THE EFFECT OF ANTHROPOLOGICAL RESEARCH ON THE RESEARCHER: A SELF-REFLEXIVE ACCOUNT OF FIELDWORK CONDUCTED FOR RAPE CRISIS (CAPE TOWN)

University of Cape Town

DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF A MSOCSCI DEGREE IN PRACTICAL ANTHROPOLOGY

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ABSTRACT

This dissertation is part of an applied anthropology project based on contract research done for the Rape Crisis organisation in Cape Town on the treatment received by rape survivors from police and district surgeons. It discusses the process of doing the applied research, as well as the problems experienced while in the field. Of particular importance is the process whereby the researcher's sense of self was transformed, and the dialectical nature of the relationship between this transformation and the way in which the study was conducted. The dissertation is structured around this issue, which is of major importance to anthropological research.

Self-reflexivity is important because the way in which we interpret what we see is shaped by who we are. Being self-reflexive is recognising that we are instruments of observation (Bell, 1993:8). By making our biases explicit, we present as full a picture as possible of those we study and the study process itself. This dissertation strives to do this and thereby also to provide information on the process of the fieldwork which resulted in a report for Rape Crisis (Cape Town).

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CHAPTER 1. INTRODUCTION

Many anthropologists have, in the past, aspired to have the discipline seen as an objective science. Fieldworkers presented the data they gathered as facts which had been "found" in the field. The anthropologist, as a person, rarely entered his or her writings. Anthropologists often saw personal accounts of field experiences as "unmitigated self-indulgence", which was of no value to "objective scientific writing" (Whitehead and Conaway, 1986:2). However, anthropologists have come to realise that the way in which they interpret what they see is shaped by who they are, although many still regard the discussion of their feelings during fieldwork as unwelcome. Discussing their feelings may show that fieldwork is highly emotional and subjective, and therefore untrustworthy (Kleinman, 1991:192).

Our "selves" compel us to depict the actions of others in particular ways. Werner and Shoepfle (1987) use the example of Malinowski's explanation of the importance of dreams for the Trobrianders to show how the self of the anthropologist shapes what he or she sees in the field. Malinowski stated that the Trobrianders hardly ever discussed their dreams, and that "they did not seem to dream very much" (1987:172). Werner and Shoepfle (1987) postulate that he used this statement to prove one of his theories: that dreams are the product of repression and, as the Trobrianders were "unrepressed", that they had no need to dream. However, Malinowski later discusses dreams in such a way that their importance to the Trobrianders is obvious (1987:172). Malinowski's view of the world included the theory that dreams are the product of repression, and he used the example that the Trobrianders did not often discuss their dreams to support his

theory that they were not repressed. His explanation of the Trobrianders' actions would have differed had Malinowski not had access to Freud's theory, or if he had grown up in a society which lent no weight to Freud's beliefs. By knowing that Malinowski supported one of Freud's theories, we are aware of part of his self. We can then postulate how Malinowski's self influenced his findings about the Trobrianders.

Examples of this kind indicate that it is important for methodological considerations that we include our selves in our depictions of others. The self in question is the public self:

> it is neither the purely cerebral cogito of the Cartesians, not the deep psychological self of the Freudians. Rather it is the culturally mediated and historically situated self which finds itself in a continuously changing world of meaning (Rainbow, 1977:6)

Self-reflexivity could be regarded as recognising that we are instruments of observation (Bell, 1993:8) and that, for "scientific purposes" our own field behaviour and person need to be included as part of the methods of gathering data in the field. As Whitehead and Conaway state, "depersonalised reporting does not reflect either the methods or the experience of anthropology" (1986:4). We now recognise that we all have biases according to our own psychological make-up. In order to present as complete a picture as possible of those we study, we need to make these biases explicit (Werner and Shoepfle, 1987:171). By showing where we stand on certain issues we can allow the reader of our ethnography to take our biases into account, and perhaps obtain a clearer understanding of those whom we write about. If we do not examine our reactions to our fieldwork, our feelings will still shape the research, but we

will not be aware of how we have influenced our studies (Kleinman, 1991:184). Value judgments occur constantly in our lives. They pose the danger of "negating" our fieldwork " only when they remain beyond the reach of critical reflections and are not subject to revision in the light of experience" (Bellah, in Rainbow 1977: xi)

Anthropology, as a discipline, by now virtually demands a degree of explicit self reflection from its academic practitioners. The change in anthropology shows

> a growing recognition of the value of considering social science research as the process and product of interaction between the questioner and the questioned and of the need to subject this process to scrutiny (Golde, 1986:2)

However, this is not yet the case in the applied anthropology field. This is partly so because the clients of applied anthropology projects are unlikely to be interested in what appears to be self indulgent musing that undermines the accuracy and precision of the findings being presented. It is apparent that the disjuncture between science and emotion is still accepted by those outside the academic environment, including the clients of applied anthropology. These clients are interested in the findings and results, not in how anthropologists are both influenced by and influence their study. However, this dissertation, as the academic part of an applied practical anthropology project, aims explicitly to document my experience as an applied anthropology researcher.

Although many anthropologists now recognise the effect the

researcher has on the people he or she studies, the effect the research has on the researcher is not often considered. What happens to the fieldworker's sense of self is, however, critical to the success of the fieldwork. This is because the fieldwork experience changes that sense of self and, as it does so, so do the fieldworker's ways of seeing and interpreting change. The processes of field adjustment, data collection and analysis are influenced by "both the self the fieldworker brings to the field and the self the fieldworker becomes" (Whitehead and Conaway, 1986:3). We are all changed by doing fieldwork through our acquiring new knowledge and perspectives - replacing assumptions about certain issues with facts (Wax, 1971:365), and vague premises with informed decisions. Caplan states that being an ethnographer entails studying the self as well as the other, as the self becomes "othered", and the familiar other becomes part of the self (1993:180). This is certainly true when the "other" has different beliefs, values and practices to those we have. However, anthropology "at home" and applied anthropology often entail working amongst those who share our beliefs and (for want of a better word) culture, as was the case when I did fieldwork for the Rape Crisis Centre in Cape Town.

I suggest that one of the main similarities between doing work in unfamiliar surroundings and at home is that those we study learn less from us than we do from them. Although many anthropologists attempt to ensure that fieldwork is not just an extractive process, that we give something back to those we study, ultimately we decide whether or not to do work amongst particular people, be it the Yanamomo (Chagnon, 1968), the Dowayo (Barley, 1983) or Rape Crisis. The Yanamomo did not contact

Chagnon and request that he work amongst them to provide information for them, and he probably did not change their lives to a great extent other than to put them into the public consciousness of the Western World.

Although the client in applied anthropology requests that the anthropologist study a certain issue, the client often has a preconception of the "solution" to the studied problem even before the research begins. In such instances, the consultant is called upon to provide an "independent study", but only in order to legitimise the client's own knowledge (Shaffir and Stebbins, 1991:26). The client can use the "independent report" rendered by the anthropologist to support certain beliefs. As such, the client does not acquire much new information from the anthropologist (Van Maanen, 1991:34), although the anthropologist may learn a great deal from working for the client.

The problems of working for a client, as well as those of working "at home", among the familiar other, will be discussed throughout this dissertation.

This dissertation is a self-reflexive account of how my views and values shaped the research I conducted for Rape Crisis (Cape Town), and how the research shaped my life. I analyse all aspects of the research, from negotiating entrance all the way to the writing of the report. I do this in order to establish which aspects could have been more productive if I had assumed another role in the organisation, or had used different methods, as well as to determine how the research influenced me. The constraints which hampered the research will also be discussed. Chapter 2

deals with the "first contact" between myself and my clients, personnel in the Rape Crisis Centre in Cape Town; I discuss their brief to me, detail areas that Rape Crisis wanted researched, and the proposal I wrote in which I set out my proposed methods and my points of departure. Chapter 3 discusses the methods I actually used, and the constraints which existed on possible optimal methods for this research. Chapter 4 looks at my experience of the fieldwork, detailing especially the effects the fieldwork had on me, and how these effects, in turn, influenced my ability to understand and analyse what I saw and learnt; they certainly influenced how I learnt it. Chapter 5 discusses the analysis of the data and the report which was written for the client.

The theme which runs through this dissertation is that there is a dialectic between the effect on my self of what I learnt, and how the changes in my self affected what I learnt. There is a closed circuit between knowledge and learning; the one constantly affects the other.

The research

I conducted the research as part of a Practical Anthropology Masters degree course requirement. I worked in an organisation in order to obtain information of use to that organisation. Because most applied work is done for companies or organisations, much of the work is done "at home", although anthropologists are also called upon to study people "out there" (see Fetterman, 1983). Working at home entails a different approach to fieldwork compared to the traditional anthropological processes when studying small scale societies. It is difficult even to attempt

objectivity, and one is completely immersed in the "culture" because one is always in the field, even when one is at home. The total experience of doing fieldwork at home will be discussed in Chapter 4.

My fieldwork was undertaken for Rape Crisis (Cape Town) over a period of three months, although only about 10 weeks were spent "in the field". The study required that I read through Rape Crisis' 1994 and 1995 case records of counselling sessions with rape survivors. The aim was to discover how rape survivors describe having been treated by police officers and district surgeons. I also conducted interviews with some of the counsellors to determine their experiences, either with the police and district surgeons or with the rape survivors' reports of the officials' behaviour. In addition, I also observed the interaction between the counsellors in the office, as well as telephone counselling and telephone conversations with police officers.

I believed, before I began the fieldwork, that entering the organisation and establishing rapport with the counsellors would be trouble-free, as the counsellors had been academically trained in universities (mostly in Psychology) and were thus not "other", and because I had been commissioned to work for the organisation, and was thus "accepted". The counsellors did not view me with the suspicion which anthropologists usually expect when entering the field (Barley, 1983). But despite being conversant with academic research, they did not treat me as "familiar". My research was seen as necessary, but as based mainly on the records and not of immediate interest to them. I expected them to see me as one of them, "familiar". Instead I found I was

"othered" by them, as I was not a counsellor, merely a researcher. Most anthropologists who study away from home start off as the other; they are in a place where nearly everything is new to them, and they know little about those they are living with. The anthropologist gradually learns about the people, until he or she speaks of them as "my people" (Landes, 1986:123). I started my research believing that the counsellors would be familiar; they were already "my people", but they became "them" - counsellors whose regard for me as "stranger" led me to regard them in turn as strangers. In their role as counsellors I was not "one of them", but an outsider who did not share their experiences. This experience of being othered by those I thought would be familiar illustrates Nigel Barley's point that anthropologists are always aliens, even in their own country (1989:163). My assumption that, because we shared a common background and ideologies, I would immediately become "one of them" proved to be false. I differed in significant ways from those I wanted to observe and interview, even when remaining in my own cultural setting (Gurney, 1991:54).

CHAPTER 2. ENTERING THE FIELD: THE BRIEF AND PROPOSAL

The course requirements for the Masters degree in Practical Anthropology stipulated that we do fieldwork for an organisation in order to test the practical applications of the course. We thus needed to find placements in some form of organisation, preferably in areas which interested us as students, although the latter criterion was not seen as vital to the research. We needed to see how anthropology could be applied in the world outside of academia, to test the uses of anthropology in the "real world".

My own interests lie in the fields of women's studies and health, and I wanted to do research for an organisation which supported these aims. My primary interests at the time of choosing a field were in abortion and women's rights, but no organisation seemed to need research done on this subject, possibly because so much has already been done. In her attempts to find an organisation which concentrated on women and health, the course coordinator negotiated with Rape Crisis to discover whether any areas of interest to them required research. Through my discussions with the course coordinator it became clear that Rape Crisis personnel were suspicious of researchers entering their organisation. They felt that researchers used their organisations to further their own aims, and that they, Rape Crisis, gained little from the research. The course coordinator set up several meetings with the chief counsellor and Education and Training Worker of Rape Crisis in order to explain that I would be doing research *for them*, and not primarily for myself. This, she explained, was because the aim of the exercise was not

to conduct the research for itself only, but to offer students the experience of doing research for others in an applied context. The course coordinator stated that I should not attend these meetings, as they were preliminary. Once she had obtained a written brief from the organisation, I would then negotiate the brief with the chief counsellor, Anne[1].

With hindsight, it might have been better had I attended these meetings, as the brief could then have been discussed earlier and I might have become more familiar with the organisation. My entrance would also then have been more formal, as the meetings were held with the board in order to discuss the advisability of the research. According to Shaffir and Stebbins, getting into an organisation involves a "continuous effort to establish, maintain and cement relations" (1991:29). Had I attended these earlier meetings, the process of my getting into the organisation could have begun before the data collection phase of the fieldwork, thereby saving some of the time I spent adjusting to the power relations within Rape Crisis. Applied fieldwork starts as soon as contact is made with an organisation; fieldwork does not only consist of data collection. Every step from becoming interested in the field to receiving feedback on the report is part of fieldwork, because they lead to an increased understanding of the subject being studied.

THE BRIEF

Over a period of four weeks, the course coordinator met with the Rape Crisis personnel three times. I was fairly apprehensive

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1. All names in this document are pseudonyms in the interests of confidentiality

when the course coordinator informed me that I would be researching around the area of rape, as I felt that I may not have been able to maintain enough emotional distance between myself and the very distressing subject to do adequate research. However, the written brief (Appendix 1) which was faxed from the Rape Crisis office to the University of Cape Town made it clear that I would be doing research into police and district surgeons' treatment of rape survivors, and that I would have no contact with survivors themselves.

I was anxious to begin fieldwork as I wished to complete the research before my wedding, which was less than two months away. Anthropologists generally seem to be impatient to begin fieldwork (Barley, 1983; Rainbow, 1977; Wax, 1971), perhaps because the initial contact phase seems to take valuable time which could be used gathering information. This initial phase does not seem to be fieldwork as such, but merely preparation for fieldwork (Barley, 1983). However, as has been mentioned above, all contact with "the other", whether client or subject to be studied, could be considered fieldwork.

The fieldwork for the Masters in Practical Anthropology course requirements was supposed to take a period of six weeks as this time span is perhaps the only available time that an organisation can allow for research valuable to them. Results need to be obtained rapidly, as most organisations cannot wait two years for a report from an anthropologist in order to solve a problem. However, this time schedule was not feasible in this study, as will be shown later.

Because the chief method called for by the brief was reading case records which counsellors had written after sessions with

clients, I believed that I could accomplish the research without becoming overly emotionally involved with the study. I had been concerned that I would need to interview rape survivors, and that their experiences would affect me negatively by causing me to feel angry and helpless. This fear was allayed through the brief, and I was under the impression that the case records would be less traumatic than interviewing rape survivors, as the records were removed from the actual incidents of rape. Although I am a feminist, and believe that rape is a crime perpetuated by a patriarchal society, and become angry about curtailing my freedom of movement and style of dress in order not to "invite" rape, I unconsciously believed that if I conformed to society's norms, "it couldn't happen to me". Studying over 500 cases of where a woman had been raped by at least one man changed my views considerably. The change which the fieldwork and literature search brought about in my life will be discussed in Chapter 4.

My supervisor and I discussed the brief and decided that, along with the methods of reading the records and interviewing the counsellors, I should also include some observation. It was necessary for ethical reasons that I make explicit the fact that I was observing the people in the organisation. Although the counsellors were familiar with academic research, most had not studied anthropology, and may not have been aware of the discipline's main method: participant observation.

There were several reasons for including observation in my methods. Firstly, it allowed me to collect a different kind of data from that obtainable through the case records (Bernard, 1994:141). I would get to know the counsellors, not only through their case records and interviews, but also through the way in

which they interact with others, especially when they speak to police officers on the telephone. Secondly, my presence would become commonplace in the office, and the counsellors would become accustomed to me. Although they might tell me what they thought I wanted to hear in interviews, they might "go about their business" (Bernard, 1994:141) in the office, allowing me to see whether what they told me in interviews is how they act in the office. For example, I might have been able to discern that one counsellor has negative attitudes towards police or district surgeons, which would colour her reports. Thirdly, as this was an anthropological study, I felt it necessary to include a method which is most commonly used in anthropology. Although interviewing and record analysis are also used in the discipline, these methods are common to most of the social sciences. Observation would provide some "anthropological depth".

I therefore added an addendum to the brief (Appendix 2), stating my intention to use observation as a method. I felt that there might be some conflict between acting as an applied anthropologist and giving the client what the brief stipulated originally, and using observation in the office. Although the brief's focus question was broad (how are rape survivors treated by police and district surgeons?), the methods I was able to use in the study were narrow. Most data collection was to be done through the medium of the counsellors' reports. I was constrained by these methods, and agree with Gurney (1991:53) when she argues that the methods which might be best for data collection may run counter to actions which are required to maintain a good relationship with the client. I could not use other methods (such as being present during counselling sessions,

which would have provided valuable information) because they were prohibited by the organisation.

I believed that I would have to strongly justify my use of observation to answer the focus question. However, the chief counsellor, Anne, merely glanced through the addendum, and stated that although observation of the office was "fine", I would not be able to be present in counselling sessions as the trauma would be too great for the survivors (particularly because I was not trained as a counsellor). Most survivors find it very difficult to come for counselling, and the presence of an outsider might, she said, result in them not returning. As I had not truly anticipated being present in counselling sessions, the refusal did not disturb me unduly, although this was the first indication that Anne did not see me as "one of them".

However, I now realise that Anne either did not realise what observation of the office entailed or that she decided, during the fieldwork, that my observation inconvenienced her. This became clear as the fieldwork progressed when she asked me on several occasions to work elsewhere in the building. She stated a different reason each time, such as another counsellor needed to use both desks in the office, or that more than two people made her claustrophobic. Each time she asked, I did move elsewhere, but I then returned as soon as the reason for moving was resolved: when the other counsellor went home, or when Anne herself left the office. According to Shaffir and Stebbins (1991:29), "getting in" to an organisation involves a continuous effort, as access is not merely granted or withheld at one particular point, but is an ongoing issue. Although I had formally obtained access from Anne to observe in the office, I

had to renegotiate my presence there on a regular basis. It was necessary for me to be in the office because the information gained through observation proved important, and will be discussed in Chapter 6.

My first meetings with Anne were very short, and not very informative. We discussed the brief, and agreed to add some observation, but I failed to clarify certain aspects of the research. It would have been helpful to negotiate about the form of the report, and the deadline for its submission. I did ask Anne later how Rape Crisis would use the report, and she replied that the Education and Training Worker, Jo, would use it in meetings with government ministers and task forces in discussions on changing the attitude of police and district surgeons to rape survivors.

From this discussion, and others held later with counsellors, it became clear that most people in Rape Crisis expected a negative report, one which detailed the abuses rape survivors suffer at the hands of police officers and district surgeons. Many counsellors stated that "police don't care about survivors, and don't follow up the cases properly" and that "district surgeons don't do everything they are supposed to do, like provide emergency contraception and scrape under survivors' fingernails for evidence". The effect which these views had on me was to lead me to expect the vast majority of cases report that police and district surgeons treat rape survivors negatively. I therefore expected to find that the cases document such behaviour, and my reading of the reports was influenced by this expectation. In reading the reports, I was more likely to see a certain action by the police and district surgeons as

negative than I would see it as positive.

Therefore, in the cases which I read at the beginning of the fieldwork, if an action could be construed as either positive or negative, I would be more inclined to view it as negative. However, once I became aware of my acquired bias, I reread the reports in order to ascertain whether my remarks about a particular were justified.

During my early meetings with Anne, I did not ask her whether she wanted the report to include recommendations, and I was unsure about their usefulness. Most of what was written in the report was common knowledge at Rape Crisis. As such, I believe that the report was aimed at police and district surgeons outside the organisation, and was meant to be an independent evaluation of the kind to which Shaffir and Stebbins (1991:26) referred when pointing out that applied anthropologists are often brought in to provide an independent corroboration of what the client already knows. I was, in fact, told that the Education and Training worker would use my report "to campaign for better treatment of rape survivors". I only inquired about the deadline for submission after the fieldwork was concluded, to be told that I had less than three weeks to complete the report. I may have structured my workload and fieldwork differently if I had known the time schedule at the time of entering the field.

THE PROPOSAL

After my initial meetings with Anne, I began to write a proposal (Appendix 3). This exercise was to clarify the issues, methods and literature in my mind, and to form a guideline for the research. The proposal also served to generate discussion on

the issues between myself and my supervisor, particularly around the methodology and the importance of observation in an anthropological study. Rape Crisis did not require that the proposal be submitted to them.

Although writing the proposal did help to clarify certain areas of the research, such as the tight focus on police and district surgeons' treatment of rape survivors (and not the reasons behind this treatment), in hindsight I would have written it differently. On rereading my proposal after I had completed the research, it became clear that I assumed that many reports of police atrocities would be found in the records. This was because Anne had made it clear that the reason I was doing the study was to "document the harsh treatment received by rape survivors" so that Jo, the Education and Training Worker, could use my "independent" report as ammunition against those resisting change in the attitudes of police and district surgeons. My proposal was thus structured to reflect a very negative bias towards both police officers and district surgeons. Although my interviews with the counsellors also demonstrated that they believed rape survivors were generally treated badly, the findings from my reading of the reports show that rape survivors reportedly receive positive treatment from both police and district surgeons more often than negative treatment.

My obvious bias in the proposal against police and district surgeons was thus a product of my contact with my client. In this way, the research had affected my self before I began the data collection phase of my fieldwork. Had I not been influenced by the brief and Anne's comments, the proposal may have more evenly balanced, and may not have prejudged the results of the

study. Also, as has been discussed above, the effect which the initial contact with Rape Crisis had on my self impacted on the way in which I interpreted both my observation and the records.

Perhaps another reason for my strongly negative proposal was that my engagement with the project made me much more aware than previously of the prevalence of rape and the stigma attached to rape survivors. Although I did not want to prejudge the outcome of the research, I began to question the possible motives of police officers particularly. Why would they, who are supposed to protect society and apprehend criminals, treat the victim of one particular crime as if she herself were the criminal? The literature survey done for the proposal informed me about the fact that rape survivors are often seen as "asking to be raped", and that the crime was often seen to be as much their fault as their attackers'. It became clear that the myths that women enjoy being raped and that men cannot control themselves, which I had believed no rational human being could possibly support, were alive and well. According to the literature, police officers often questioned survivors on why they were dressed a certain way, whether they had been drinking, and why they were at a certain place at a certain time (Holmes, 1991; Frohmann, 1991; McKellar, 1975). However, none of the studies which I consulted when writing the proposal had been done in South Africa, and, despite diligent searching, I could find only two papers on applicable research done in this country for the report I wrote for Rape Crisis (Stanton and Lochrenberg, 1994; Vogelman, undated). From the results of my research, it seems that most police in the Western world seem to view rape survivors with some suspicion.

The literature thus supported Anne's views of the negative treatment of rape survivors. The effect which the views of the literature had on me was to reinforce the belief that rape survivors are treated badly, which in turn resulted in that I was unprepared to find that police and district surgeons often treat survivors with sympathy. I was surprised to discover that more positive than negative treatment is reported in the case records. In fact, I asked Anne why counsellors believe that negative treatment occurs in the vast majority of cases, but the case records written by counsellors themselves reflect that positive treatment often occurs. She replied that the "treatment" section of the form is completed early in the counselling sessions, when survivors are more concerned with the rape itself. Also, survivors often experience negative treatment after they have reported the crime to the police, for example, when they ask for reports on the progress of their cases, or copies of their statements. However, these are not always noted on the form by the counsellors, as the form is completed during the first counselling session with each client, often before she has encountered problems with the legal system.

In order to present a more balanced proposal, I could have searched for positive reports on police actions. However, these were not immediately apparent. The reasons behind the dearth of positive material towards police officers could be either that police officers generally are insensitive or openly abusive towards victims of crimes, or that "good news" is not interesting enough to write about. Informing the public how those who are supposed to protect and assist them are hostile towards them has the ingredients of an exposé. Journalists and researchers seem

to believe that the onus is on the police to generate positive reports about themselves to improve public confidence. My own experiences with the police are that they generally make every attempt to solve one's problems, although they cannot be said to be zealous. My car has been broken into twice, and each time the police officers commiserated, but stated that it would be useless to lay a claim against the perpetrators as very little was taken. The gang which had been breaking into cars was, however, caught the following week. My treatment in these cases, as a victim, was certainly not insensitive or demeaning, merely philosophical. I was also peripherally involved in a "domestic dispute" case, in which the police arrived when called, but either could not or would not prevent a man from beating his ex-girlfriend. The young policeman who arrived first called for reinforcements, until seven policemen were involved in trying to escort one man from the premises. The man did not live with the woman, nor were they in any way involved. Despite repeated requests both from the woman and the bystanders that they remove the man, they seemed unable to do so. As such, my own experience with the police force is that they are willing to help, but not able to do so. They do, however, seem to treat both victims and perpetrators with the utmost respect.

Considering my own experience with police officers, it is perhaps surprising that I was influenced into believing that police officers and district surgeons treat rape survivors negatively. However, the combined effect of Anne's firm belief and the literature's discussion of how badly survivors are treated served to convince me that rape is a "special case". Rape survivors perhaps are treated badly because they are rape

survivors, and as my experience has not included either being a rape survivor or being present when a survivor reports the crime to the police, I was persuaded by those I saw as "experts in the field", Anne and the literature on the subject.

Rape seemed then to fall into a category in which police officers distrust the one reporting the crime, and sympathise with the perpetrator. I now believe that police officers judge each rape case according to certain criteria which is prescribed by the society we live in: the emotional and physical state of the survivor (the more upset and hurt she is, the easier it is to believe her), the clothes she is wearing (the more revealing, the greater the possibility she "asked for it") and her description of the events. We seem to have been conditioned that women who have been raped are tearful, bleeding, wear "proper" clothes and tell of strangers raping them in alleyways at night. Although this is not, in reality, a description of the "typical rape", police officers are conditioned to believe, as are the rest of society, that women must walk a narrow path, otherwise they are "asking to be raped".

Police officers are also aware that the cases which they decide to pursue need to be strong enough to result in conviction once the perpetrator goes to court. The evidence presented by the survivor therefore needs to be convincing enough to convict the rapist. Unfortunately, the only evidence is often that found by the district surgeon, and often this only proves that the woman has had sexual intercourse. According to some of the Rape Crisis case records as well as the literature (McKellar, 1975; Steketee and Austin, 1989), some police officers "persuade" women whose cases are seen as weak to withdraw the charges against the

rapist. The "persuasion" could lead the survivor to assume that the police disbelieved that she was raped. I am in no way defending the attitude of some police officers, but merely trying to understand why rape survivors, particularly, should state that they have been harshly treated by police officers. I did not, however, doubt that rape survivors are harshly treated in the majority of cases. This view changed during the fieldwork.

The methods which I intended using included interviewing police. However, due to time constraints, difficulties with obtaining access and the belief that police officers would certainly not tell me that they were treating rape survivors harshly, I did not do so. I believe now that I certainly should have attempted to discover the views of some police officers, as this may have resulted in a more balanced report, despite the fact that I probably would only have heard that police officers treat every person as objectively as possible. I regret not at least trying to "get their side of the story". Although I proposed to interview police officers and observe in a police station, this was not feasible for contract research of six weeks. The problems inherent with studying police behaviour will be discussed in the following chapter.

The methods set out in the proposal should have stressed that observation is an important part of anthropological methods. Despite the fact that I was unable to observe counselling sessions, the observation in the office provided an opportunity to see how the counsellors interact on the telephone, both when counselling and talking to police officers. The words they used,

and the differing attitudes when speaking, clearly showed that they found police officers exasperating, and difficult to talk to. Two of the counsellors would role their eyes when trying to hold a conversation with a police officer, and speak very slowly and clearly. The counsellors would often stop speaking in mid-sentence and say "hello?", as the officer they were speaking to "suddenly disappeared", only to return without seeming to remember their conversation. These counsellors would then drop the telephone into its cradle and say, "I can't talk to that man! He doesn't listen to what I'm saying". One counsellor who often tried to speak to one particular officer on behalf of one of her clients said, "he doesn't understand the concept of Rape Trauma Syndrome, and wants to know *why* [the survivor] won't go and talk to him out in Bellville when she lives in Rondebosch!" The counsellors were, however, endlessly patient and supportive towards rape survivors who telephoned, who were often reluctant to accept counselling, but wanted some degree of comfort.

In the six weeks which I was observing the counsellors, only one spoke of a positive experience between a survivor and police during a group discussion. This counsellor described a case where the police were "most sympathetic, and did everything possible to make sure that the rapist went to prison". Most often, the reports I received from counsellors about their sessions with survivors were that survivors were badly treated. Perhaps this is because the negative treatments are more easily remembered, but it is possible that Rape Crisis counsellors view the police and district surgeons confrontationally: as not "for them", and therefore against them. A polar view would explain why most counsellors only discussed the negative aspects of

police and district surgeons and, when I observed some positive action on the side of the police (such as telephoning to refer a survivor to Rape Crisis, or to ask how a survivor is feeling), would remind me that such behaviour is very rare. One counsellor, after such a telephone call, said, "How surprising! They never do that!"

The proposal should also have clearly described the limits of methods which focussed mainly on counsellors' written descriptions of survivors' narrations of their treatment at the hands of police and district surgeons. The distance between myself and the actual treatment which survivors received was considerable. Although my interviews with counsellors helped to close this gap somewhat, the fact that I never had any contact with the survivors, or had actually witnessed the treatment (which would have been the optimal way of obtaining the information) did decrease the validity of the data. The limits needed to be stressed so that the outcome of the research would not be taken as "the way rape survivors are treated", but merely as an indication of the reports counsellors write following rape survivors' reference to their treatment.

The proposal should also have clarified the form of the final report, especially whether the main emphasis would be on the empirical material gathered, including examples of the treatment received by rape survivors, or whether the focus was on the quantification of the data. Anne requested that examples be included, but the impression from Jo was that she needed quantified data which she would be able to use in meetings with

the Minister of Justice and other "professional" organisations. I therefore included both in my report.

The first phase of research, preparing for and entering the field, could have included many aspects not actually considered, but only had I known then what I know now. Fieldwork is a learning experience. However, the process of applying anthropology requires development; there are inadequate guidelines for the student who intends working in the applied field. This dissertation about my experiences doing applied work for Rape Crisis can contribute by enabling others, as well as myself, to learn from my experiences, and allowing others, as well as myself, to understand what steps are required to undertake the process adequately. It is necessary, especially in applied work, to clarify the aspects of the fieldwork before entering the field. Ensuring that the client understands the necessity for using certain methods and that we are aware of the time limit and the nature of the report, as well as our own limitations, will make fieldwork much more comfortable, both for ourselves and the client.

Also, being aware of the effect which the client and the literature has on one's beliefs will perhaps ensure that the research is as "objective" as possible. By assessing the impact others have on one's self (Whitehead and Conaway, 1986), and by making one's biases explicit (Werner and Schoepfle, 1987) we examine the process whereby the research occurs. Self-reflexivity led to my becoming aware that I expected to find that police and district surgeons treat survivors negatively. In the light of this realisation, I was able to attempt to correct this

bias by rereading the reports and comparing my views after this realisation with the remarks I made previously. My analysis of the reports is now more balanced or "objective" than it would have been had I not reflected on the change in my self.

CHAPTER 3 METHODS IN ANTHROPOLOGY: THE TROUBLE WITH APPLIED WORK

The methods an anthropologist uses are those which could be said to garner the greatest amount of information about a certain topic. If we wish to discover how the people of Village X cook food, we watch them cooking and we talk and listen to them in discussions about cooking. Other methods could also be used (such as document searches), but these are seen as complementary to observation and interviewing and not able to stand on their own. However, when anthropologists are involved in contract work, the methods to be used are often prescribed, either by the client or by constraints imposed by time and location. Use of the optimal methods for a particular study may not be possible. For example, some studies are best done by spending two years in the field, observing and participating in the lives of the people subject to the research. Yet the clients often want results in six weeks. The methods employed in such circumstances cannot therefore be participant observation alone, but must include group discussions, formal interviews with experts, and informal interviews with as many people living in the area under study as possible (Shaffir and Stebbins, 1991:5). The results, obviously, are different from those obtained through participant observation over a period of years, but hopefully the multiple methods enable us to gain information which would reflect the findings of a two year study.

The methods I used seem fairly straightforward: reading records, interviewing counsellors and observing office life. However, I experienced many problems with each of these methods, and these will be discussed here. I will also show that the

methods I used were the only ones possible due to the circumstances of this applied research project.

My choice of methods affected the information I was able to obtain, which in turn affected my findings. In this way, the dialectic between the research's effect on the researcher, and the effect of the change in the researcher on the research continued throughout my fieldwork. My self was changed through using observation, interviews and document studies in order to gather information, and the change in my self impacted on the way in which I used the methods, and the interpretation of the information obtained.

OBSERVATION

The main office at Rape Crisis is where Anne, Rape Crisis' chief counsellor, works, as does the counsellor who deals with telephone counselling and acts as a liaison between the various counsellors. The office contains three desks, two of which have computers. I found that this office was the centre of Rape Crisis' activities, as the telephone was answered here, and many counsellors filled out their case reports here after their counselling sessions. I could therefore observe telephone counselling here, which was the closest I could come to observing a counselling session. The telephone counselling made it possible to initiate discussion about the survivor's comments on whether or not she reported the crime, and her experiences with the police and district surgeons. I could also take part in discussions with the counsellors completing their reports. Occasionally police officers telephoned Rape Crisis, or one of the counsellors telephoned an officer to establish how far a

survivor's case had progressed. Observation of a counsellor dealing with these telephone calls provided invaluable information on counsellors' attitudes towards police officers, as well as the frustration experienced when the officer was unavailable and did not return a counsellor's call. The seeming inability of counsellors and officers to communicate was very apparent, as has been illustrated in Chapter 2. The observation of the counsellors allowed me to investigate the possibility that any particular counsellor may have a bias towards the police or district surgeons.

The data I gathered through observation in the main office was therefore vital to my study. However, when Anne seemed to find my presence disturbing, and said that the desk at which I sat was needed, I moved to another room, but with only a small pile of records, ensuring that I would have to return to the office in a short time to gather more records. When it became obvious that the counsellor was not using the other desk, and when Anne left the building, I returned to the main office after asking the counsellor whether the desk was free. A few days later, when Anne cited claustrophobia as a reason for my having to leave the office, I did move to the other office, but ensured that I returned whenever either Anne or the other counsellor left the building.

Gurney (1991:53) remarks that often actions that might be in the best interests of data collection (which in this case was to "hang out" (Bernard, 1994: 151) in the office) may run counter to the actions required to maintain good relations with our host. An increasing number of ethnographic situations exist in which our participation in the lives of others must be limited (Werner

and Schoepfle, 1987:243), such as research into office workers. Although we may have negotiated entrance with the owner or manager of a company, we are there often on the condition that we do not interrupt the workers, and we do not participate to any great degree in their lives. Also, Shaffir and Stebbins (1991) argue that access is not merely gained at one particular point, but is an ongoing issue. The authors add that

> [a]lthough the formal requirements usually are negotiated at the outset [of the research], getting in requires a continuous effort to establish, maintain and cement relations (1991:29)

Shaffir and Stebbins' (1991) argument is supported by my experiences. Although I had negotiated the use of observation with Anne before the data collection phase of the fieldwork, I had to continuously renegotiate my use of observation with Anne, so that I was able to observe the counsellors' activities in the main office.

Observation of office life at Rape Crisis was therefore difficult, as no counsellors or other staff members used the office to which I was sent.

Anne's attempts to remove me from the office also made it clear to me that I was not "one of them"; I was, in fact, being "othered". The effect which this had on me was to increase my determination to observe the counsellors in the office. In this case, there was a conflict between doing the research which was required by the client to the best of my abilities, and doing what the counselling coordinator wanted me to do, which is precisely the kind of predicament which Gurney (1991) refers to. I could not research without participant observation, but my

observation was disturbing to Anne. Because of this conflict, I may have interpreted the observational data as being more important than the interviews. The counsellors may have told me what they thought I wanted to hear during interviews, but their actions may have told me what they actually believed about a certain issue.

Despite Anne's reluctance to have me in the office, I was able to use the mainstay of anthropological methods - participant observation - for much of the time. I am not a counsellor, and could therefore not participate in counselling sessions or counselling meetings. I could not participate in the work of the office, either answering the telephone or doing other work for Rape Crisis as my main objective was to read the records and interview the counsellors. However, according to Bernard, if an anthropologist spends time with a group of people, interviewing them and engaging them in discussions, the anthropologist is a "participating observer" (1994:138). Being a participating observer describes my role: I was with the counsellors in the office, I observed their actions and held discussions with them. I did not, however, take part in their activities. If I had become a counsellor by taking the counselling course offered by Rape Crisis, I would have become an "observing participant", one who is part of what he or she studies (Bernard, 1994:138), and observes from an insider's perspective. Despite the similarities between my background and that of the counsellors, I was always the outsider because I could not counsel rape survivors, or fully understand what it felt like to do so.

I investigated the possibility of becoming a counsellor, which would have enabled me to participate in counselling

sessions as well as attend meetings. But the difficulties proved prohibitive. Rape Crisis administers its own counselling course, usually at the beginning of each year. The cost for each student is nearly R 400, and the course is held over 6 weeks. As my research started at the end of the year, and needed to be completed as soon as possible to comply with the requirements of both the brief and the Masters in Practical Anthropology course for which I was registered, I was unable to wait three months in order to attend the course. However, if I had become a counsellor this might not have allowed me to maintain the distance between myself and the research that participant observation requires and that I believe my own personality demands. Although the research affected me profoundly (see Chapter 4), I thus did not have any personal contact with rape survivors. Moreover, the distance was exaggerated by the fact that most of the cases I had to read and use as my sources of data were written in the third person.

The effect which this distance had on my self was to ensure that, despite my sympathy for Rape Crisis' causes, I did not develop an "overrapport" with the client, a condition defined by Shaffir and Stebbins (1991:145) as a strong identification with the group under study .

In order to conduct fieldwork useful to ourselves and our clients, anthropologists need to have a deep involvement with the subject, as well as a professional detachment (Fetterman, 1991:89). I believe that the experience of being othered by the organisation allowed me to develop both rapport and distance. These allowed me the ability to cope with the field situation in such a way that work was made possible (Nader, 1986:113).

Although, as has been discussed earlier, I began the fieldwork believing that I was "a native" to the organisation, had Rape Crisis counsellors actually accepted me as such it is possible that I may have felt that I could not offer any criticism about the organisation or its beliefs. As Fetterman argues, I may have respected the organisation so much that I would not have been able to "reveal any secrets" (Fetterman, 1991:89). Instead, the detachment which I was able to practice due to the "othering" by the counsellors enabled me to realise that many, if not all, of the counsellors view police and district surgeons in a more negative light than their own reports reveal they should, at least on the basis of statistical representations (see Appendix 5). This realisation came about through observation of the office, and it affected the way in which I interpreted the information gained from all of the methods I used.

RECORDS

I obtained the quantitative data required by the research through studying 450 case records dated from the beginning of 1994 to the end of 1995. I was able to use only those records in which rape survivors were counselled, and I had to ensure that each case reported the experience of a different survivor [2]. In total, I recorded 395 cases, including 32 (8%) from which it was impossible to determine the survivor's reported treatment by police and district surgeons, 162 cases (41%) which were not

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[1] Occasionally, a survivor would be counselled by one counsellor and her records would receive a certain case number. If the counsellor then left Rape Crisis, or the survivor returned for more counselling after much time has elapsed, the survivor's records might be given a different case number.

reported to the police, as well as 84 cases which either did not detail the treatment received from the police or that received from the district surgeon. Cases which discussed the treatment received from both the police and district surgeons were thus in the minority (117 or 30%). Several of the cases, particularly from 1994, were very difficult to read, and others contained very little information relevant to my research[1].

I became concerned at the beginning of the fieldwork that, as the main method of the research according to the brief was the study of case records, I would not be able to obtain enough information to justify the research. However, as I read records which were written towards the middle of 1994, it became clear that sufficient information would be available in order to provide a report useful to the client. I thus did not place much emphasis on the earlier records, particularly the ones detailing telephone counselling, due to their lack of information relevant to my research.

I recorded certain information from each case record: the name of the counsellor, the age of the survivor, whether or not the crime was reported, and what treatment was received from police and district surgeons. A facsimile of the form which

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[1] The reason for the lack of relevant information in some of the 1994 case records was because the Rape Crisis counsellors were required to complete a form for all counselling during that year, including telephone sessions. The information gained about the client is often minimal when speaking on the telephone: the client is usually highly distressed, and needs support. Questions about demographics, such as age, and the name of the police station to which she reported the crime (if she reported at all) are not as important as the needs of the client. It was decided by the counsellors that they would no longer complete a form for telephone counselling in 1995.

counsellors complete for the first session with every client can be found in Appendix E. The name of the counsellor was recorded in order to ascertain whether any counsellor showed a particular bias towards or against police and district surgeons in that her reports tended to indicate more references to negative treatment than those of others. The age of the survivor was noted to determine whether there was any correspondence between the age of the survivor and the treatment she received from the police and district surgeons. It was necessary to record whether or not the crime was reported and what treatment was received, due to the nature of the study.

There were very few cases which recorded all the information required by the counselling form, despite the statement printed on the form that it be completed as fully as possible for Rape Crisis' statistics. Often, either the name of the police station or the treatment received by the survivor was not noted. The treatment received from the district surgeon was rarely mentioned, unless it was particularly negative.

A few of the case files included a copy of the statement made to the police by the survivor, and comments on the survivor's feelings about the police and district surgeon. I found reading the police statements very traumatic, as they detail every moment of the rape. Many of the cases dealt with the gang rape of young women (14 or 15 years old), and I found that I could only continue reading the case files if I did not concentrate on the contents of the statement, and concerned myself only with the way in which it was written. Statements were often written in Afrikaans, and it was unclear whether this was because the survivors spoke Afrikaans, or because the officer

felt more at home in that language. None of the statements was written in any language other than English or Afrikaans, despite the fact that many survivors reported the crime to police stations in the Khayelitsha and Cross Roads townships. Each statement was handwritten (by the police officer), and many were extremely difficult to read. The statements were, on average, about four A4 pages long.

The feelings that the contents of the statements aroused in me were ones of impotent rage against the rapists, intense sympathy for the survivor and fear for my own safety. The case files demonstrated that women are raped at all times of the day, by people they trust, and in places which are often regarded as "safe", like our own homes or cars, our workplaces, or shopping centres. However, the statements did not contain information which was useful to determine the treatment received by rape survivors from police and district surgeons, and therefore a detailed analysis of them was not necessary. Although making a statement in itself is traumatic for the survivor, it is required that she do so by law in order that a charge can be laid against the rapist. Many of the case records mentioned that the survivor forgot the details of the rape before the court case [1](which was usually about three months after the crime), and used the statement to remind themselves of the events. Other survivors were reportedly anxious to change their statements as they remembered further experiences about the crime.

The effect which the content of the statements had on me was

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1. Forgetting the details of the rape is a symptom of Rape Trauma Syndrome, and is often seen as a method of coping with experiences which are very traumatic (Toner, 1982).

to make me angry and frustrated. The change they brought about in my self resulted in my not reading each statement in detail, which, had the focus of my research been different, could have had a negative effect on the data collection phase of the research.

INTERVIEWS

Of the twelve interviews held with the counsellors at Rape Crisis, ten were unstructured and informal. These interviews consisted of conversations held with counsellors in the office. One of the uses of informal interviewing is that it helps the anthropologist to develop rapport with informants (Bernard, 1994:209). It allows for personal interaction which is rarely possible when the anthropologist formally interviews an informant. It is spontaneous and unaffected by formality. However, perhaps the only disadvantage to informal or casual interviews is the problem of recalling the information gained through the conversation (Werner and Schoepfle, 1987). Informal interviews were held with all of the counsellors who came into the office while I was there. These allowed me to discover the counsellors' personal feelings about the police and district surgeons. Often I did not have to ask any questions; merely explaining why I was in the office elicited a response detailing the counsellor's experiences. On one occasion, a counsellor entered the office and said, "Have I got a story for you!". She then went on to describe how badly one of her clients had said she had been treated, as well as her own experiences with the police officer to whom her client's case had been assigned. The counsellor's eagerness to tell me the story served to reinforce

my view that the Rape Crisis personnel were anticipating that my report would show that great changes needed to be made in the ways in which rape survivors are treated by police and district surgeons. As previously mentioned, the effect which this anticipation had on me was to ensure that I was very careful when I studied the written reports that I did not merely assume that negative treatment occurred when the treatment was difficult to determine from the reports. I was also careful not to interpret a case as negative when it could possibly be positive.

Perhaps this reaction was due to my self, and my intention to inform others about the "truth". As has been discussed earlier, clients of applied anthropology often use the research of the anthropologist as independent corroboration of their own views (Shaffir and Stebbins, 1991:26), and anthropologists are often hired to tell the client what it wants to know. However, it is necessary for the sake of personal ethics that the anthropologist reports on the "truth" as he or she sees it.

Because of my presence in the office, I was able to take part in many discussions. Although these often did not focus on the subject of the research, they allowed me to gain insight into the emotional strain of counselling, as well as the personal lives of the counsellors. Knowledge of the counsellors' own emotional strain helped me to deal with my own paranoia (discussed in Chapter 4), and insight into their personal lives showed me that many of the counsellors were negatively disposed towards the police. Several of the counsellors would seemingly try to convince me that police and district surgeons generally treat women badly by describing their interaction with these

officers as well as their case records. One counsellor new to Rape Crisis, when told why I was sitting in the office, said, "Of the four cases I've had, three have been treated badly by the police." When rereading her case records, I saw that, although the treatment received by the survivors was not wholly sympathetic, it was also not wholly negative. I interpreted her cases as "mixed".

A result of the counsellors negative attitude towards police and district surgeons was that I found it necessary to play the role of devil's advocate, often asking for comments about the counsellors' positive experiences with police and district surgeons, while they only volunteered their negative encounters. This new role made me more willing to notice positive treatment received from police and district surgeons than I had been when I first began the research. This is another example of how the change which was brought about in my self through contact with the counsellors influenced my interpretation of the data collected through this contact.

The methods I used were the only ones open to me. Although I wished to attend counselling sessions, I was refused entry by the "gatekeeper" (Shaffir and Stebbins, 1991), Anne. She did so, firstly, because I was not a counsellor, and secondly because she believed Rape Crisis's clients would feel uncomfortable speaking about their experiences with a "stranger" present in the counselling room.

I had also initially intended to interview police officers and observe their conduct in a police station, but I was unable to do so mainly because of time constraints. I was also

discouraged from doing so by my supervisor, as he thought that no "useful" data could be obtained, and that the entrance into the sphere of the police would waste valuable time and not contribute directly to fulfilling the demands of my brief. It was his opinion that, in the time available, I would only have been able to speak to the public relations officer, who would have informed me that police officers treat rape survivors as they do any other victim of a crime. However, it is possible that I would have been able to gather information which could have been of use: why the police do not treat rape survivors differently, or why they do.

The optimal method for this study would have been to observe how police and district surgeons treat rape survivors. However, this method is fraught with difficulties. I would have had to gain permission to observe the actions of police officers in several police stations for a considerable period of time. I would also probably have had to observe a full 24 hours in each station, as a rape survivor could report the crime at any time, and I would not be assured of witnessing a rape case. I would then have had to be able to observe how the survivor is treated, both at the desk and in the interview room, obtaining permission from the survivor to be present. Permission would have had to be obtained from district surgeons to observe their treatment of rape survivors, as well as from the survivor. Also, my presence would most probably have made the officers and surgeons aware of their actions, and their treatment of survivors might well have changed. Given the very limited time available for the project and these likely constraints, I therefore decided to follow my supervisor's advice and not attempt to interview the police or

observe activities in police stations.

Although most of these difficulties could have been overcome (see Steketee and Austin, 1989), the time taken would have been considerable. It is not possible in contract work to spend six month or longer on a project, possibly only in order to gain entry. My proposal for the research which has been described above may have had to be submitted to the equivalent of an ethics committee of the police force and of district surgeons. I would have had to wait for the respective boards to reach a decision, and then negotiate entry with the various police stations and individual district surgeons. I may also have discovered that no rape survivor was willing for me to be present while she made a statement or was examined by the district surgeon. If all the necessary permission had been obtained, the duration of the fieldwork would probably have had to be over a year, and it is therefore clear why the optimal method for research into the treatment of rape survivors by police and district surgeons was not possible in this contracted project for Rape Crisis.

I therefore used the methods which were available to me, which, although possibly not the optimal methods for investigating the treatment of rape survivors by police and district surgeons, provided enough useful data for this study. The combination of participant observation, interviews and informal discussions, and reading 450 records, supplied quantitative data, as well as rich qualitative information. The quantitative and qualitative data combined in the report (see Chapter 5) were enough to be used by Rape Crisis to change the

treatment received by rape survivors by police and district surgeons.

Had other methods been possible for my use, I would have been affected by them differently to the way in which I was affected by those I did use. The results of the research would then have been interpreted by a self which would have been different to the one which interpreted the data collected, and may therefore have been different to the results obtained through the use of observation, interviews and case records. The methods I used had an effect on my interpretation of the data, and making this relationship explicit is one reason for the importance of being self-reflexive (Whitehead and Conaway, 1986:3)

CHAPTER 4 FIELDWORK: WORKING FOR THE FAMILIAR OTHER AT HOME

Traditionally, fieldwork is done to discover the "culture" of certain people, and the principal anthropological method for this is participant observation. The anthropologist may spend years living with people with which he or she is unfamiliar, discovering as many of the details and intricacies of the society as possible (see Barley, 1983; Rainbow, 1977; Wax, 1971). However, many anthropologists are now studying aspects of their own culture. Instead of studying "out there", we are now able to study "at home". Modern fieldwork often centres on topics within the researcher's society (Shaffir and Stebbins, 1991: 9).

My fieldwork differed from traditional anthropological work in several aspects. I studied "at home" (in the next suburb). I did not study the culture of "a people". Participant observation was not my main method. Also, I did not study a subject merely because it caught my interest or could inform a theoretical issue in the literature: I was nominally "hired"[1] to do research for an organisation.

I was familiar with the concept of crisis counselling, and my background was much the same as those "in the field". I expected the fieldwork to be very much more comfortable than going "out there". I lived at home, kept office hours and therefore did not need to suspend my daily living in order to do fieldwork. I was also studying the "familiar". After reading

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1. Although the Masters in Practical Anthropology students did not receive a salary for their research, the object of the exercise of doing applied work for a client was to create the impression that the student was "working for" the client. We were therefore "hired" by our respective clients.

various accounts of the "culture shock" experienced by a number of anthropologists (Bell, 1993; Karim, 1993; Wax, 1971), who were all studying people not of their own society, I believed that I would not experience any of these problems as I was not studying "a people" in a foreign place, but an issue close to home, both emotionally and geographically. My "informants" would be people who shared my background, who had attended university and (mostly) gone on to post-graduate studies, and who were familiar, therefore, with academic research. In addition, the Rape Crisis counsellors and I are feminists.

I was thus unprepared for the difficulties I experienced in gaining access to the views and opinions of these same counsellors. Gurney warns that even people who are part of your own "cultural setting" differ in significant ways from yourself (1991:54), and observing and interviewing them is not a simple process. The experience of being "othered" by the counsellors perhaps resulted in another form of "culture shock", as I felt alien to the environment when I had expected to feel accepted. Barley (1989:163) comments that anthropologists are always aliens, even in their own society, and my experiences taught me the value of this observation.

In my case, the counsellors viewed me as an outsider because I was not a counsellor but a researcher. They were willing to answer my questions about their experiences regarding police and district surgeons, and those of the survivors they had counselled. However they seemed to expect a set of questions, rather than a conversation about their own opinions, thoughts and expectations. I was affected by this experience, and did begin to interview a counsellor the way in which she expected to be

interviewed. However, I found this method stiff and uncomfortable, and soon put away my notebook. As soon as I did so, the counsellor relaxed, and we proceeded to have a conversation from which I learnt more about the counsellor's views than I had during the formal interview. I therefore decided that, despite the counsellors' expectations, I would not formally interview them, but rely on "casual conversations". I do not believe that this method was in any way unethical, as the counsellors were all aware that I was observing their interactions and conversations.

There is a difference between gaining access to the field and gaining acceptance by the people in the field. I gained access fairly easily, as the Masters course coordinator negotiated with Rape Crisis on my behalf. I was given a brief which allowed me access to records and counsellors. However, in order to establish rapport with the counsellors I needed to be accepted by them. As has already been discussed in Chapter 3, rapport is the ability to cope with a field situation in such a way that work is possible (Nader, 1986:113). In order to collect data useful to the organisation, I needed to have rapport with the counsellors. Although I did have several conversations with counsellors about their lives, they always maintained a distance when the conversation turned to topics not related to Rape Crisis. The rapport that I established with the counsellors was enough to enable me to conduct useful fieldwork, but not enough to become an "insider". Barley maintains that it is the tension between being simultaneously insider and outsider which generates the strengths and weaknesses of anthropology's position - we are

able to compare ourselves with others, and are yet subjective . We are professional aliens, our society is always both "us" and "them" (1989:3,163). Being a member of the society allowed me to gain some degree of rapport with the counsellors, but being an anthropologist who was not a counsellor enabled me to maintain the emotional distance necessary to conduct fieldwork with some degree of objectivity.

ETHNOGRAPHY "AT HOME"

My feeling of "always being in the field" is, according to Bell (1993:31), one of the disadvantages of working at home. The same society which condones rape and excuses rapists while blaming the victim because "bad things don't happen to good people" (Weis and Borgess, 1975) is the society in which I live and have lived all of my life. I could not escape and gain emotional and physical distance between myself and the subject of my research. This distance might have allowed me to gain perspective on my paranoia. Since an ethnographer studies people, his or her fieldwork causes emotions in his- or herself (Kobben, quoted in Fetterman, 1983:221) and, as Fetterman adds, a few days away from the site can give a fieldworker time to dissipate his or her anxieties (1983:222).

There was tension between my supposedly "objective" anthropological self and my emotional self. As an ethnographer, one is expected to gaze objectively on events, but as a member of a society, one reacts personally to these events (Barley, 1989:34). Although I agree with Fetterman (1991:119) that it is impossible to be a silent, neutral observer, anthropologists still seem to strive for objectivity. We may approach this

ideal, according to Jackson, if we look at situations reflexively through subjectivity and introspection, which would perhaps lead us to see them in a more sophisticated and objective manner 1986:273).

Doing ethnography "at home" means we never actually leave the field (Bell, 1993:31); we are always aware of the society around us. I was constantly noting examples of how women live surrounded by an awareness of possible danger. The fieldwork brought into focus how we are taught to believe that women are often to blame for their rape. We must not wear certain clothing, attend certain gatherings, walk alone in certain areas (or any area at night) or act "provocatively". Doing so means that we "ask to be raped or attacked". The message of our society seems to be that men cannot control themselves, and must therefore not be provoked, and also that they are not wholly to blame if they do rape women. An example of this is the case where a man became sexually aroused through viewing pornographic material, and raped the only female in the room with him, an eight year old girl. He later admitted that he raped her, but said he could not help himself (*The Tuesday Debate*, 11 March 1996). This view is, of course, unfair to most men, who can control their thoughts and actions. However, it does provide a sense that men who rape women suffer from "diminished responsibility".

Another area which was highlighted for me by my reading the case records at Rape Crisis was that the continuation of the idea that women enjoy being raped. This was most vividly reflected in one particular case, where the survivor attested that she had

been asked by a police officer whether she had enjoyed being raped. In reading cases in the literature which describe rapists' views, it was clear that, although they wish to dominate women, they also wish to feel desired by women (Holmes, 1991; Toner, 1982). Some members of society, then, still believe that women are responsible for rape, and that they enjoy it.

My immersion in the subject of rape increased my sensitivity to society's teaching that women are partly to blame for rape and that men are not completely responsible for rape. This caused me to see examples of the domination of women all around me: in advertisements, in books, in interactions between friends and in my own prejudices when hearing accounts of rape.

The domination of women is being addressed by several organisations (such as the University of Cape Town's campaign for gender equality), and hopefully, these programmes will change the perceptions of potential rapists. However, gender equality programmes still need to address the problems of women being seen as responsible for their being raped, and men not being completely to blame when they rape. Doing fieldwork at home meant that I could not escape these problems, nor my increased awareness of them.

However, one of the positive aspects of doing fieldwork at home is that it allows one to speak out against the wrongs in one's society. There is no reason, ethical or relativist, preventing me from fighting against the domination of women in my own society. Because it is *my* society, I can take responsibility for trying to effect change. Anthropologists working with the "other" are constrained from changing the societies they study; we are researchers, not development workers (Nancy Scheper-Hughes

(1995) is a notable exception).

Thus, the effect which my immersion in the subject of rape had on me was to make me sensitive to certain areas of my society which need to be changed. I also became aware of the importance of my research if it could be used to change one aspect of the perception of women. I therefore interpreted my brief, and the objective of my work, as having wider significance than just independent research which may be useful to Rape Crisis. I became determined that the research would reflect the truth as far as possible, and not just tell my client what it wanted to know in order for the research to be useful to others besides Rape Crisis.

THE ETHNOGRAPHER AS PERSON

My sensitivity, brought about by my fieldwork, towards the prevalence of rape, and the realisation that my society is teaching us that women are to blame affected my self. Although I had expected that working with reports of rape incidents would be disturbing, I thought that the impact would be minimal as I was not interviewing rape survivors about their experiences or concentrating on the rapes themselves. However, spending my days with people who know how often rapes occur, and reading personal accounts of rape, and then returning home to read about rape in journals and books, affected me profoundly. I discovered that my assumption that, if I was careful it could not happen to me, did not rest easily with the fact that it happens to millions of women, from every sphere of life and at any time of day: it could happen to me. As happened to Rosalie Wax, I was changed, not by what I experienced, but by what I found. Like her, my

assumptions were replaced by facts (Wax, 1971:365).

I became conscious of every sphere of my life where I might be in danger. I was now aware that women are most often attacked in places where they feel safe, and by men they know. I would carefully ensure that all the doors and windows of my car and home were locked, and that I had my self-defence spray with me at all times. I also started to look at male friends with suspicion. I avoided being alone with any man other than my fiancé. I was highly conscious of men when walking, ensuring that I was not being followed and that I always stayed in highly populated areas. I became extremely fearful when forced to allow strange men into my home (such as when furniture needed to be moved to the flat into which I had just moved). I refused to go out at night, and started wearing clothing which disguised my femininity. This possible paranoia gave me some insight into the lives of rape survivors, as they, more than any other person, are aware of how unsafe they are. Fear is compounded by the fact that, no matter how safe you attempt to be, there are always ways for a determined rapist to break through your security.

I also became fearful for others, my female friends and family. The records I was reading often detailed the place of the rape, and I would telephone friends to tell them to be careful in certain areas which they frequent, as women had been raped there. My paranoia spread, infecting those around me. However, my friends and family reacted to my paranoia and constant awareness of danger by telling me that they would rather not know, that they did not want to discuss rape because it disturbed them.

My sense of isolation diminished when I read Kelly's

Surviving Sexual Violence (1988), in which she details her own reaction to her study of women who had been sexually assaulted. For her study she advertised for women who were willing to share their life histories. Sixty women replied and were interviewed regarding sexual violence. Fifty percent of this self-selected sample had been raped. Kelly details her own feelings of fear and impotent rage when confronted with so many stories of sexual violence, ranging from obscene telephone calls and indecent exposure to rape and sexual battery (1998:15). She explains how she, too, became aware of the subject constantly: on television, in books and conversations, and was also made conscious of her own lack of safety.

Conversations with the counsellors at Rape Crisis showed me that they too suffer from these same fears due to their immersion in the subject of rape. Each counsellor I spoke to said that they had experienced fear for their own safety, and a growing dislike of men. In one discussion Rape Crisis's counselling coordinator, Anne, said that she felt that she had to leave the organisation because her immersion in the subject of rape was "too much to handle"[1].

Each counsellor has a more experienced counsellor who will "debrief" her regarding her feelings towards her clients and cases in order to lessen the feeling of paranoia. As I was an "outsider" and not a counsellor, however, this service was not offered to me. Yet I was comforted by merely being aware that my reaction of paranoia to the subject was not unusual, and that, in

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1. Anne did in fact leave Rape Crisis in the middle of February 1996.

fact, it often occurred. This helped to dissipate the paranoia somewhat.

As my paranoia was justified by others' reactions to the same situation, I was able to accept that these feelings were natural and would pass once I had left the field. My mere acceptance of my emotions as normal allowed me to distance myself from them, and not be consumed by them. This particular change in my self - leading me to recognise the intense discomforts of "the field" - affected the research. This is precisely because it made me impatient to leave the field, to get away from constant reminders of personal danger and distress. However, I was also determined to obtain as much data as were useful to my client, and therefore ensured that I stayed in the field until I was no longer gaining any useful information.

My self was dramatically changed by my fieldwork experience. I am now much more aware of possible danger to myself and of the fact that men and women certainly do not have an equal amount of freedom in society. Although some of the paranoia brought about by constant immersion in the subject of rape has now dissipated (see Chapter 5), my cautiousness remains. The way in which I saw the records, and conceptualised the interviews with the counsellors, was shaped by this change in my self. I was perhaps more eager than I might otherwise have been to agree with the counsellors' sentiments and to want to find that vast changes need to be made in the way in which police and district surgeons treat rape survivors. Moreover, doing so would mean that I was contributing to changing society. However, as indicated, the records showed that, despite the counsellors view that rape

survivors are often badly treated, more positive treatment than negative was reported. I consequently also had to be able to deal with that sense of contradiction.

THE ANTHROPOLOGIST AS CONSULTANT

Much anthropological work has been done to discover something: the way in which certain people live, why they have certain practices, or how they conceptualise particular areas of their beliefs and practices. This exploration is usually done because the anthropologist has a deep interest in the subject, and the results usually become dissertations or books. When anthropologists move into the arena of consultancy, they continue to explore the lives of people, but now do so in less time and concentrate on those areas where the client has an interest. The end product is still possibly a dissertation or a book, but it is now more often in the form of a report to the client.

One of the disadvantages of applied anthropology is that one needs to focus mainly on the requirements of the client. Rape Crisis wanted a report on the treatment of rape survivors by police and district surgeons, according to the information in their records. My immersion in the subject of rape and rapists, and the research into police behaviour, raised many other interesting points which I wanted to investigate. These included the way in which rape and the fear of being raped served to control the actions of women, prescribing where they may walk, and when they may do so, as well as the related questions about the strength of patriarchy in our "democratic" society. Also, I became interested in the similarities between the fear of women in the United States and Europe and those of women in Africa.

Perhaps there truly is a sisterhood of women, one that is united in fear, with the only difference between them the strength of that fear. This is because women in informal settlements without streetlights or police protection will be more aware of danger than women living in well-lighted and protected suburbs. However, burglaries happen often in such suburbs, and many rapists are "opportunity criminals" (West, 1987), whose main purpose for breaking into a home may not be to rape, but who take the opportunity if they find a woman in the house. Also, women very rarely walk alone at night in any area unless they have no choice. It became clear that, although women may now receive equal pay for equal work, may be able to vote, hold their own credit cards and compete for top positions, feminism has not yet been able to change society to the extent where women can go where we want to, when we want to, and wear what we want to without fearing for our safety.

Another area of interest, perhaps more related to the focus of the research, is to investigate the reasons behind the actions of the police and district surgeons. Police women as well as men seem to view rape survivors with some suspicion. Is this because the women need to conform to the views of men in order to "fit in", or are women (including policewomen) also socialised into blaming the victim? In two of the case records at Rape Crisis, policewomen were reluctant to take a rape survivor's statement. In one case, the statement was taken by a more sympathetic male officer, and in the other, the policewoman was forced to take the statement by one of her (male) superiors. There was also, however, a case where a policewoman took the survivor to one side and sympathised with her. It is here where discussions with

police officers and observation in police stations would have been useful had time and circumstance permitted (see Chapter 3).

Although all of these issues interested me, I was unable to research them in any depth due to the time constraints and the focus of the applied research. It is necessary in applied anthropology to do the work a client requests, and perhaps either interest the client in other areas or study the other areas as a "pure" anthropologist (Fetterman, 1983:216). The way in which I was affected by these constraints resulted in my having to ensure that I was focussing exclusively on the areas in which my client was interested. I would often find that my conversations with the counsellors would turn towards other areas (such as the status of women) which, although still on the subject of rape, were not directly applicable to my research. After becoming aware of this, I would then try to turn the conversation back to areas which were applicable to the research. Even when reading the records, I had often to remind myself of the focus of the research, as I would become distracted by other aspects of the reports. I needed to remain focussed on the area of research detailed in the brief from my client, and could not use valuable time to study areas which interested me personally but did not form part of the applied research.

This chapter has described most of the problems I experienced when doing fieldwork at home, for a client who was familiar, yet where I was othered. Although being objective is impossible (Shaffir and Stebbins, 1991:118), to immerse oneself in a particular subject completely is not useful for anthropology. In order to learn about a subject in such a way

that the information and knowledge is useful to others, it is necessary to gain some distance from the subject. Although gaining distance was difficult in my research, once I was no longer working at Rape Crisis itself, and no longer being exposed to examples of constant danger, I was able to step back and look upon the research with some measure of objectivity.

My self-reflexivity throughout the fieldwork allowed me to become aware of how my thought processes and the changes within my self were affecting my research, and also to possibly correct any biases of which I became aware.

CHAPTER 5 RESULTS OF FIELDWORK: THE FINDINGS AND REPORT

A central theme running through this dissertation is that there is a circular relationship between the researcher being affected by and then affecting the findings of his or her research. The researcher's self affects the way in which he or she understands "the other", and how exposure to "the other" changes the researcher's self. Chapter 4 has discussed how I personally was changed by what I learnt from doing fieldwork at Rape Crisis. As stated by Kleinman (1991:184), researchers' expectations and feelings affect their research, and must therefore become part of the research itself. The changes I experienced in my self caused me to interpret the data I obtained in certain ways; Whitehead and Conaway argue that the self we bring to the field, and the self we become during fieldwork, influence our data collection and interpretation (1986:3,4). This chapter will explore how I interpreted the data, and how the change in my self contributed to this. The issues involved in the writing of the report will also be discussed, particularly the difficulties in writing for a client, and for multiple audiences.

My focus was on the treatment of rape survivors by police and district surgeons. I therefore noted in each case the remarks made by the counsellor regarding the rape survivors' comments on her treatment. Most often, the comments were that the police were either "helpful" or "okay", or "unhelpful" and "insensitive". District surgeons were commonly said to be either "okay" or "fine", or "not good" or "unemotional" (a full list of

positive and negative comments are detailed in the report, Appendix 5). I divided the cases into those which noted positive remarks and those which had negative comments in order to acquire the quantitative data which would be useful to the Education and Training Worker. I then found that 6% of the cases detailing police treatment, and 3% of those detailing district surgeons' treatment, included both positive and negative aspects. For example, a survivor might report having received positive treatment from the desk sergeant, but negative treatment from the detective, or positive treatment at the time of reporting and negative treatment subsequently. These cases formed a separate category when the case records were divided into positive and negative, but were separated into their positive and negative components when the treatment was discussed.

The decision to divide the cases into positive, negative and mixed was due to several factors. Firstly, the brief and the initial interviews with Anne had led me to believe that treatment is usually bad. It appears that the Rape Crisis counsellors tend to polarise issues - something is either positive or negative, and I observed that most counsellors viewed the police as predominately negative. The polarisation might have precluded me from seeing that the treatment may have been neither positive or negative, but merely "the way things are done" by the police officers and district surgeons. I found no cases which stated that the treatment was on the line between positive and negative, although the comments "okay" or "fine" could be construed as such. However, I arranged the case records according to whether they fitted into my (own culturally informed) categories of positive and negative. In this case, working at home could be

seen as either useful or a hindrance to anthropological work. According to Werner and Shoepfle (1987:170), the closer to home we do fieldwork, the subtler is peoples' "culture", and the easier it is to overlook or misrepresent. Had I been working amongst people whom I knew nothing about, I would have questioned them about whether "fine" was a positive statement, and "unpleasant" a negative one. As I was working with people who shared my upbringing, I did not find it necessary to question the meanings of "fine" or "unpleasant", although I did question other comments, such as the words "the usual" used by a particular counsellor when describing police treatment. I was told by the counsellor that "the usual" means that the police did everything they normally do, but that the survivor did not comment on how the treatment made her feel.

I analysed the descriptions in the reports on a continuum, with "excellent" on one side of the scale, and "dreadful" on the other. I interrupted the scale in order to divide the cases into positive and negative. The division provided a more balanced report, and perhaps a more lucid one; I was able to discuss each section separately. Dividing the "mixed" cases into their positive and negative components resulted in a balanced or proportional report. I felt that the division was necessary to emphasise that positive treatment **does** occur, and, in fact, occurs more often than negative treatment (see below). I was affected by my contact with Rape Crisis' counsellors, and my perspective changed from as "neutral" as possible, to beginning to view issues as polarised into positive or negative, without middle ground. This is a clear example of how the research affected me, and how the changes brought about in my self, in

turn, affected the way I interpreted the research.

I expected to find that, in many of the cases, police and district surgeons treated rape survivors badly. The literature (Stanton and Lochenberg, 1994; Steketee and Austin, 1989; Toner, 1982) and the discussions with Anne had led me to believe that rape survivors are most often treated with contempt by police, district surgeons and the justice system. However, I found that only 16% of the cases mentioned negative treatment by police, and 10% reported negative treatment by district surgeons. I felt that the positive treatment needed to be emphasised, to balance most of the counsellors' belief that police generally treat survivors badly. As indicated earlier, only one counsellor volunteered, during a discussion between three counsellors and myself, that police officers had treated a survivor well, with sympathy and understanding. She said that the officers

> waited with [the survivor] for the district surgeon, insisted that she be allowed to sit in the nurses lounge instead of the general waiting area, comforted her, and then drove her home after the district surgeon eventually arrived and examined her.

Many of the counsellors I spoke to seemed surprised when asked about positive reports of treatment. Anne was very surprised to hear that the reports that she wrote disclosed no outright negative treatment, although she felt that police and district surgeons were generally unsympathetic, and exclaimed, "that can't be!". After some thought, she decided that much of the negative treatment occurs after the initial contact between survivor and police officer or district surgeon. The difficulty in obtaining copies of the survivors' statements from the police officers and

copies of the J 88 form[1] from district surgeons is not often detailed in the reports, as they do not directly impact on the effect of the rapes on survivors. It is possible that many of the survivors whose cases described either positive treatment at the time of reporting the crime or did not describe the treatment at all experienced negative treatment later in their dealings with the police (most survivors only have one contact with the district surgeon).

The effect which the counsellors' negative perceptions of police and district surgeons had on me have already been discussed. However, the above conversation with Anne occurred towards the end of my fieldwork, and emphasised that, although no counsellor was more biased against police and district surgeons than any other, there was a definite negative bias within the group of counsellors. Therefore, the reports can be seen to have been written from the same perspective (with no writer more biased than another), but cannot be seen in any way as "value free". My interpretation of these reports, then, was based on my knowledge and assessment of the views of the counsellors.

An issue which interested me while doing the fieldwork was the number of cases in which the survivor did not report the rape to the police. The percentage of "not reported" cases (41%) nearly equalled those that were reported (44%). It is possible

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1.1 The J88 form needs to be completed by a district surgeon every time he or she examines a possible rape survivor. It includes areas where the surgeon should mark all of the physical damage found on the body of the survior, as well as the treatment prescribed by the surgeon. All the possible evidence which could be used in a legal case against a rapist should also be noted.

that many women do not report the crime to any person at all, while the survivors whose cases I read did report to someone (that is, Rape Crisis). The South African Police estimate that only 2,8% of survivors report the crime to the police (Stanton, 1994:1). Perhaps because I was influenced by the negative attitude the counsellors had towards the police, or because I was angered by the many cases where the rapist was not apprehended despite a complaint being laid against him and his whereabouts being known, I categorised the "not reported" cases as part of the negative treatment section of the report.

When analysing the reasons given for not reporting, I discovered that, of those that did supply a reason, 20% (16% out of the total number of "not reported" cases) did not report the crime to the police because they did not want contact with the police. The reasons for being apprehensive about reporting to the police range from the belief that the police are ineffectual to expectations that the police would blame the survivor. The fact that so many survivors do not report the rapes to the police is an indictment, not only of our police system, but of society as a whole. My analysis of the Rape Crisis records led me to think carefully about the gains of feminism for women in this society. Although we have a degree of freedom, most of the women who are raped do not report the crime, and many do not do so because they fear they will be blamed, either by the police or by society. The reasons I found in the cases are as follows:

Table 5.1 Reasons for not reporting to police

	No. of cases	Percentage
Fear	23	28%
Did not want anyone to know	16	20%
Troubled about police	16	20%
Ashamed	11	14%
Raped by family/ did not want attacker to be hurt	7	9%
Was not sure that attack was rape	6	7%
Wants to forget	2	2%
TOTAL	81	100%

What concerned me most about these reasons is that many women (34% in this study) are ashamed about being raped, and do not want anyone to know. The stigma attached to rape is such that women would rather their rapists go unpunished than inform the police, or anyone they anticipate might be unsympathetic, that a crime has been committed. Most other crimes are reported, despite the fact that the victim may believe that the police cannot do anything about his or her loss.

Before I began the research, although I was aware that many women do not report being raped, I had not analysed the reasons behind this. Although I began the fieldwork as a feminist, I am perhaps now more aware about the importance of changing society further, so that women who are victims of a crime do not have to suffer the burden of blame as well. The realisation of how women are still blamed for being raped shaped the way in which I analysed the data - it increased my belief that a change is necessary, both in the police's and in society's attitude towards women and rape survivors. Perhaps if the police treat all rape

survivors with sympathy and understanding, more survivors will report the crime. It may well be that the negative treatment received by friends and family at the hands of the police also causes survivors to be wary of reporting.

Therefore, my belief at the start of fieldwork was that police treat rape survivors badly. This belief was introduced by the literature I had read and interviews with Anne, but was then tempered by the fact that I found more positive reports than negative in the case records. However, although I was now prepared to find that only few police officers are disagreeable, the number of survivors who did not report the crime because of fears about police treatment has shaped my view that change is necessary, both in the police system and in society. I therefore interpreted the "not reported" cases as important to the research, and devoted a section of the report to them. The way in which the research changed my perceptions was thus reflected in the way in which I interpreted the "not reported" cases.

My medical anthropology training, as well as previous fieldwork in a government clinic (Rossouw, 1994), has led me to believe that medical personnel trained in Western medicine tend to treat the patient as a purely physical body (Fisher, 1988). They also maintain a "professional distance" between themselves and the patient (Helman, 1985). I was therefore not surprised to discover, when analysing the Rape Crisis case records, that 40% of those survivors who reported negative treatment found the district surgeons unemotional, unsympathetic, uninformative and alienating. A common complaint was that the surgeon treated the survivor as if she "didn't deserve a name", she was merely

another rape. This is supported by the reported statement of one of the surgeons, when introduced to a survivor: `This is my twelfth rape today. What's the matter with men today?'. Another common complaint in the records was that the district surgeon did not explain what he or she was doing or about to do. Survivors who did have the procedure explained to them were reportedly much more calm, and did not find the examination as distressing. Perhaps because I did know that many medical officers treat patients as bodies, which could certainly be seen as alienating by any person, the "cold and unfeeling" treatment often reported of district surgeons did not change my view. I was not, therefore, changed by the reports on the treatment received from district surgeons. However, although I was expecting this behaviour, it is not excusable, especially when the patient has been through a traumatic experience. I did perhaps judge the negative treatment received from district surgeons less harshly than I did that from police officers, merely because I had previous knowledge of the medical profession's training of its personnel.

My analysis of the findings was certainly influenced by the findings themselves, and the changes that they, as well as the fieldwork as a whole, brought about in my self. The polarisation of the reports into positive and negative, and the decision to regard the "not reported" cases as part of the negative attitude which some rape survivors expect from the police, was because I had been influenced by Rape Crisis' view that police and other law enforcement officers act negatively towards survivors. The analysis of the findings therefore illustrates once again that

the effect which the research has on the researcher is reflected in the way the researcher analyses and interprets information.

THE REPORT

Conlin (1985) argues that anthropologists lack understanding of how to write reports of the studies they conduct. The contributing factor to this weakness is that "anthropologists tend to be discursive when reports ought to be concise" (1985:84), which is based on the fact that anthropologists seem not to know what the report is for and how it will be used.

Writing a report for a client differs considerably from writing for an academic audience. Perhaps the main difference lies in what is expected by each audience. The client expects answers to the questions they raised at the beginning of the research, the reason for their hiring of an anthropologist. Academia, in contrast, expects arguments about the nature of the research, the methods used and the understanding gained. The report, which was written as part of my dissertation, was written mainly for Rape Crisis, the client. However, in order for various issues to be clear to those reading it as part of a dissertation, certain sections needed to be more clearly explained than I would otherwise have done. For example, the introduction details the motivation for the research, and provides some background about the prevalence of rape. However, Rape Crisis personnel are aware of these statistics, and the statistics may be a reason for the existence of the organisation. The explanation of certain terms in the report was not necessary for the organisation, but may be useful for others. For example, the reason for using the term "rape survivor" needed

clarification, as my supervisor objected to its use, stating that, in his opinion, the women at the time of reporting the rape were victims, and not survivors. However, I feel that, having lived through the traumatic experience of rape, the women were and are survivors. Another term needing explanation for the benefit of people other than Rape Crisis personnel was the J-88 form used by the district surgeon. All counsellors are familiar with the term.

Related to the problem of writing for multiple audiences, and therefore imparting information which is already known by one audience, is that of discussing issues about which the organisation is already aware. Telling people what they already know is true for both "traditional" as well as applied anthropology. The traditional anthropologist can not offer very much of obvious value to those who are studied (Van Maanen, 1991:34), and, as the research is usually aimed at telling others about the studied people, the outcome of the research often does not tell the people anything new. The applied anthropologist is under pressure to discover something of use to the client (Shaffir and Stebbins, 1991:19), but often, as in my research, the client is already aware of the issues raised by the researcher. My purpose in doing research into the treatment of rape survivors by police and district surgeons was not to provide new information, but was to furnish an independent study which could be used by the organisation to further its aims. However, although I wanted to write a report which was useful to the client, I also needed to stress certain areas of which I thought the client was not fully aware. Although the purpose of the report was that it would be used as ammunition in order to bring

about changes in the attitudes of police and district surgeons, I felt it necessary to show that there are more positive than negative reports of police and district surgeons' treatment. I also felt it necessary to inform Rape Crisis that their counsellors needed to be trained in writing reports if the reports were to be useful for research purposes. The feedback I received from Rape Crisis on the report is Appendix 6. It can be seen that the new counselling coordinator (Anne's replacement) found my recommendations about improving the writing of counselling records perhaps more useful than the information about the treatment of rape survivors by police and district surgeons. The change in personnel within an organisation is perhaps a reason for "stating the obvious", as what would have been obvious to Anne was not obvious to the new counselling coordinator.

The feedback received from Rape Crisis illustrates another hazard of doing contract research. Anne, the counselling coordinator who negotiated with me about the purpose of the research and the content of the report, has since left the organisation to continue her education, as have many of the counsellors I interviewed and held discussions with. In fact, few people presently with the organisation were there during my fieldwork. A possible reason for this is due to the high level of stress experienced by the counsellors. Helping many women to adjust to the fact that they have been raped and providing space for survivors to speak about the rape is stressful. Also, counsellors told me of the paranoia which is associated with hearing about personal experiences of rape and violence. Although this paranoia is strong throughout the time of

counselling (or, in my case, the time of being immersed in case reports on rape), it fades when there are no longer reminders of the constant danger of physical harm women face daily. The effect which the paranoia had on me has been discussed in Chapter 4, as have the discussions with the counsellors on this topic. This paranoia is a possible reason for the high turnover rate of personnel at Rape Crisis.

My report seems not to have been used for the purpose for which it was intended because those counsellors who either wanted the research, or were aware of why the research was being done, are no longer with the organisation. Although Conlin (1985:84) argues that the main issue in writing reports is that the anthropologist be aware of "the implications for action of the studies that have been conducted", a report is written at the instigation of the client, and they are therefore free to use it as they see fit. However, I agree with Conlin that the use to which a report will be put forms the structure and content of the report. Had I known that the report would be used to train counsellors in how to write case reports, I would certainly not have included the myriad of information about the treatment of rape survivors. The report would have consisted of

> conclusions and recommendations with some supporting statements; all the background material and detailed evidence [would have been] consigned to Appendices to be read by other professionals (1985:85)

Even if the report had been used for the purpose for which I understood it was intended, I do not think that it would have consisted entirely of conclusions and recommendations. Perhaps Conlin is correct when he states that anthropologists are too discursive, and that organisations want concise reports

(1985:84). However, much of the use of anthropology lies in its ability to explain issues, and view certain areas from a number of different standpoints. If I had not included the discussion of the types of positive and negative treatment, or if I had decided not to discuss the cases which were not reported to the police, I believe that the report would have been impoverished, and that the richness which anthropology brings to research would have been lost. Perhaps it is because anthropologists, by nature, *discuss* and do not just conclude and recommend, that attracted me to the discipline in the first place. Also, had I just provided conclusions and recommendations, I may have felt constrained to jettison the areas which were not directly related to the brief. One of these areas was the importance of legibly and completely filling out the counselling form. My report, then, would not have been useful at all to the organisation.

As a central theme of this dissertation is my reactions to the fieldwork, and how these changes within my self influenced my interpretation of the data, the effect of writing the report should also be noted. "Leaving the field" enabled me to gain some perspective on the issue of rape itself, and I gradually became less paranoid about my own and others' safety. The lessening of the fear is reflected in the report. I was able to write about the issue of the treatment of rape survivors by police and district surgeons without including too much of my belief in the need for radical changes in the way in which our society socialises us to believe that women are "natural victims". Although the report's introduction discusses the issue of rape, its prevalence and its effect on the survivor, this was

mainly for the academic audience, as the counsellors were already aware of these issues. As far as I am aware, the rest of the report concentrates on the issue of the treatment of survivors. The period of writing the report allowed me to gain emotional distance from the rapes recorded in the case records, and to concentrate on the treatment of survivors. This is not to say that I had no emotional reactions to the data during the writing of the report, but the analysis of the data showed that the treatment of survivors is more often positive than negative, which allowed me to view police and district surgeons in a more positive light. Although the negative reports of the treatment showed that changes need to be made in the way in which rape survivors are treated, the number of positive reports show that society is not completely against rape survivors; that some officers and surgeons do understand that survivors need sympathy and understanding. Writing the report seemed to dissipate some of my anxieties, and I am no longer as concerned about my safety, although I continue to carry self-defence spray, and perhaps am more aware of potential dangers.

In summary, the way in which I wrote the report was mediated by several factors. I was writing a document which would form part of my Masters dissertation, as well as informing Rape Crisis of the results of my research. I needed to write concisely so that the report would be useful to the organisation, but with enough detail for the issues to be clear to academia. My conclusions and recommendations needed to be such that the report would be useful to the organisation while not telling them things they already knew, but detailed enough to inform academia about

issues they might know nothing about. Because of the feedback I received from the new counselling coordinator, I now realise that reports are not always put to the use for which they were intended. Reports should then perhaps also be written so that multiple uses can be made of them.

The effect on me of analysing the data and writing the report was to provide a means of distancing myself from the subject of rape. My concentration on the treatment of rape survivors, and the fact that I was no longer being exposed to the actual reports, helped to provide me with some measure of objectivity to the report. Had I not had the experience of being distanced from my research, the report may have been more emotional, and perhaps more biased in that it may have concentrated mainly on the negative reports of the treatment received by rape survivors from police and district surgeons. Once again, the effect which the research process had on my self is reflected in my analysis of the findings and the fairly unemotional report.

CHAPTER 6 CONCLUSION

The central theme throughout this dissertation was the change which occurred in my self due to fieldwork for Rape Crisis, and how this change influenced the way in which I gathered and analysed data. The chief change in my self is the increased awareness of the vulnerability of women, both in our society and in others. I am keenly aware of the need for changes to take place in the way we view women, and particularly rape survivors. This outlook was reflected in my sympathy with the counsellors when they discussed the negative attitudes of police and district surgeons, and in the analysis of the data which showed that most rape survivors are ashamed about being raped, and do not report the crime to the police.

I have systematically detailed how each phase of the research affected my self, and how each change in my self affected the way in which I interpreted the information gathered through my methods. I changed at the beginning of the research to viewing the treatment of rape survivors by police and district surgeons as negative before I had begun the data collection phase of the research. This change was influenced by the views of the counselling coordinator and the literature on the subject (Frohmann, 1991; McKellar, 1975). The change in my self was reflected in the proposal, which seems biased against police officers and district surgeons.

I was also changed by the methods I used in the fieldwork. Observation showed me that counsellors tend to polarise issues, and the police and district surgeons, in the counsellors' view, are on the opposite side of the issue of rape survivors to Rape

Crisis. Interviews demonstrated that the counsellors are more likely to view the actions of police and district surgeons as negative, and that counsellors tend to remember more easily the cases where survivors were treated badly than those where survivors were treated well. Reading the records showed that positive treatment occurs more often than negative treatment. The change that these methods brought about in me was that I no longer completely supported the view that police and district surgeons more often treat survivors badly than not. This change in perception resulted in my being able to try to correct my original bias in the interpretation of the data by rereading reports and my notes on the interviews with the counsellors, and trying to correct any imbalance.

The greatest change in my self occurred due to the fieldwork itself. The immersion in the subject of rape caused me to become paranoid about my own and other women's safety. This problem was alleviated to some extent through the discovery that counsellors also suffer from paranoia when counselling rape survivors, and their assurance that, as soon as I was no longer immersed in the subject of rape, I would no longer have a debilitating fear for my own and others' safety. The effect which my paranoia had on the research was that I was once again more inclined to believe that rape survivors are treated badly by police and district surgeons. I had to be careful, however, so that my renewed bias did not colour my research results to any great extent.

The analysis of the data and the writing of the report allowed me to gain some distance from the subject of rape, which assisted in not allowing the bias brought on by my paranoia to influence my findings. As the counsellors had said would occur,

merely "leaving the field" (Shaffir and Stebbins, 1991) allowed the paranoia to abate to manageable levels, although I remain cautious about my safety.

The importance of self-reflexivity lies in observing how our selves and the changes within our selves shape our research (Kleinman, 1991:184). Being aware of the impact of the changes within my beliefs and ideals allows me to see other ways in which the data could have analysed and organised. My self affected the fieldwork from the beginning: being interested in women's issues led me to Rape Crisis; being a woman allowed me to undertake the research. The anger I experienced due to my sudden awareness of the vulnerability of women, and the references to the ill-treatment of survivors by police and district surgeons, also led me to analyse the data in a way which showed that changes need to be made to the attitudes of police officers and district surgeons. Had I been a different person, had I not supported feminist ideals, or believed in the equality of women in all aspects of life, I would no doubt have been able to show that rape survivors are responsible for their treatment, and need to be treated roughly so that a statement can be obtained, or to ensure that they are not merely "crying rape", like the boy who "cried wolf".

My experiences doing research for Rape Crisis demonstrate the importance of self-reflexivity. Continuous introspective examination is needed by the researcher of his or her emotions and of how these influence the process by which the research unfolds (Shaffir and Stebbins, 1991:148). The researchers'

expectations (such as my expectations that I would discover that police and district surgeons treat rape survivors badly) and feelings (such as my feelings of fear and frustration) not only affect the research, but become part of the research itself (Kleinman, 1991:184). Anthropologists, as well as other social scientists, should strive to make their biases explicit (Werner and Schoepfle, 1987:171).

This dissertation has attempted to do just that: to make my biases explicit, as well as to show how ethnographers shape, and are shaped by, their research.

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APPENDIX 1: RESEARCH BRIEF

RESEARCH BRIEF BETWEEN RAPE CRISIS AND MARCHELLE ROSSOUW

The overall aim of this research will be to describe the nature of complaints that Rape Crisis has experienced with police and district surgeons in the last two years. This information will largely be gained from counselling case records. Additional information will be gained from conducting interviews with counsellors. If time permits, interviews will also be conducted with police officers from those police stations with which counsellors have experienced problems. The finer details of the research will be worked out by the researcher in consultation with the counselling coordinator and the Education and Training Women while doing the fieldwork was the number of cases in which the survivor did not report the rape to the police. All case material, in particular the identity of the clients, must be treated with strict confidentiality and the researcher will be required to sign an oath of confidentiality. At no time may any case be removed from the office. It should be noted that Rape Crisis counsellors are volunteers and at times it may be necessary to conduct interviews after office hours. The organisation unfortunately does not have funding available to pay any form of salary towards this research. However, the organisation will contribute by assisting with photocopier, telephone and petrol costs necessary for completing the research. If a computer is not being used by a worker or volunteer, the researcher may use it if necessary. A report of the research will be handed to Rape Crisis.

ADDENDUM TO RESEARCH BRIEF

The brief is very useful in highlighting which methods will be necessary in order to describe the nature of the complaints experienced with police and district surgeons. However, in order for anthropology to contribute the maximum understanding of the situation, methods other than studies of case records and interviews with counsellors and police officers will be beneficial. These include:

* observing the general activity of the centre
* holding informal discussions with the counsellors and others working at Rape Crisis
* being included as an observer in certain counselling sessions (with the permission of both the counsellor and the survivor)
* possibly observing the situations where problems arise with police and district surgeons

APPENDIX 3: FIELDWORK PROPOSAL

FIELDWORK PROPOSAL

TITLE

Police and District Surgeons' treatment of rape survivors: reports received by Rape Crisis, Cape Town.

EXECUTIVE SUMMARY

Rape is a major crime in South Africa, with some estimates as high as one rape every 34 seconds (Rape Crisis). However, not all of these rape cases are reported to the police. The treatment which rape survivors receive at the hands of some members of the police force could contribute to the survivor's reluctance to report the crime (Clark et al, 1977:58).

A review of some of the literature shows that attempts have been made in other countries (such as Australia) to revise the way in which rape survivors are treated by the police. A change in the attitudes of some police officers is also necessary in South Africa. Although attempts have been made in this country to bring about changes in this respect with the reordering of the police force due to the change in government, complaints are still received about the treatment of rape survivors.

The research will investigate rape counsellors' reports about rape survivors' descriptions of their treatment by police and district surgeons. The study will be conducted using the written case records compiled by Rape Crisis counsellors in Cape Town, as well as informal interviews with counsellors and police officers. Data will also be collected through observation of the Rape Crisis Centre and police stations.

1. Introduction

It has been estimated that 1 000 women are raped daily in South Africa (Rape Crisis a). Of those, only a small percentage report to the police (Clark et al, 1977:25). Women who do so often report `secondary rape', that is, where those who take her statement and examine her do not believe she was raped, and/or treat her as if the rape was her fault (Rape Crisis a, McKellar, 1975:83). During the 1970s, rape survivors were was treated harshly by both the police and medical staff (Clark et al, 1977; McKellar, 1975). They were questioned by many different policemen, and, if they decided to prosecute they had to

> sign papers, submit to photographs of injuries, examine the mug book, point out the offender in a lineup, tell [their stories] to the district attorney ... and finally face the preliminary hearing (McKellar, 1975:84).

Although this occurred twenty years ago, there are still reports of harsh treatment from police and district surgeons (Rape Crisis). This study proposes to examine counsellors' reports about rape survivors descriptions of the treatment they receive at the hands of police and medical staff.

2. Literature Review

In a Canadian study based on rape cases, it was found that the police decide which of the cases to prosecute, and usually choose those where a conviction is possible. If, in their view, there is not enough evidence to convict the rapist, the case is closed. A high conviction rate is necessary, both for the credibility of the police and to avoid fostering the belief that most rape cases are false. A low conviction rate may result in the public believing that most accused rapists are innocent

(Clark et al, 1977:59). Of the 116 cases researched in the Canadian study, the researchers judged that 104 were founded, which means that, if, as they estimate, only 40% of all rape cases are reported, 260 rapes actually occurred. The police determined that 42 of the 116 were founded, arrested 32 suspects of these and 17 were convicted for rape. Out of a total of 260 possible rape incidents, only 7% result in conviction (Clark et al, 1977:57).

The above study also found that the attitude of the police officers towards the rape survivors depended a great deal on the survivor's background and character, based on her age, marital status, occupation and emotional and physical condition at the time of reporting the rape (Clark et al, 1977:77). Many police officers were reported also to be prejudiced by their views about what constitutes `appropriate behaviour' for women. The views and attitudes of police officers about the complainant were seen to influence how her case was categorised, as either founded or unfounded (Clark et al, 1966:59).

The Law Reform Commission of Victoria, Australia, also found that there were similar criticisms about the manner in which the police responded to sexual offence complaints (1988:15).

3. Research Direction

The brief literature review suggests that there are problems regarding police officers' treatment of rape survivors. Attempts have been made to upgrade the police forces' treatment of rape survivors, such as stating that the investigating officers need to be female, and that the survivor should be informed about options regarding medical treatment and court appearances

(Television programme *Agenda*, 1995). However, as Rape Crisis' records demonstrate, complaints continue to be received which show that these attempts have not been successful in some areas (Rape Crisis). Complaints have also been received about district surgeons' treatment of rape survivors, and the dehumanising treatment often experienced by patients (particularly women) seeking biomedical help is well documented (Fisher, 1988; Oakley, 1981)

4. Central Research Question

What is the nature of the reports received by Rape Crisis regarding police and district surgeons' treatment of rape survivors?

5. Research Methods

5.1 Data collection

Data will be collected using a variety of methods, including reading of records, informal interviews, and observation.

Rape Crisis (Cape Town) records about the reports received of treatment of rape survivors by police and district surgeons will be studied. Records from 1 January 1994 to 31 December 1995 will be included.

The interviews will take place with Rape Crisis counsellors regarding their experiences with the police force and district surgeons, as well as their experiences with rape survivors' reports about police and district surgeons' treatment. The interviews will also include reconstructing particular cases where police and district surgeons did not provide satisfactory treatment. Interviews will be in the form of informal

discussions, either with individual counsellors or, if possible, a group. Some of the later interviews will follow a checklist to ensure that all possible information is obtained. Interviews will take place either at the Rape Crisis Centre or at a space of the counsellors' choosing.

Interviews will also be held with police officers. These will also be informal, as discussions will need to be held with those officers who are available and willing to talk to me. The interviews will, in the majority, take place in the police station, although some may occur where the officer feels comfortable.

Observation will take place in both the Rape Crisis centre, and, if possible, police stations. Permission will need to be obtained from police officers in order to observe their actions.

6. Outputs

The findings will be conveyed in a report to Rape Crisis, and will be submitted as part of a dissertation to the Department Of Anthropology at the University of Cape Town.

7. Ethics

Permission for this research has been obtained from the ethics committee of the Rape Crisis Centre in Cape Town. A confidentiality document will be signed to protect the identity of rape survivors. The informants will be invited to participate in the study voluntarily, and all names used in the report and dissertation document will be pseudonyms.

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APPENDIX 4: REPORT SUBMITTED TO RAPE CRISIS

EXECUTIVE SUMMARY

This report focuses on the treatment of rape survivors by police and district surgeons. The data was gathered through an examination of the counselling records of Rape Crisis (Cape Town), interviews with counsellors, and observation of the telephonic interaction between counsellors and police, as well as informal office discussions.

It was found that the majority of the records indicated that the treatment received from police and district surgeons was positive. 59% of the reports which detailed police treatment stated that survivors had received positive treatment from the police, and 56% stated positive treatment from district surgeons. However, the most common positive response after interactions with both police and district surgeons was `okay', which is not overwhelmingly positive, and the most common negative response was that police were `unhelpful', and district surgeons' treatment was `not good'. Clearly, if 41% of the reports detailing the treatment survivors received from police, and 44% of those detailing the treatment survivors received from district surgeons are negative, much needs to be done to improve the treatment that rape survivors receive. It must be noted that, of the total number of reports examined (395), only 28% and [illegible] were positive, and 16% and [illegible] were negative of police and district surgeons' treatment respectively. The remainder were either not reported to the police (41% and 5[illegible]) or were impossible to determine from the records (8% and 17%). Of those not reported, 20% of survivors did not do so because they had negative attitudes towards the police, either because they were afraid of being judged by the police, or thought that reporting would `not do any good'. Although some steps have been taken to sensitise the law enforcement officers to the needs of rape survivors, obviously much more needs to be done. Some officers and district surgeons provide exemplary treatment to the rape survivors they serve, but others do not seem to be aware of the best way to treat those who have been raped.

OFFICIAL CONDUCT: Evaluating the Treatment of Rape Survivors by Police and District Surgeons thorough the Reports of Rape Crisis (Cape Town)

1. INTRODUCTION

Great importance is currently being placed on equal opportunities for women. Women are told that their rights are being taken into account by the new constitution, and that their contributions are welcome in all aspects of society. But women still experience sexual discrimination and harassment in certain areas, and when harassed or victimised, women often have to prove that *they* are not the guilty party, or that they are not imagining or encouraging the abuse. It is difficult to estimate the number of women who are sexually assaulted each year. According to the latest police statistics, one woman is raped every 28 seconds in South Africa. It is estimated that 1 300 000 rapes occurred in this country in 1995 (*Six on One*, 1 February 1996). In a study done by West in the United States, questionnaires were handed to women standing in queues, in waiting rooms, clubs, colleges and high streets. Of the 1 236 which were returned completed, 481 reported some form of sexual assault, and of those, 145 were raped (1987:161). According to these results, nearly 12% of women in the United States have been raped at some time in their lives. Of those that were raped, only 12 (8%) reported the crime to the police. The low rate of reporting rape will be discussed later in the report. Due to the few studies on rape which have been done in South Africa, it is necessary to use studies done elsewhere. It can be assumed that the results of studies done on rape in the western world will be

applicable to this country.

Rape is perhaps the one crime where it is more important that the victim prove her innocence than that the perpetrator prove his innocence. She suffers under a double burden of proof: she must show that the rapist is guilty, and that she is innocent (MacKellar, 1975:79).

Because rape can be closely related to normal sexual activity, the woman has to prove that sexual relations with a particular man at a particular time were against her will. The rapist (or his lawyer) will try to prove, by discrediting the woman, that she was willing to engage in sexual activity. As laws are reflections of the power relations in society, women are aware that, if they are raped and report the rapist, they will more likely than not have to defend themselves and their characters to various institutions. Because of the sexual and the violent aspects of rape, it produces judgmental attitudes in the representatives of society, such as police officers (MacKellar, 1975:79). According to Vogelman, the advice and behaviour of the police towards the `victim' often reflects a moral appraisal of her life (undated:32). A possible reason for this treatment is that `fairness forbids that nasty things happen to nice people' (Weis, 1975:99) Blaming the victim thus demonstrates that she deserved her misfortune.

Some steps have been taken to improve the treatment of rape survivors[1] by police, district surgeons and the court system

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1. The term `rape survivors' denotes that women are actively making choices about their lives, and are not passively accepting what is given to them, which is implied by the term `rape victim'.

(Stanton et al, 1994:3). However, this report will show that women are still suffering from insensitive and biased treatment at the hands of some police officers and district surgeons.

2. AIMS AND RESEARCH METHODS

2.1 AIMS

The main aim of the project was to describe the nature of the complaints about police and district surgeons that Rape Crisis counsellors have experienced, both from the accounts of rape survivors and their own involvement.

2.2 RESEARCH PROCEDURES AND METHODS

2.2.1 Counselling records

The research was conducted by studying all of the Rape Crisis (Cape Town) counselling records for 1994 and 1995. Notes were taken of all cases pertaining to rape survivors, but not of cases where people other than a survivor, such as family or friends, were counselled. Each case was examined to determine whether the rape survivor reported the crime to the police, and whether she communicated a positive or negative experience with police officers or district surgeons.

Various problems were experienced with obtaining data from these records, primarily because these are not always fully completed by the counsellors. Although the latter part of 1994 and all of the 1995 report sheets make provision for the survivor's views on her treatment by police and district surgeons, many areas of the reports have not been completed by counsellors. It was very difficult to determine the response to the treatment by police officers and district surgeons in the

cases where there were no comments on these areas. The lack of legibility of some of the forms also compounded the difficulty. The 1994 records included those survivors who were counselled telephonically, and in these cases, counsellors often did not have the time to enquire about the survivors' treatment, and these records could not be included in the analysis.

The data gathered from the counselling records is problematic as the treatment received by the rape survivor from police officers and district surgeons is seen through a number of screens. Each record reflects the counsellor's interpretation of the survivor's memory of an incident. Both the survivor's memory and the counsellor's interpretation are coloured by their past experiences. The data gathered from each record reflects my analysis of the counsellor's interpretation of the memory of an incident reported by the survivor. The limitations of this method are clear. However, this does not mean that this source of data needs to be rejected. Provided the limits are acknowledged, much valuable information can be gathered through the reported experiences of survivors, particularly when combined with interviews and informal discussions with counsellors.

2.2.2 Interviews

Informal interviews were conducted with five Rape Crisis counsellors about their experiences with police officers and district surgeons, either through rape survivors' reports or personal interaction. Interviews were open-ended to allow for both positive and negative responses, as well as personal views about the police and medical systems.

2.2.3 Observation

One of the strengths of anthropology comes from its dependence on observational data. Information about the treatment of rape survivors by police and district surgeons was also obtained by being present during telephonic counselling, and in cases where certain police officers telephoned Rape Crisis, or were telephoned by the organisation. Participation in informal office discussions helped to clarify the views of some of the counsellors regarding police and district surgeons' treatment of rape survivors.

3. FINDINGS

In total, there were 395 cases recorded from the Cape Town Rape Crisis files, 181 from 1994 and 214 from 1995. All cases which were counselling records of rape survivors were recorded. In the recorded cases, 200 survivors clearly stated their feelings about the treatment received from police officers, and 116 survivors commented on treatment received from district surgeons. It was not possible to determine whether the treatment received was positive or negative from police officers in the cases of 192 survivors, or from district surgeons in the cases of 277 survivors. These cases include those in which the survivor did not report the crime to the police. It is only possible to be seen by a district surgeon if the survivor does report to the police.

The cases were analysed according to whether the survivor was reported to have experienced positive, negative or a mixture of feelings about her treatment. An example of a positive experience could occur when the counsellor wrote a comment such

as `fine', `good' or `comfortable' in the space provided on the form. A negative experience could be categorised with a comment such as `disbelieving', `cold' or `rude'. A mixture of feeling usually refers to two separate incidents, either with different officers or at different times. An example could be that the first officer to see the survivor was `rude', but the second was `sensitive'.

As positive and negative perceptions of police and district surgeons' treatment are subjective, it is not possible to say with any certainty whether the reported good treatment received by the one survivor would be seen as such by another. Likewise, the counsellors' perceptions of the experiences of survivors are also subjective, and what is seen as `fine' treatment by one counsellor may be seen as `uncomfortable' by another.

The data gathered was also analysed to determine whether some counsellors are more inclined to perceive the survivors' reports as positive or negative. The analysis showed that no counsellor was more biased to one category than the other. All counsellors reported about the same percentage of positive treatment, as well as the same percentage of negative treatment.

It was also determined that no police station or district surgeon had more reports of negative treatment than of positive treatment. Each police station and district surgeon had a greater percentage of positive than of negative reports.

3.1 TREATMENT BY POLICE OFFICERS

My classification of the cases into reports of positive, negative and mixed treatment by police officers is shown in Table 3.1.

Table 3.1.1 Reports Regarding Police Treatment of Rape Survivors

	1994	1995	TOTAL
POSITIVE	24%	32%	28%
NEGATIVE	18%	14%	16%
MIXED	6%	6%	6%
NOT REPORTED	43%	39%	41%
NO CHARGE[1]	1%	1%	1%
IMPOSSIBLE TO DETERMINE	8%	8%	8%
TOTAL	100	100	100

[1] `No Charge' denotes cases which were reported to the police, but where no charge was laid against an assailant. It was also difficult to determine whether the police treatment in these cases was positive or negative.

Positive and negative treatment can be seen on a continuum, ranging from sensitive and sympathetic, through efficient, to disbelieving and to an experience of secondary rape. `Secondary rape' is used to describe very unsympathetic treatment from police and district surgeons, when the survivor feels that the authorities see her as the criminal. Several reports stated that the survivor felt that she had been `raped again'. The negative treatment can range from questions about her sexual activities, about whether she had been drinking, statements from officers that she `asked for it' or that she `enjoyed it', and in-depth or repetitive questions about the details of the rape. Although any questioning after a traumatic experience is difficult, secondary rape refers to very unsympathetic and insensitive probing, or disbelieving the survivor's statements.

It can be seen from Table 3.1 that the positive cases outnumber the negative cases. In 1994, positive cases made up 24% of those recorded, while 18% were negative cases. In 1995, 32% of the cases were positive towards the police, while 14% were negative.

Thus there has been an increase in survivors reporting positive treatment from police officers. However, it must be noted that the survivor's views on her treatment by the police and district surgeon usually refer to the period when she reports the rape. It is possible that the positive or negative impression she received at the time of reporting the crime could change as the police begin their investigation, as detectives usually investigate a case after the desk sergeant has taken a statement from a survivor. The survivor may experience different treatment from different police officers.

In one case, the file stated that the survivor had been treated with sensitivity by the police. However, when she later requested a copy of her statement and the form used by the district surgeon (the J-88 form), the police officer assigned to her case seemed reluctant to assist her. He proved very difficult to contact, and not at all helpful once speaking to a Rape Crisis counsellor on the telephone. He stated that he could not send the forms by facsimile, and that the survivor needed to collect them from the Bellville South police station, as he also wished to speak to her. An appointment was made, but when the counsellor, the Rape Crisis legal adviser and the survivor arrived, the sergeant did not greet the survivor, or speak to her in any way. He informed the women that the forms were available from the Parow court house, and that if the survivor wished to change her statement, she could do so and send a facsimile to his office. Much time had been wasted, as the three women had to leave work for the morning in order to go to the police station and court building to obtain a statement which could have been sent by facsimile. The rudeness of the police officer towards

the survivor also needs to be noted.

In another case, Philipi police officers were very sensitive towards a rape survivor, and sat with her to comfort her while she was waiting for the district surgeon. However, the officer assigned to her case was uncooperative when she requested a copy of her statement.

Both of the above cases could be categorised as `mixed'.

3.1.1 Positive treatment

There have, however, also been cases where the treatment from the police officers is entirely positive. In one case, the officers of Cape Town Police Station were `caring and sympathetic' to the survivor and `very helpful' regarding queries from Rape Crisis (in the words of T[1], the counsellor in that case). In another case, the Muizenberg Police Station's officers were sensitive and sympathetic, and insisted that the survivor be allowed to wait for the district surgeon in the nurses' lounge, instead of with the other patients. However, this very positive response could have been connected to the fact that the survivor's brother-in-law is a police officer. In a further example officers from the Grassy Park Police Station waited with the survivor for the district surgeon, speaking to her with sympathy, then driving her home after the examination.

In two of the 1995 cases, the survivors received very sympathetic treatment and the rapists were arrested immediately.

As the reportss statements.

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1. All names of counsellors have been changed to ensure confidentiality.

It can be seen from Table 3.1 that the positive cases outnumber the negative cases. In 1994, positive c of the treatment can be seen on a con it is possible to divide the cases into the types of positive treatment received. There were 113 survivors who reported totally positive treatment, and 24 survivors who reportedly experienced some positive treatment, making a total of 137 positive incidents. The range of the comments expressed in the reports are given in Table 3.1.2. The comments are those which are used by the counsellors when describing the survivors' experiences.

Table 3.1.2 Positive Treatment of Rape Survivors by Police Officers

Helpful	24%
Okay	22%
Fine	14%
Good	13%
Sympathetic	8%
Supportive	7%
Nice	4%
Excellent	4%
Kind	4%
TOTAL	100%

It can thus be seen that the majority of the positively reported incidents were either `helpful' or `okay' (46%). While `helpful' is certainly positive, `okay' merely seems to indicate that no negative experiences were reported. `Okay' appears to denote that no experience that could be defined as totally positive (such as `good' treatment) was found.

Police are more likely to be sympathetic in cases which they believe to be `true rape'. According to Stanton, `true rape' involves weapons and serious injuries, it occurs in a lonely place at night, when the rapist is a stranger and the survivor is a virgin or has had no extra-marital affairs. She must also

resist both verbally and physically (1994:2). Many people view these circumstances as rape, while being suspicious of survivors who have been raped by people they know in their own homes, or when survivors did not `really' resist the attack. It is also a commonly-held view that prostitutes cannot be raped. When survivors report rape to the police, the officer who takes the statement must decide whether a crime has been committed or not. He or she bases the decision on past experiences and perceptions of what constitutes rape (Bottomley and Coleman, 1980:83). Police are often reluctant to act in cases which could be seen as `domestic disputes' (Frohmann, 1991:219). Yet most rapes reported to Rape Crisis take place in the survivor's own home, and most perpetrators were friends, acquaintances or `dates'. According to Rape Crisis statistics, 60% of the survivors counselled in 1994 knew their assailant (Report, 1995:3).

3.1.2 Negative treatment

It has been shown that, according to the records, positive treatment occurs with more frequency than negative treatment. However, the negative treatment experienced by 24% of survivors at Rape Crisis in 1994, and 14% in 1995 is very disturbing. The negative treatment, like the positive, can be seen on a continuum, from the mildly unpleasant, such as unsupportive but not insensitive, to the case where the survivor was raped by the police officer to which she reported the crime. The categories of negative treatment stated in the counselling records are shown in Table 3.1.3.

Table 3.1.3 Categories of Negative Treatment by Police Officers

Category	%
Unhelpful	31%
Insensitive	18%
Disbelief	11%
Harassed	8%
Cold	7%
Didn't want to take statement	6%
Rude	6%
`Bad'	5%
`She asked for it'	5%
Impatient	3%
TOTAL	100%

Although the research has focused on the survivor's treatment if she reports the crime, it must also be stated that in four of the 395 cases, the rapist was in fact a policeman. In one of these cases, the survivor was told to accompany an officer to Claremont police station to answer some questions, where he then raped her in one of the cells. She reported the crime to the Wynberg police station, where the officers were very helpful and sympathetic. In the second case, a police reservist was raped by one of her colleagues in Kleinvla, and received negative treatment from the Macassar police station, where nothing was done to apprehend the rapist. The third case occurred when a policeman raped a women who was waiting for her mother to fetch her from a cell in Elsies River. The fourth case occurred when a 15 year old survivor reported the crime to the Grassy Park police station. An officer then came to her home, told her he loved her and then raped her. The survivor reported the second rape, but has been given no information about whether he has been arrested or charged.

The last case mentioned above could be seen as the worst treatment a survivor can receive when reporting her rape to the police. However, other cases could be seen as nearly as traumatic. A 15 year old survivor reported a gang rape to the Langa police station, and was told to wait at the station to identify the rapists. Once the rapists had been brought to the police station, the officer in charge locked the survivor and the rapists in his office for several hours. He did not provide a reason for so doing. When the officer returned, the survivor was told that, if she decided to press charges against the rapists, she would have to go to the Magistrate's Court, where it would be proven that they did *not* rape her. She was forced to sign a form withdrawing the charges laid against her assailants before she was allowed to return to her home.

In another case, the treatment from the police officers at Mitchells Plein was reported to be okay. However, the police officer who took the rapist's statement was of the wrong rank, and the survivor was told to take her underwear home and wash it. These omissions led to the case being withdrawn due to lack of evidence. This can only be seen as a result of the incompetence of the police officer.

According to C, one of the counsellors, the most common complaints after the survivor has reported the crime are that police officers are impossible to contact, the survivor is not informed about the progress in her case, the officers do not return telephone calls and that there are communication problems between the survivor and the police officers.

One of the most common complaints in the case records is that police officers do not act on complaints received from

survivors (and are thus unhelpful), either because they are friendly with the rapists or fear gang activity. These complaints are also often the reasons given for not reporting rape to the police. It can be said that not reporting the crime in itself is indicative of the survivor's expectation of negative treatment. This will be discussed further in the next section.

3.1.3 Not reported

The majority of rapes reported to Rape Crisis are not reported to the police. The records show that 160 of the 395 cases (41%) were not reported to the police, but did report the rape to Rape Crisis. Many more women do not tell anyone (either family or friends) that they have been raped. The South African Police estimate that only 2,8% of survivors report the crime to the police (Stanton, 1994:1).

The Rape Crisis record forms provide a space for a reason to be given for not reporting the crime. Of the 160 cases which were not reported to the police, nearly half (79 or 49%) did not state a reason. It is not possible to establish whether this is because the survivor refused to supply a reason, or because the counsellor either did not request a reason or did not note a given reason on the counselling form. However, the reasons given in the remaining 81 cases are stated in Table 3.1.2.

Table 3.1.2 Reasons for not reporting

	No. of cases	Percentage
Fear	23	28%
Did not want anyone to know	16	20%
Troubled about police	16	20%
Ashamed	11	14%
Raped by family/ did not want attacker to be hurt	7	9%
Was not sure that attack was rape	6	7%
Wants to forget	2	2%
TOTAL	81	100%

In 28% of the cases, survivors were recorded as having been afraid of reporting, particularly because many of the rapists threatened to kill them if they spoke to the police. However, a third of the survivors were reportedly also afraid of how people they knew would treat them if they were told about the rape (they did not want anyone to know and/or were ashamed). This fear could be one reason for survivors not wanting anyone else to know about the crime, as women continue to be blamed for `inviting' rape. Many of the cases reported that the survivor was `afraid of being judged' if she reported to the police. It is disturbing that 20% (16) of those who did not report were recorded as having stated negative attitudes towards police (6), that they did not want to face the police (8) or that the attacker was friendly with the police (2).

In some of the cases where the survivor did report to the police, the reports indicated that very little was done to apprehend the rapist. Many of the survivors in this situation stated that the police were friendly towards the rapist, or that the rapist was a gang member and the police did not wish to come

into contact with gangs. Believing that the police are unwilling to detain a friend or a gang member could certainly deter women from reporting rape.

According to Holmes, the reasons for not reporting rape include the stigma which is attached to `victims' and the sexist treatment at the hands of the law, where women are `mentally raped' by the system (1991:75). Survivors can be deterred from reporting by insensitive questions from police. In one of the cases, the survivor did report the crime but received such negative treatment that she believed that reporting was `a waste of time'. The police officer who took her statement asked her if the rapist had a weapon, to which she replied that he did not. The officer then asked her whether she considered the rapist's penis a weapon. He then asked her if she was sexually aroused during the attack. There is little doubt that this survivor will not report another rape to the police, and she may even inform other women that reporting rape is useless and degrading.

Several factors affect the decision to report (Steketee and Austin, 1989: 287-293). One factor is the degree of acquaintance with the rapist. The survivor is less likely to report the crime if she knows her rapist well, as is shown in Table 3.1.2, where 7 women did not report because the rapist was a family member. Most rapists are known to the women they attack (MacKellar, 1975:99), either being husbands, friends or acquaintances. The type of attack also plays a role in whether survivors' report or not. If the rape was as a result of a `confidence trick', where the women was deceived into believing that the rapist was a friend, she is less likely to report than the case of a violent attack. Another factor is the use of physical threat. The

greater the injuries sustained by the survivor, the greater the likelihood of reporting. The survivor's initial experiences with the police and justice system could also affect the probability of reporting the crime. An important reason for not reporting rape to the police could be the fear of reprisal by the assailant. The stronger the fear, the less likely the survivor will report (Steketee, 1989). In the present study, 28% of the women who provided reasons for not reporting the crime decided not to report because of fear. If police officers wish to increase the number of rape survivors who report the crime to the police, they will need to address all of the above problems. However, perhaps the most important factor from the perspective of this study is that 20% of those who provided a reason for not reporting were reported to have stated that they had negative attitudes towards the police. This will certainly need to change if the police are to serve the ends of justice.

3.2 DISTRICT SURGEONS' TREATMENT OF RAPE SURVIVORS

The rape survivors' reports on their treatment during the medical examination are more difficult to classify than those on their treatment by police officers. An internal examination may be unpleasant under ordinary circumstances, but will almost certainly be very traumatic after the ordeal of being raped. As such, the rape survivors' assessment of their treatment is very subjective - treatment which for one survivor is the same as a routine gynaecological examination may be unbearable for another. This is particularly the case when the rape survivor has not experienced an internal examination before. Of the 395 records reviewed, 364 supplied the age of the survivor. In total, 186

(51%) of these were under the age of 20 (see Table 3.2.1), and 76% of the survivors were under 26 years old.

It is probable that many women have not had a gynaecological examination before they are 20, and, although the district surgeon may be treating the young survivor as he treats all of his patients, she may experience the internal inspection as extremely traumatic.

Table 3.2.1 Recorded ages of rape survivors

AGE	1994	1995	TOTAL
13-20	64%	40%	52%
21-25	18%	30%	24%
26-30	8%	13%	10.5%
31-35	4%	6%	5%
36-40	4%	7%	5.5%
41-45	1%	3%	2%
46-50	1%	.5%	.75%
51-55	0%	.5%	.25%
TOTAL	**100%**	**100%**	**100%**

However, although this subjectivity must be taken into account when analysing the information, it will be shown that some district surgeons are more sensitive towards the survivors than others. The information gained from the Rape Crisis reports is presented in Table 3.2.2.

Table 3.2.2 Treatment of Rape Survivors by District Surgeons

	1994	1995	TOTAL
POSITIVE	9%	22%	16%
NEGATIVE	7%	13%	10%
MIXED	4%	2%	3%
NO D.S.	56%	48%	52%
IMPOSSIBLE TO DETERMINE	24%	15%	19%
TOTAL	100%	100%	100%

A rape survivor can only be seen by a district surgeon if she has reported the crime to the police. If she does not report the crime or decides not to lay a charge (or withdraws the charge), she cannot be examined by the district surgeon. This explains the large number (52%) of cases which were not referred to the district surgeon.

3.2.1 Positive Treatment

As was the case in the police treatment of rape survivors, more positive than negative treatment was reported. Of the 116 women seen by district surgeons, 65 (56%) were reported to have experienced good treatment. As is the case with the treatment received from police officers, the positive treatment from district surgeons can be seen on a continuum. The 77 incidents of positive treatment can be categorised, as has been done in Table 3.3.3. Each category was used by the counsellors in their reports, and the percentage of each was used is supplied.

Table 3.2.3 Categories of Positive Treatment by District Surgeons

Okay	31%
Fine	17%
Good	14%
Comfortable	12%
Nice	9%
Kind	9%
Helpful	4%
Supportive	4%
TOTAL	100%

In one case, the district surgeon was reported to have explained each procedure carefully before performing it, and to have been very sympathetic towards the survivor. In several other cases, the district surgeons were reported to have

confirmed that the survivors had been raped, and to have been sensitive in the examination. Some survivors were reported to have said that the district surgeons attempted to calm them and to have made them as comfortable as possible.

3.2.2 Negative treatment

Although only 34% of the survivors who were seen by district surgeons reported negative treatment, some of the treatment they reported was reported to be such that it could deter the survivor from reporting should any one of them be raped again. Of the problems reportedly experienced with district surgeons, insensitivity is perhaps the most common. Many survivors reported feeling as if they `did not deserve a name', according to P, one of the counsellors. It appears that district surgeons, in striving to be efficient, tend to treat survivors merely as a body which needs to be examined, and not as a person who has undergone a traumatic experience. In one case, the district surgeon is reported to have come into the room, looked at the survivor on the examination table and said, `This is my twelfth rape today. What's the matter with men today?'. The survivor reportedly said that she felt that he did not see her as an individual, but as `just another rape'.

The 51 incidents of negative treatment reportedly experienced by rape survivors are categorised in Table 3.2.4. The categories were used by the counsellors in their reports.

Table 3.2.4 Categories of Negative Treatment by District Surgeons

Not good	20%
Long wait	6%
Uncomfortable	14%
Unemotional/cold	14%
Unsympathetic	10%
Not nice	8%
Uninformative	8%
Alienating	8%
Awful/Traumatic	8%
Difficult	4%
TOTAL	100%

Medical evidence is very important in the prosecution of rape cases, as it can confirm that intercourse had taken place and the amount of force used. The forensic materials gathered by the district surgeon (samples of semen, pubic hairs, debris from under the survivor's nails and blood samples (Stanton, 1994:30)) can all be used to provide positive identification of the criminal (Toner, 1982:175). The need for accuracy may result in the district surgeon presenting a cold and `professional' demeanour towards the survivor. However, the reports indicated that the district surgeons do not consistently gather all the evidence available. Several counsellors' reports indicated that survivors stated that the district surgeon did not examine them further after the internal examination. No injuries were noted, no pubic hair combings were taken, nor were blood samples and finger-nail scrapings. The survivors' statements were supported by the copies of the J-88 form (which has to be completed by the district surgeon after an examination) which were present in the files of some of the cases. These forms were often not completed, especially in areas regarding samples taken, medication given and other injuries noted.

Examination by the district surgeon is also important for the health of the survivor. The J-88 form makes provision for the supply of `morning-after' contraceptive pills, medication for sexually transmitted diseases and for tranquillisers. However, some survivors report that the district surgeon did not ask if they were on contraception or supply them with the `morning-after' pill, nor did he or she prescribe medication for sexually transmitted diseases. Very rarely were the survivors informed that they should return to the hospital in three months for an AIDS test. These omissions could have serious consequences for the health of the survivor.

It appears from the reports that district surgeons are often called to the hospital to examine a survivor either when they are very busy elsewhere or during the early hours of the morning. Two reports state that survivors complained that the district surgeon was annoyed because he had been called to the hospital and, in one case, he had angrily told the survivor that she could have waited 72 hours before any evidence was lost, and questioned why she had to call him in the middle of the night; This despite the fact that the survivors are not permitted to wash themselves nor to use the toilet before seeing the district surgeon, precisely because evidence could be lost. Some survivors are reported to have had to wait up to three hours before the district surgeon arrived at the hospital, and the discomfort suffered by some was intense. Others were injured, but also had to wait for the district surgeon before the injuries could be attended to.

Ten percent of the negative incidents are reported to have been because the district surgeons are unsympathetic. In one

case, the district surgeon is reported to have questioned the survivor harshly about her sexual activities, as well as asking her if she had enjoyed being raped. When she objected to these questions, the district surgeon told her that she should get used to it, as that was the way she would be treated in court. In another case, the survivor, a 14-year old, reportedly found the experience so traumatic that she panicked in the examination room and had to be held done by the nurses. The district surgeon reportedly became so annoyed that he threw the speculum on the floor and stormed out of the room.

Misunderstandings can also occur between district surgeon and survivor. In one case, the surgeon is reported to have asked the 14 year old survivor if she had ever had a boyfriend. When she replied that she had had until a month previously, he made a note in the J-88 that the survivor had last had sexual relations `a month previously'. However, the survivor had not had sexual relations with her boyfriend, and was reportedly most distraught when she realised what was written on the J-88 form.

The treatment received from district surgeons is important, both in order to arrest the criminal as well as to ensure that the survivor remains as healthy as possible. Although the rape will have harmful effects psychologically (especially with rape trauma syndrome), the physical effects of the rape can be minimised by prompt and effective treatment.

4.1 CONCLUSION

Women are being encouraged to express their views regarding the constitution, and are also encouraged to `break the silence' of rape. However, this study has shown that 41% of the rape

survivors receiving counselling at Rape Crisis are still reluctant to report the crime to the police. Although 28% of the reports of those who provided a reason for not reporting stated that they did not do so because they were afraid, a significant number (34%) did not report because they were ashamed and did not want anyone to know about the rape. What is particularly pertinent to this study is that 20% of the reasons provided stated that the survivor was reluctant to report due to a negative perception of the police.

However, the majority of the cases which detailed the treatment the survivors received described positive treatment at the hands of the police (59%) and district surgeons (56%). It is very encouraging that most of the rape survivors which receive counselling at Rape Crisis (Cape Town) and have reported the crime to the police reported positive treatment from police and district surgeons. However, the totally negative treatment experienced by 16% of survivors from police officers and by 34% from district surgeons shows that work needs to be done to sensitise those working in these offices in how to treat rape survivors. The attitude of some police officer `towards victims sometimes puts the rapist at an advantage' (Vogelman, undated). Taking the needs of survivors into account is essential for an effective crime policy (Steketee, 1989:300), in order to encourage survivors to report the crime and testify against the rapists, which would improve the chance of a conviction. A good relationship with police and district surgeons will also lead to better readjustment for the survivor (Steketee, 1989:297), creating a better possibility for allowing her to recover from her ordeal.

4.2.1 RECOMMENDATIONS

Programmes need to be instituted to educate police officers and district surgeons in how to be sensitive to the needs of rape survivors, and the programmes already implemented need to extend there operation to include as many law enforcement officers as possible. If the officer is helpful and sympathetic, it is more likely that the survivor will be able to assist the police in apprehending the criminal. The negative treatment most experienced, according to the Rape Crisis reports, was that police officer were unhelpful. Programmes should include information about the necessity for ensuring that the rape survivor is kept informed about the progress of her case. At the moment, it is often difficult to contact the officer in charge of a particular case, and increased communication between the survivor and the officer in charge of her case would be a positive step.

District surgeons could be educated in how best to treat rape survivors. Internal examinations, although unpleasant, could be better accomplished if the survivor is as relaxed as possible. Explaining the procedures to the survivor is very important, as is arriving promptly at the hospital to when called. Although the examination is possible within 72 hours after the rape, the survivor is not permitted to use the toilet or wash blood or semen from herself, as this may result in the loss of evidence. District surgeons also need to ensure that the J-88 form is completed correctly, and that no misunderstandings occur between the surgeon and the survivor. Also, the survivor is to be provided with the medication she needs in order to ensure her health. The medication must include antibiotics and

the morning-after pill if she does not take contraception.

The presence of a Rape Crisis counsellor at the police stations and the hospital when survivors report the crime may increase the possibility of a positive experience for rape survivors. In order for this to be accomplished, volunteers could be available (`on call') throughout the day and night to assist survivors at police stations and hospitals. Police stations could be encouraged to contact Rape Crisis when a survivor reports the crime, so that the counsellor can be present during the time when statements are taken and during the medical examination. Although it is the policy of Rape Crisis to counsel only those survivors who themselves wish for counselling, being present soon after the rape would provide an opportunity for the survivor to receive counselling should she so wish.

4.2.2 Methodological Recommendations

The data collected through the use of records can be problematic, especially when each section of the records are not completed. On the basis of the information available, I was only able to reach these conclusions. If the data in the records is to be more useful, it will be necessary to ensure that counsellors are aware of the importance of completing the forms as much as possible. However, I do realise that the prime function of Rape Crisis centres is to provide comfort and counselling to rape survivors. The gathering of statistical data will need to take second place to the support of the survivor, and if gathering data is intrusive, it must not be attempted.

The data gathered here was seen through a series of screens:

the memory of the survivor, the interpretation of the counsellor, and my perception of what was written in the report. More reliable data could be gathered by a counsellor who could be present throughout the counselling sessions and, at times, with the survivor when she reports the crime.

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APPENDIX 5: FACSIMILE OF COUNSELLING FORM

COUNSELLING FORM

Please complete this form as fully as possible for our statistics

Name	Case No.
Person first reported to	Age
Contact No.	Employment
Counsellor	Why Rape Crisis
Time of incident	
Place of attack	
No. of attackers	Names of attackers
Reported (Y/N)	Reason
Police Station	Officer's name
Separate room?	Woman officer?
Treatment received	
D.S.?	Name
Internal Exam?	Scrapings?
M.A. pill?	Antibiotics?
Combings?	J 88 Copy?
Treatment	

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21 February 1996

Marchelle Erasmus
Dept. Social Anthropology
UCT
Private Bag
Rondebosch
7700

Dear Marchelle

Thank you for the copy of your research document that you sent us, it makes for good reading and is a valuable summary of our work for training and liaison purposes. Unfortunately I am not completely familiar with the history of your contact with us and of course we've never met but if their are opportunities for further links between Rape Crisis and the Social Anthro Department we would obviously welcome that very much.

Your recommendations were very interesting but set terror into the hearts of volunteers when they thought of being on call "night and day" to various police stations around the peninsular! However if one day we had access to the necessary funds some of these kinds of ideas would be put into practise. Just on a point of interest, some hospitals, GSH in particular, have counsellors on call for all rape survivors but others certainly need to implement this.

I particularly valued your comments about methodology and our next Volunteer Training Course will have a section on recording of sessions, report writing and collecting relevant data.

Thank you again and please contact us if you need any further feedback or if I have in any way neglected to fulfil the contract we had with you or the Department - I am new to this post and not aware of whether you have any further expectations of us.

Yours faithfully

Kathleen Dey

KATHLEEN DEY
Counselling Co-ordinator