

Pioneering women:

Memories of Pietermaritzburg (Pmb) Rape Crisis¹

by Mary Kleinenberg

THIS article is intended to document the history of the work of Pietermaritzburg (Pmb) Rape Crisis from 1979 until 1998. It covers its formation, aims, campaigns and everyday work. The material was largely sourced from founder Judy

Sandison's private papers, including newspaper clippings, information that is otherwise unavailable. Daily newspaper reports provide ongoing evidence of the devastating effects of rape.

Introduction

PERHAPS the most notorious rape case brought to trial in this country, on 6 December 2005, was that of Jacob Gedleyihlekisa Zuma, later to become President of South Africa. On 9 May 2006, Judge Willem van der Merwe dismissed the charges against Zuma agreeing that the sexual act in question was consensual. The celebratory crowd outside the court was split down



demographic and gender lines. During the trial, Zuma admitted having unprotected sex with his accuser knowing that she was HIV positive, saying that after receiving several sexual signals from the woman, he gave her a massage, removed her kanga, and they had sex.¹ One of the so-called sexual signals was that she

was wearing a kanga. He claimed that he took a shower after the sex to cut the risk of contracting HIV. This statement was condemned by the judge, health experts, HIV activists and the public in general, but has given cartoonists a great deal of copy.

In every respect, this case epitomises everyday rape cases brought to court: witnesses are rare; the perpetrator pleads consent; the survivor has to prove the lack of consent; and then suffers repeat in court by being asked inappropriate questions – for example where she was, whether she resisted, what she was wearing.

Fezekile Ntsukela Kuzwayo (or Khwezi, the name given to the young woman who brought the case against Zuma) considered herself a lesbian and was adamant she had not given consent. Zuma was a friend of her father's and she knew him as an 'uncle'. After the not guilty verdict, Khwezi fled to the Netherlands where she was given asylum. She died after a long illness on 8 October 2016 at the age of 41.²

An early definition from the Boston Women's Health Book Collective, first published in 1971, describes rape as 'illicit carnal knowledge of a woman without her consent, effected by force, duress, intimidation, or deception as to the nature of the act.' Rape is a crime against women, a crime which might be viewed as the ultimate expression of negative attitudes toward, and contempt for, women of all ages. Rape is an exaggerated acting out of some of our society's conventional, patriarchal, ideas toward women. Women are perceived as belonging to a man, a father, a husband, or a son; so, if not visibly protected by a man they might be considered 'fair game'.³ Rape crisis centres hoped that over

time, with education, attitudes like this would change; there would be better law enforcement, better court procedures and better medical care. Later definitions included the rape of men.

South Africa is a deeply conservative and patriarchal society. Susan Brown-miller points out that this can exacerbate the incidence of rape:

In all societies that emphasise the aggression of men and the passivity of women, rape can be viewed by the rapist as a normal sexual act. As long as sons are taught to be aggressive and daughters are not taught effective means of dealing with this aggression, rape will always be with us.⁴

The beginning

On 10 November 1976 the *Natal Witness* reported that a young woman employed by the South African Broadcasting Corporation (SABC) had been knocked to the floor in a toilet and assaulted by a man at the Royal Showgrounds. This woman was Judy Sandison who was attending a dance organised by Weston Agricultural Old Boys Association. She was enjoying the occasion, the band was good and the dancing was fun. While visiting the women's toilet a man appeared; he hit her on the jaw, and pushed her to the floor, but as she fought back the man continued to punch her, and hit her head against a concrete wall. Finally, he put his hand over her mouth and nose, but when she pretended to faint and went limp he ran off. Sandison dragged herself along the floor and a young schoolgirl came to her assistance. As a result of the attack Sandison suffered concussion, severe bruising and scratches.

The only place to report sexual assault is at a police station, a facility

often 'manned' by a group of uninformed and unsympathetic males, which makes reporting difficult and stressful. However, Sandison took this step by reporting the attack, and was later able to identify Errol Kromhout who, at his trial, pleaded not guilty to the charge of assault with intent to rape, before Mr E. Combes, in Pietermaritzburg Regional Magistrates Court.⁵

Combes found Kromhout guilty and sentenced him to 18 months' imprisonment, with nine conditionally suspended for three years. In passing sentence the magistrate said: 'Anybody who viciously and with no provocation attacks a young woman whom he does not even know must have a serious character defect.'⁶ However, Kromhout was granted leave to appeal and was released on R150 bail.

On 25 June 1979 when Sandison was chairperson, the Victoria Jaycees launched Pietermaritzburg (Pmb) Rape Crisis, the second group to be formed in South Africa after Cape Town. Pmb Rape Crisis was intended as a 24-hour telephone service providing support and counselling to rape survivors in the magisterial area of Pietermaritzburg and district. Training for six volunteers was provided by Margaret Tineves, on holiday in Pietermaritzburg, who worked in a Rape Crisis Centre in Canada.

Pmb Rape Crisis

The Pmb Rape Crisis Group developed objectives to assist abused women to view themselves as 'survivors' rather than 'victims' in order to develop ways to cope and deal with the violence they had experienced, rather than being helpless sufferers. They provided telephone support, as well as face-to-face counselling and recommended referral services where necessary. They attempted to

liaise with institutional staff likely to come into contact with rape survivors, embarked on public speaking exercises, distributed written material on rape, and ran training sessions to encourage more women to become members. Their aim was to initiate change within the existing judicial system.

The 24-hour confidential service was provided by the member on duty who carried a Radio Telephone and Paging Service 'bleeper'. Should anyone want to contact Pmb Rape Crisis they telephoned the number 56279, asked for Rape Crisis, and gave their telephone number. The service then paged Rape Crisis with this number, and the duty volunteer would immediately contact the caller. It was important to ring back immediately because many calls came from public phone boxes. Before the advent of cellular phones, public phone booths were often in isolated, vulnerable spots, and decidedly insalubrious. Each member/counsellor carried the bleeper for two weeks at a time, and should they be required to go out and meet the caller they contacted another member so no one ever went out alone. It could be a very anxious two weeks, especially since there were only six members at this early stage, and calls came through at any time of the day or night. There were never large numbers of volunteers prepared to carry the bleeper, even when the membership had grown. Bobby Keal reminisced about this task: 'Carrying the bleeper was tense and you never knew when and where you would be called. I used to dread the calls! So much for being the brave, bold woman.'⁷

There was a check list for answering crisis calls, largely to help the member to remember to listen, not to judge; not to give advice, only to give facts; and

to support the caller's decisions, and any action she might have taken during the rape, reassuring her that she had coped, and was alive. It was important to ascertain whether the caller was in a safe place, was hurt, and to ask what had happened without leading the conversation. It was also necessary to point out the need for police reporting if there was any possibility of pregnancy leading to an abortion. If the survivor decided to report the incident she was advised not to bath or douche, not to take alcohol or drugs, and an offer to accompany her was made. If she did not want to report the rape, it was suggested that she see a medical practitioner to check for venereal disease, provide prophylaxis in case of pregnancy, and check injuries.

Over the months, Rape Crisis members began to be exposed to the harsh realities of the trauma experienced by women who had been raped – details, without using names, were recorded in the minutes and meetings were held to discuss assaults, and provide support to members involved in counselling. For the first time in Pietermaritzburg the stories of these women began to emerge.

Case studies

In 1979, with the co-operation of a rape survivor who was raped by an armed intruder in her last week of pregnancy, the following story was published in the *Natal Mercury*:

I cannot possibly describe the complex problems that arise as a result of rape, quite apart from the physical and emotional trauma. The rapist threatened to cut the baby out of me if I made a sound. The identification and court proceedings were gruelling and the Counsel for the defence made humiliating insinuations throughout the trial. For a long time I was obsessed by

bathing, scrubbing myself mercilessly, sometimes as often as six times a day. I sometimes locked myself and my two young children in a room for the day. I made excuses not to go out, convinced that people were whispering about me and judging me. I still panic when alone at home.⁸

In another case, a phone call from a teenage girl revealed a family rape. She asked for a face-to-face interview where she reported that she had been repeatedly raped by her grandfather and was afraid that he was now paying too much attention to her much younger sister. The survivor's mother became very angry accusing her of making up stories when she tried to speak to her. Two volunteers were asked to accompany this young woman when she wanted to confront her grandfather. He was unapologetic saying that she provoked 'sex' by doing cartwheels and handstands in front of him, and showing him her pants. He appeared not to understand that all children have fun doing handstands and cartwheels, which is not an invitation to rape. After talking to the grandfather, a distraught mother found it difficult to accept her father's admission that he had 'sex' with her daughter. Counselling was recommended for the whole family.

Public education

Giving information to the public through public speaking, and attempting to give women confidence, was a crucial aim of the talks. The third annual report of Pmb Rape Crisis, dated 28 November 1983, recorded that a total number of approximately 1 600 people, including social and community groups, professional groups, and educational institutions, had been reached through talks and the showing of films. There

were also radio interviews on Capital Radio and Radio Today (SABC).

Recommendations to those giving talks were to include some rape statistics, the current legal definition of rape, and describe the changes rape crisis centres were advocating, including an explanation of the well-researched Rape Trauma Syndrome. After being raped women may experience some, or all, of these emotions: shock, sadness, anger, depression; and feel ashamed, dirty, and guilty. They may also feel that they have lost control of their lives, and unable ever to trust another human.

Emphasis was placed on discussing the myths surrounding rape. These were clearly listed by Doreen Kossove and Anne Raynal, both members of Pietermaritzburg Rape Crisis, in the *SA Medical Journal*.⁹ First, there is the widely held belief that rape is a crime of passion. However, evidence reveals that rape is a crime of violence, not passion. Ninety-seven per cent of rapes are accompanied by threats of great bodily harm or death, 30 to 40% by the use of weapons. Furthermore, over 80% of all rapes are planned. Second, there is the assumption that 'nice girls don't get raped'. The facts show that the ages of rape survivors range from nine months to 90 years. Survivors seem to be chosen for their vulnerability rather than any other characteristic. Third, it is clear that when women are faced with violence many become frozen by fear, and cannot fight back. Fourth, is the inference that rapists are insane, but studies of convicted rapists have shown that the overwhelming majority appear to be normal on psychological testing and interviewing, falling within the definition of sanity. Men who rape may have a greater propensity to solve problems with violence. Fifth,

many presume that rapists are always strangers when the reality is that 40 to 80% of rapists are known to the survivor. This is more likely to be true when the survivors are children. Last, is the widespread opinion that most women who cry rape are doing so out of spite or shame. However, the incidence of false rape reporting is the same as that of false reports for other crimes, including burglaries (approximately 2%). The shame of having been raped (with attendant notoriety and aspersions) and the very real fear of retaliation from the rapist are potent factors determining the low incidence of reporting.

These talks encouraged women to be consciously aware of their surroundings: not walking alone; taking a course in self-defence; carrying a bunch of keys, or a nail file as some protection and perfume or suchlike to spray into the eyes of an attacker; never opening a door without knowing who had knocked; walking purposefully and firmly; reporting to the police any suspicious people hanging around a school or work place.

One small example of how Pmb Rape Crisis talks often helped individual women to come to terms with a past experience was when the group gave the usual talk to a farming community at Highflats. At tea an elderly woman asked to have a private conversation and confessed that as a teenager she had been raped by a family member and had never told anyone because she felt guilty and was afraid of judgement, thinking that somehow she must have provoked the attack. She went on to say that the talk had given her the courage to tell someone and now, at last, she felt some relief and was convinced that it was not her fault.

Legal definition

When the Pmb Rape Crisis Centre was opened, the legal definition of rape was: 'The unlawful intentional sexual intercourse with a woman without her consent'. Rape crisis centres considered this to be problematic for the following reasons:

- a) Rape is not automatically unlawful because it was not, at the time, unlawful for a man to rape his wife, in which case he could only be charged with assault;
- b) In law, sexual intercourse had the strict meaning of penetration by the penis of the vagina. It was therefore not rape if the penis was forced into any other orifice – this would fall into the category of indecent assault;
- c) In the above definition rape could only be committed by a man on a woman, which meant that the rape of a man, and same sex rapes were not recognised – also falling into the category of indecent assault;
- d) Rape Crisis groups wanted the law to take into account that there are many ways of raping a person other than forcing the penis into the vagina. If an implement is used instead of the penis, or if the penis is forced into the anus, the crime is not any less serious or traumatic.

In May 2007, the Sexual Offences Amendment Act (32 of 2007) replaced the previous Act, broadening the legal definition of rape to include not only vaginal penetration, but forced or coerced anal or oral sex, irrespective of the gender of either the survivor or the perpetrator. One of the main aims of the new Act was to include all sexual crimes in one law.¹⁰

Statistics

The statistics, recorded in the first Pmb Rape Crisis annual report dated 2 March 1981, are an important indication of the work done in all communities by a very small group of pioneering women. In face-to-face contacts the group had assisted 74 women and one man, ranging in age from four to 70 years. Some of these people were seen regularly over a period of weeks or months, but over and above these 75 people numerous other women were assisted exclusively by telephone.

In 20% of cases involving the white community 50% of the attackers were known, and in the cases of children this leapt to 95%. In 30 cases involving the black community the adults were threatened with weapons, while force was used as a threat to all children, and 57% of this total knew their attackers – 17% were relatives and 10% neighbours, contradicting general assumptions that most rapes are committed by strangers.

These statistics clarify that rape and assault were prevalent in a wide range of age groups and in all communities.

National Rape Crisis meetings

Rape crisis centres in Cape Town, Pietermaritzburg and Durban, and People Opposing Women Abuse (POWA) in Johannesburg formed a loose affiliation, rather than amalgamating to become a national organisation, which facilitated swapping resources, quarterly newsletters, and national strategies. This agreement led to the holding of an annual meeting in one of the centres. These annual meetings were not entirely confined to work – after a day of hard and challenging debates, suppers extended into the night, continuing the serious discussions of the day, but also including much frivolity, enabling

participants to relax, keep in touch with other centres, and form firm friendships.

Typical feelings experienced by volunteers at these annual meetings, where an average number of 52 women from rape crisis and battery centres in South Africa gathered to reinforce their commitment to grapple with incidents of gender violence, were described as disjointed, energising, tense, inspiring, depressing, stimulating, and overwhelming.¹¹ These meetings often discussed difficulties such as cultural and language differences; unco-operative district surgeons; scarce support agencies; inadequate medical follow-up; and the work falling on too few people with many other commitments.

All centres agreed that it was important to act as pressure groups on authorities and institutions, raise general awareness, and most importantly, deal with the needs of survivors. To this end, some essential changes in the law were proposed. Some of the campaigns discussed were making the previous sexual history of the complainant inadmissible in court; setting up special courts to hear sexual offence cases; allowing rape survivors legal representation; changing the legal definition of rape to include all categories of rape; prosecution of husbands for raping their wives; holding evidence of rape in camera and submission of medical evidence in affidavit form; the automatic right to abortion should women fall pregnant due to rape; and abolition of capital punishment.

Capital punishment campaign

The issue of capital punishment came up for discussion soon after Pmb Rape Crisis was formed when, on Monday 14 May 1979, Minister of Justice Jimmy Kruger said he would give 'serious consideration' to a mandatory death

sentence for rapists. Rape crisis centres believed that women would be less likely to report rape, particularly if it was a family member, if the perpetrator might hang. Furthermore, it was thought that offenders, who feared the death sentence, would do everything in their power to eliminate all evidence, which could lead them to murder their victims.

Following Kruger's announcement the Pmb Rape Crisis group organised a seminar at which Professor John Milton of the Faculty of Private Law at the University of Natal spoke. He reported that judges were reluctant to sentence men for rape, even though the death sentence was at their discretion. Traditionally, the object of the defence counsel had been to show the woman to be untruthful, and that she had consented. He went on to say 'the victim had to go through the traumatic experience of reporting the crime, present herself in court and repeat the experience, undergo cross-examination at the hands of legal counsel aiming at discrediting her veracity'. He advised that the most effective long-term campaign would be for rape to cease to be a capital crime.¹²

In June 1995 South Africa joined the civilised world when the death penalty was abolished by the Supreme Court.

Abortion reform campaign

Central to a women's right to choose was abortion reform. When Professor Pamela Sharratt, head of the Department of Psychology at the University of Natal, was invited to be the guest speaker at the Pmb Rape Crisis annual general meeting on 20 November 1982 a motion proposed by Sheila Niven was carried: 'That this organisation calls for a commission of inquiry, chaired by a judge and representing women of all races and experts from various fields, to

look into the workings of the Abortion and Sterilisation Act, 2 of 1975.' This was the beginning of Pmb Rape Crisis' work with the Abortion Reform Action Group (ARAG) whose commitment was: 'to work toward legal, early and safe abortion on request, available at no charge.'¹³

According to the very restrictive Abortion and Sterilisation Act (2 of 1975) only in the following circumstances could an abortion be procured, with the written certification of two medical practitioners:

- 1) Where the continued pregnancy endangers the life of the woman concerned or constitutes a serious threat to her physical health;
- 2) Where the continued pregnancy constitutes a serious threat to the mental health of the woman concerned;
- 3) Where there exists a serious risk that the foetus, when born, would suffer from a physical or mental defect of such a nature that she/he will be irreparably seriously handicapped;
- 4) Where the foetus is alleged to have been conceived in consequence of unlawful carnal intercourse;
- 5) When the foetus has been conceived in consequence of illegitimate carnal intercourse, and where the woman suffers from a permanent mental handicap or defect, and is unable to comprehend the consequent implications of, or bear any parental responsibility.¹⁴

Furthermore, the medical practitioners who issued the certificate could not themselves perform the abortion. In addition, if pregnancy occurred after any of the vast majority of unreported rapes in South Africa, an abortion was not a legal option for the survivor. Many

desperate women procured backstreet abortions at great risk to health and life.

Bobby Keal, a member of Pmb Rape Crisis, was concerned about a person she helped with an abortion:

I remember going through the process of obtaining a legal abortion for a young woman who had been raped. The process was long and finicky, but it did work, and she obtained the abortion, but I am ashamed to say I did not organise any counselling for afterwards. I was so involved in the process that I did not consider the aftermath which for some people obviously can be traumatic.¹⁵

In February 1997 the Choice on Termination of Pregnancy Act (92 of 1996) came into force providing abortion on demand for a variety of cases. Any woman of any age could now procure an abortion on demand if she was less than 13 weeks pregnant. Between 13 and 20 weeks this could be arranged under certain circumstances similar to the previous law. Abortion was free at certain hospitals and clinics if the woman had been referred by a health worker, and often pre- and post-abortion counselling was available. It is noticeable that since this new legislation there has been a significant decrease in deaths following backstreet abortions.

Day-to-day activities

While major campaigns were an important part of the work of all crisis centres, the day-to-day activities of Pmb Rape Crisis were noteworthy. One of these was the many courses for women encouraging them to learn some basic techniques of self-defence. After a successful training course held during June and July 1983, the Pmb Rape Crisis newsletter noted a comment from a participant about the course: 'For me,

the most predominant result of the training course was the powerful feelings of solidarity with like-minded women. This solidarity in turn will provide support to help me deal with the reactions I face in everyday life.¹⁶

Raising funds to run rape crisis centres was always a consideration, even though volunteers were not paid – there was the expense of the call centre, press advertisements, and pamphlets. The Pmb group was pleased to receive R250 as a City Council grant-in-aid in the 1979–1980 financial year, a grant which continued for several years. Furthermore, a donation of R100 from Hulett Aluminium was very welcome. Well-supported street collections became an annual event, and in 1985 a memorable and very successful women's party raised much needed funds.

Over the years, in addition to monthly newsletters, a small resource centre was established, collecting books and material considered useful to individual members and their work in Rape Crisis, as well as providing useful resources for those wishing to do research in this field.

Lorenza Cowling said that she 'really enjoyed the community of women in Rape Crisis. We were a very disparate bunch, but somehow we managed, and I learned a lot from all the diverse opinions'. She went on to say:

I joined Rape Crisis in about 1982 when I was working as a medical technologist at Edendale Hospital. I attended a training course, after being approached by a medical doctor who also worked there [probably Anne Raynal]. In retrospect this hardly prepared me for the rigours of being a counsellor. Being called out was always a traumatic experience as the range of situations was vast, including

young women being raped in their flats by strangers, date rape and so on. All of them, without exception, were very difficult to deal with as a young counsellor. But in retrospect I realise that at very least we provided a useful service such as accompanying the survivor to the police station to report the rape and also a lot of very useful practical advice, for example with regard to post rape pregnancy prophylaxis, STDs, and court cases.¹⁷

Reporting rape

Going with survivors to report rape at police stations could be extremely time-consuming, and unpleasant. An email from Mary Boule gives her motivation for joining the group and some of her experience of police:

I certainly think the work was pioneering and the women very courageous. I was particularly motivated to join after my experience working in the surrounding black areas as a reporter on the *Witness Echo* supplement. My experience was that the police were very contemptuous of women reporting rapes, especially if they were black. There was a general attitude that rape survivors had probably been 'asking for it' and that violent men had the right to beat 'their' woman. To go through with a rape case required an inordinate amount of courage and with many women there was a very real fear that if the men got off the charge they would return seeking revenge.¹⁸

An extensive article by Gaye Davis reasons that the real nightmare of being raped begins when the women concerned set the machinery of the law in motion: 'Women enter the court-room with high expectations of seeing justice done – but instead find they are on trial and private humiliation becomes public.'¹⁹ She argued that feminists regarded the sexist cautionary rule,

which discredited the testimony of rape survivors as unreliable and potentially suspect, as women were liable to be deceptive and irrational, as offensive. This often resulted in secondary victimisation because the woman entered the witness stand with her word already doubted, possibly giving the accused an advantage. In 1966, a Supreme Court judgment ruled that this rule should apply 'in the case of all females alleging sexual assaults', because 'such charges are easily laid and difficult for the accused to disprove.' It is, therefore 'dangerous to rely on the woman's evidence alone'. Rape crisis centres advocated that the cautionary rule should be abandoned. Although, in 1998, the Supreme Court of Appeal pronounced the rule to be 'irrational and outdated', it did not mean that it had been abolished; only that the application of the rule was no longer an obligation, but could still be applied at the discretion of judicial officers.²⁰

Cowling wrote about her experience of the courts, and other rape crisis issues:

With regard to court cases it proved very helpful to the rape survivor to go to the courts and see where the case would be heard, who would stand where, and to meet the prosecutor. I also think, especially in the cases of young women, who formed the bulk of our clients, it was often reassuring to speak to another young woman about this shattering event in their lives. All the issues of self-blame, fractured sexuality and defilement were easier to discuss with peers.²¹

Reviewing the focus

In the 1980s, South Africa was affected by draconian repression culminating in four states of emergency that started in

June 1986 and ended in June 1990.²² With rising conflict, and increasing reports of abuse, Pmb Rape Crisis volunteers realised that the narrow focus of rape needed to be expanded. This view was eloquently set out in the editorial of a newsletter: 'In the past, Rape Crisis has tended to focus on the crime of rape specifically. We have often overlooked the fact that rape is inextricably linked with other forms of violence against women, such as battery and child abuse.'²³

Towards the end of 1991, Pmb Rape Crisis joined a number of non-governmental organisations, including the Natal Midlands Black Sash (NMBS),²⁴ to discuss the possibility of holding seminars on rape, and so the Rape Education Action Project (REAP) was formed. Monthly seminars on different aspects of rape such as medical, psychological, socio-cultural and date rape were held, resulting in *Say No to Rape*, a booklet written by the NMBS gender group and distributed to crisis centres throughout the country. It included sections on the myths, explained, in easy-to-read language, how to report the crime to the police, what to expect in court, how a woman might feel after a rape, and ways to protect herself; and listed crisis telephone numbers and addresses. The booklet was translated into Afrikaans and Zulu, and in 1999 republished, by popular request, as *You and Rape*.

Winding down

The 1986 report concludes with the plan to ask Life Line if their number could be used along with a list of Pietermaritzburg Rape Crisis counsellors for crisis calls in order to help take some of the strain off the seven members who were carrying the bleeper.²⁵

By August 1986 there were only five members still answering bleeper calls, and Life Line had started to take all related calls for a trial period of six months. Although there was a sense of gratitude, some members felt ambiguous about how successful this would be because calls were being dealt with by male counsellors and sometimes people who were not absolutely clear about the issues involved in rape. However, it was noted that Pmb Rape Crisis could no longer supply the necessary 24-hour service required.

When it became clear by 1998 that no new volunteers could be recruited by Pmb Rape Crisis, it was agreed that Life Line was in the best position to continue working with adult rape survivors and the growing number of children affected by sexual abuse. This was a good decision considering the excellent work on gender-based violence that this organisation has done and continues to do.

Lungile Makhonza now manages the gender-based violence programme at Life Line-Rape Crisis in Pietermaritzburg. In a recent annual report she says:

South Africa's rape is so high; it is similar to a country at war. But many women are suffering in silence, without counselling or treatment that can protect them from HIV. Fear of rape is pervasive amongst women in this country. We know the statistics. We know that reported rape is merely the tip of the volcano and we know that the conviction rate for rapists is minuscule.²⁶

Conclusion

The small group of women who worked in Pmb Rape Crisis certainly charted new territory in assisting and counselling rape survivors; and there is no

doubt that they made a positive impact on many individuals and played a role in promoting subsequent new legislation. Moreover, none of this would have been possible without Judy Sandison's courage, commitment and determination to make a difference to women's lives devastated by sexual abuse.

Since the beginning of Rape Crisis in 1978 there have been many fundamental improvements to women's lives. Now in South Africa women are better represented in national, provincial and local government, the judiciary, academia, and all professions; the death penalty has been abolished; and new laws give women the right to choose termination of pregnancy.

However, the irony is that the more egalitarian society envisaged by these rape crisis pioneers has not materialised. We still live in a deeply unequal society, which certainly impacts on the increasing violence against women and children. In spite of the many laws, as well as the Constitution, that protect their rights these are rendered meaningless in the face of daily reports of escalating brutality.

An article in the local press points to the significance of roughly 600 people attending the launch of the book about Khwezi,²⁷ the woman who claimed to have been raped by Zuma. Redi Tlhabi, the author, believes that Khwezi speaks from the grave to 'address the countless survivors of rape and sexual violence in South Africa, to remove, on their behalf, the burden that masculinity has placed on all victims of rape and injustice'.²⁸ But, as more and more women speak out – evidenced by the growing #MeToo campaign that unleashed 1.7 million tweets across 85 countries in its first few weeks²⁹ – one is still inclined to ask: who is listening?

Even with the significant advances in women's rights, our society still has a bias that views the male as normative, with an exaggerated emphasis on masculine qualities, surely detrimental to both women and men. This results in a system of socialisation that effectively limits female and male roles in society and encroaches on individual freedoms. A great deal of human potential is lost when women's contributions are trivialised or ignored, and these attitudes, rife in our society, clearly encourage a wide range of violent, anti-social and misogynistic behaviour.

As the callous obscenity of rape increases, and women continue to live in fear, perhaps it is time for feminists to unite and confront patriarchal norms with the defiance and ferociousness of the early-20th century movement of the suffragettes.

NOTES

- 1 *Witness*, 8 May 2006.
- 2 *Witness*, 2 October 2017.
- 3 Boston Women's Health Book Collective, *Our Bodies, Our Selves* (New York, Touchstone, Simon and Schuster, 1971), p. 155.
- 4 Brownmiller, S., *Against our Will: Men, Women and Rape* (New York, Penguin, 1975), p. 142.
- 5 *Natal Witness*, 10 November 1976.
- 6 *Natal Mercury*, 20 November 1976.
- 7 Bobby Keal, email, 13 May 2017.
- 8 *Natal Mercury*, 28 September 1979.
- 9 Raynal, A. and Kossove, D., 'Current concepts of rape victim management', *South African Medical Journal*, 59(5), 31 January 1981, pp. 144–6.
- 10 Centre for Applied Legal Studies, 'A summary of the Criminal Law Sexual Offences Amendment Act 32 of 2007'.
- 11 Pmb Rape Crisis, *Newsletter*, August 1985, p. 6.
- 12 *Natal Witness*, 2 July 1979.
- 13 ARAG, *National Newsletter*, September 1988.
- 14 Coral Kalil, National Legislation Convenor, S.A. Federation of Business and Professional Women, July 1984.
- 15 Bobby Keal, email, 13 May, 2017.
- 16 Pmb Rape Crisis, *Newsletter*, 4, August 1983, p. 1.
- 17 Lorenza Cowling, email, 17 May 2017.
- 18 Email, 22 March 2017. Mary Boulle worked on *Echo*, a supplement of the *Natal Witness*, from December 1984 to October 1985.
- 19 Gaye Davis in *Weekend Argus*, March 1986.
- 20 Naylor, Nikki, 'The survival of the cautionary rule', Women's Legal Centre, pp. 1 and 3.
- 21 Lorenza Cowling, email, 17 May 2017.
- 22 Merrett, Christopher, 'Under the State's emergency: memories of Pietermaritzburg, 1986', *Natalia*, 46, December 2016, pp. 63–79.
- 23 Pmb Rape Crisis, *Newsletter*, 8, 1989.
- 24 Kleinenberg, Mary and Merrett, Christopher, *Standing on Street Corners: A History of the Natal Midlands Black Sash* (Pietermaritzburg, Natal Society Foundation, 2015).
- 25 Pmb Rape Crisis, *Annual Report*, 10, 1986, p. 2.
- 26 LifeLine & Rape Crisis, *Annual Report*, 2015–2016, p. 11.
- 27 Redi Tlhabi, *Khwezi: The Remarkable Story of Fezekile Ntsukela Kuzwayo* (Johannesburg, Jonathan Ball, 2017).
- 28 *Witness*, 2 October 2017.
- 29 *Witness*, 27 December 2017.