South Africa: An Everyday Crime
A day in the life of a rape crisis center
Transcribed 6-11

Capetown is one of S. Africa’s most beautifully cities. But 13 years after Apartheid, this country is still grappling with a legacy of inequality and violence.

- I came to Capetown to help provide HIV/AIDS education for women. I soon learned the prevalence of sexual violence here has compounded the AIDS epidemic.

S. Africa has the highest number of reported rapes in the world. Here in the sprawling slums of the Cape flats, where poverty and crime are endemic, the problem is particularly severe. I have come to see a rape trauma center that serves this community. It’s called, Tutuzela Which means, comfort in the Cozi language. It’s one of the few places in the whole country where rape survivors can turn.

Sister Bartlett is the head forensic nurse. She says that when someone comes to Tutuzela, they are no longer a victim but a survivor.

- It’s more than just dealing with the patient after rape, but also preparing her, empowering her, and just making her pick up the pieces so life can go on after a rape.

Sister Bartlett and her staff agreed to let me stay here to document a day in the life of her clinic. But nothing could prepare me for what I was about to see. It is 5:30 in the morning. Patisa is the first case of the day, brought in by the police. At this hour, the rape clinic only has a skeleton staff, so I accompany her to the examination room in the hospital. Because of the extent of her injuries she must be seen in the hospital emergency room immediately. Her vital signs are checked. Then Dr. Shunji examines her injuries. They are severe.

- All indications are that this is blunt trauma. To break someone’s superorbital ridge takes significant force.

Because 1 in 5 adults in S. Africa carry the HIV virus, doctors are concerned about the transmission of HIV with rape, especially violent rape.

- Invariably there are elements of the genitalia that have actually torn. In that setting, it’s much easier for HIV to actually be transmitted.

In Patisa’s case, she is already HIV positive.

- You are HIV positive?
  - Yes.
- Are you taking medications? ARVs/?
  - Yes.
- I am going to treat your face. Will be a little painful.

After being treated by Dr. Shunji, an orderly wheels Patisa across the complex to Tutuzela. Created in 2004 the center gives victims both medical and psychological care. Part of that care includes having victims recount what happened to them. As Patisa recounts her story to a translator and counselor, it becomes clear she knows the man that did this to her. These photographs of the alleged rapist, a man called Bongali, were given to me by the police. Patisa’s counselor said it’s not unusual for the perpetrator to be someone the victim knows.

Sub titles.
Patisa now goes through a forensic examination to collect evidence of the rape.

- As you can see we have debris here, sand, grass. We take the debris, and will be compared to the debris of the scene of the event. We even have some blood stains. We will take this to the forensic laboratory

The evidence is so overwhelming, the detective working on her case goes to court to oppose bail for
Bongali. Most rape cases are much more difficult to prove. Only 7% of reported rape cases result in prosecution and convictions. The detective invited me along to Bongali’s home to gather more information. I was shocked to find his neighbors blame Patisa for the rape.

Sub titles.
You are saying, he lived with you and he did not do it to you, so ...

Sub titles.
Their defense of Bongali was frightening.

Despite what his neighbors say, police are convinced Bongali is guilty and he remains in prison awaiting trial. Later that morning, back at Tutuzela, Sister Bartlett is interviewing yet another victim of rape.

- Were you inside the house? In the bedroom or kitchen or bathroom, where were you in the house?
- in the bedroom
- Was it only the 2 of you together? Where did he put the penis?
- In my butt
- was it sore?

This boy is 5 years old. His mother brought him to Tutuzela after the teenage boy next door raped him when they were playing. I discovered almost half the rape cases they see here involve children.

- then he wanted to put the penis in again? Did it go inside or not inside?
- I told him to go home.
- did he go home?
- no.

After a medical examination, sister Bartlett shares her findings with Mumbali’s mother.

- when I examine him, there is a longish tear, about 1/4cm long. Not major. In that area. It gives us indication it has been tampered with. There was a penetration.

Even with the strongest documentation, getting a conviction is very difficult. Under s. African law, male rape does not exist. Instead, the law says, it is indecent assault, a much lesser crime.

- For whatever reason you want to lay a charge, we have the documents we will write up for you.

Knowing what she is up against, trying to prove a rape in a court of law, Mumbali’s mother cannot decide if she wants to press charges.

Forensic pathologist Dr. Martin understands why.

- I do not think we have proper condemnation of violence and of rape. I think there’s a lot of lip service paid. It may be one of the reasons men think they can get away with it, they get a slap on the wrist, get back out again...I supposed they can take their chances because the chances for the perpetrator are really quite good.

It is now 2:30 at Tutuzela. 3 sisters, ages 7 to 13 come in. The previous night, they were riding home in a taxi, when the driver and 2 other men took them to the bush. Their counselor, Mrs. Simbala, tells me what happened.

- They ordered them to get undressed - took them out of the cab to undress. When they refused, the man promised to stab and shoot them dead. So they undressed them. And she says the one that undressed her, threw her on the ground, and raped her. He raped her how many times? 4 times over and over. For the first time. They went in the other bush, where they changed partners over, and they went on and raped her twice.

- How does she feel about what happened?
- She was very scared, and she feels very bad. She never had sex. She does not even how she’s supposed to have sex.

The girls’ mother is horrified, that all 3 of her daughters were raped.

- She was so disappointed. By giving the children taxi fare, she thinks it’s going to be safe. She did
not know that the taxi is so dirty, that they take people and go and rape. She thought it was safest way.

Mrs. Sambala offers whatever encouragement she can to the mother and the girls.
- you survive and you do not hurt. Because people kill, and people can hurt you very badly when they rape you. Once you survive, and heal, things will be better.

After the counseling, the nurse gives the children treatment against the complications of rape, antibiotics for sexually transmitted infections, the morning after pill and anti retrovirals to prevent HIV. Tutuzela is one of only a few places in S Africa where child rape survivors can receive this treatment. Sister Bartlett is proud of the medical care the clinic provides. But she knows it’s not enough to end the rape epidemic.
- We need to move slightly away from treating, need to focus on prevention. And prevention is not only about education, it is also about empowering people, especially women and children, and it’s about teaching them not only about preventing sex or rape happening, but educating them about themselves, about the body changes, about violence, about how to protect themselves.

At the end of another long day at Tutuzela Sister Bartlett prepares to go home.
- it was a tough day
- what made it so tough?
- we had 5 survivors for the day. What made it even more tough, 3 of them were sisters. Once I leave the hospital, everything that belongs to the hospital I leave here, and go home to my family. Once I get home, I am a normal person like everyone else. Once I come back, I will pick up the pieces at the gate again ...

Tomorrow Sister Bartlett will start all over again. I wonder how S Africa will ever overcome its legacy of violence.