One Man Can Stop HIV and Sexual Violence in Correctional Centres!
Sonke runs the One Man Can (OMC) Prisons Transformation Project in correctional centers across the Western Cape, training inmate peer educators who share life-saving information on HIV and AIDS and promote health-seeking behaviour amongst inmates. The One Man Can approach emphasises risk awareness, consent versus coercion, stopping sexual and gender-based violence, correct and consistent use of condoms, and Medical Male Circumcision. The core of the OMC message is the need to address negative masculinity norms and behaviours that drive the spread and impact of HIV and contribute to violence inside and outside of correctional centres.

Sonke also works in Gauteng, Free State and Mpumalanga correctional centres, implementing the Brothers for Life campaign.

The OMC: Beyond the Bars Community Action Team consists of ex-inmates in Cape Town and encourages them to continue to practice the principles of OMC, and take action to stop gender-based violence and HIV in their communities. Sonke also works in Gauteng, Free State and Mpumalanga correctional centres, implementing the Brothers for Life campaign.

JDI is a health and human rights organisation that seeks to end sexual abuse in all forms of detention. JDI has been working in South Africa since 2005, after being contacted by corrections officials who needed help tackling pervasive sexual violence at Pollsmoor prison. Since then, JDI has been leading policy and training efforts throughout South Africa and collaborating with a range of civil society organizations to address sexual abuse and HIV behind bars. Working with the Centre for the Study of Violence and Reconciliation and the Department of Correctional Services, JDI developed the Framework to Address Sexual Abuse of Inmates in DCS Facilities.

Just Detention International has an office in Johannesburg

2nd Floor, Norwood Place
66 Grant Ave
Norwood, 2192
011 728 6299

Sources for this pamphlet

This guide is aimed at being a starting point for assisting inmates and correctional officers in fighting stigma and social acceptance of violence and HIV within correctional centres. In particular, it addresses issues around sexual violence, gender, and HIV transmission.

**What is sexual violence?**

Sexual violence takes many forms, including rape and sexual assault. Sexual violence is when someone is forced to engage in a sexual act when they don't want to. Rape and sexual assault can happen regardless of whether you are a man, woman or child and can happen to inmates in correctional centres. Rape is a crime of power that uses sex as a weapon.

Not all sex in correctional centres is forced. Consensual sex in correctional centres is not an offence. A person can only legally consent to a sexual act at the age of 16 and older. However, it is never permitted for a correctional officer to have sex with an inmate.

**Gender and HIV**

When talking about sex, it is important to understand four concepts: physical sex, gender identity, sexual identity and sexual practice.

**Physical sex** is a person’s reproductive and hormonal system, and is usually male or female. Some people are intersex meaning that their sexual or reproductive anatomy does not correspond with the typical biology of a man or woman. **Gender identity** is a person’s sense of self as a man or woman. **Gender roles** are what society tells us it means to be a man or woman, and how we should behave. **Sexual identity** is an expression of who a person is attracted to on more than one level (intellectually, emotionally, physically, and sexually). **Sexual orientation** is whether a person is attracted to members of the same or opposite sex or both. **Sexual practice** is how a person has sex with another person in various contexts, in other words, their sexual behaviour. These four ideas are important in understanding how gender norms are perpetuating sexual violence and the spread of HIV in correctional centres.

**HIV** (Human Immunodeficiency Virus) is a virus that weakens our immune system. If our immune system is weak our bodies are vulnerable to attack by infections and diseases because there is no defense against them. Once infected, HIV multiplies in our body and our body gets weaker and weaker until we develop AIDS (Acquired Immunodeficiency Syndrome).

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**True & false: myths about sexual violence**

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape is sexual penetration without consent. Rape happens when a person puts any body part/object into the vagina/anus of another person without their consent, or when a person puts his penis into the another person’s mouth without their consent. Consent must be freely given, without the use of violence or threat of violence. Consent is positive and willing cooperation. It can only be given if the person knows what is going on (they are not mentally disabled, intoxicated, etc).</td>
<td>Rape is a crime of power that uses sex as a weapon.</td>
</tr>
<tr>
<td>Consent has NOT been freely given if: ▶ A person is tricked/forced to do something against their will was lied to. ▶ A person is pushed into doing something because another person has power over them. ▶ A person is threatened with their physical safety or the safety of others or loss/damage to their property. ▶ A person does not know what they are doing because they are mentally disabled; drunk/drugged; asleep/unconscious.</td>
<td>Consent has NOT been freely given if: nobody asks to be raped.</td>
</tr>
<tr>
<td>Masturbation is bad for your health and dangerous.</td>
<td>Masturbation is natural. It will not make you blind, deaf or insane. It will not make your hair or hands grow, or stop you from having babies in the future. Masturbation can be a positive release of sexual tension.</td>
</tr>
<tr>
<td>Gay men rape (or are more likely to rape) other men.</td>
<td>Most men who rape other men consider themselves heterosexual (“straight”) and are involved in heterosexual relationships.</td>
</tr>
<tr>
<td>Gay men won’t mind being raped so much because they’re used to having sex with men.</td>
<td>Rape is not about sex. It is an act of violence. Being raped is a terrible and traumatizing experience for whoever it happens to. Gay, bisexual and transgendered people have the same right to be free from sexual violence as everyone else.</td>
</tr>
<tr>
<td>Some male inmates act like women so they don’t mind having sex.</td>
<td>The way in which a person behaves or expresses themselves cannot mean that they want to be raped. No one wants to be raped.</td>
</tr>
<tr>
<td>If a boy or man gets raped then he is not a man anymore. He has been changed to be more like a woman.</td>
<td>No one can take away the gender identity of anyone else. But lots of people wrongly believe that men who’ve been raped have been turned into women. This is because there are strong messages in society that tell us that rape only happens to women – this simply is not true. A man who has been raped is still a man and needs to be supported and acknowledged for the traumatic experience he has been through. He should never be made to feel like he has lost his manhood.</td>
</tr>
</tbody>
</table>
If an inmate has been raped or sexually assaulted, as a correctional officer, you should take the following steps:

1. Ensure that the survivor has immediate access to medico-legal services, particularly post exposure prophylaxis (PEP) for HIV prevention. PEP can be accessed within 72 hours to exposure to HIV.

2. Enter a record of the incident on the appropriate form.

3. Separate the survivor from the alleged perpetrator(s). This includes moving the perpetrator to where he can’t harm others.

4. Conduct an investigation into the alleged incident.

5. Ensure that disciplinary processes are being implemented and that the perpetrator isn’t posing a risk to the survivor/ others. Also ensure that relevant correctional and/ or counseling processes are in place.

6. Conduct regular patrols.

7. Identify blind spots in the centre and visit them regularly to prevent further incidents.

8. Alert other correctional officers.

9. Help the survivor report the rape/ assault to the police. However, this is the survivor’s decision alone to make.

10. Inmates are discriminated against by many people, so check-in frequently with the survivor and help ensure that doctors, nurses, and police officials provide sensitive services to the survivor.

**FACTS**

- Rape and sexual assault can happen to anyone, including men.
- Both heterosexual and homosexual adult men are sexually assaulted and raped.
- Men have control over their sex drive – if a man has an erection he does not have to have sex.
- Rape and sexual assault is a violent act done out of anger or a desire to control, dominate, degrade or humiliate the survivor.
- Men are raped / sexually assaulted in communities and inside institutions such as correctional centres.
- It takes courage to report rape/ sexual assault.
- A man who is raped is still a man.
- Men are reluctant to report sexual assault/rape and seek help because of stigma, trauma, fear of insensitive assistance, or fear that nothing will be done.

**Responding to sexual violence in correctional centres**

In a correctional centre, if a boy or man is given things (e.g., cigarettes, food, etc.) by the person who forces him to have sex, then it is not really rape.

Just because someone accepts something/ a “gift” does not mean that they consent to having sex. Many first entry prisoners are tricked into having sex because they did not know that according to the prison culture, the “gift” was not a gift, but creates a “debt” must be repaid with sex. This is not consent and so it is rape. **Forced sex is rape.**

Health and other services for victims of rape are only offered to female victims. Male and female victims of rape can access post-rape healthcare and other services. Everyone is equally entitled to receive help after being raped.

Consensual sex and sexual violence are very different and should be treated separately. For example, it cannot be said that people having consensual sex outside correctional centres promotes sexual violence. An example of consensual sex is ushintsha ipondo, which is sex in exchange for sex where consent is given freely and willingly. Another example is with love relationships where two inmates share love feelings and where sex is consensual. This may involve gay partners or it may involve friendships.

It is never OK for an inmate and correctional officer to have sex! If they do, this is an abuse of power by the correctional officer. In correctional centres, a common form of sexual partnership between male inmates are known as “marriages” and they are usually forced. Within these marriages one partner has power over the other. The one with the power is called a “man” or a “husband” and the one without power is called a ‘woman’ or a “wyfie”.

By calling these relationships “marriages”, it helps to normalise sexual violence against inmates and make the victims “invisible”. The victims in these cases usually cannot leave, cannot negotiate safe sex, and cannot choose whether to have sex or not.

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Important health information

It is vital that a rape survivor receive immediate medical care, regardless of whether there was physical violence or damage. This is because not all damage is visible and can lead to serious infections. Further, the survivor may need to access PEP to reduce his or her chances of contracting HIV and this needs to be accessed within 24-72 hours. An immediate medical examination is also necessary in order to collect evidence, which can be used in a legal case against the perpetrator if the survivor decides to press charges.

What can you the inmate, or the correctional officer do?

You, as correctional officers and inmates can help new inmates adjust to life in correctional centres by talking to and interacting with them, finding out their problem areas, and making referrals to appropriate service providers. You can also:

- Keep a close eye on vulnerable inmates (eg, gay, young, mentally challenged, effeminate etc prisoners) for signs of bullying or behavioural changes.
- Inform yourself on the differences between sexual and gender identity; consensual and forced sex; sexual assault and rape.
- Take all complaints seriously, support the complainant and follow up on the incident (whether or not you believe the complainant).
- Provide information to the survivor, such as how to access a DCS social worker, HIV testing and counseling, accessing PEP, etc.
- Help the survivor access medical care. You can do this by phoning and arranging an appointment, and accompanying the survivor to the examination and to get the medication.
- Protect survivors of physical and sexual violence, see to their immediate needs, and report the incident to your superior(s)/ head of centre.
- Guard against using demeaning labels when talking to or about inmates. For example, never refer to a rape survivor as a woman/ wyfie, etc.
- Prevent sexual violence and abuse against all inmates, including those whose gender identity or sexual orientation you may not agree with, and regardless of their crime.

Levels of risk

<table>
<thead>
<tr>
<th>No risk</th>
<th>Lower risk</th>
<th>Medium risk</th>
<th>Higher risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masturbation</td>
<td>Vaginal sex with a condom</td>
<td>Vaginal sex – no condom</td>
<td>Vaginal sex – no condom</td>
</tr>
<tr>
<td>Abstinence</td>
<td>Performing oral sex on a man with a condom</td>
<td>Anal sex – no condom</td>
<td>Anal sex – no condom</td>
</tr>
<tr>
<td>Hugging a person who has HIV or AIDS</td>
<td>Women performing oral sex on each other</td>
<td>Dry sex – no condom</td>
<td>Dry sex – no condom</td>
</tr>
<tr>
<td>Kissing</td>
<td>Using fingers/ hands/ objects which are cleaned before being shared</td>
<td>Anal sex with a condom and lubricant</td>
<td>Anal sex with a condom and lubricant</td>
</tr>
<tr>
<td>Fantasising</td>
<td>Massage</td>
<td>Anal sex with a condom and lubricant</td>
<td>Anal sex with a condom and lubricant</td>
</tr>
<tr>
<td>Sex between the thighs</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Preventing HIV

If you are sexually active, condoms are the single most effective way of protecting yourself from contracting HIV. To prevent the condom from tearing during sex, you may use water-based lubricants as well. Oil-based lubricants will erode the condom, making it more likely to tear. Medical Male Circumcision (MMC) can reduce your chances of contracting HIV by up to 60%, by fully removing the foreskin. MMC does not affect sexual sensitivity. If you are concerned that you have been exposed to HIV, it is important that you go to a doctor or nurse as soon as possible so they can assess whether you need to take PEP (Post-Exposure Prophylaxis). If your doctor or nurse advises you to take PEP, it should be taken immediately after exposure to HIV, but in any event, it must be taken within 72 hours. If you have been raped / sexually assaulted, if you meet the criteria for accessing PEP, you are entitled to access it for free from a designated public health facility. The criteria for free access to PEP is: 1) should be a survivor of rape/sexual assault. 2) Should present at a designated facility within 72 hours of the incident. 3) Test negative to HIV. To access PEP you are not required to report the rape/sexual assault to the police.

Information about HIV

Although there is no cure for HIV, you can reduce your chances of contracting (getting) HIV by using condoms correctly and consistently. If you do get the virus you can take ARVs (Antiretroviral drugs). ARVs make your immune system stronger so that you can fight off sickness and live a long and happy life. You must start taking ARVs if your CD4 count is 350 or below. ARVs should be taken daily as prescribed by the doctor, not doing so reduces the effectiveness of the ARVs. Sharing tattoo or syringe needles poses a high risk of contracting HIV. All penetrative (anal, vaginal or oral) sexual encounters without condoms involve a high level of risk of spreading HIV and sexually transmitted infections (STIs). Anal sex is particularly risky, and it is best to use a water-based lubricant with the condom. Do not use Vaseline, baby oil or any other oil-based lubricants as these make holes in condoms.

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Contacts

**Life Line**
0861 322 322
Offers free 24 hour telephonic counselling.

**Stop Gender Violence Helpline**
0800 150 150
Free, confidential and multilingual telephone counselling. 7am – 9pm every day.

**National AIDS Helpline**
0800 0 12 322
Offers multi-lingual 24-hour toll free assistance by trained counsellors.

**NICRO Head Office**
021 462 0017
Counseling, and reintegration support for ex-inmates and inmates.

**OUT LGBT Wellbeing**
Helpline 0860 688 688
Counselling 012 344 5600
Provides sexual and mental health services to promote the health and rights of lesbian, gay, bisexual and transgender people.

**Section 27**
011 356 4100
Provides free legal advice on issues of AIDS discrimination.

**Judicial Inspectorate for Correctional Services**
021 421 1012 / 3 / 4
Investigates inmates’ complaints to promote the human rights and dignity of inmates.

**South African Male Survivors of Sexual Abuse**
071 280 9918
Provides information and support to male survivors of sexual abuse.

**Triangle Project Helpline**
021 712 6699
Provides counselling, health advice, and court support for the lesbian, gay, bisexual, and transgender community.

This pamphlet was made possible by the support of the MAC AIDS Fund of the Tides Foundation, the Open Society Foundation for South Africa, the Western Cape Department of Health, the Ford Foundation, and the Finnish Embassy Local Cooperation Fund.