

OUT is dedicated to building healthy and empowered lesbian, gay, bisexual and transgender communities in Tshwane, Gauteng and South Africa. OUT aims to reduce heterosexism and homophobia in society at large.

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“Lesbian Lives Unlimited”

A REPORT FROM THE STUDY “THE PSYCHO-SOCIAL-SEXUAL EXPERIENCES OF LESBIAN WOMEN IN TSHWANE (PRETORIA): A QUALITATIVE ANALYSIS”

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Content	Pg
1. Acknowledgements	3
2. Introduction	4
3. Overview of South Africa	4
4. Background of OUT LGBT Wellbeing	7
5. Methodology	7
6. Challenges experienced and lessons learned	9
7. Research findings	10
Knowing I am a lesbian – different	10
Acceptance – family, self and work	11
Living in a Heteronormative world	12
Religion and culture	14
Diverse experience	14
Table of informants	15
Relationships – types	16
Breaking up, moving on	17
Abuse – experience and perpetration	17
Addictive behaviours – drugs, alcohol and cigarettes	18
My body and how I view myself – gender expression	19
Media and Language – how I speak about myself	20
HIV	21
Accessing health care – disclosure, risks	22
Sexual practices – negotiation, intimacy, one night stands, penetration, how many partners and men	23
How I have sex – oral, anal, rubbing, fantasy	25
Summary	27
Conclusion	27
8. Appendix	29
Appendix 1: Informed Consent	29
Appendix 2: Interview List	30
9. References	32

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2. Introduction

The aim of the research was to understand the lived lives of lesbian identified woman in Tshwane (Pretoria). The idea was to investigate their psychosocial and sexual histories through in depth qualitative interviews. Most funded research projects exclude lesbian, bisexual and transgendered women, since the focus is mainly on MSM. This translates into a lack of appropriate service provision to lesbian identified woman. The health, specifically sexual health issues of lesbian women, is often completely ignored, especially when it comes to HIV issues.

This research affords OUT learning opportunities to address lesbian health and wellbeing issues. It gives a “voice” to lesbian women, to share their lives and its impact with others, the LGBT sector, the research communities and service providers. This report will provide the opportunity to present this valuable research to the international and South African research community and have an impact on specific programmatic interventions for lesbian women. Through using the results of the study in sensitization trainings (advocacy and mainstreaming efforts), health care and other service providers would be supported to be sensitive to the health needs of lesbian women. They would be able utilize the scientific evidence to develop and provide health services specifically designed for lesbian women. It will add to the growing LGBT research activities and body of knowledge, locally and internationally.

But before the methodology and results of the study are discussed, an overview of South Africa in terms of politics, culture and religion is given. This will give the reader a better idea of the socio political context in which this study was conducted.

3. Overview of South Africa

Only a couple of months after F.W. de Klerk were elected as SA president, in February 1990, he made his historic speech in Parliament, which declared his support to a democratic SA and ended the Apartheid era, white minority rule. The ANC (African National Party) was unbanned and some days later, Nelson Mandela, the President of the ANC, was released from prison. He spent most of his 27 years in prison on Robben Island. South Africa's remarkable ability to put centuries of racial hatred behind it in favour of reconciliation was widely considered a social miracle, inspiring similar peace efforts in Northern Ireland, Rwanda and elsewhere. There were very little incidents of violence fuelled by hatred and resentment. Ironically, the violence that occurred was between the Xhosa dominated ANC and the Zulu-led Inkhata Freedom party (IFP) because of power struggles. There were various violent outbreaks in the townships at that time.

After a couple of turbulent years in SA politics, a new constitution was drafted. The first democratic elections took place in 1994. The ANC gained the overwhelming majority, and Nelson Mandela was inaugurated on the 10th of May 1994 as the first black African President of the New South Africa. Thabo Mbeki was the first Vice-President. The

National Party had gained 20 per cent of the votes, and F.W. de Klerk became the second Vice-President of the Interim SA Government. Both Nelson Mandela and F.W. de Klerk received the Nobel Peace Prize.

Mandela retired in 1999 and was followed up by Thabo Mbeki. Unfortunately, his style of government and leadership was progressively seen as autocratic. He was largely critiqued for his disastrous stand on two of the most critical problems of the country, AIDS and the neighbouring Zimbabwe's regime.

Although he suspended his vice president, Jacob Zuma, because of his standing trail for rape of corruption, resistance against him, especially from Zuma followers, grew tremendously.

At the ANC convention in Polokwane on December 16, 2007, the populist Zuma was elected new party president and thereby automatically as candidate for the presidency of the country. Some months later Mbeki was pressurized into resigning from the office of State President.

Zuma is not an intellectual as Mbeki used to be. He sucks up to the left wingers and leads a traditional polygamous life with a big collection of wives. Before his election as State President, he used to often have violence talk and bullying minorities, especially sexual minorities.

The highest law of the land is the new Constitution, considered to be **one of the most progressive in the world**. The Constitution's Bill of Rights protects equality, freedom of expression and association, property, housing, healthcare, education, access to information, and access to courts. Protecting those rights is the country's independent judiciary, subject only to the Constitution and the law. Section 9 prohibits all discrimination "on one or more grounds, including...", but specifically lists the following grounds "race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, **sexual orientation**, age, disability, religion, conscience, belief, culture, language and birth."

Legal protection for LGBT people in SA since 1994:

- Homosexuality legal since 1994
- Anti-discrimination Laws in Employment since 1998
- Recognition of same-sex couples as de facto couples since 1999
- Anti-discrimination laws in the provision of goods and services since 2000
- Both joint and step adoption by same-sex couples since 2002
- Anti-discrimination laws in all other areas (incl. indirect discrimination, hate speech) since 2004
- Same-sex marriage(s) since 2006
- Recognition of same-sex couples as civil partnerships since 2006
- Age of consent equalized at 16, regardless of sexual orientation, since 2008
- Gay men and lesbian women allowed serving openly in the military
- Right to change legal gender

- Equal access to IVF and surrogacy for all couples and individuals
- However, MSM (men having sex with men) are not allowed to donate blood

While SA proves to have this progressive Constitution and all the legal protection for LGBT people as stated above, it is still a very deep seated socially conservative nation, marinated in patriarchy, homophobia, heterosexism and homo-prejudice. Gender Based Violence is thriving in general and many lesbian women are exposed to possible corrective rape, which happens not only in the black townships, but also in the so called white dominated suburbs. Homophobic fundamentalist religious individuals and groups often fuel hatred, because they are in position of power in their communities.

Empirical evidence confirmed the above. In the Human Sciences Research Council's 2008 South African Social Attitudes Survey study (Reddy & Roberts), using a national representative sample of respondents aged 16 and older found that between 2003 and 2007 over 80% of the population across various age groups *"consistently felt that sex between two men or two women was always wrong."* Further, it found that *"gays and lesbians were characterised as 'un-African' and that intolerance towards homosexuality was prevalent."* One of the authors, Prof Vasu Reddy, accurately described these dominant views as, *"an attempt to tell African gays and lesbians to 'go back into the closet' because you're a 'disgrace' to African culture,"* an attitude he said represented a view of homosexuality as *"something that colonisers brought with them to contaminate African culture."*

Because of South Africa's rich cultural diversity, the title 'rainbow nation', given by Arch Bishop Desmond Tutu, suits it very well. The population of South Africa is one of the most complex and diverse in the world.

According to Statistics South Africa's mid-2009 estimates, the country's population stands at 49 320 500 people.

Africans are in the majority at 39 136 200, making up 79.3% of the total population. The white population is estimated at 4 472 100 (9.1%), the coloured population at 4 433 100 (9%) and the Indian/Asian population at 1 279 100 (2.6%).

Females make up 52% of the population, and males 48%.

The Black population is divided into four major ethnic groups, namely Nguni, Sotho, Shangaan-Tsonga and Venda. There are numerous subgroups of which the Zulu and Xhosa (two subgroups of the Nguni) are the largest. The majority of the White population is of Afrikaans descent (60%), with many of the remaining 40% being of British descent. Most of the Coloured population lives in the Northern and Western Cape provinces, whilst most of the Indian population lives in KwaZulu Natal. The Afrikaner population is concentrated in the Gauteng and Free State provinces and the English population in the Western and Eastern Cape and KwaZulu Natal.

South Africa has 9 provinces with three capital cities; Pretoria (administrative), Cape Town (legislative) and Bloemfontein (judicial).

There are **eleven official languages in South Africa**, namely English, Afrikaans, Ndebele, Sepedi, Xhosa, Venda, Tswana, Southern Sotho, Zulu, Swazi and Tsonga.

According to the 2001 census the overwhelming majority of South Africans, or 79.8%, are Christian. Roughly 15% of the population has no religion, and 1.4% are undetermined about their faith. Islam is the religion of 1.5% of South Africans, Hinduism that of 1.2%, African traditional belief 0.3%, Judaism 0.2% and other beliefs 0.6%.

4. Background of OUT LGBT Wellbeing

OUT LGBT Well-being is a registered non profit organization looking after the well-being of the LGBT communities since 1994. OUT is a professional organization and external accountability is ensured by a Board. OUT have a total of 12 full time staff members and is one of the oldest and biggest LGBT organizations in South Africa, especially in terms of service delivery to LGBT people. OUT is celebrating its 15 years of service delivery to the LGBT community in 2010.

OUT's programmes include: providing direct health and wellbeing (mental and sexual) services to LGBT people e.g., counselling, groups, social activities, workshops, voluntary HIV testing and other clinic services, club interventions and safer sex drives. OUT has also conducted extensive quantitative research on the experiences facing LGBT people and is currently involved in various large scale research endeavours. OUT is furthermore involved in mainstreaming and advocacy work to realize LGBT rights. OUT's Training and development team has sensitized hundreds of health service providers to the challenges experienced by LGBT South Africans. One of OUT's advocacy successes is ensuring same sex marriage through the Civil Union Act. A lot of advocacy effort is currently put into ensuring proper Hate Crime legislation.

5. Methodology

This study's aim fitted with in the field of phenomenology, which has its roots in the field of philosophy and psychology. The overall question on "What is the essence of this phenomenon as experienced by these people?" was asked and answered. The purpose was to investigate the subjective phenomena, because essential truths about how people experience their own reality are grounded in their lived experience. With this phenomenological enquiry, the data were sourced through in-depth conversations or interviews where both the researcher and the informant participated in the process. Through the in-depth interviews, the researcher made use of active participation, observation and introspective reflection, which added more meaning to the experience. The research data was collected during recorded, guided interviews was transcribed afterwards. The guided interview was facilitated by an interview list, which prompted

the required information from participants. The interview list has been approved by two experts in the field of lesbian health and wellbeing, Dr Vicci Tallis and Dr Carien Lubbe.

The sampling technique used was probability sampling, where the researcher determined in advance, that each segment of the population will be represented in the sample. The method of probability sampling was purposive sampling, where individuals are chosen to represent people who are representing diverse perspectives of the group. Possible participants were invited to take part in the study through four main points of advertisements. One was through an ad in a local newspaper. Only two people responded to this advertisement. Secondly, through a huge LGBT concert, the Pink Jacaranda, that was hosted by OUT. Flyers were distributed to all the women that attended. A total of about 3000 people attended. Then an advertisement was put on the OUT website. Lastly, flyers was available at the OUT office front desk. All of the OUT staff was informed of the study and the need to find participants. At the end of the day, most of the participants were referred by OUT staff. I requested them to ask permission from their clients, and then I would follow up with a phone call, introducing the study and what it entails and book an interview time with each. The initial target was to interview 12 women.

A total of 8 diverse women were interviewed, who ranged in age, ethnicity and occupation. Of those interviewed – 2 were 25 - 30, 3 were 30 - 35 and 3 were 35 - 45. 3 were white, 3 black, 1 coloured and 1 Indian. 5 spoke English and 3 were interviewed in Afrikaans. All of the eight interviews were conducted by one researcher, averaging 90 minutes.

All participants signed informed consent and were reminded that their information was to be treated as confidential. Each participant received a special engraved journal and pen to thank them for their valuable participation and contribution. All transcripts are locked away, both the one's on disc and paper copies. Only the researcher has access to it. None of it will be used in future without the consent of each participant.

Manual analysis was conducted with emerging themes and issues that informed the discussion. Delene recruited the assistance of a specialist in the research and sexual and reproductive rights field, Marion Stevens, who complemented the analysis by also reviewing the eight transcripts. An interactive process was facilitated noting linkages, patterns, contradictions, differences and similarities. Marion drafted the analysis and this was reviewed and finalized by Delene.

Of note is the finding that there is a wide continuum of behaviour and experiences and that few generalizations can be made. The study adds to a body of knowledge which richly informs understandings of the experience of being a lesbian woman and in particular expressions of sexuality within South Africa.

6. Challenges experienced and lessons learned (from field notes)

I found it very difficult to get participants for the study. Although the study was advertised widely, people just did not call to find out more. It felt that at times I was more desperate than I should have been. I tried sampling participants from all four racial groups, black, white, coloured and Indian. I succeeded with the first two groups, but really struggled to get hold of coloured and Indian participants. At the end, I only interviewed one of each. This is also evident in the clients that make use of OUT's services. Almost 95% of the female clients are made up of black and white woman. None of the eight participants knew each other.

Except for a very few comments by participants, most of the content that I have elicited, was not new information to me. I suppose it is because I've worked in depth and on a therapeutic level with lesbian identified women over the past 5 years. In a way, the research confirmed what I always knew – you just cannot assume anything about a lesbian woman's life, not about her identity, not about her relationships, and definitely not about her sexual relations. This confirmation is the one thing that I'm really ecstatic about.

So, although the content of the stories were not new to me, the experience of interviewing women on a subject that was difficult for all people to talk about, their sexual experiences, was very enriching. During the first couple of interviews, it was a challenge for me to talk freely and ask freely. Although I believe that I did it with the necessary grace and compassion, it really became easier towards the end. I reminded myself constantly, that for most participants it was the first time in which they were expected to share such intimate detail with a stranger. I've realised that for most people talking about sex in general is not as difficult as talking about one's own sexual preferences and actual practises. That proved to be far more challenging.

On a more personal level, I was confronted with the participant's intimate stories, and how it was a reflection of my own life, or not. If it turned out to be in line with my experiences, I remember that I felt a certain amount of comfort, feeling part of "others like me". On the other hand, when most the participants' experiences were an indication of the complete opposite of my experiences, I do remember that I felt a bit like an alien. I reminded myself that not all lesbian women's experiences were necessarily reflected in the eight interviews conducted.

7. Research findings

Knowing I am a lesbian – different

Most respondents knew at a young age that they were attracted to girls and for all those who took part in the study, it was mostly during teenage years. One respondent noted, *“boys were my friends, playing soccer with the, but dating no’ and ‘I could not understand why’*. One described it as *‘feeling completely and utterly right’* after her first kiss with a woman. One said, *‘I only like when I see a nice girl, I like had very strong feelings. Ja.’* Another noted that from about Grade 7 she spoke to an older friend about her different feelings and not feeling attracted to boys. She remembered teachers complimenting her on her hard work at school instead of concentrating on boys. One participant said that at the age of 13 she would spend most of her time with her Grandmother who was a sangoma (traditional healer), as there were so many people around, boys would sleep in one house and girls in another. It was during that time that she chose to always sleep with one girl and she described, *‘we would cuddle and touch each other innocently.’*

A few described themselves as tom boys, who played boys games and who preferred to wear trousers than dresses. Some were able to wear trousers to school yet one described later on in this report, was not able to and was expelled from school. Even within this small sample, one respondent articulated her sense of alienation suggesting, *‘I know I am a very different candidate that your other candidates’* and went on to explain that she believed that this was so as she was not at all comfortable with her body; yet she acknowledged that this was something that she was working on.

One described a gay colleague at work, challenging her and telling her to come out of the closet and then they socialized together and she was introduced to other lesbian women.

The fluidity of identity is evident in respondents reporting that they do not necessarily identify as a lesbian women, especially among the Afrikaans speaking women, who prefer to be called *“a gay women”*. Herdt (1996) explains fluidity in Cabasj and Stein as *‘fluidity denotes that capable of flowing or being easily changed and not fixed and solid’*. It is clear that the terms ‘gay women’, ‘WSW’, ‘lesbian’ and ‘bisexual’ have different meanings for different people. Some lesbian women blatantly refuse to be labelled. Morgan and Wieringa (2005) noted that some of the women interviewed in their research identified as lesbian, while indeed there was others that preferred not to be labelled. There was even one woman in a lesbian relationship that identified as being ‘straight’. Nichols (2004) confirms that the reality of identity versus behavior of lesbian women, in terms of fluidity, is much more complicated. For example, it seems, when it comes to visual erotica, lesbian women show arousal to both heterosexual and lesbian erotica. Further, according to the IPG internet study, Nichols acknowledged that the 75% of the 231 self-identified lesbians had one or more male sexual partner/s. This result adds even more to the complex nature of this phenomenon and will be discussed in more detail later in the report.

Acceptance – family, self and work

The participants' experiences, across race and class, showed diverse reactions from families and friends in terms of accepting them as lesbian women. In some instances black women spoke of acceptance by members of families and friends, and in other instances white women spoke of not being able to come out and families ignoring their sexual identities. One participant living in a location (Mamelodi) said, *'At home I think they have always known... By the time I started dating this girl, my sister knew, my aunt knew, they all knew. It wasn't like a surprise for them. They just saw it coming, I think... My family was supportive, they've always been supportive.'*

For others, acceptance has been less than forthcoming. Some called it a phase, *'...a couple who were close to me did not speak to me...it was extremely difficult, I've lost friends and half my support structure.'* This impacted on relationships where partners would not go to family gathers, *'At that point I respected my partner too much to subject her to that'* and *'I was worried about how others perceived me, and... not having a chance to explain myself'*. This is an indication of both homophobia and internalised homophobia experienced. Another said *'Ja, I was always okay, even at home. They were fine with me.'*

One respondent noted that she came out to her mother, but her mother pretended that *'it's not there'*. Another spoke clearly about her inability to speak about her feelings and that there is limited acceptance in her family and that this is just not a subject of conversation.

Another noted how she had experienced lesbians as not homogeneous and replicating possible misogynistic or chauvinistic behaviour where, *'they would want to take my girlfriend away from me so it brings hatred amongst us. So sometimes you do hurt each other for girls.'*

On the road of self acceptance, some had sought counselling and had benefited from anti-depressants or anxiety medication, others in the interviews had expressed challenges and difficulties and was referred to OUTs clinical resources. Others revealed anxieties and difficulties that they had overcome when younger. One noted how her greatest anxiety as a young teenager in Grade 8 was being expelled from school for wearing trousers in 1999. This delayed her accessing completing her education by a number of years.

One respondent noted her affirming workplace where her director said to her, *'So what if you are gay, you're gay. I hired you because of what you can do, not who you are intimate with and who your partner is.'* Yet at the same time, she experienced a colleague rejecting another colleague who was gay who said that it was not right and she then feared victimization. With hindsight she has chosen not to be out in the workplace. Another respondent explained how in the workplace she refused exclusive gifts from male clients and publicly shared gifts of chocolates, and how a colleague *'outed'* her by calling her a *'moffie'*. Her colleague then proceeded to suggest that she might get sick with HIV and that she mustn't do things behind closed doors. These experiences demonstrate low intensity homophobia and discrimination to LGBT people in general, and how it could have been internalized by the individual. She noted that

given her work position it would be difficult for her to be seen on a Pride march, she was nervous that she would lose legal clients, although the same respondent ordered her sex toys over the internet and had them delivered to her office comfortably.

Some expressed enormous confidence; *I always accepted the way I am. So I wouldn't want to hide myself. Because if I hide myself, how will the next person accept me? They wouldn't even understand.* One respondent explained, *'I do not see myself as a woman, I am mostly against things that are happening to women'*, she said that she did not wear make up, she clipped her nails, she can wash and iron and clean but not cook. She suggested, *'when you come to my place, there's no feeling that there's a woman in this house....I can describe myself as a woman, I will be a woman, an incomplete woman. I am me'*. This latter respondent demonstrates remarkable tenacity in terms of her identity in accepting herself, yet noting that she does not conform.

Living in a Heteronormative world

In general, the South African society can be described as heterosexist and homophobic (Reddy & Roberts, 2008). In this light, lesbian women in general are pathologised, viewed as unnatural, immoral, deviant, and inferior (Davies & Neal, 1996). Given these prevailing attitudes, many lesbian women have experienced some form of rejection or another by society, family and friends because of who they are. Many lesbian women have internalized and generalized this rejection and associated shame and guilt to some degree, often at an unconscious level (Davies & Neal, 1996). Thus, they may feel inadequate, insecure and ashamed, exhibit low self esteem, became fatalistic and self destructive (Davies & Neal, 1996).

As lesbians living in a heteronormative world, the respondents live and engage in a range of ways. At times blending in, at times having to protect themselves and at other times leading and changing previous ways of doing things, always aware of how to fit into society "properly".

One respondent said, *'I have always kept straight friends – most of the time I am around straight people, we have mutual respect'*. Another respondent spoke about not being out but assumed that many people know. This respondent feared for her reputation and did not feel confident to be able to live fully as she feared people's opinions, thus internalised the shame and rejection from the homophobic society.

With reference to her relationship with her children, one respondent explained how her children say, *'we don't need a father, we have our mother. Who is like a father, who can fight lions outside.'* She describes her relationship with her children as good and easy going and they are well aware of her sexual orientation.

Public affection was varied; most felt comfortable to hold hands in public but would not *'kiss around children'*. Some felt that public displays of affection generally – were problematic. One felt that at a party, *'if couples get all touchy and feely, they should get a room.'* Another revealed quite comfortably, *'I kiss and hold hands in public – and I have always thought I look good'*. Similarly another said, *'No I don't have a problem because I always did that. In the streets, walking around, holding hands with my*

girlfriend, kissing... doing you know that stuff'. One said that she was only comfortable to display affection if they were alone and it was dark.

Some noted how non conforming behaviour was difficult. *'The boys would hate us and call us names and they said to us we are taking away their girl friends.'* One said *'I am at peace with men. I have nothing against them. I feel men are here for a purpose.'* With regard to gender presentation, one respondent noted her challenges, *'I am not the typically girly type which... I am not going to wear a skirt, and I do not have long hair, and I am not one of these perfect effeminate people and because of that, you'd be shocked as to how you don't get rewards you are supposed to in life, and it becomes very difficult, so people don't notice you because you don't meet their norm'*.

One respondent noted that she could not come out earlier because of her cultural background. She said that the adults could see that I did not interact with boys, but with girls only. She explained that she was taken for virginity testing at the age of 16, without knowing what was being done to her. After this it was expected that she *'go with boys and have a child to prove my womanhood ...they don't know, they cannot ask you why you are not with boys, you are always with girls, what is wrong with you?'* In exploring her experience of initiation further she noted that during that period she was taught, *'you must behave like a woman, the sit, you can't sit like 'this', you must walk like this, you must play like this. But those things did not impact me.'*

With regard to her safety on respondent noted, *'I have long learnt that because I am different to other people, I should take measures to protect myself. So I limited myself...so I don't go out at night, without any reliable transport, I don't take risks with my life. I have always accepted that I am a woman and men will always be thinking things about women, they don't care if you are gay or what. So I mustn't walk along late at night on the streets'*.

A responded claimed that she was very proud of being a grandmother and being a lesbian.

Another respondent spoke of perceptions that she felt people had about gay people whom she found difficult to challenge and felt people would think this of her if she came out, also a notion of internalized homophobia. She thought people think gays sleep around, are promiscuous have lots of parties and do crazy things, which are considered sinful.

It is clear from the above respondents, that lesbian women experience internalized homophobia in various degrees. *Internalized homophobia's* impact on the lives of lesbian women is often not recognized. Falco in Cabaj & Stein (1996) noted that lesbian women might view heterosexuality as superior to their own sexual orientation. The fact that they do not acknowledge their love for other women to themselves or others causes great psychological distress. Often women want to know the reasons for their sexual orientation, as if something had gone wrong in their lives, buying into the notion that lesbianism is a sickness or distortion of some sorts. Falco further explains that some lesbian women even present with feelings of being superior to their hetero counterparts. Added to this some other beliefs: not feeling comfortable between other lesbians, that lesbians are not different from other women, have issues with raising a

child in a same sex environment, experience very short relationships, getting involved with women who are not available, continuously. Less obvious indications of internalized homophobia could be depression, somatic symptoms, low self esteem, loneliness or distrust. Wells and Polders (2004) mirror some of Falco's sentiments in the OUT Levels of Empowerment Study. The respondents had their own internal challenges of accepting themselves and other lesbian women. A large percentage indicated there uneasiness with being outed or associated with being lesbian by heterosexual people.

Also, Balsem et al (2005) found that internalized homophobia had a negative impact on relationships and could be positively linked to domestic violence within the relationship. Domestic violence among lesbian couples will be discussed later in this report.

Religion and culture

Those interviewed had a variety of religious orientations. One noted, *'I have always been religious – like believing in God and stuff – but I have never been bound to a church. I have always made peace with God and who I am'* showing a great level of self acceptance in a religious context.

Another referred to herself as having a Catholic background but noted that the Portuguese community and its culture from which she was from had more of an influence, being more discriminatory.

Another identified as Hindu.

One of the participants had participated in the ZCC Church (Christian) and was attracted to one of her congregants. She spoke to the woman and shared her feelings. The woman rejected her and asked her if she was sick and that she was going to tell the pastor. She stopped going to that Church, at sometimes thinking of starting her own house church and speaks of *'I do believe in God in my own ways'*.

Diverse experience

The table below illustrates the wide continuum of experiences within these eight women's experience of being a lesbian. It also shows that not all lesbians have experienced sexual violence yet at the same time also dismisses the myths that lesbians are not vulnerable to HIV infection. These issues are explored in greater depth in subsequent sections.

Table of informants

Age	Ethnicity	Relationship status	Age of first sexual encounter	Monthly Income	Experience of abuse	Perpetrator of abuse	HIV / STI experience
45	White	Divorced from husband Monogamous, 7 years co-habiting, No of children 1 self 2 partner	7 sexual abuse 19 to be husband 27 female	R18000	Raped age 7 Severe verbally and physically abusive father Verbal abusive female partner past	Not sure	Ambivalent
25	White	Monogamous, 18 months co-habiting No of children None	17 boyfriend 19 girlfriend	R12000	None	None	Feels vulnerable
39	Black	Divorced from husband, 2 years with a married, 'straight' woman, not co-habiting No of children Boy 17, girl, 10	13 girlfriend 22 to be husband	R7000	None	None	Very aware
33	Coloured	4 years, monogamous, co-habiting No of children Son, 18 years, partner girl, 13	14 boyfriend 19 girlfriend	R2200	Emotional abuse mother Verbal and physical abuse past girlfriends	Very jealous, tendency towards verbal abuse	Not sure
34	White	Single No of children None	21 boyfriend 26 girlfriend	R35000	Sexual abuse by family member	None	Ambivalent History of Chlamydia
38	Black	Monogamous, 6 years, co-habiting No of children Partner, girl, 6	17 girlfriend	R1010, disability grant, unemployed	Experienced abuse	Has been abusive towards partner, but has stopped	HIV positive no sex with a man ever
32	Indian	Monogamous, 15 months, co-habiting No of children None	18 girlfriend	Unemployed	None	None	Never considered it
26	Black	Monogamous, 10 months, co-	15 girlfriend	R3000	None	Has been abusive	Feels vulnerable,

		habiting No of children None				towards partner, but has stopped	unsure of her status, might be positive? Too scared to test
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Relationships – types

The women in this study had a wide ranging of relationships experiences from being single, engaged or married to men, to not having been with men at all and another was engaged to be married to her partner as a civil union. Some have been in long term relationships; one had never been in a long term same sex relationship and another mostly has had sexual encounters with straight women.

Three of the respondent NEVER had sex with a man.

Some started relationships later on in life, some started lesbian relationships when still a teenager. These findings transcend race and class.

One respondent described her relationship as a ‘so-so’ relationship, saying that it was not a permanent relationship and that her current partner was straight. This respondent told of how she married a man at the age of 26, a marriage that was arranged for her. She said that it was hard as she did not love her husband and that her mother in law had explained to her son that, ‘*you are dealing with a bull*’ and essentially was critical of her being in control. She noted that there was so much rejection from her side, and it caused too much stress in the house, so that he decided to leave, ‘*he didn’t say bye bye, he did not pack. He just left.*’

One respondent said that she had never been in a relationship and had always just engaged in casual sex. She had had a casual ‘fuck buddy’ for 2-3 years.

Another respondent revealed that her first relationship was when she was 17. Some years later she was in a committed relationship for six years, and the partner has a child. Another spoke about not being in a relationship but having 2 children. One respondent said, ‘*I had boyfriends all the way through high school and was engaged in my first year out of school but then we broke up*’ One respondent admitted, ‘*my mother still asks me, don’t you want to get married to other people, and I say, no man, I am still waiting for the right wife*’.

One of the initial quests for the researcher was to see if the findings would present with lesbian women “*merging*”. Through the researchers’ experience from face to face counselling sessions in the past, certain anecdotal data presented itself to confirm notions of “*merging*”. As stated by Alexander (1996), merging is a very strong emotional bond between two women, to the point of their ego boundaries collapsing. Further on, Gray & Isensee states in Alexander (1996) that “*lesbians have a tendency to bond emotionally with other women to a much greater extent than gay men bond to each other*”. This cultural legacy is important enough to be taken seriously. This psychological

issue is one of the most prominent issues that lesbian relationships encounter. It is not just lesbian women that have the ability to merge. Merging or fusion, is part of the natural psychological dynamic of being a woman. The pathological value of merging, is that the emotional connection between two women are so strong, that even their ego boundaries fuse, thus decisions are made as a unit, not individuals. Gray and Isensee indicate that the way women learned to socialize, encourages them to prioritize their relationships. On the one hand women have this wonderful ability to emotionally engage with others, but on the other hand, experience tremendous difficulty in disengaging from emotional relationships, especially when this relationship has elements of abuse. But is 'merging' pathological? As Nichols (2005) says "*One person's fusion can be seen as another's intimacy, and judgments about what is 'too much' or 'not enough' closeness are fraught with personal bias*". However, the *meet, mate, merge* concept, ironic or not, are an important area of lesbian relationships. Not of the participants, however, presented with a clear history merging, but very intimate relationships, on various levels were described.

Breaking up, moving on

Respondents also reflected how previous relationship had provided learning and how they had been able to improve ways of communicating, understanding abuse patterns and not perpetrating further abuse

On respondent spoke of her first relationship, *'We broke up because she was not gay – she started to date boys. It was not a problem because I was meeting people who are more like me'*.

Various participants described past relationships, where the partner passed away, *'She was my first love, her name was Lerato. Unfortunately she passed on. I don't know what happened'*.

Abuse – experience and perpetration

Some women had experienced violence, some had perpetuated violence and others had no experience of abuse. Some experienced physical abuse others only experienced emotional abuse. None of the abuse appeared to be directly linked to their sexual identity.

One respondent found it difficult to define her experience as abuse at the age of 12 and struggled to talk about it. She had not been able to speak to anybody about it, till this interview.

Another respondent spoke about being raped at the age of seven by one of her father's employees, her father was aware of this and silenced her. Later as a teenager her father would physically assault her.

One respondent described her mother's emotional abuse, her partners' physical abuse and that her son had also experienced abuse and was now abusive towards girls at his schools. She illustrated the role of alcohol abuse in creating conditions for abuse. She could identify the patterns and ensure that her son gets counselling.

A few described their experience of perpetuating abuse. *'I used to be abusive in my first relationships. I used to be very abusive. I couldn't take straight girls going out with lesbian girls. I felt in competition to a man. I could not control my temper. So I have hit a few girls in my life. Physically to the extent that there were court case, where she opened a case and I was arrested, but later she dropped the charges. I try not to be abusive, because growing up, I think I know better, that no one has the right to ever lay a hand on anyone – no matter what the reason is'.*

Another noted, *'Yes, by then I used to beat them up. But now, I told myself I am now old enough, if we can't sort things out by sitting down and talk(ing) then I don't see the use for hitting a girl. Because it don't solve anything. Its better if you sit down and talk. And if she does not understand, then she can go.'*

Asked what one would tell another lesbian woman beating her partner, a reformed perpetrator of abuse noted, *'you beat a woman, you solve nothing....And she's going to make you a fool. Because you'd be beating her, then she won't listen to you.'*

One noted how her relationships did include fighting but that she feared physical fights as she noted that all her partners are much smaller than her and so *'I would always have this image that I would smack them and they would fly from here to London without an air ticket'.*

Yet while some noted the role of alcohol in facilitating abusive situations, another noted that she was *'sober as a judge'* when hitting her partner.

Domestic violence or intimate partner violence (IPV) is often a much silenced experience of many lesbian women. Hassenoueh and Glass (2008) states that female same-sex intimate partner violence (FSSIPV) has a very serious effect on the health and wellbeing of lesbian women. Their findings suggests that *'gender role stereotyping shapes women's experiences of FSSIPV by influencing individual, familial, community, and societal perceptions and responses to this phenomenon'.*

8.2% of the white female respondents in the OUT Levels of Empowerment Study indicated that they experienced domestic violence over the past 24 months. It is also the lowest reported type of victimization in the study, except for verbal abuse (Wells & Polders, 2004).

It is clear that the perpetrators of abuse in this study realized the psychological impact of the abuse, not only on their partners, but also on themselves.

Addictive behaviours – drugs, alcohol and cigarettes

A few respondents noted how alcohol increased *'expression and emotion'* to physical abuse. Some did not use alcohol at all but then noted occasional social drinking – limited to once a month. Some had used drugs (tablets, dagga) but most did not use currently.

One described behaviour that could be considered binge drinking where over the weekend she would consume a large amount of various alcoholic drinks and then not use for three weeks. She described herself as a *'happy drunkard'*.

Another clearly described the role alcohol played in her families' addictive behaviours and patterns of abuse. This participant smoked cigarettes and needed a smoke break during the interview.

One respondent noted, *'My previous partner – she used to be emotionally abusive because she would drink a lot. She was an alcoholic. We stayed together for five years. But every time she is drunk, obviously we'd shout at each other. She passed away. I do not drink'*.

Various studies argue that both alcohol consumption and mis/use of drugs are associated with higher risk behaviours (Hughes et al, 2001) and elevated risk experiences for STI/ HIV infection among lesbian women (Hefferman, 1998; Leigh and Stall, 1993; Perry, 1995; Stevens, 1994a; Young et al., 2000). Locally, the OUT Lesbian Sexual Health Survey (Wells et al, 2007) reported that more than 35% of the respondents claimed that they sometimes have sex after using alcohol / drugs. 50,5% reported that they never practice safer sex after using alcohol / drugs. In support of the studies, Van Dyk & Livingston (2008) argues that the results of the Needs assessment indicate that the majority mostly consume alcohol frequently. More specifically, increased alcohol use took place during the time leading up to the casual sexual encounter.

My body and how I view myself – gender expression

There was wide variety of how respondents viewed their bodies. One said *'I have butch and I have femme days.'* The discussion explored whether butch was a look or an attitude and noted that there was a wide experience over time. This same person noted that in her current relationship roles shifted over time depending on what was going on with each other – whether clingy or needing to be protective, or dependant, a good example of how fluid a lesbian relationship could be.

Another respondent explained how she doesn't have a particular kind of dressing, but noted that she was not comfortable in dresses and skirts, but at the same time she would not wear suits and ties.

Other respondents described their identities of being butch. *'I see myself as butch – we have more difficulties. I look strong so they can't hurt me physically. I keep away from fights'*. This relates to being more visibly non- conforming and being at risk of being violated, especially in terms of the challenges of corrective rape that black lesbian woman experience in SA townships.

Another noted 'butchness' in relation to sexual practices saying, *'You know what, because I feel like I am more of a man than a woman. And then when I am with my partner, I have to do most of the job.'* She later described how she got pleasure by climbing on top and having contact, but would not allow herself to be penetrated.

This explanation is an indication of how the participant internalized the apparent heteronormative expectation that a man should be "on top" (the missionary position) or in charge of the sexual situation and not allowed to be vulnerable, or then penetrated.

Being shy and not feeling comfortable taking off her clothes was articulated by one respondent. She noted, *'Even coming out of the bathroom. I change in the bathroom before coming out. I wouldn't come out with just my underwear on.'* She noted that she was very shy and that all her girlfriends had initiated sex.

Another spoke of being tactile intolerant and not liking massage, possibly following her rape experience at the age of 7. She later married but hated the sex with her husband.

Another respondent spoke of her body and looking like a boy. *'I looked like a boy, my hair was always cut, I was very thin and I did not have breasts, I only developed breasts, after my son was born, a little bit, but if you check my breasts are different from breastfeeding breasts – mine don't show.'*

One respondent spoke intensely about her not feeling 'fully fledged' and her apparent lack of self acceptance. She was directed towards OUT activities by a psychologist to enable a wider support network.

With regard to cross racial relationships, one respondent noted that she would prefer to have a partner of the same ethnicity and religion, which was not a mainstream heteronormative couple and as such she felt alienated as she did not find many fellow lesbians.

Media and Language – how I speak about myself

Most women were comfortable with using the term *'lesbian'*. One suggested that the word *'gay'* was less offensive and thought that some people find the word *lesbian* crude. She would prefer to be called *gay*. Similarly one participant said that she chose to identify as a *gay* woman. Another said that she preferred the word *gay* and seemed very negative towards the term *'lesbian'*, *'lesbian no, that is a terrible word, and the worst word that anybody could have thought of'*. Another respondent said, *'I am a lesbian, I am very comfortable with saying that I am a lesbian'*. Yet another participant said that while she used the word *lesbian*, in her family, and particularly with her son, *'we use the gay word, that is what we normally use.'*

One respondent noted that she was still in the closet. Yet in concluding her interview she said she would like to say to other lesbians to do away with fear and come out, *'because if you hesitate, and look back every time, you end up being in a world that does not belong to you'*. And indirectly communicating her loss in not being able to live the life she would have liked to live with her sexual orientation.

Referring to *'sex as a sin'*, in noting her earlier sexual practices and experimentation with a man, one respondent clearly articulated her discomfort generally with accepting her sexuality.

Another reflecting back noted the lack of positive or any role models, in the township, but especially on television, *'At that time not much was shown on TV (about lesbians) and in the location there have not been many people around that I could associate with.'*

HIV

Many of the women interviewed saw themselves at risk of HIV but did not engage in protective sex. Some of the women, who had slept with men, did not practice protective sex. One described that she did not feel that she was at risk, but that her partner had cautioned her and that she was now aware, but not certain of how to protect herself, besides being monogamous.

Some had tested for HIV and others had not. Two had had partners that had died and they suspected it of being AIDS. One noted that, *'We had a history of fighting and alcohol abuse. My partner was positive, a friend told me, that this may be the reason for our fighting. Eventually I confronted her, but she denied it and even got legal. But then she got sick, I was denied visiting her by her family, did not get to see her.'* She continued, ***'Then I had an accident, and got infections. I had an HIV test and I was positive and angry. The doctor could not explain. I have never been with a man in my life, so I don't have an answer to this.'***

Another noted that her partner passed away and that she did not practice protective sex, yet mostly gave her partners oral sex. She assumes that she is positive, ***'I can't say I am negative. I would rather say that I am positive, until I have tested. And then know my status. I am afraid to test.'*** At the same time she concedes that currently her sexual practice is risky, *'It is a risk. It's very risky'*. She never had sex with a man before and has no history of sexual trauma.

Another respondent revealed her fear, *'that no matter how much I want to practice safe sex, I don't know how to practice safe sex.'* She noted that she is aware that oral sex is risky and that she has limited her sexual practice because of this and does not do oral sex. Up to today she is unsure how to protect her partner, what are safe sexual acts and what not.

Another respondent who only dated straight women in relationships with men said that she used condoms on dildos and thought that was protective, and was concerned about her risk. With regard to oral sex, she had never heard of a dental dam. She noted that she was aroused and sexually wanting when she was menstruating and that she thought this was her biggest threat.

An HIV positive respondent noted, *'My current partner tests with me every three months, because when I take my treatment she comes with me. She is still negative.'*

With regard to being positive the respondent noted, *'The actual disease does not frustrate me, how I got it frustrates me.'* She continued with regard to myths that health workers have regarding lesbians risk of contracting HIV, *'Doctors should be giving more information about how and when we should protect ourselves. Because now they have a mindset that lesbians don't get HIV. And it's scary they way they think, and let me tell you, It's about 80% who think women can't give women HIV. It's very scary. The way I tell no, they can't tell you know you can be safe, it's scary.'*

In providing a message to the lesbian community her wisdom would be, ***'Women can give women HIV. Everyone needs to be careful, because it's not for the faint-hearted hey. Not everyone can handle it. It's a reality. It's a fact. Be very cautious.'***

It is not clear what sexual activity could have caused the HIV transmission. She did mention that she had no history of having any sexual encounters with men. She did not use any sex toys, therefore could not have shared it. She did however; explain that she and her then partner rubbed their vulvas directly against each other, also called tribadism, frottage or scissor sex.

Van Dyk & Livingstone (2008) argues that certain activities are seen as ambiguous in terms of evaluating risk for transmission of HIV for lesbian women. According to Dolan (2005), risk is seen as unprotected sex in ongoing relationships, being the insertive partner while finger fucking, cunnilingus with ejaculation, cunnilingus without ejaculation, tribadism, sex during menstruation and sharing sex toys.

The above results are supported by a quantitative representative study conducted by OUT in 2004 in Gauteng, where 9% of the black and 5% of the white lesbian women self-reported to be HIV positive (Wells and Polders, 2004). In that study, 27% did not know their HIV status and only 40% knew their partner's status (1% reported their partners to be HIV positive).

The details of the first case of women-to-women HIV transmission in South Africa was reported only in February 2003. In this case, a 20-year-old woman with no additional risk factors other than her sexual relationship with a female partner, tested positive for HIV in which the infecting strain matched that of her partner. The route of transmission was determined to most likely have come from the use of sex toys (Kwakwa & Ghobrial, 2003). Tallis, in Stevens (2008) adds that there is no accurate statistics of the number of lesbian women who are HIV positive, available, but that research in SA and anecdotal evidence proves prevalence. Lesbian women in the South African context are indeed vulnerable and at risk for HIV transmission, even though there are ambiguity about it, by both lesbian women themselves, and health care providers (Judge 2008; Stevens 2008 & Van Dyk & Livingston 2008). Furthermore, the marginalization and invisibility of the sexuality of lesbian women and their relationships adds to the reinforcement of this ambiguity.

Accessing health care – disclosure, risks

There was a vast difference in respondents' experience of accessing health care. One spoke of seeing a private gynaecologist, and noted how her partners experience of a private gynaecologist *'he proceeded to ask the appropriate sexual lesbian questions, which I felt I was impressed with'* but noted that her experience was to address presenting cysts and he did not discuss my sexual health.

One respondent said that her family doctor knows that she is a lesbian and that his reaction was 'normal' and that he did not discriminate against her. But she conceded that she did not ask for or receive any advice regarding her health or sexuality. At the same time she noted that there was significant discrimination at public clinics.

Another respondent referred to a time when she was in a public hospital for a long period and how health workers mediated her concurrent relationships. *'You know all my girlfriends would come and see me there. So I had the best doctors and best nurses ever.'*

You know they would actually, you know there's some tricks with that, because with that other one, and they couldn't see each other and it was very interesting for them, because they were like, all these beautiful women 'faffing' over this women. Something is here...' She also noted how within the public sector, doctors know that she is a lesbian and that she feels that she has been treated well being HIV positive, but that they did not know what advice to give, since they couldn't understand her positive status either, especially since she had no history of having sex with men.

Another noted that she did not feel comfortable with nurses and doctors, saying, *'they tend to see you, I don't know what they see in you.'* Yet this respondent had accessed pap smears and was exploring having a sterilization as she felt she bled too much.

Another respondent, aged 35, spoke of having contracted an STI but had never had a pap smear.

Another noted her reluctance to disclose her sexual orientation to health care providers, saying, *'if no one's asking, I'm not disclosing it'*. She also noted that she had gained 30 kg in the last year and that she had never gone for a pap smear. Her real fears of health care providers and disclosing appeared to be a barrier in accessing health care; however, she was accessing psychological care.

A respondent also noted how when she was in a private hospital and her partner visited her and they kissed, how the nurses would tell each other, but she did not feel discriminated against.

Sexual practices – negotiation, intimacy, one night stands, penetration, how many partners and men

Those interviewed displayed a wide variation in sexual experiences and practices: some have slept with men, three had not. Some have had many partners; some have had just three partners. Some penetrate others and are penetrated reciprocally; others just penetrate and others are recipients of penetration.

One respondent noted at a young age, *'At 12, I did not understand what was happening with me, I just could not get comfortable around her, touching her in bed sleeping, and I'll stay awake the whole night'*, illustrating early consciousness of desire.

Another revealed the considered and long period between meeting her partner and having intercourse of some six months.

Some have had few partners, others many, one participant recorded that, *'I have had many partners – possibly 35, but about six long term relationships. I did have multiple partners (cheating). We spoke about it and it was agreed that it would be only occasional.'*

One respondent noted that she had had 2 male partners and 12 women partners and had cheated on the men but not the women.

Another respondent described having about 20 partners with 3 to 4 serious ones.

A respondent described her exploration and discoveries with her partner at thirteen, *'we'll kiss and then we would touch each's private parts, in a very good way. I don't know who taught us, and that's how we experienced that the touching was giving us pleasure. And then we used to do it so often.'* She then describes how per partners are

normally straight and how painful it was when one left to go and have a baby. She also questioned, *'some of the things, I don't know if it is because we are black or we have this reservation of saying I can't do that. It's against my culture, So with my so-so's that was limited sex.'*

Respondents varied in frequency in describing how often they had sex. A few noted that they had sex twice to three times a week. One thought that she had too little sex and wanted to have more, but spoke about getting old and tired, and also of having children in the house. Holidays were mentioned as times when sex lives picked up.

Some noted how long they had gone without having sex, for some it was three years for another it was 2 weeks.

One respondent noted that she would not always have an orgasm during a sexual encounter but noted that her partner always had an orgasm.

Some noted how experiences of depression had decreased their libido.

One respondent described having a threesome with her past and present partners and that it happened as they both happened to sleep over. She noted, *'I enjoyed it most, because it excited me, seeing two women I love getting it on. I felt like the king of the castle.'* Another when asked about a threesome, said *never that would be the weirdest fantasy ever'*. Another responded that she never had one, but that it was not something that she was totally against.

One described her intuitive first sexual experience at 15, saying, *'I could not understand what I was doing, but I had to go with the flow, So I didn't ask the girl how she felt about it.'* She noted how her experience has grown from penetration with a finger and then oral sex. Yet she did not receive penetration or oral sex and only provided it for her partner.

Another noted that she only penetrated partners and gave oral sex to steady partners not one night stands.

Another noted very clearly that she would not be penetrated, but would be happy to penetrate her partner with fingers or toys.

Another respondent noted how her first sexual experience at age 18 was lead by her partner of 16 as she was very shy. She described how, *'we started kissing and I of course would not move my hand in any direction to do anything, but she sort of led the way. It was a great feeling, though. From touching her breasts to going below the belt and touching her private parts, she led my hand all the way.'*

Some described one night stands. *'I have only had sex once with a woman and not known her name'*.

Another described willing herself to experience a one night stand after not having had sex for 18 months and under peer pressure, but afterwards felt uncomfortable as she did not feel the emotional connection. Clubs were the place of encounters and activity of one participant who initially posed as straight and admitted that she finds the closet easily to hide in.

Another said that she and a friend had a competition at a "straight" bar to see how many encounters they could have in an evening and her score was four one night stands in an evening. She noted that she was very drunk to be able to do this. She also noted that she played in Mixit and pretended to be younger and seduced straight girls.

One respondent noted how her first sexual experience was with a man and how she did like it and would continue to enjoy having sex with a man, but would not have long term fulfilment, noting that the emotional connection makes it love and it is more than sex.

Another described how her partner was straight and in a relationship with a man. She said to her partner, *'I want to watch her being screwed. I would like to watch and it really excited me. I just watched.'*

Another respondent said after having sex with a man years ago, *'I do not have a single nerve that says I am attracted to this man... there was no spark at all.'*

This respondent only saw her current female partner occasionally, as she was in another relationship and described the few times that she comes to her house. She explained that she was comfortable with public affection, but then in reference to her own children, *'they don't know what is happening behind closed doors'*.

Another spoke of how she had different kinds of sex with different women, some more intimate than others. For her, oral sex was a practice that she could only do if *'she was on fire'*; she referred to her current partner as *'boring'*. But also conceded that her current partner was closeted.

How I have sex – oral, anal, rubbing, fantasy

The 'mechanics' of lesbian sex articulated by respondents showed a wide continuum of expression. *Restful, fabulous and soft* was the description of one participants' first sexual experience with a woman at the age of 27.

One respondent noted her recurring dream is to give a man a blow job, but notes that she has never done this in her life. But notes that she and her partner like being penetrated and both use dildos and strap-on's. And also both practice oral sex on each other and have also experimented with anal rimming and penetration. She noted that for her and her partner what sex was, was different, whereas for her it was to be penetrated yet for partner it was oral sex, which she considered foreplay. This also demonstrates fluidity, variation and acceptance of difference within a relationship. Within the sexual relationship she also noted taking responsibility of communicating her sexual needs, *'if I want what I want, then I am going to need to say it and what I needed, else it's not going to happen and she can't read my mind'*.

Sex sessions varied from most suggesting that 10-15 minutes would satisfy themselves, yet another noted that she could take about 45 minutes to come.

Some describe masturbating regularly another described having masturbated twice. One described masturbating in the bath, and also when she needed to relieve stress after working late. She explained that when masturbating, she had fantasies of *'a tall, dark black pretty woman, possibly from Kenya'*.

A few described how they were not interested in anal sex. One respondent did not know what anal sex was.

One described her partner and her not engaging in oral sex at all.

Some described using sex toys others did not use them. One said, *'I wouldn't want to use a toy. I have myself to use. I have so many skills that I can use, so why would I want to use a vibrator.'*

One described how her only fantasy was her partner.

Another described how she would only buy and use sex toys on her partner.

One respondent explained how her straight partners wanted her to use dildo's one them.

One respondent noted how her breasts where the best part of her body and how she loved to have them touched, and how she enjoyed exploring her partners breasts. At the same time she expressed her desire for women who were not skinny but had meat and flesh on them.

Some described watching pornography, some referred to enjoying 'straight porn' or heterosexual porn, others referred to only watch lesbian porn. One respondent was uncomfortable about porn saying that she did not watch it, but then recorded that she had watched with her gay brother and admitted finding it stimulating.

One noted that she was concerned being turned on by heterosexual pornography. Another respondent spoke of her fantasy of penetration with a man.

It is clear that the respondent's sexual fantasies do not necessarily reflect their sexual identities.

One described 'wild sex' or a form of bondage or discipline, sadomasochism (BDSM) noting, *'I was recently seeing this woman who ...she's a naughty girl, so she was very kinky. She used to buy like leather underwear. She would scream, and ...she would buy fluffy cuffs. She liked it wild. I think it excited me.'*

One respondent found it really difficult to talk about her sexuality and fantasies, suggesting that she could not remember and then when the conversation got specific said, *'oh hell'*, suggesting her embarrassment talking about it.

Other respondents appeared extremely comfortable with their sexuality, *'Till today, I just do what feels right, I don't know the specific names, I do what feels good to me'*

Another respondent, when discussing oral sex, spoke of her need for hygiene and said that she shaved a lot but was not able to ask her partners to do that. Not sure of herself, she said that she did not like pubic hair and thought of it as unhygienic.

Often, in the past when working with lesbian women therapeutically and when enquired about their sex life, the words 'cold' or 'dead' or 'non-existing' emerges. This could correlate to the myth of *lesbian bed death*. Only 16% of the 56 white female respondents in the OUT Levels of Empowerment study indicated that they were sexually active (Wells & Polders, 2004). According to Nichols (2005), since the early 1990's, this term has caused various debates, as well as being joked about, like with the concept of merging or fusing. There is a possibility that these often joked about apparent myths, or stereotype e.g. the lesbian woman as the sensual-but-not-sexual-woman, adds to the notion of lesbian sexual health not been taken seriously, thus negatively impacting on the health of lesbian women. Nichols argues that some sexologists have moved away from phallogentric orgasm centered sexual theories to include sensual physical contact which does not necessarily end in orgasm. There are even those that contend that sex is not necessary for a healthy relationship.

Initially, I wanted to find out about the so called "lesbian bed death" in this study. Although it seems not to have been a challenge experienced by these study participants,

taking into consideration that it is not easy to acknowledge one's lack of sexual pleasure and practices, it could still be a challenge for other lesbian couples.

Summary

Diverse practices and experiences – can't generalize around race or class.

Some respondents have no issues with identity, some have a range of identity issues.

Some issues related to sexual orientation, others just struggling in life in general.

Some lesbians have sex with men, some don't.

There are no single defining lesbian sexual practices – rather a range of sexual preferences and behaviours that involve a woman having sex with a woman.

Some drink alcohol, many don't.

Some have experienced abuse, some are or were perpetrators of abuse.

Some had experienced partner's deaths, one disclosed her HIV status, and some had experienced STIs. Few had had pap smears.

Many feared contracting HIV, did not know how to protect themselves.

Experiences with health services and health care providers varied, some had positive non-discriminatory experiences, but felt that the health care providers did not always know what information to give with regard to women to women safe sexual practices.

Conclusion

This report illustrates that to really understand the lives of lesbian women, you should change the way you look at them and throw your heteronormative stereotyped lenses away, with no limiting beliefs. Not two women in this study presented with the exact same life experiences (like women in general), although there might be areas that resemble each other.

This report highlights the need to find out more about lesbian women's lives, not only to understand their lives and experiences better, but because it gives a VOICE to a very marginalised group of women. It gives a voice to both the women who are comfortably out and proud and then to those, that due to unfortunate circumstances, cannot be out and be who they really are and love who they really want, too afraid of the consequences, the discrimination and rejection.

Being part of an international research group, I've learned that experiences of lesbian women in other parts of the world, e.g. Bangladesh and India, resembles the experiences of black lesbian women in SA townships, in that the forms of violence that they experience also include corrective rape. On the other hand, we also share internationally, positive experiences of being lesbian women.

I believe that this report will assist OUT LGBT Wellbeing, activists, policy makers and health care providers to debunk the stereotypes and myths around lesbian women, their lives and health and wellbeing.

The next phase of this project, depending on funding, will include the following:

- Produce a brochure targeting service providers
- Three year advocacy plan including 48 Sensitization Trainings to Service providers in Gauteng, South Africa
- Presenting the findings or part thereof at two international and two or more national conferences

Appendix 1
Informed Consent – Lesbian Research Study

By signing this document, I give consent to be interviewed by Delene van Dyk, an employee of OUT LGBT Well-being, a non-profit Lesbian, Gay, Bisexual and Transgender organization based in Pretoria. I understand that I will be part of a research study that will focus on the experiences (psychological, social and sexual) of lesbian women in Pretoria. This study, supported by a grant from Kartini Asia and the Riek Sienstra Fund, will provide some guidance in understanding the needs of lesbian women and to assist health professionals to optimize their services to lesbian women.

I understand that I will be interviewed at a time and place convenient to me. I will be asked some questions about my experiences as a lesbian woman, including my psychological, social and sexual experiences. The interview will take about 1½ to 2 hours to complete. I also understand that the researcher may contact me for information in the future.

I have been informed that the interview is entirely voluntary, and that even after the interview begins I can refuse to answer to questions or decide to terminate the interview at any point. I have been told that my answers to the questions will not be given to anyone else and no reports of this study will ever identify me in any way. I have also been informed that my participation or nonparticipation or my refusal to answer questions will have no effect on services that I or any member of my family may receive from OUT LGBT Well-being.

This study will help develop a better understanding of the life experiences of lesbian women in Pretoria and the services that will be most helpful to them. However, I will receive no direct benefit as a result of participation.

I understand that the results of this research will be given to me if I ask for them and that Delene van Dyk is the person to contact if I have any questions about this study or about my rights as a study participant. Delene can be reached on 083 253 5122.

Date

Respondent's Signature

Interviewer's Signature

Appendix 2

Interview List / Guidelines– Lesbian Research Study

1. Name:
2. Age:
3. Address:
4. Relationship status:
5. Ethnicity:
6. Level of resource:

PSYCHOLOGICAL EXPERIENCES

- **Coming out**
- **Identity**
- **Internalized homophobia**
Morally wrong? Ashamed? Thankful for sexual orientation? People talk – nervous? Lesbians holding hands, any public display of affection? Hide it from anyone? Straight acting? Embarrassed talking about own relationship? The constant need to prove the self?
- **Intimate partner violence (FSSIPV) / Domestic violence / abuse screening**
- **Psychiatric history**

SOCIAL EXPERIENCES

- **Homophobia**
- **Coming in**

SEXUAL EXPERIENCES

- **Age of "sexarche" (the onset of sexual activity)**
- **Types of sexual practice (oral, anal, and vaginal)**
- **Sexual partner assessment:**
The number of lifetime partners, number of partners within the preceding six months, the nature of the relationship (serial monogamy versus one-time events)

- **STD/HIV history & prevention practices**
- **Problems related to sexual intercourse (lesbian bed death)**
- **History of sexual abuse**
"Have you ever felt that you were forced to have unwanted sex?"
- **Sexual pleasure / desire / fantasy**
- **Experiences with health care providers**

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