the attitudes, opinions and experiences of the professionals working in the sampled organisations with regard to male sexual victimisation. Interview findings revealed that there seems to be a sound acknowledgement among the service providers that male sexual violence is a problem that has to be taken seriously and acted upon. All participating organisations (8 in total) offer services to men and have had experiences in working with male survivors, two of which specialise in working with adult male survivors of sexual abuse. However, all these organisations differ in size and resources, have different target population (i.e. LGBTI, MSM, men's only or gender inclusive organisations), and offer different services. It was found that gender inclusive organisations have not undergone particular gender sensitisation training nor do they adapt the way they work along gender lines. However, understanding gender

specific dynamics in dealing with the experience of sexual violence- was considered crucial by men's organisations, which was also highlighted by the international research (Hester et al, 2012; Tsui et al, 2010; Kassing & Prieto, 2003). While some organisations were confident of the way they deliver services to men, others were aware of the lack of knowledge and wished to gain better theoretical and practical understanding of male sexual victimisation and appropriate treatment plans. Similarly as with the legal framework, the present research found that the services do exist and are formally available to adult males who suffered sexual violence, but their delivery differs, and to a large extent might depend on the organisation and on how sensitised, experienced and trained the personnel is.

One of the main issues that emerged from the interviews was that more knowledge about the needs of male survivors was required so as to be able to design services better.. Therefore, the discussions on what would work and how to design or improve current service delivery is rather speculative and would need to be confirmed by representative research involving male survivors of sexual violence, examining their needs and experiences.

The exploratory nature of the research presented here was emphasised. Limitations notwithstanding, the findings do reveal certain trends within the current status of service provision (in two explored locations – Johannesburg and Cape Town) to male victims of sexual violence. By way of conclusion some recommendations are formulated based on the research enquiry.

RECOMMENDATIONS FOR MORE INCLUSIVE, EFFICIENT AND QUALITY SERVICE DELIVERY TO MALE VICTIMS OF SEXUAL VIOLENCE

1. Raising awareness

The first step prior to any service delivery would be to raise the awareness on male sexual victimisation (Davies, 2002) and challenge the myths and stigma associated with it. Society as such, with its gendered norms, was cited by all the respondents as the biggest obstacle for male survivors to come forward and speak out. All respondents in the present research agreed that awareness on the issue is of critical importance.

Raising awareness is needed on both an institutional level, within government and various service providers, as well as within communities. South African communities in particular might show high levels of denial and myth acceptance in relation to male sexual

victimisation as attitudes that overemphasize the ideal of heterosexuality. Communities would need to know that male sexual victimisation is a reality and has devastating consequences. Greater awareness could trigger more practical responses and also mitigate the main barriers for disclosure such as self-blame, guilt and shame. This research confirmed that there are services available to male survivors of sexual violence in South Africa. However, with male sexual victimisation being relatively ignored in public discourses, it is unclear to what extent survivors themselves are aware of services. Two organisations, SAMSOSA and Matrix Men are working exclusively with male survivors of sexual violence. Advocacy efforts of these two organisations would need to be orientated not only towards their clients (male survivors), but also towards government and other civil society organisations. The victim support sector needs to raise awareness internally and put male sexual victimisation on their programmatic agenda.

2. Research

Compared to the international literature South African research is still in its infancy. There is much scope of research, both qualitative and quantitative, which would advance our knowledge of and responses to male sexual victimisation. Research on incidence and prevalence rates of male sexual victimisation would reveal the true scope of the problem and provide a basis for a more coordinated response.

As two respondents from SAMSOSA and Matrix Men highlighted, male survivors feel quite isolated in their experiences. Reaching out to male survivors and engaging in the qualitative exploration of their experiences are crucial to the design of a high-quality, and needs-driven service provision. The question as to whether gender-specific treatment plans need to be developed should also be explored.

3. Funding

Lack of funding is a serious problem affecting all victim support services across the country (Nel & Van Wyk, 2013). However, it was found that due to the general disbelief in the phenomenon of male sexual victimisation and stigma around it funding opportunities for organisations who work only with male survivors are particularly limited. Without financial resources it is impossible to run organisations. The range of services, number of people working and quality of services delivered is directly proportionate to available funds. Activities

like website development and maintenance, education and awareness campaigns, printing outreach material, or training all require financial investments. SAMSOSA and Matrix Men were at the time of research both run by one person only, and were completely self-funded. With this model there is a big risk of not delivering appropriate and timely services due to capacity and time constraints. Government support would be very important but its funding model is often criticised for being too bureaucratic. In the light of the current scale of sexual violence perpetrated against women, it is uncertain whether male sexual victimisation would be considered a topic of interest in the funding schemes of international donor agencies or private foundations.

4. Training

While civil society organisations use different treatment models most respondents were of the view that specialised training of counsellors and social workers is of a critical importance for efficient service delivery to male survivors of sexual violence. This finding is confirmed by international studies (Hester et al, 2012; Tsui et al, 2010 etc.) and was particularly voiced by men's organisations, who also have the most experience in working with men as clients. According to the literature and supported by respondents accounts, the training should particularly take into account distinctive features of the male "psyche" and male victimisation experiences:

- a) masculinity and identity crisis (Clark, 2014);
- b) anger (Singh, 2005; Scarce, 1997);
- c) substance abuse (Singh, 2005; Coxell et al, 1999);
- d) issues with sexuality and sexual dysfunction (Goyer & Eddleman, 1984; Vearnals & Campbell, 2001).

Being familiar with some specificities in the way men respond to sexual victimisation could help practitioners understand better what is happening in the clients mind, minimise some possibly inappropriate responses, and overall be beneficial to treatment. It could also guide counsellors when there is no direct disclosure of sexual victimisation, as literature showed (and respondents of this research confirmed) men often conceal experiences of sexual violence when they approach service providers (Walker et al, 2005b).

All respondents unanimously highlighted that training of health care and criminal justice professionals is particularly needed. Both anecdotal and empirical evidence confirmed

rather high levels of “inadequate” treatment of male survivors by these service providers, effects of which could be detrimental.

5. Cooperation

In the response to sexual violence against women, cooperation amongst victims support organisations is well-established and formal networks have been used as platforms to leverage resources and advocacy efforts. One such example is the Shukumisa campaign, a network of 47 organisations engaged in extensive advocacy around sexual violence in South Africa (See: *About Shukumisa*. n.d.).

When it comes to male sexual victimisation, cooperation among organisations has shown to be rather weak especially between Cape Town and Johannesburg based organisations. The majority of respondents also didn't know of the existence of organisations such as SAMSOSA and Matrix Men. Resources, available knowledge, and effectiveness of services can be leveraged by making partnerships and more coordinated efforts and knowledge exchange among different organisations.

Organisations that provide support to victims of sexual violence should be aware of the existence of specialised centres such as SAMSOSA and Matrix Men, which could provide guidance, advice and training, or if needed, could be the centres for referral. However, not every male survivor could be referred to or be in a position to access services of these specialised organisations in Johannesburg. All victim support centres in the country should be in a position to provide safe spaces and effective services to male survivors of sexual violence. Also, stronger links and cooperation between SAMSOSA and Matrix Men would lead to more coordinated and efficient actions in this respect.

Cooperation should be improved not only amongst civil society actors but also between all stakeholders in the system, including criminal justice and health care practitioners. The aim should be to establish comprehensive network of available high-quality services available to male survivors of sexual violence.

What male survivors experience today in South Africa is very similar to what female survivors did about a decade or two ago. While the formal framework for protection and support exists, we almost need a new social movement that would change the narratives and put the topic on the agenda. Better communication and coordination could lead to joint

actions and mobilisation of multiple organisations to respond to challenges and address male sexual victimisation in the country.

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Appendix 1 - List of reviewed websites and analysis

Fully neutral
Mix between neutral and gender (female) specific
Gender specific (female only)

	Organisation	Location	Website	Language	Images	Notes
1	FAMSA (Families South Africa)	Nationwide	http://www.famsawc.org.za/			Focus on strengthening families and relationships. Services include trauma counselling and support.
2	Yokhuselo Heaven	Port Elizabeth Eastern Cape	http://www.yokhuselohaven.co.za/			Shelter dedicated to women and their children affected by domestic violence.
3	Salvation Army Heven of Hope	Regional presence across South Africa (8 divisions)	http://salvationarmy.org.za/			Faith-based organisation with a variety of services provided to communities (education, poverty reduction etc.) – men, women, and children – mostly through prayers and strengthening the faith.
4	Masimanyane Women’s Rights International	14 offices in the Eastern Cape	https://www.masimanyane.org.za/			Advocacy and empowerment organisation working to strengthen women's rights, reduce HIV/Aids and eradicate violence against women.
5	Bethlehem Child and Family Welfare	Bethlehem, Free State	http://www.bcfw.org.za/			Comprehensive social services to “families and children”, including variety of services offered to victims of crime including sexual violence. Language tends to be gender inclusive, unless there is a mention of domestic violence

						which is seen as violence against women and children only. The website features descriptions of pain suffered by women who were victims of violence.
6	OUT – LGBTI Wellbeing	Pretoria - Gauteng	http://www.out.org.za/			Delivers services to the lesbian, gay, bisexual and transgender (LGBT) community, MSM, sex workers, and injecting drug users, including HIV testing, counselling, treatment and general lifestyle advice and support.
7	CSVR Centre for the Study of Violence and Reconciliation	Johannesburg and Cape Town	http://www.csvr.org.za/			CSVR is a multi-disciplinary institute involved in research, policy formation, community interventions, service delivery, education and training. They provide psychosocial counselling services to victims of violence and conflict.
8	NISAA Institute for Women’s Development	Johannesburg - Gauteng	http://www.nisaa.org.za/			Offering services (training, advocacy and counselling) to women only.
9	POWA – People opposing Women Abuse	Several offices in Gauteng	http://www.powa.co.za/POWA/			Services for women only.
10	Kerr House - Durban Hospice for Women	Durban – KwaZulu Natal	http://www.kerrhouse.co.za/			Shelter and counselling services for women.
11	Open Door Crisis Centre	Several offices in KwaZulu Natal	http://opendoor.org.za/			Crisis and trauma centre offering counselling, social services and support groups. Mix between gender neutral language and focus on women.
12	Project Getaway	Pietermaritzburg – KwaZulu Natal	http://www.projectgateway.co.za/			Variety of community development projects people in crisis, providing care, education and empowerment to those in need. No particular reference to victims of crime/abuse/sexual violence.

13	Christian Social Council North	17 centres of hope situated in 3 provinces Gauteng, North West and Limpopo	http://cmrn.co.za/			Professional network of social workers who provide hope to those in need.
14	Makotse Women's Club		https://makotse.womensclub.wordpress.com/			Community empowerment which focuses on women.
15	SUID-AFRIKAANSE VROUEFEDERASIE	Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga and North West	http://www.savf.co.za/index.php			Welfare organisation rendering social services to individuals and families. No particular reference to victims of crime/abuse/sexual violence.
16	Khulisa Social Solutions	Across provinces	http://khulisa.org.za/			While they have variety of community programmes available to everyone in the communities, the one on victim empowerment is called: "Women and Victim Empowerment Programmes". Mostly referring to women's vulnerability to violence.
17	Middelburg Victim Support Centre	Middelburg, Mpumalanga	http://victimsupportcentremiddelburg.org/			Offers services and shelter to victims of crime and violence. But currently only open to women and their children with the intention to extend services to men and boys in the future.
18	GRIP	Nelspruit, Mpumalanga	http://www.grip.org.za/			Inconsistent language. Mostly referring to women.
19	Life Line South Africa	National	http://lifelinesa.co.za/			
20	Life Line Johannesburg	Johannesburg	http://www.lifelinejhb.org.za			

21	Phokeng Trauma Centre	Phokeng, North West	http://www.phokengtc.co.za/			Support services available to all victims of crime with a special focus on victims of rape, domestic violence, human trafficking. Not a single mention of either gender.
22	Ethembeni Community Centre	De Aar, Northern Cape	https://www.facebook.com/pg/Ethembeni-Community-centre-Ulonwabo-Drop-In-Centre-1487814588097406/about/?ref=page_internal			Victim Empowerment Service for abused women and children.
23	National Institute for Community Development and Management	Raslouw, Centurion, Gauteng	http://nicdam.co.za/			Community development through training and other social development interventions. Different projects and initiatives including victim empowerment.
24	Mosaic	Cape Town, Western Cape	http://mosaic.org.za/main/			
25	Women's Legal Centre	Cape Town, Western Cape	https://www.facebook.com/pg/WLCCapeTown/about/?ref=page_internal			Advancement of women's rights by conducting constitutional litigation, advocacy on gender issues and providing legal advice to women.
26	Sisters Incorporated	Western Cape	https://sistersincorporated.wordpress.com/			Home for abused women and their children.

27	Trauma Centre for Survivors of violence and Torture	Cape Town, Western Cape	http://www.trauma.org.za/			Services offered for any kind of trauma.
28	Saartjie Baartman Shelter	Cape Town, Western Cape	http://www.saartjiebaartmancentre.org.za/			For Women and children.
29	Rape Crisis Centre Cape Town	Cape Town, Western Cape	http://rapecrisis.org.za/			A mix between a gender neutral language and the use of SHE and HER when talking about victims. home pages is only featuring Images of battered women. Makes reference to male victimisation in the section on rape myths. And provides a particular section on male rape.
30	Catholic Welfare and Development Community Centre	Cape Town, Western Cape	http://www.cwcd.org.za/			Variety of services and programmes responding to community needs, including trauma support and counselling for any presenting issue.
31	Ilitha Labantu		http://ilithalabantu.org.za/			Providing emotional support, practical advice and education around the problem of violence against women. Pictures of women and children.
32	New World Foundation	Lavender Hill and Vrygrond, Western Cape	http://www.newworldfoundation.org.za/			Variety of programmes and initiatives aimed at community development.
33	The Pride Shelter Trust	Cape Town, Western Cape	http://www.pridesheltertrust.com/			Shelter offering short-term accommodation to members of the LGBTI community of greater Cape Town area.
34	Triangle Project	Cape Town, Western Cape	http://triangle.org.za/			Support services to LGBTI community, their partners and families.
35						

	Rape Crisis Helderberg	Somerset West, Western Cape	http://www.crisiscentre.org.za/			In section about rape myths several male rape myths are discussed.
36	St. Anne's Homes	Cape Town, Western Cape	http://www.stanneshomes.org.za/			Shelter, care, and empowerment of destitute, abused and disadvantaged mothers and their children.
37	Open Disclosure	Soweto, Gauteng	http://www.opendisclosure.org.za/index.html			Only featuring pictures of women.
38	iThemba Rape and Trauma Support centre	Across Gauteng	http://ithembasupport.org.za/wp/			In description of services language tends to be neutral (available to victims and survivors), however home page features strong picture of female victim and in the section on rape it only speaks about women as victims.
39	Women in Action	Johannesburg, Gauteng	https://www.womeninaction.co.za/			Services for women only.
40	Thohoyandou Victim Empowerment Programme (TVEP)	Limpopo	http://tvep.org.za/			

Appendix 2 - Interview respondents

NAME OF ORGANISATION	LOCATION	NAME OF RESPONDENT	POSITION	DATE OF THE INTERVIEW
ADAPT (Agisanang Domestic Abuse Prevention And Training)	Johannesburg	Mr. Peter Mahani	Social worker and Coordinator of Men's Programme	11 December 2014
SAMSOSA (South African Male Survivors of Sexual Abuse)	Johannesburg	Mr. Rees Mann	Founder and Director	17 December 2014
LIFE LINE JOHANNESBURG	Johannesburg	Ms. Isabella Holden	Director of Lifeline JHB	19 December 2014
MATRIX MEN	Johannesburg	Mr. Martin Pelders	Founder and Director	3 February 2015
MEDSA (Men for Development in South Africa)	Johannesburg	Mr. Ozee Phiri	Director	10 February 2015
HEALTH4MEN	Countrywide (main centres in Cape Town and JHB)	Mr. Glenn de Swardt	Senior Technical Consultant	30 October 2015
TRIANGLE PROJECT	Cape Town	Mr. Matthew Clayton	Policy and Research Coordinator	11 November 2015
TRAUMA CENTRE FOR SURVIVORS OF VIOLENCE AND TORTURE	Cape Town	Ms Valdi Van Reenen-Le Roux; Ms. Sharon Vermaak	Director Counsellor	16 November 2015

Appendix 3 – Ethics clearance certificate



Faculty of Law

Research Ethics Committee

Private Bag X3 Rondebosch, 7701 South Africa
 Room 6.28 Kramer Building, Middle Campus
 Tel: +27 021 650 3080 Fax: +27 021 650 5660
 E-mail: arnize.viljoen@uct.ac.za
 Internet: www.law.uct.ac.za

01 December 2014

Ms Vanja Petrovic (PTRVAN003)
 c/o Centre of Criminology
 Department of Public Law
 Faculty of Law, University of Cape Town
 Email: vanja.begrado@gmail.com
 Contact Tel: 072 536 0886

Dear Ms Petrovic

Re: Clearance Process for L29-2014: *"Sexual violence against men and provision of support services in South Africa"* (Working title)

Thank you for your application. The Faculty's Research Ethics Committee very much appreciates the considerable effort put into your documentation. The committee expressed that your application was well presented and overall a very good submission.

This study has been carefully considered and there are no ethical issues apparent.

Ethics clearance is granted with effect from 01 December 2014 for 12 months subject to renewal for another 12 months. Please note that any material changes to the proposal will need to be cleared as an amendment.

With best wishes,

Signed

Dr Shane Godfrey
 Chairperson of REC

cc: Dr Kelley Mout (Department of Public Law, UCT)
 Prof Elena Van Der Spuy (Department of Public Law, UCT)

Appendix 4 – Information sheet and consent form

INFORMATION SHEET & CONSENT FORM

My name is Vanja Petrovic and I am conducting research towards a Masters degree in Criminology, Law and Society at the University of Cape Town.⁴⁵

The research aims to examine the provision of services for adult male victims of sexual violence at community-based psycho-social support centres. I wish to explore what support services exist for male victims of sexual violence, and gather the views of professionals like you about the current provision of services to males, and challenges confronting and recommendations for potential improvement.

Your participation is entirely voluntary. You can withdraw at any point, and if you wish to do so please let me know.

This interview will take not more than one hour of your time. During this interview, you will be asked some general questions about availability and delivery of services in your organization and some questions based only on your views and opinions of the subject matter. You will not be required to talk about any confidential matters (victim's stories or personal records) and the questions will not be of a sensitive nature.

You have an option to stay anonymous or to speak out on behalf of the organization you are working for. If you wish to remain anonymous, every action will be taken to ensure that there are no immediately recognisable details. Your name or name of your organization will not be disposed at any stage of this research. However, one cannot account for others who may recognise your participation. Despite this, the risk to your physical, emotional or professional well-being is considered to be 'less than minimal'.

Do you wish to stay anonymous? **Yes** **No**

All data obtained will be captured immediately onto my laptop where it will be stored under password. The data will be used for the purpose of my masters dissertation, and if interest arises for publishing an academic article(s) on this topic.

There will be no direct benefits to you from this research, however, it is hoped that it may contribute to greater understanding of some of the issues faced, and identify gaps in service provision.

⁴⁵ My contact details are: telephone number – 072 536 0886 and email: vanja.belgrado@gmail.com. This research is being supervised by Dr. Kelley Moulton (kelly.moulton@uct.ac.za) and Dr. Elrena Van Der Spuy (elrena.vanderspuy@uct.ac.za). Should you require any additional information about this research please do not hesitate to contact me or my supervisors.

Should you wish to receive a copy of my mini-dissertation once complete, please let me know and I will forward a copy via email.

I would ideally like to record this interview. However should you not be happy with this, I will only make notes. Are you happy to be audio recorded during this interview? (Please circle one)

Yes No

Signed

Date

'If you have concerns about the research, its risks and benefits or about your rights as a research participant in this study, you may contact the Law Faculty Research Ethics Committee Administrator, Mrs Lamize Viljoen, at 021 650 3080 or at lamize.viljoen@uct.ac.za. Alternatively, you may write to the Law Faculty Research Ethics Committee Administrator, Room 6.28 Kramer Law Building, Law Faculty, UCT, Private Bag, Rondebosch 7701.'

Appendix 5 – Interview schedule

Name of the organisation interviewed and location:

Date of interview:

Name of the person interviewed if agreed to:

A brief history of the organisation:

On average how many clients make use of services over a calendar year?

Describe the kinds of services provided in general terms:

How long have you been at this organisation?

What are your job responsibilities?

What is the complement of staff working within this organisation?

What is the proportion of contract staff to volunteers?

Where does funding come from for this organisation?

1. Who can come for support serves provided by your organization: – children – women – men?
2. Who are the most frequent users of your services?
3. What is your opinion about the sexual victimisation of boys/men in South Africa? Is it an issue in this country?
4. What is your opinion on how male sexual victimization is being perceived by society in SA?
 - a. Is it acknowledged?
 - b. Are there obstacles to public acknowledgement of the issue?
5. What services are being provided to male victims in your organisation?
 - a. Are there any services that are specially designed for men? How?

6. Have you in your professional capacity dealt with male victims of sexual violence?
7. How many staff members / counsellors / volunteers in your organization are working with male victims?
 - a. Do they have special training? If yes please provide a short description of the training, how long was the training, what did you find useful and has it helped you in your daily practice?
 - b. If no, do you feel that kind of training is needed? Would it be useful?
8. Could you describe to me how do men usually come for help? What does the first contact look like and what is happening after the first contact?
 - a. How would you describe their utilization of services? Is it more common for male victims to ask for once-off advice/support or is it usual for them to come for a more continuous support? Why do you think that is the case?
 - b. What are the main challenges they are facing? What are the barriers to help-seeking/disclosure?
9. Do male victims present themselves in any different manner to female victims? If yes, can you describe such differences?
10. Are men that seek assistance usually victimised by other men or by women?
11. Do they mostly seek assistance for the abuse that happened in childhood or adulthood?
12. From your experience, what services are most frequently being used by male clients? What particular kind of help do men usually seek or need?
13. What are from your experience the main needs of male victims? Is there anything that they need and that is not available to them?
14. What is your opinion on the current provision of services for male victims of sexual violence in SA?

- a. Is the problem recognized by NGO service providers and how?
 - b. Are there enough services available?
 - c. Are there enough knowledge and awareness about the issue?
 - d. What is your opinion about other service providers – i.e. health care and police and their delivery of services to male victims of sexual violence?
 - e. What are the main gaps in service provision?
15. What would you change in the service provision? How would you suggest to improve the current state of affairs?
16. Do you know of other organisations in Johannesburg and or Cape Town which also provide services for male victims?

Any other observations you would like to make?

Thank you so much for your input and time.