

**TRENDS OF RAPE IN MANKWENG AREA BETWEEN 2009-2012:
A STUDY OF THE THUTHUZELA CARE CENTRE**

By

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DEDICATION

I dedicate this research to my mother, Ntie Sylvia Selamolela. She has always been there for me, supporting me and most of all she never gave up on me. Thank you Mom.

DECLARATION

I declare that the dissertation **TRENDS OF RAPE IN MANKWENG AREA BETWEEN 2009-2012: A STUDY OF THE THUTHUZELA CARE CENTRE** submitted to the University of Limpopo (Turfloop Campus) for the degree, Master of Arts in Clinical Psychology is my own work and has not been previously submitted for any other degree at any other institution. All the sources that I have used or quoted have been acknowledged by means of complete references.

Signed aton the day of20....

.....
Full names

.....
Date

ACKNOWLEDGEMENTS

To Almighty God, “ditheto le ditebogo kamoka di a go swanela”.

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ABSTRACT

The study investigated trends of rape in Mankweng area between the years 2009 and 2012. The number of cases reported per year, age of victims, area of occurrence, victim/perpetrator relationship, month of occurrence, day and time of occurrence and the victim's rape occurrences were investigated. Archival research design was employed by studying victim's records at Thuthuzela Care Centre, using a self-designed data organization sheet. Descriptive statistics was applied in analysing data. The following are the findings: there is an increase in the number of rape incidents, girls aged between 13- 19 years are at risk of being raped. The victims are likely to be raped by an unknown perpetrator. Rape is more likely to take place during the month of September. Most cases occur during weekends at night in the semi-urban part of Mankweng. There are more first-time victims and rape cases involved only one perpetrator.

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CHAPTER 1

GENERAL ORIENTATION OF THE STUDY

1.1 INTRODUCTION

Generally, sexual violence occurs throughout the world. Sexual violence has a profound impact on the physical and mental health of the victim, which can have both immediate and long-term consequences (Amaar & de Wall, 1994). The explanation of sexual violence against women is complicated by the forms it takes and the multiple contexts in which it occurs (World Health Organization, 2002). World Health Organization (WHO) further suggests that the various risk factors that contribute to sexual violence have an additive effect (WHO, 2002).

According to Peterson, Bhana and McKay (2005), South Africa has one of the highest rates of sexual assaults in the world. Adolescent girls between the ages of 12 and 17 years are particularly at risk (Peterson, Bhana & McKay, 2005). Child rape is becoming more common in South Africa. In 2000, 52 550 cases of rape or attempted rape of women were reported to the South African Police Service (SAPS). Of these cases, 21 438 of the victims were minors under the age of 18 years, and 7 898 of these were under the age of 12 years (mostly between 7 and 11 years) (Crime report 2000). In 2010/2011, 56 272 cases of rape were reported to the SAPS (Crime report 2010/2011).

It is evident that rape happens between people of the same sex as well as the opposite sex. It also occurs across different cultures, race groups and class divides. In many countries including South Africa, there has been little research conducted on the trends of rape. Therefore, more studies are needed to shed light on the problem of sexual violence and ways of addressing it. Rape is one of the various types of sexual violence. The focus of this study will be on rape. This study focuses only on male to female rape.

There has been much debate on whether to regard women who have been raped as “survivors” or as “victims”. This study refers to the women who have been raped as rape victims.

1.2 STATEMENT OF THE PROBLEM

Rape is a major social, public health and human rights issue in South Africa (Buddie & Miller, 2001). It has gained attention because of its negative psychological effects on victims. The rape victim may be emotionally damaged and may experience psychological problems (Buddie & Miller, 2001). Rape affects millions of people each year worldwide (Kim, 2000). In 1995, the Human Rights Watch reports on domestic violence and rape, dubbed South Africa the rape capital of the world (Human Rights Watch, 1995). Researchers have estimated that one in three girls and one in five boys are sexually abused in South Africa (Khan, 2002). Rape has therefore undoubtedly been a significant long-standing social problem in South Africa, and the probability of any woman being raped in this country is still very high (Crime Information Analysis Centre, 2005). Based on the indication by documented literature, rape is very common in South Africa, and there is a need to investigate and understand the different trends that it appears so that intervention strategies can be drawn. This study focuses on different trends of rape in Mankweng area between the years 2009 to 2012.

1.3 AIM OF THE STUDY

The aim of this study is to investigate the trends of rape in Mankweng area, between 2009 and 2012, looking at records of the Thuthuzela Care Centre.

1.4 OBJECTIVE OF THE STUDY

The study has the following objectives:

- to determine if there is an increase of rape incidents;
- to identify the common age ranges of victims;

- to determine the number of perpetrators;
- to investigate multiple rape occurrences per victim;
- to evaluate the victim-perpetrator relationship;
- to identify the area where rape is more prevalent and
- to investigate the day and time when rape is more prevalent.

1.5 HYPOTHESES

The hypotheses of this study are:

- the number of rape cases is increasing over the years;
- people aged between 14-30 years are more at risk;
- gang rape is more prevalent;
- victims have only one rape occurrence;
- perpetrators are known to victims;
- rape is prevalent in the semi-urban part of Mankweng;
- rape is prevalent during weekends at night.
- December is the month with high rape incidents.

1.6 SIGNIFICANCE OF STUDY

This study will help psychologists and other professionals to understand different trends in which the problem of rape appears in Mankweng. This will help in designing preventative and intervention strategies to solve this problem. The study will also contribute to the body of knowledge under investigation.

1.7 OPERATIONAL DEFINITIONS

1.7.1 Trends

Trends are general directions in which something is developing or changing (Oxford dictionary, 3rd Ed). They can also be defined as patterns of gradual change in a condition, output, or process, or an average or general tendency

of a series of data points to move in a certain direction over time (Oxford dictionary, 3rd Ed). Trends in this study refer to patterns of gradual change in: rape incidents, age of victim, number of perpetrators, number of rape occurrences per victim, victim-perpetrator relationship and area and time of prevalence

1.7.2 Rape

According to the Criminal Law of Sexual Offences and Related Matters Amendment Act of 2007, page 20, rape is defined as “an act which causes penetration to any extent whatsoever by the genital organs of a person into or beyond the anus or genital organs of another person, or any act which causes penetration to any extent whatsoever by the genital organs of another person into or beyond the anus or genital organs of the person committing the act”. A sexual act is considered unlawful if it is committed through coercive circumstance; under false pretences or by fraudulent means; or in respect of a person who is incapable in law of appreciating the nature of the act that causes penetration (Republic of South Africa, 2007).

1.7.3 Thuthuzela Care Centre

Thuthuzela Care Centre is a one-stop facility that has been introduced as a critical part of South Africa’s anti-rape strategy, aiming to reduce secondary trauma for the victim, improve conviction rates and reduce the cycle time for finalising cases (National Prosecuting Authority, 2009). The Thuthuzela project is led by the NPA’s Sexual Offences and Community Affairs Unit (SOCA), in partnership with various donors, as a response to the urgent need for an integrated strategy for prevention, response and support for rape victims cases (National Prosecuting Authority, 2009). Thuthuzela Care Centre is in operation in public hospitals in communities where the incidence of rape is particularly high. It is also linked to sexual offences courts, which are staffed by prosecutors, social workers, investigating officers, magistrates, health professionals, NGOs and police, and located in close proximity to the centre

(National Prosecuting Authority, 2009). This study will use data from the Thuthuzela Care Centre Located at the Mankweng Hospital.

1.8 KEY TERMS

1.8.1 Victim

The term victim in this study refers to the person whom the act of rape has been perpetrated against. That is the victim of rape.

1.8.2 Perpetrator

Perpetrator in this study refers to the person who commits the act of rape.

1.8.3 Victim-Perpetrator relationship

This refers to the relationship that the victim has with the perpetrator, whether the perpetrator is known to the victim, or is a stranger.

1.8.4 Multiple rapes

This refers to the number of rapes one victim has experienced in his/her lifetime.

1.8.5 Number of perpetrators

This refers to the number of people perpetrating the crime of rape on one victim.

1.9 SUMMARY OF SUBSEQUENT CHAPTERS

In Chapter one, an overview of the study and its objectives were outlined. It included the following: Introduction, statement of the problem, aim of study,

objective of study, hypotheses, significance of study, operational definition of terms and key terms.

Chapter two deals with literature review. The first part will explore the rape problem internationally, move to looking at rape studies in Africa then understanding the rape problem in South Africa. The last part of chapter two focuses on the risk factors associated with sexual violence and conclude by looking into the theories that explain rape.

Chapter three discusses the research methodology that has been used in this study.

Chapter four is concerned with presentation of results, and the discussion in relation to documented literature and theories.

Chapter five discusses the limitations, conclusion and recommendations of the study.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTORY REMARKS

In most countries, there has been little research conducted on the problem of sexual violence (Hakimi, Hayati, Ellsberg & Winkvist, 2001). Inconsistent definitions of rape, different methods of reporting, recording, prosecution and conviction for rape, creates controversial statistical disparities. These may lead people to believe that rape statistics are unreliable or misleading (Johnson, 1998). However, sexual violence is prevalent worldwide. According to the World Health Organization (2002), sexual violence has been a neglected area of research. Data on sexual violence typically come from police, clinical settings, nongovernmental organizations and survey research. The reported relationship between the sources of sexual violence, and its global magnitude, may be viewed as a tip of an iceberg (Jewkes, Vundule, Mafora & Jordaan, 2001).

A United Nations statistical report of 2006, compiled from government sources in 65 countries shows that more than 250,000 cases of male-female rape or attempted rape were recorded by police annually (United Nations, 2006). Throughout the world, 1 in 4–6 women experience rape in their lifetime, and few of these cases are reported (Hakimi, et al., 2001). Furthermore, available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner (Hakimi, et al., 2001). Jewkes, et al., (2001) add that, up to one-third of adolescent girls report their first sexual experience as being forced.

The aim of this chapter is to look at the prevalence of rape, risk factors associated with rape and the theories of rape in order to gain a deeper understanding into general and specific trends of rape.

2.2. PREVALENCE OF RAPE

2.2.1. Prevalence of rape in places affected by war

The problem of rape seems to be more common in countries of war (Littlewood, 1997). There have been some reports of sexual violence towards women by the military. In the former Yugoslavia, a study revealed that up to 60,000 Bosnian Muslim women were raped by military officials and many of these women became pregnant and gave birth as a result (Littlewood, 1997). It is also estimated that tens and thousands of women were raped by the Allies in Germany at the end of the Second World War (Littlewood, 1997). Rape was common among both sides in the Vietnam War. In Africa, between a quarter and half a million Tutsi women were raped in Rwanda in 1994 (Human Rights Watch, 1996).

Asia Watch reports that Indian soldiers in Kashmir raped women as a way of punishing and humiliating the entire community (Asia Watch, 1993; Littlewood, 1997). Indian soldiers did not only rape in prisons or detention camps, but did so during house-to-house searches and reprisal attacks. The sexual violation of women is also reported to have taken place during the Mediaeval sieges, wherein, sexual violence and mutilation was directed towards the defeated (Bradbury, 1992).

During the period of war, sexual violence was generally seen as being committed by men towards women (Littlewood, 1997). However, cases of sexual violence by men towards other men are also reported. The Zagreb Medical Centre for Human Rights estimated that 4,000 Croatian male prisoners were sexually tortured in Serb detention camps. It is further reported that 70% of these men who were sexually violated remained with physical injuries, 1 % were castrated or partially castrated and 20% were forced to fellate their fellow prisoners (Independent, 1996). In 1996, rebellious Iraqi officers were made to rape each other before 'execution by slow mutilation' (Times, 1996). In these cases, blunt instruments, knives and so on were used as instruments in sexual violence (Littlewood, 1997). Therefore, rape has

always been, and still continues to be used as a weapon against civilian populations. Most of these civilian populations at risk are women and children.

2.2.2. Global prevalence of rape

In 2006, the United States of America's Department of Justice published a study called *The Sexual Victimization of College Women* (Her Majesty's Inspectorate of Constabulary, 2007). The study showed that 3.1% of undergraduate women reported surviving rape or attempted rape during a 6-7 month academic year. The study further shows that 10.1% of college women had experienced rape prior to entering college and 10.9% reported having experienced attempted rape prior to college (Her Majesty's Inspectorate of Constabulary, 2007). Another study in the USA, among 25, 000 college women, 4.7% reported to have experienced rape or attempted rape during a single academic year (Mohler-Kuo, Dowdall, Koss & Weschler, 2004). Similarly, Kilpatrick, Resnick, Ruggiero, Conoscenti, and McCauley (2007) found in a study of 2,000 college women nationwide that 5.2% experienced rape every year. It has been estimated that one in six American women has been or will be sexually assaulted during her life (Kelly, Lovett & Regan, 2005).

The violence against women survey by the USA Department of Justice reported that, 17.6% of women reported having been raped while the ratio of men was 3% (Tjaden & Thoennes, 1998). Slightly more than half of first-time rape victims were less than 18 years old. Research indicates that about 80,000 American children are sexually abused each year (Attorney General's Sexual Task Force, 2007). Rape and physically assault after age 18 were perpetrated by a current or former husband, cohabitating partner or a date and these accounted for 76% of the studied population (Tjaden & Thoennes, 1998). Other studies on the annual rape prevalence in the United States of America (USA) reported a higher figure of 5% prevalence compared to the 3.1% reported in the USA Department of Justice study. Merril, Newell, Milner, Koss, Hervig, Gold, Rosswork and Thornton (1998) point out that a study conducted among military services trainees reported the following results with

regard to questions asked on rape: 36% of women reported having been raped while 11% of men reported perpetrating rape prior to military service (Merril, et al., 1998).

The rape problem is also evident in India. Despite gross underreporting, 22 172 rape cases were recorded in India in 2010 (National Crime Record Bureau, 2012). Among them, 5484 (24.7%) were girls under the age of 18 years. A retrospective review study reported that alleged rape survivors who attended the gynaecological emergency department of North Bengal Medical College between 2005 and 2010 reported the following results:

- a total of 37 (71.1%) were aged under 18 years;
- 9 (24.3%) of these cases were detected accidentally when the girl attended with recurrent vulvovaginitis;
- a total of 35 (67.3%) cases, the assailant was known to the rape survivor and
- a total of 27 (73.0%) girls were raped by people they knew (Bhattacharyya, Saha & Pal, 2011).

Rape in India has reached maximum rise among all total recognizable crimes in the country recorded under the Indian Penal Code between 1953 and 2011. With 24,206 cases in 2011, rape cases jumped to incredible increase of 873 % from 1971 when the oldest case of rape was first recorded by the National Crime Record Bureau (NCRB). Among all the states, Madhya Pradesh has emerged as the rape capital of India with 3406 cases of rape (New Delhi: Ministry of Home affairs, 2011).

In Papua New Guinea, a cross-sectional survey was done using content analysis of two national daily newspapers- the Post Courier and The National- on news stories about rape over a three year period, 2004, 2005 and 2006. The objectives were to establish the patterns of rape against women in Papua New Guinea.

According to police records in 2004, there were 563 serious sexual offences committed in Papua New Guinea in the first seven months of the year (Fairparik, 2005). In 2005, national statistics released by the police showed that there were 856 rape cases reported against the 998 reported in 2004. These statistics are broken up as follows; Port Moresby had the highest number of rape cases at 173 - against the 220 in 2004. Western Highlands Province (WHP) had the second highest number of rape cases at 120. In another 2005 report, according to the police (Fairparik, 2005), rape cases moved from 213 in 2004 to 641 in 2005. The study also found that most victims were under-aged girls who were left in the custody of male relatives. Fairparik further states that in rural areas, the community did not report the cases as they were often settled through compensation payments (Fairparik, 2005).

The Women and Children's Support Centre in Angau Memorial Hospital, Lae was opened in 2003. Since its inception a total of 1000 patients came for consultation. Of those, 639 were family violence cases and 358 were sexual assault victims (Fairparik, 2005); which supports another claim that 98% of patients counselled at the Women and Child Support Centre are sexual assault victims (The National, 2005). According to The National, Police statistics showed that 706 rape cases were reported in 2006 compared to 856 in 2005; 998 in 2004 and 1152 in 2003 (Vuvu, 2006). This study depicts a decrease in the reported rate of rape over the years. The study also concludes that Morobe Province was ranked first with regard to the problem of rape and that rape in Papua New Guinea can occur anywhere, during the day and there was a use of a weapon during the attack (Onyeke & Fischer, 2012).

In Europe, Sweden has the highest incidence of reported rapes. According to a 2009 study, there were 45 incidents of rape per 100,000 residents (The local, 2011). The local also explained a 700% increase in rape cases from 1975 to 2008, with rape of multiple attackers quadrupling in the past decade. It is allegedly stated that the high number of rapes and the increase of rape in recent years is the correlation between the sharp increase of immigrants from Africa and the Middle-East into Sweden and the rise in reported rapes.

Especially rapes in which violence is prevalent and the attacker is not known to the victim, as well as incidents where there are several attackers (The Local, 2011). According to a news report on BBC presented on the 12th November 2007, there were 85,000 women raped in the United Kingdom in 2006, equating to about 230 cases every day. The 2006-07 British Crime Survey reports that 1 in every 200 women suffered from rape in that period. It also showed that only 800 people were convicted of rape crimes that same year. Meaning that less than 1 in every 100 rape survivors were able to convict their attacker (Mark, 2008). According to a study in 2009 by the National Society for the Prevention of Cruelty to Children (NSPCC) on young people aged between 13-18, a third of girls and 16% of boys have experienced sexual violence, 250,000 teenage girls are suffering from abuse at any one time and 12% of boys and 3% of girls reported committing sexual violence against their partners (Barter, McCarry, Berridge & Evans, 2009).

2.2.3. Rape prevalence in Africa

There are reported cases of rape in Africa. For instance, in Tanzania, between 1990 and 1995, about 756 incidents of sexual assault involving young women and girls were reported throughout the country, and 48% of these were committed in Dar es Salaam alone (Ministry of home affairs, 1998). A cross-sectional household survey which examined sexual experiences of women aged 12 years or above in the urban and sub urban communities of Dar es Salaam between July and August 2000, found that among the 1004 women who completed their interviews, 20% were raped (Muganyizi, Kiewo & Moshiro, 2000). Known perpetrators were responsible for 92% of occurrences, were else strangers accounted for 7.6 % of occurrences. Neighbours accounted for 33.3%, intimate partners including current or previous husband or boyfriend 23.2% and family friends 15.2%. Regarding timing of the events, most (72.2%) of events took place between 12 mid-day and 12 midnight. Concerning the disclosure of rape events, the study reported that there seems to be more rape cases reported to other people (33.8%) than the police (10.1%). These patterns of disclosure were significantly associated with existing social relationships with the perpetrator. The results indicate that rape

against women is a serious public health problem in Dar es Salaam commonly involving people who are close to the victims (Muganyizi, et al., 2000).

In the Democratic Republic of Congo (DRC), rape has been one of the most prolific weapons of the civil war affecting the country's eastern provinces since 1998 (Pratt & Werchick, 2004). It is reported that about 48 women are raped in DRC every hour (Adetunji, 2011). The scale of sexual violence being perpetrated in the DRC is unparalleled in any previous or current conflict, as it has been perceived as a particularly effective weapon to subdue, punish, or exact revenge upon entire communities (Pratt & Werchick, 2004). Sexual violence has been called a 'defining feature' of the conflict in the DRC (Pratt & Werchick, 2004). Human rights Non Government Organisations (NGOs) estimate that hundreds and thousands of women and girls in the DRC have been raped in the conflict since 1998, with large proportions of rapes, sexual slavery and forced marriage being perpetrated towards women with the aim of destructing the entire society. A progress report submitted to the General Assembly indicates that serious abuses were occurring daily and being committed by armed forces, the police, and militarised non-government forces (Pratt & Werchick, 2004). Adetunji reports that the United Nations has called the DRC the centre of rape as a weapon of war. Adetunji further states that 1,152 women are raped every day. This number is 26 times more than the estimated 16,000 reported rapes per year as stated by the United Nations (Adetunji, 2011).

Between 2005 and 2007, more than 32,000 cases of rape and sexual violence were registered in South Kivu, a number suspected to be less than half of all incidents (Holmes, 2007). Although many Congolese attribute the majority of sexual violence to the Interahamwe, all armed groups in the DRC are implicated in the sexual violence (Holmes, 2007). Even the United Nations Organization Mission in the Democratic Republic of Congo (UN MONUC) peacekeepers have been found to be buying sexual slaves from villagers in exchange for milk and bread (Jackson, 2007). For example, it is reported that a 27 year old widow from the town of Bukiringi, was raped in the morning by DRC soldiers and again by militia soldiers the same afternoon (Briggs, 2007).

Many of the victims of sexual violence in the DRC have been subjected to horrific mutilation that goes far beyond rape (Briggs, 2007).

A condition called fistula is caused by genitals traumatised by the destructive insertion of guns and sticks into the women's vaginas that tears the walls of the vagina and rectum and leave many permanently incontinent (Jackson 2007). This was reported by many women consulting at Hospitals in the DRC. According to Falconberg (2008), after gang raping women and girls, soldiers are piercing their labia and padlocking their vaginas shut. Hot plastic as well as sticks and bayonets are being inserted into the women. Six month old girls have been raped to death. To intensify the cruelty, soldiers are even shooting women in the vagina' (Falconberg, 2008). Rape is a problem in Africa as the literature shows high statistics on its occurrence.

2.2.4. Rape in South Africa

South Africa has a political violent history, with an estimated 20 000 people dying 1984 and 1994 (Goldstone 1998). The country's complex political history of colonialism and industrialization has produced the conditions for multiple kinds of violence to occur (Beinart 1992, Stadler 1987). Both political repression and inter-personal violence/violation have been pervasive aspects of everyday life, and this is reflected in the social realist fiction and political autobiography produced by decades of black South African writers (Beinart, 1992). People in South Africa are commonly accustomed to react in a violent manner, and this to a large extent, is being accepted rather than being challenged (Wood, & Jewkes, 2001). Violence is presented as one of the few ways with which some men use to assert their masculinity (Madlala, 1997).

The causes of violence in South Africa are multi-factorial, and one of the important factors is the role of apartheid. Apartheid made people to react in a violent manner, especially towards women and children (Madlala, 1997). Violence against women and children was used as a first line strategy for resolving conflict and gaining ascendancy (Madlala, 1997). The form of violent action and reaction towards women and children are of physical as well as

sexual in nature. Much of the sexual violence is committed within established sexual partnerships or by men known to the survivors (Wood, Mafora & Jewkes, 1998), whilst other types of sexual violence are child rape, predominantly of girls and some are group rape by disaffected young men (Mokwena, 1991).

High levels of sexual violence have been linked to patriarchal gender ideologies and to a "crisis of masculinity" in a context where working-class African men have long been marginalized (Mokwena 1991, Vogelmann & Lewis, 1993). It is also argued that during the apartheid era, among the previously disadvantaged working-class men, the family domain became the primary sphere in which they (men) could reassert their sense of masculinity by using physical violence and rape (Campbell, 1992).

It therefore, appears that inter-personal violence and rape continues to affect daily life. The high rate inter-personal violence and rape of women results in HIV/AIDS and sexually transmitted infections (STIs) (Jewkes & Abrahams, 2002). In supporting this statement, 44 750 rape cases were reported in 1994/95 (SAPS, 2003/2004), over 55 000 rape cases were reported in 2003/04 (SAPS, 2003/2004), and 64 514 cases reported in 2011-2012 to the SAPS (SAPS, 2013). There were more than 9300 cases of indecent assault. People opposing woman abuse (POWA) (2011), estimates that a woman is raped every 26 seconds in South Africa, and a child every 24 minutes. The organisation says that an estimated one in four girls and one in five boys under the age of 16 years have been sexually abused. It cited one survey that 50 percent of 26,000 Johannesburg high school students interviewed reported that forced sex was not sexual violence and another survey reported that in one township, one third of girls having had sexual intercourse said their first experience was rape or forced sex (POWA, 2011).

Violence and coercive practices have been reported as dominating sexual relationships (Wood, & Jewkes, 2001). Adolescent pregnant women reported that sexual acts were decided by their male partners, who at times used violence (Abrahams, 2004). The legitimacy of these coercive sexual

experiences was re-enforced by some other female peers, who indicated that silence and submission was the appropriate response (Abrahams, 2004). Another form of coercive practices used by some male partners included gifts of clothing and money (Abrahams, 2004).

There seem to be confusion among some women concerning what is regarded as rape. Young women reported that forced intercourse with their partners is not viewed as rape, because “it is with your boyfriend and there is something between you” (Wood, & Jewkes, 2001). However, two population prevalence studies in South Africa have found that one in four women reported having been abused by an intimate partner (Department of Health, 2002). A study among working men in Cape Town found that 42% of them reported the use of physical violence and nearly 16% reported the use of sexual violence against an intimate partner with whom they had a relationship within the last 10 years (Abrahams, 2004). This 1 in 4 statistic places the level of intimate partner violence in South Africa among the average range and similar to the US (Abrahams, 2004).

There seem to be some differences between the number of sexual violence cases reported to the police and the ones in studies. According to Jewkes, and Abrahams (2002), nine-fold difference between the cases was reported to police (240/ 100 000), and those reported in a representative community-based study (2070/ 100 000). In a study of antenatal attendees in Soweto, 20% of women reported a lifetime prevalence of sexual violence by an intimate partner while 9.7% reported this happening within the past year (Jewkes, & Abrahams, 2002). A study of risk factors for teenage pregnancy revealed that a third (31.9%) of the pregnant teenagers and nearly 18.1% of the non-pregnant teenagers reported having experienced forced sex or rape as their initial sexual experience (Wood & Jewkes, 1998). The South African Demographic Health Survey also found that the youngest age group 15-19 years were twice as more likely to report sexual violence as compared to the oldest age group of 45-49 years. This is significant in that this is the same demographic group which is at the greatest risk of HIV infection (Abrahams, 2004).

Studies among school girls have also highlighted how sexual violence at school hindered girls' access to education. According to Abrahams (2004), sexual violence forces girls to drop out of school. Furthermore, male educators also use various strategies and opportunities to gain sexual access (Abrahams, 2003).

Another aspect of sexual violence in South Africa is gang rape. A rape surveillance study in Johannesburg reported that more than one third of the women reported being raped by more than one perpetrator (Swart, 1999). The types of gang-rape includes 'jackrolling'(which is the forceful abduction and possible sexual abuse of women by an unknown persons), and 'stream- lining' (wherein perpetrators are known to the girls) (Swart, 1999). Another form of rape is when a male partner arranges for his friends to have forced sex with his girlfriend. This usually happens when the partner intends to end the relationship or when he wants punish his partner for transgressing rules (Wood, & Jewkes, 2001).

The Victims of Rape Survey conducted in 1998 revealed the following trends of rape: 2,1% of women aged 16 years or more across population groups (N=337 000) reported that they had been sexually abused at least once between the beginning of 1993 and March 1998. It further reported that rape victims were more likely to be young women aged between 16 and 25 years (Statistics South Africa, 1998). The survey states that relatives of victims or intimate partners committed 34,6% of all rapes; casual acquaintances 17,3% and others known to the victim, 8,9%, while 24,4% of all victims didn't know their attackers and 13,4% knew them by sight only (Statistics South Africa, 1998). Sixty-four per cent of rapes occurred either at home or near home, while 16,7% occurred in open spaces or alleys. As many as 88, 1% of rapes were committed by lone offenders, and 11,9% of the rapes were committed by more than one person. The Victims of rape survey also indicates that more than half of lone-offender attacks (56,1%) involved the use of a weapon and rapes involving multiple offenders had an even greater percentage of weapons used in the attack (Statistics South Africa, 1998).

Medical Research Council (1998) conducted a study based on a question such as experiences of being forced or persuaded to have sex against one's will, by being threatened, by being held down, or by being hurt in some way, in three provinces (Limpopo, Mpumalanga & Eastern Cape). The results revealed that approximately 1% of the women stated that they had been raped in 1997. A proportion of 0,7% of women interviewed in the Eastern Cape, 1,1% of women interviewed in Limpopo Province and 2,0% of women interviewed in Mpumalanga, said that they were raped in 1997 (Medical Research Council, 1998). Out of the women who reported being raped sometime in their lifetime, 23, 5% said they were raped in 1997.

Another study in 2005 by the Medical Research Council found that women were killed every six hours by an intimate partner in South Africa. This represent the highest rate ever reported anywhere in the world (8.8 per 100 000 female population older than 14 years). Among these women who were killed, about 15% of these women were sexually assaulted. Jewkes, Sikweyiya, Morrel and Dunkle (2009) conducted a study in three districts in the Eastern Cape and KwaZulu-Natal among a sample of men indicated that 46.3% of the males said they had raped more than one woman or girl (Jewkes, et al., 2009).

A study called "Understanding men's health and use of violence: interface of rape and HIV in South Africa" indicates that rape of a woman or girl had been perpetrated by 27.6% of the men interviewed and 4.6% of men had raped in the past year (2005). Rape of a current or ex-girlfriend was disclosed by 14.3% of men. Since many men had raped more than once, rape of woman by strangers was reported more than that of an intimate. In all only 4.6% of men had raped a partner and not raped a woman who was not a partner (i.e. an acquaintance or stranger). 11.7% of men had raped an acquaintance or stranger (but not a partner) and 9.7% had raped both. In total, 8.9% said they had raped with one or more other perpetrators when a woman didn't consent to sex, was forced or when she was too drunk to stop them. Rape of men and boys was also reported, 2.9% said they had done this. Attempted rape was

reported by 16.8% of men and 5.3% of men said they had done so in the previous 12 months (Jewkes, et al., 2009).

With regard to the pattern of rape the study indicates that nearly one in two of the men who raped (46.3%) said they had raped more than one woman or girl. In all, 23.2% of men said they had raped 2-3 women, 8.4% had raped 4-5 women, 7.1% said they had raped 6-10 and 7.7% said they had raped more than 10 women or girls. When asked about their age at the first time they had forced a woman or girl into sex, 9.8% said they were under 10 years old, 16.4% were 10-14 years old, 46.5% were 15-19 years old, 18.6% were 20-24 years old, 6.9% were 25-29 years and 1.9% were 30 or older (Jewkes et al, 2009).

This pointed out that the HIV prevalence among men who had raped was 19.6% and 18.1% among those who had never raped. This difference was not significant ($p=0.53$). The HIV prevalence was lower, 12.7%, among those who had raped in the past year. Men who had raped another man, in contrast, had a higher prevalence of HIV (27.8%). It is estimated that over 40% of South African women will be raped in their lifetime and that only 1 in 9 rapes are currently reported (South Africa's corrective rape, 2011). It is also estimated that 14% of perpetrators of rape are convicted in South Africa (Kapp, 2006).

Jewkes (2000) reports that although the rape rate was higher than in countries such as the USA, it was difficult to know whether it was worse in South Africa than other developing countries such as India, which do not have such sophisticated statistics. In South Africa, only 14% of perpetrators are sentenced and this 14% is mainly the child rape convictions. For adult women the conviction rate is 3% (Kapp, 2006).

In the Limpopo Province, out of a total of 2863 rape cases reported, only 82 people accused of rape have been arrested during the 16 days of activism against abuse of women and children (Crime statistics SA, 2013). The Mankweng area 315 sexual crimes were reported to the SAPS in 2013, this

accounted for 11 % of all sexual crimes committed in the Province (Crime statistics SA, 2013).

The high prevalence of rape in South Africa shows that generally rape is far too common, and its origins are embedded in part, on ideas about South African manhood, for the problem which can be predominantly addressed through strategies of apprehension and prosecution of perpetrators (Kapp, 2006). South Africa has the worst known figures for gender-based violence for a country not at war. The rates of sexual violence against women and children, as well as the signal failure of the criminal justice and health systems to curtail the crisis, suggest an unacknowledged gender civil war (Kapp, 2006).

2.3. CAUSES OF SEXUAL VIOLENCE

Causes of sexual violence are debated and explanations of the causes include: societal factors, anger, power, sadism, sexual gratification, psychopathy, ethical standards, attitudes toward the victim and evolutionary pressures.

2.3.1. Groth typology

Nicholas Groth (1979) described different types of rape based on the goal of the rapist and they are anger rape, power rape and sadistic rape.

2.3.1.1. Anger Rape

Anger rape is characterized by physical brutality. Physical force is used during the assault. The physical force is much more than it would be necessary if the intent was simply to overpower the victim and achieve penetration (Groth, 1979). This type of rapist attacks their victim by grabbing, striking and knocking the victim to the ground, beating them, tearing their clothes, and raping them (Centre for Sex Management, 2008).

According to the centre for sex offender management (2008), the aim of the anger rapist is to humiliate, debase and hurt their victim. The rapists express

their contempt for their victim through physical violence and profane language (Centre for sex management, 2008). For these rapists, sex is a weapon to defile and degrade the victim. Rape constitutes the ultimate expression of their anger. This rapist considers rape as the ultimate offense they can commit against the victim (Centre for sex management, 2008). The experience for the offender is one that is of conscious anger and rage.

2.3.1.2. Power rape

The power rapists tend to have fantasies about sexual conquests and rape (Groth, 1979). The rapists believe that even though the victim initially resists them, once they overpower their victim, the victim will eventually enjoy the rape. The rapists need to believe that the victim enjoyed what was done to them, and they may even ask the victim to meet them for a date later (Groth, 1979).

Groth (1979) says these rapists; rape becomes a way to compensate for their underlying feelings of inadequacy and feeds their issues of mastery, control, dominance, strength, intimidation, authority and capability. The intent of the power rapist is to assert their competency. According to Groth (1979), the power rapist relies upon verbal threats, intimidation with a weapon, and only uses the amount of force necessary to subdue the victim. Because this is only a fantasy, the rapist does not feel reassured for long by either their own performance or the victim's response (Groth, 1979). The rapist feels that they must find another victim, convinced that this victim will be "the right one". Hence, their offenses may become repetitive and compulsive as a result they may commit a series of rapes over a short period of time (Groth, 1979).

2.3.1.3. Sadistic rape

According to Groth (1979), Sadistic rape usually involves extensive, prolonged torture and restraint. He further states that sometimes it can take on ritualistic or other bizarre qualities. The rapist may use some type of

instrument or foreign object to penetrate his/her victim. Sexual areas of the victim's body become a specific focus of injury or abuse (Groth, 1979).

Sadistic rapists associate sex with anger and power as a result the aggression and infliction of pain itself is eroticized (Groth, 1979). The sexual excitement of sadistic rapists is associated with the inflicting of pain upon their victim. The offender finds the intentional maltreatment of their victim intensely gratifying and takes pleasure in the victim's torment, pain, anguish, distress, helplessness, and suffering (Groth, 1979). Therapist finds the victim's struggling with him/her to be an erotic experience (Groth, 1979). The sadistic rapist's assaults are deliberate, calculated and pre-planned. They will often wear a disguise or will blindfold their victims (Groth, 1979). Prostitutes or other people whom they perceive to be "promiscuous" are often the sadistic rapist's targets. The victims of a sadistic rapist may not survive the attack. For some offenders, the ultimate satisfaction is gained from murdering the victim (Centre for sex management, 2008).

2.3.2 Sexual gratification

In 1994, Felson and Tedeschi wrote the book "Aggression and Coercive Actions: A Social-Interactionist Perspective". This book argues that sexual fulfilment is the motive of rapists, rather than the aggressive desire to dominate the victim (Felson & Tedeschi, 1994). Felson and Tadeschi (1994) believe that rape is an aggressive form of sexual coercion and the goal of rape is sexual satisfaction rather than power. Most rapists do not have a preference for rape over consensual sex (Felson & Tedeschi, 1994). A study of male rapists evaluated with penile plethysmography (a device used to measure changes in blood flow in the penis and assess sexual arousal) demonstrated more arousal to forced sex and less discrimination between forced and consensual sex than the non-rapist control subjects (Baxter, Barbaree & Marshall, 1989).

2.3.3 Societal factors

2.3.3.1. Early childhood environments

Watkins and Bentovim (1992) suggest that sexual violence is a learnt behaviour in some adults, particularly as a result of child sexual abuse. Studies on sexually abused boys have shown that around one in five boys do continue in later life to molest children themselves (Watkin & Bentovim, 1992). Such experiences may lead to a pattern of behaviour where the man regularly justifies being violent, denies doing wrong, and has false and unhealthy notions about sexuality (Watkin & Bentovim, 1992).

Childhood environments that are physically violent, emotionally unsupportive and characterized by competition for scarce resources have been associated with sexual violence (Borosky, Hogan & Ireland, 1997). Sexually aggressive behaviour in young men has been linked to witnessing family violence, and having emotionally distant and uncaring fathers (Borosky, et al., 1997). Men raised in families with strongly patriarchal structures are also more likely to become violent, to rape and use sexual coercion against women, as well as to abuse their intimate partners, than men raised in homes that are more egalitarian (Crowell & Burgess, 1996).

2.3.3.2 Poverty

Poverty is linked to both the perpetration of sexual violence and the risk of being a victim of it. Several authors have argued that the relationship between poverty and perpetration of sexual violence is mediated through forms of crisis of masculine identity (Jewkes, 2002a).

Bourgois (1996), describes how young men feel pressured by models of successful masculinity and family structure passed down from their parents and grandparents generations, together with modern day ideals of manhood that also place an emphasis on material consumption. Trapped in their slums, with little or no available employment, they are unlikely to attain either of these

models or expectations of masculine success (Bourgois, 1996). In these circumstances, ideals of masculinity are reshaped to emphasize misogyny, substance abuse and participation in crime and often also xenophobia and racism (Bourgois, 1996). Gang rape and sexual conquest are normalized, as men turn their aggression against women because they can no longer control patriarchally or support economically (Bourgois, 1996).

It is also reported that poor women and girls may be more at risk of rape in the course of their daily tasks than those who are better off, for example when they walk home on their own from work late at night, or work in the fields or collect firewood alone (Jewkes, Penn-Kekana & Levin, nd). Children of poor women may have less parental supervision when not in school, since their mothers may be at work and unable to afford child care (Jewkes, et al., nd). The children themselves may, in fact, be working and thus vulnerable to sexual exploitation.

2.3.3.3 Consuming alcohol or drugs

Research has noted that alcohol may act as a cultural break time, providing the opportunity for antisocial behaviour (McDonald, 1999). Thus people are more likely to act violently when drunk because they do not consider that they will be held accountable for their behaviour. McDonald further states that some forms of group sexual violence are associated with drinking. In these settings, consuming alcohol is an act of group bonding, where inhibitions are collectively reduced and individual judgement is ceded in favour of the group (McDonald, 1999).

Increased vulnerability to sexual violence is also noted to stem from the use of alcohol and other drugs. Consuming alcohol or drugs makes it more difficult for women to protect themselves by interpreting and effectively acting on warning signs (Crowell & Burgess, 1996). Drinking alcohol may also place women in settings where their chances of encountering a potential offender are greater (Crowell & Burgess, 1996).

2.3.3.4. Becoming more educated and economically stable

Women are at increased risk of sexual violence, as they are of physical violence by an intimate partner, when they become more educated and thus more empowered. Women with no education were found in a national survey in South Africa to be much less likely to experience sexual violence than those with higher levels of education (Jewkes & Abrahams, 2002). In Zimbabwe, women who were working were much more likely to report forced sex by a spouse than those who were not (Watts, Keogh, Ndlovu & Kwaramba, 1998). The explanation is that greater empowerment brings with it more resistance from women to patriarchal norms (Jewkes, et al., nd), as a result men may resort to violence in an attempt to regain control.

2.4. FACTORS INCREASING THE RISK OF RAPE IN SOUTH AFRICA

South Africa is traditionally a male dominated and patriarchal society where women used to hold limited power and authority and were frequently exploited (Robertson, 1998). Research suggests that rape is more prevalent in such societies because societal attitudes may also contribute to rape (Robertson, 1998). Research also indicates that rape is more common in societies which accept and believe in the "rape myths" (Lewis, 1994). These myths are false ideas about what rape is and include beliefs such as: men rape because they cannot control their sexual lust, women encourage rape, rapists are strangers and women enjoy being raped. These myths serve to label women as in some way responsible for the rape and to view men's actions as excusable, thereby giving silent consent to their actions (Robertson, 1998). These rape myths also reduce the likelihood of women reporting their rape, for fear of being blamed and stigmatised (Robertson, 1998). In South Africa there is also the virgin cure myth. This is the mistaken belief that if a man infected with HIV, AIDS, or other sexually transmitted diseases has sex with a virgin girl, he will be cured of his disease (Groce & Trasi, 2004). Anthropologist Leclerc-Madlala (2002) has recognized the myth as a potential factor in infant rape in South Africa (Leclerc-Madlala, 2002).

A "culture of violence" has dominated the South African society for years. Our current levels of criminal and political violence have its roots in apartheid and political struggle. The ongoing struggle and transition has left many men with a sense of powerlessness and perceived emasculation (Robertson, 1998). Studies suggest that the majority of perpetrators of violence are male and the victims are frequently women and children (Vetten, 1997). This may represent a displacement of aggression in which men of all races feel unable to reassert their power and dominance against the perceived "weaker" individuals in society (Robertson, 1998). In this context, rape is an assertion of power and aggression in an attempt to reassert the rapist's masculinity (Robertson, 1998).

Inadequacies in our criminal justice system also create an environment where it is relatively easy to commit an offence of rape without any severe consequences; as a result rape has one of the lowest conviction rates of all serious crimes in South Africa (Robertson, 1998). Offenders frequently evade arrest and conviction and continue to intimidate their victims and the victims' family. In the absence of effective witness protection services, women often withdraw or fail to report cases as they fear intimidation by the perpetrator and sentencing tends to be lenient which creates an impression that rape is not seen as a serious crime (Robertson, 1998).

2.5. THEORIES OF RAPE

2.5.1. Psychoanalytic theory

Sigmund Freud's writing is regarded as the foundation of the psychoanalytic theory. The Psychoanalytic Theory holds the point that human behaviour and feelings are powerfully affected by unconscious motives. The theory further believes that human behaviour and feelings as adults (including psychological problems) are rooted in our childhood experiences (McLeod, 2007). According to Freud (1905), psychological development in childhood takes place in a series of fixed stages which are the psychosexual stages. The psychoanalytic approach believes that each stage represents the fixation of libido. Sigmund

Freud suggested that unsuccessful completion of one stage may lead to pathology. The theory also states that all behaviour has a cause (usually unconscious), even slips of the tongue. Therefore, all behaviour is determined (McLeod, 2007).

The Psychoanalytic Theory postulates that personality is made up of three parts which are the id, ego and the super-ego. The theory states that behaviour is motivated by two instinctual drives: Eros (the sex drive & life instinct) and Thanatos (the aggressive drive & death instinct). Both these drives come from the "id". Parts of the unconscious mind (the id and superego) are in constant conflict with the conscious part of the mind (the ego) (McLeod, 2007). As a result personality is shaped as the drives are modified by different conflicts at different times in childhood (during psychosexual development). Freud (1905/1953) perceived deviant sexual behaviour to be a direct reflection of a character disorder, with the origin being infantile sexual desires that continued into adulthood.

Lanyon (1991) described subsequent psychoanalytic writers as having expanded and elaborated on Freud's position with these explanations typically involving both castration anxieties and oedipal conflicts. Other writers, such as Cohen, Garofalo, Boucher and Seghorn (1971) suggest that feelings of sexual or interpersonal adequacy and unacknowledged homosexual tendencies interact with the aggression directed at the victim as a substitute object for the mother, to produce a sexual assault. It is important to note however that although psychoanalytic perspectives have been very influential with respect to thinking and debate about sexual offending they have attracted substantial criticism for having a lack of empirical support (Polascheck, Ward & Hudson, 1997).

Freudian Theory assumes a largely predetermined relationship between sex and behaviour (Lanyon, 1991). The oedipal conflicts which children experience result in different consequences depending on their sex. For boys, the oedipal conflict leads to identification with their fathers and the internalisation of their fathers' attitudes, morals and prohibitions (Lanyon,

1991). Psychoanalytic theory suggests that a rapist could have one of a number of possible motives, which including aggressive, sadistic or sexual motives (Lanyon, 1991).

A rapist with an aggressive aim intends to defile, humiliate and harm his victim. This is hypothesised to stem from potential concerns and intense rage linked to sexual anxiety on the part of the rapist (Lanyon, 1991). When the aim is sadistic the act is pre-planned, ritualistic and frequently involves torture and sexual abuse in which aggression and sexuality become inseparable (Lanyon, 1991). When the aim is sexual, the Psychoanalytic Approach suggests that the offence is rooted in either unacknowledged homosexual feelings, passive personality features or feelings of interpersonal inadequacy (Lanyon, 1991). This point suggests that men who have issues with themselves may rape or destroy others in an attempt to be equal or to feel better about themselves (Lanyon, 1991).

Other psychoanalytic interpretations of rape perceive rape differently and have termed it anger rape (Groth, 1978). The offender offends as a way to direct feeling of rage onto the victim. The offence is not primarily a sexual act but one that occurs within a sexual context and where emotions of anger and control are exerted onto the victim. This understanding suggests that the object of the rage, the victim, represented an authority figure that needed to be controlled, hurt and degraded (Groth, 1978). The victim therefore becomes the substitute for the original source of the offender's rage. This theory concludes that the motivation of rape is the need for power and control and not of sexual desire (Pollack, 1988).

2.5.2. Social learning theory

In Social Learning Theory Albert Bandura (1977) states that behaviour is learned from the environment through the process of observational learning. Children observe the people around them behaving in various ways (Bandura, 1977).

Individuals that are observed are called models. These models provide examples of masculine and feminine behaviour to observe and imitate. A child pays attention to these people (models) and encodes their behaviour. At a later time they may imitate (i.e. copy) the behaviour they have observed. They may do this regardless of whether the behaviour is 'gender appropriate' or not but there are a number of processes that make it more likely that a child will reproduce the behaviour that the society deems appropriate for its sex (Bandura, 1977).

First, the child is more likely to attend to and imitate those people he/she perceives as similar to him/her. Consequently, it is more likely to imitate behaviour modelled by people of the same sex as the child (Bandura, 1977).

Secondly, the people around the child will respond to the behaviour it imitates with either reinforcement or punishment. If a child imitates a model's behaviour and the consequences are rewarding, the child is likely to continue performing the behaviour (Bandura, 1977). This process is known as reinforcement. Reinforcement can be external or internal and can be positive or negative. If a child wants approval from parents or peers, this approval is the external reinforcement, but feeling happy about being approved of, is the internal reinforcement. A child will behave in a way which it believes will earn approval because it desires approval. Positive (or negative) reinforcement will have little impact if the reinforcement offered externally does not match with an individual's needs. Reinforcement can be positive or negative, but the important factor is that it will usually lead to a change in a person's behaviour (Bandura, 1977).

Third, the child will also take into account of what happens to other people when deciding whether or not to copy someone's actions. This is known as vicarious reinforcement (Bandura, 1977). This relates to attachment to specific models that possess qualities seen as rewarding. Children will have a number of models with whom they identify. These may be people in their immediate world, such as parents, elder siblings, fantasy characters or people in the media. The motivation to identify with a particular model is that they have a quality which the individual would like to possess. Identification

occurs with another person (the model) and involves taking on (or adopting) observed behaviours, values, beliefs and attitudes of the person with whom you are identifying (Bandura, 1977).

The application of Social Learning Theory to rape has its roots in research which determined that repeated exposure to almost any stimulus tends to promote positive feelings toward it (Ellis, 1989). This theory considers the propensity to rape to be mediated by attitudinal variables (Ellis, 1989). It places considerable emphasis on how sexuality and violence can become conceptually fused or how viewing sexual violence provides a “response schema” or script for engaging in rape (Huesmann & Malamuth cited in Ellis, 1989: 35).

Social learning theory portrays rape as part of aggressive behaviour toward women learned through four interrelated processes (Ellis, 1989). The four processes are:

- a sex-violence linkage effect;
- a modelling effect;
- a rape myth effect and
- a desensitisation effect (Ellis, 1989).

These four processes hold that in rape, there is a strong association between sexuality and violence. Rape therefore occurs due to repeated exposure to rape scenes (Ellis, 1989). This leads to men becoming accustomed to acts of violence towards women. The exposure also desensitises men to pain, fear and humiliation in acts of sexual aggression (Ellis, 1989). This theory therefore suggests that men may perceive rape as a norm, and hence develop no respect for women and their bodies. Pornography studies reveal that males who view pornography victimising women are more likely to behave aggressively towards women (Weber, 1992).

Scully’s (1990) study of sexual violence views rape as a learned behaviour within a patriarchal culture. According to this study, rapists are more likely to

believe in a double standard regarding gender roles, and they identify more with the traditional male roles. Social learning theory also suggests that men who subscribe strongly to traditional sex roles are more likely to behave more aggressively toward women (Scully, 1990). Social and cultural learning are responsible for rape. It is suggested that rape is common and since there is no outcry from society against it, rapists do not perceive it as wrong (Scully, 1990).

Other writers have even suggested that our societies to some extent are responsible for rapes (Jewkes, Penn-Kekana & Rose-Junius, 2005). For example, many victims are victimised by society by being blamed for the offence. The justice system further fails victims with the appraisal of perpetrators. This may lead perpetrators to perceive rape as not being serious.

2.5.3. Feminist theory

Feminist Theory is based on the different gender roles between men and woman. Feminist explanations of rape emphasise power imbalances in society to be related to gender differences as being a major factor in the prevalence of rape. Sexual violence against women is viewed as rooted in power inequalities related to hierarchal gender relations (Jewkes, 2002b). Gender is conceptualised as a system of social classification that influences access to power, status and material resources (Sanday, 1981). There have been several studies that have investigated gender differences regarding perceptions of rape (Tavara, 2006).

Some argue that the criminal justice system and its agents, such as the police, are patriarchal. That is, the state is male, and the law sees and treats women the way men see and treat women (Mackinnon, 1989). Feminist Theory is a broad theoretical perspective that is built from a number of different theorists. The types of feminist theories include liberal, socialist, radical anti-racist, psychoanalytic and post-modern feminist (Elliot & Mandell, 1995). Feminist theories also differ in their focus, which ranges from political,

cultural, economic, racial, ethical and sexual dimensions. Feminists insist that a critical stance should be taken on gender relations that have been taken for granted (Elliot & Mandell, 1995). They present the social construction of gender relation as problematic and also challenge the idea that sexual differences about men and women are an unbiased and objective truth (Elliot & Mandell, 1995).

Feminist Theory explains rape as an exercise of power due to the social control in patriarchal societies (Kelly, 1999). Most societies are patriarchal where females are regarded as being of less value and have less status than males. Feminist theory holds that rape is a direct result of female's political and economic powerlessness (Kelly, 1999). This is evident from Vogelman's (1990a) study, in which he argues that women are restricted in their movements, their behaviour and dress as they are dictated by attempts to elude the rape. In other words, feminist theories view rape to be primarily motivated by male dominance.

Early feminist authors argue that rape is used as part of an overall strategy of asserting dominance over and control of women, but also point to rape as a vehicle for self-communication by men about their powerfulness (Jewkes, et al., 2005). Men may rape due to a need to gain power and build up their depleted self-concept (Vogelman, 1990b). This suggests that men may need to dominate others to deal with feelings of inadequacy or threats to their self-concept.

It is a commonly accepted understanding that rape is certainly in part caused by cultural factors and attitudes; such as gender stereotypes and other thought processes that link physical aggression and sexuality in the minds of males (Ellis, 1989). Social norms have been found to prescribe that boys or men should have sexual relations as a marker of their masculinity. This has been found to motivate and pressurise those without partners to rape in order to comply with these norms (Peterson, Bhana & McKay, 2005). Therefore, whether rape occurs due to the biological need to procreate, the societal pressure to prove one's masculinity or the perversion of traditional roles, men

commit rape (Ehrenreich, 2000). Wood and Jewkes (1998) described how control of women was a key aspect of successful masculinity among many young men. Masculinity was constructed and evaluated in on-going acts of competition in relation to male peers, with sexual conquest being regarded as a sign of status, whether achieved by wooing, trickery or ultimately force (Wood & Jewkes, 1998). In a study conducted in the rural Eastern Cape, most men were found to pride themselves on their persuasive abilities and regarded the use of force to get sex as “unmanly” (Wood & Jewkes, 1998).

CHAPTER 3

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

This study employed an archival research design. Archival research uses publicly available records and documents as a source of data. According to Shults, Hoffman and Palmon (2001), archival methods allow one to study people from earlier times in history as well as to study behaviour and attitudes across long time spans, thus, the research is one step removed from actual observation (Shults, et al., 2001). This type of design uses data or “archives” which are: data sets that have already been collected by someone; materials that were specifically designed to answer psychological questions; materials that were specifically designed to answer non-psychological questions but contain information of interest to psychologists. The materials that were initially collected for entirely different reasons than research but which have been incorporated into a research project (Shultz et al, 2001). This approach is relevant for this study because the researcher collected data from victims’ records at the Thuthuzela Care Centre in Mankweng Hospital.

3.2 VARIABLES

Variables are things that we can measure, control or manipulate in research because they can have more than one value (Gavin, 2008). There are two types of variables and they are: the independent variable (variables that could have an effect on other variables) and the dependent variables (variables that might be affected by the variation in the independent variable) (Gavin, 2008). In this study the independent variables are number of cases per year, age of victim, number of perpetrators, number of rape occurrences, victim perpetrator relationship, time and day of occurrence and area of occurrence. The dependent variable is rape.

3.3 SAMPLE AND SAMPLING PROCEDURE

Total population sampling is used in this study. Total population sampling is a type of purposeful sampling technique that involves examining the entire population (i.e. the total population) that have a particular set of characteristics (Laerd, 2010). In sampling, units are things that make up the population. Units can be people, cases or pieces of data (Laerd, 2010). In this study, all rape victims' records at the Thuthuzela Care Centre from 2009 to 2012 were accessed, retrieved and studied. Thuthuzela Care Centre at Mankweng Hospital is the only official centre in this region that deals with cases of rape.

3.4 RESEARCH INSTRUMENTS

An electronic data organisation sheet designed by the researcher to observe the trends of rape was used in this study. The sheet included the following variables: Age of victims, area of occurrence, day of occurrence, time of occurrence, number of perpetrators, the victim/perpetrator relationship, victim's rape occurrences and the month of the occurrence. (See annexure G).

The researcher Selected the above mentioned variables guided and informed by the research objectives of the study.

3.5 PROCEDURE OF DATA COLLECTION

The first step in commencing with this research was obtaining permission from the University of Limpopo Research Ethics Committee, Limpopo Province's Department of Health and Social Development Ethics Committee and the Polokwane/Mankweng Hospital Complex Ethics Committee (See annexures A, C & E). The researcher then familiarised herself with Victim's files at Thuthuzela Care Centre for better understanding and planning for the actual data collection. It was during this process that the researcher found out that 2009 data was incomplete and insufficient for analysis. Because the researcher was relying mainly on secondary data, the quality of the data

reflects the quality of the Victim's files. In order to minimise possible error, the researcher collected data from files which consisted of initial progress notes and the SAPS J88 form. The researcher extensively reviewed and studied all files of rape victims who consulted at Thuthuzela Care Centre from the period between 2009 and 2012.

The Thuthuzela Care Centre assigned one of their staff members to help the researcher access the records. The whole data collection procedure took a period of four weeks to complete.

Information from the Victims' files was captured on the data collecting sheets. Each file was given a unique number to avoid double reporting. However the files were in a locker arranged monthly. It was helpful for the researcher to work with them.

3.6 DATA ANALYSIS

All the data were "cleaned, coded and analysed" using the Statistical Package for Social Sciences (SPSS), version 21. Descriptive statistics and cross tabulations were used to assess the trends of rape in Mankweng area between 2009 and 2012. Response frequencies and percentages were computed.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter outlines the results of the study conducted at the Thuthuzela Care Centre (TCC) in Mankweng Hospital. The 2009 data were excluded from the study because of incomplete information in Victim's files. Firstly overall combined results for the years 2010, 2011 and 2012 have been presented and interpreted. This is followed by cross tabulation results. Lastly the hypotheses of the study have been revisited and discussed.

4.1. RESULTS

4.1.1. Number of rape occurrences (2010-2012)

A total number of 916 files of rape victims who consulted at Thuthuzela Care Centre (TCC) at Mankweng Hospital during the period 2010 to 2012 were retrieved and studied. This number constituted all the clinical records of rape victims that came to TCC for assistance. In 2010, there were 295 (32.2%) victims who consulted at TCC. In 2011, 301 (32.9%) consulted and in 2012, 320 (34.9%) victims consulted. This indicates that there has been an increase in rape incidents in the Mankweng area (Figure 4.1).

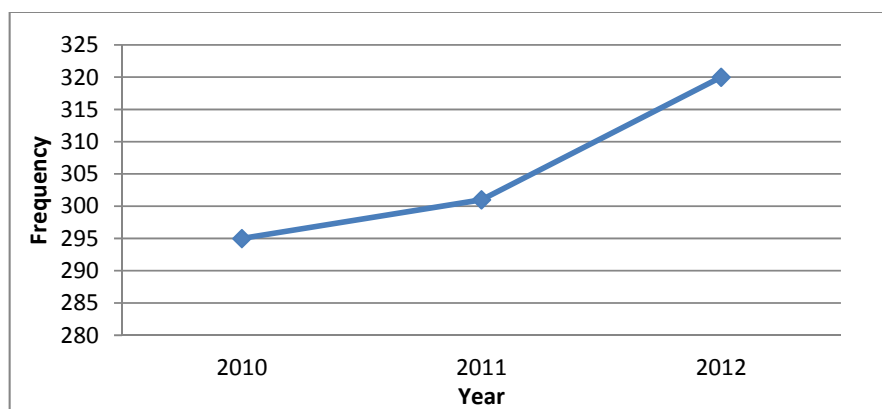


Figure 4.1 Number of rape occurrence

4.1.2. Monthly rape occurrences from 2010 to 2012

With regard to months, there is a fluctuation of rape occurrences per month over the three year period showing the following trend: The month of September is the highest with 97 (10.6%) cases reported, it is followed by the month of December with 96 (10.5 %) cases, November with 90 (9.8%), March with 85 (9.3%), February with 81 (8.8%), May with 76 (8.3%), October with 76 (8.3%), April with 72 (7.9%), August with 66 (7.2%), June with 63 (6.9%), January with 62 (6.8%). The month of July had the least number of cases with 52 (5.7%) cases reported at TCC (Figure 4.2).

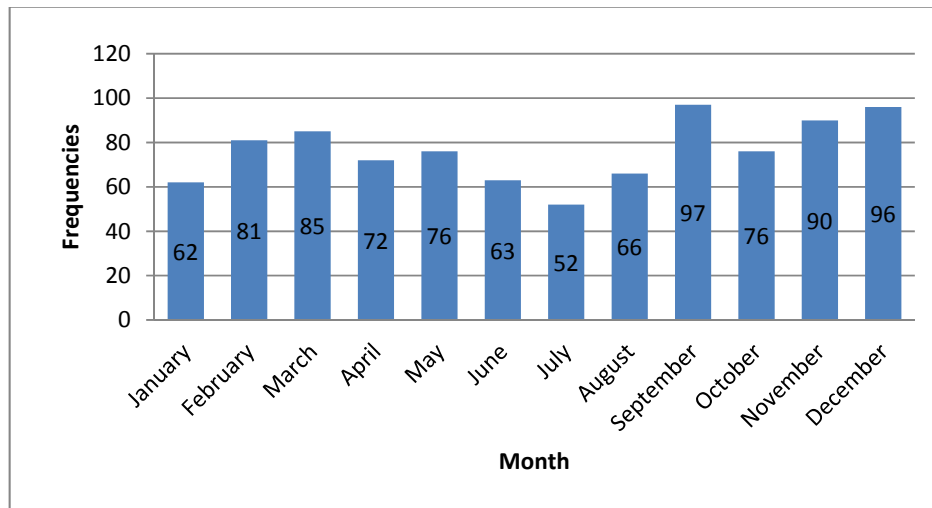


Figure 4.2 Number of cases per month

This indicates that the month of September has the highest number of rape incidents. However, it is worth noting that the month of November and December also presented with a high number of rape incidents. These three months (September, November and December) are periods of warm weather, where people like to be outdoors. It is also indicated that the month of July has the least number of rape incidents and this is the month of cold weather. Therefore, in the Mankweng area, there are more rape cases reported during the warm months and less during the cold months of the year.

4.1.2.1. Monthly rape occurrences in 2010

In 2010, there was a fluctuation of rape occurrences per month. Victims' files revealed that many rape occurrences in 2010 happened during the month of December, with 34 (11.5%) of cases reported. This was followed by the month of May with 30 (10.2%) and March with 27 (9.7%) cases. Both January and February, presented with 26 (8.8%) cases while July and November presented with 25 (8.5%) cases. The month of September followed with 23 (7.8%), August with 22 (7.5%), April with 21 (7.1%), October with 20 (6.8%). The month of June presented with the least number of cases with 16 (5.4%) cases of rape reported (Figure 4.3).

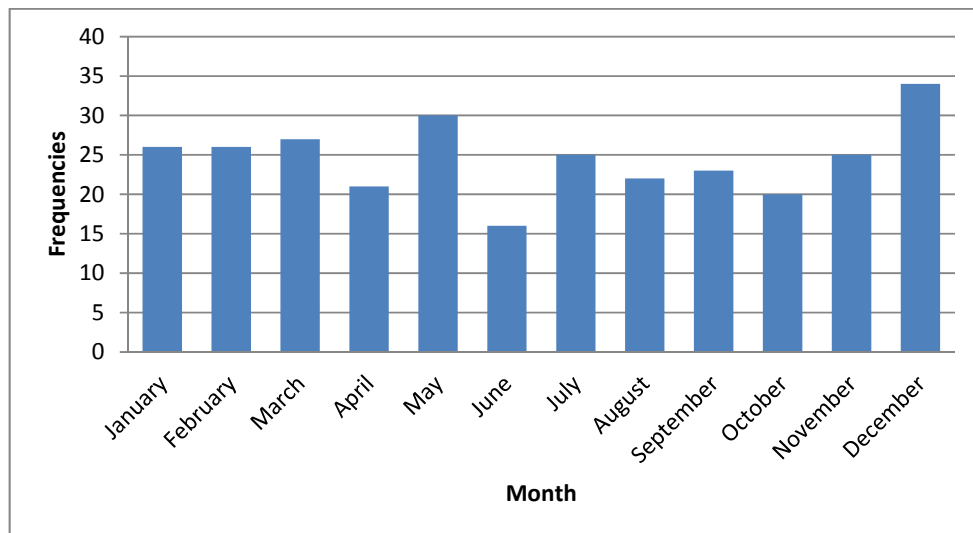


Figure 4.3. Number of cases per month in 2010

4.1.2.2. Monthly rape occurrences in 2011

In 2011, there was also a fluctuation of rape occurrences per month. Victim's files revealed that in 2011, many rape occurrences happened during the month of March, with 36 (11.96%) cases reported. This was followed by the months of September and October which both had 34 (11.30%) cases. They were followed by the month of November with 32 (10.63%) cases. The month of December followed with 30 (9.97%) and May with 26 (8.64%), April with 24

(7.97), February with 22 (7.31), August with 21 (6.98%), June with 18 (5.98%), January with 13 (4.32%). July month had the least number of rape occurrences with 11 (3.65%) cases reported in 2011 (Figure 4.4).

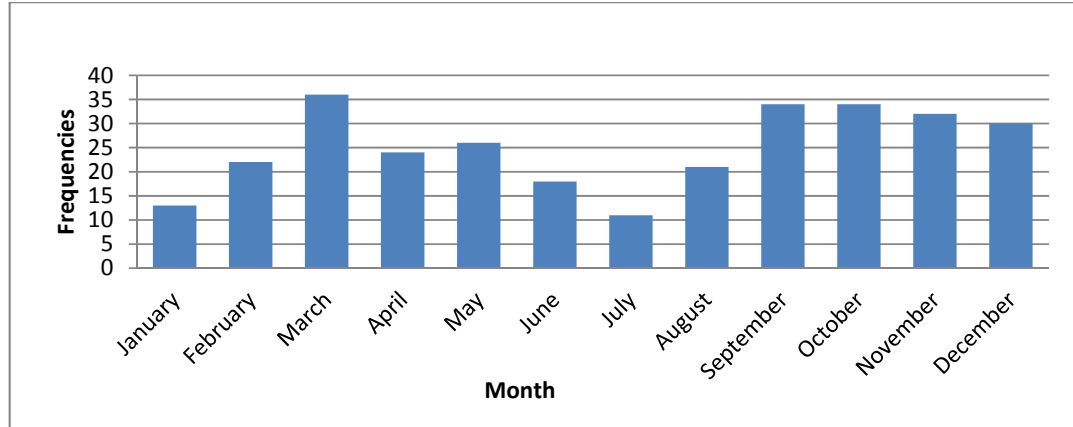


Figure 4.4. Rape occurrences per month in 2011

4.1.2.3 Monthly rape occurrences in 2012

In 2012, there was also a fluctuation of rape occurrences per month. Victims' files revealed that many rape occurrences in 2012 occurred during the month of September, with 40 (12.50%) cases reported. It was then followed by the months of February and November that presented with 33 (10.31%) cases each. The month of December followed with 32 (10.00%) cases, June with 29 (9.06%), April with 27 (8.44%), January with 23 (7.19%), March and October both with 22 (6.88%) and May with 20 (6.25%). The month of July had the least number of rape occurrences with 16 (5.00%) cases reported in 2011 (Figure 4.5).

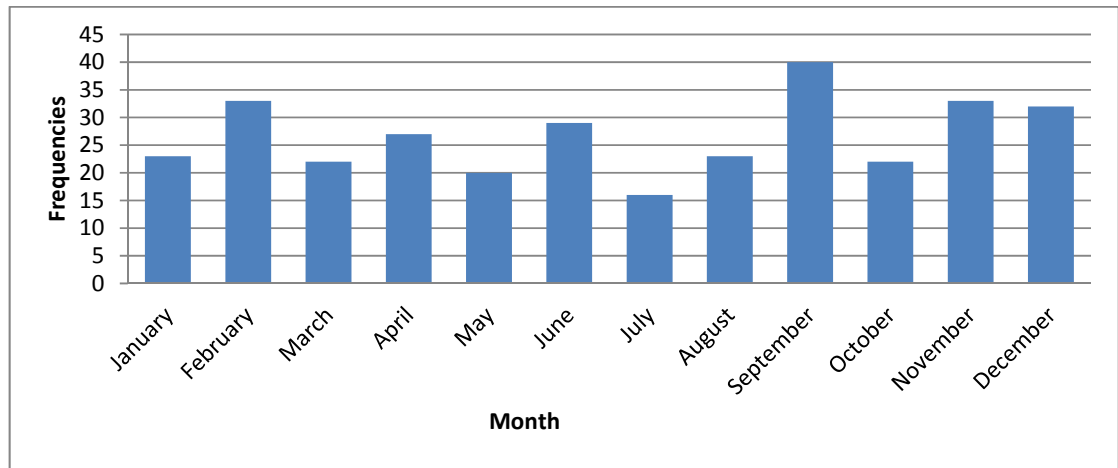


Figure 4.5. Rape occurrences per month in 2012

4.1.3. Age of victims (2010-2012)

With regard to age, the victims' files showed that 13-19 year old teenagers are more at high risk of being raped in Mankweng area with 352 (38.4%) cases reported over the three year period, followed by the 20-35 year old young adults with 286 (31.2%) cases. The 0-12 year old children followed with 186 (20.3%) cases, then the 36-60 year old adults with 66 (7.2%) cases and lastly, the 61+ year old pensioners with 26 (2.8%) cases reported. This shows that teenagers are more at risk of being raped in the Mankweng area as compared to other age groups (Figure 4.6).

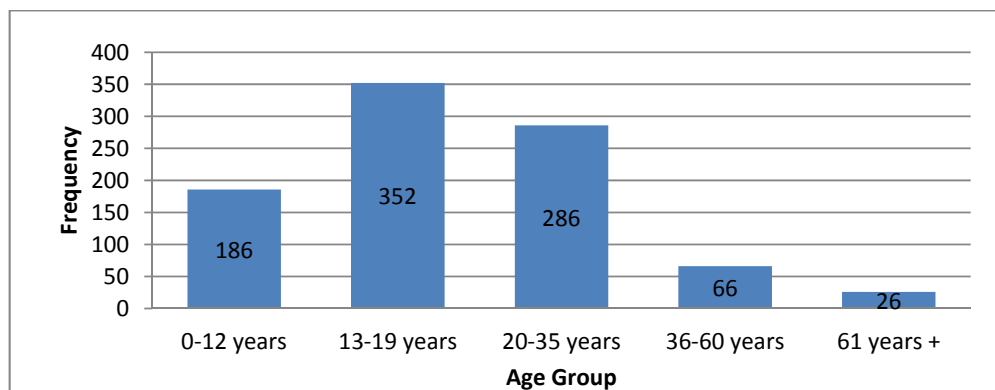


Figure 4.6. Ages of Victims (2010-2012)

These results show that teenagers (13-19 years) had a high number of rape incidents reported more than any other age group. Children (0-12 years) also presented a high number of cases. Therefore, in Mankweng, teenagers are more at risk of raped.

4.1.3.1. Age of Victims in 2010

During the year 2010, the victims files showed that 13-19 year old teenagers are at high risk of being raped in Mankweng area with 115 (39.0%) cases reported in 2010. The second highest was the 20-35 year old young adults with 91 (30.8%) cases, and the third highest was the 0-12 year old children with 51 (17.3%) cases. The fourth highest was the 36-60 year old adults with 28 (9.5%) cases. The fifth highest was the 61+ year old pensioners with 10 (3.4%) cases reported. The results show that teenagers were the most raped of all other age groups during 2010 in the Mankweng area (Figure 4.7).

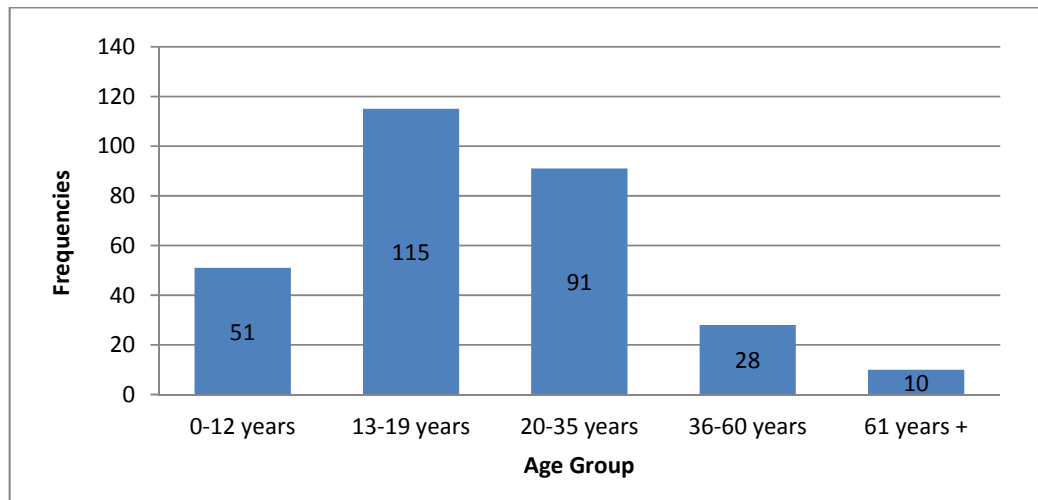


Figure 4.7. Ages of Victims in 2010

4.1.3.2. Age of Victims in 2011

For the year 2011, victims' files showed that 13-19 year old teenagers were the highest raped in Mankweng area with 125 (41.53%) cases. It was then followed by the 20-35 year old young adults with 89 (41.53%) cases. The third

highest was the 0-12 year old children with 62 (20.60%), then the 36-60 year old adults with 18 (5.98%) cases. Lastly the 61+ year old pensioners had 7 (2.33%) cases reported. This indicates that in 2011, teenagers were raped more than all other age groups (Figure 4.8).

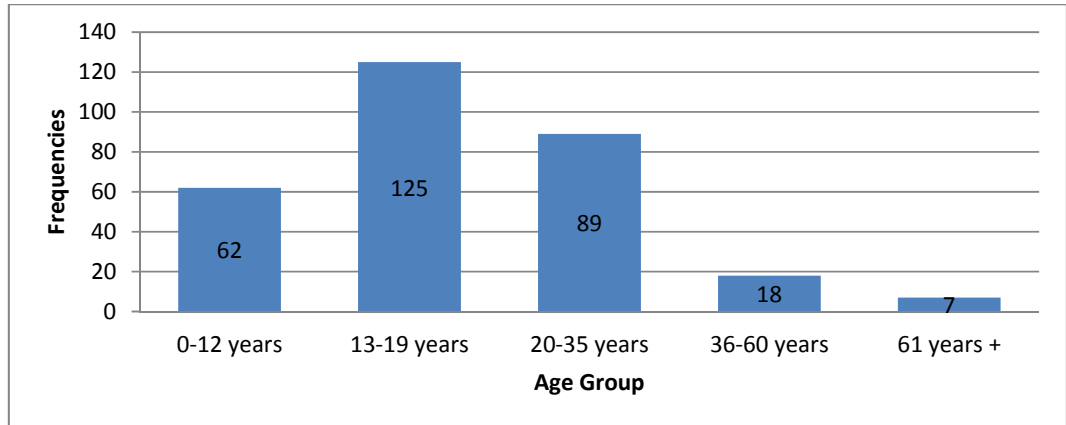


Figure 4.8. Age of Victims in 2011

4.1.3.3. Age of Victims in 2012

Victims' files showed in the Mankweng area, 13-19 year old teenagers were raped more with 112 (35.00%) cases in 2012. It was then followed by the 20-35 year old young adults with 106 (33.13%) cases, the 0-12 year old children with 73 (6.25%) cases, 36-60 year old adults with 20 (6.25%) cases reported. The age group 61+ year old pensioners had the least number of cases reported in 2012 with 9 (2.81%). This shows that teenagers were raped more than all other age groups in 2012 (Figure 4.9).

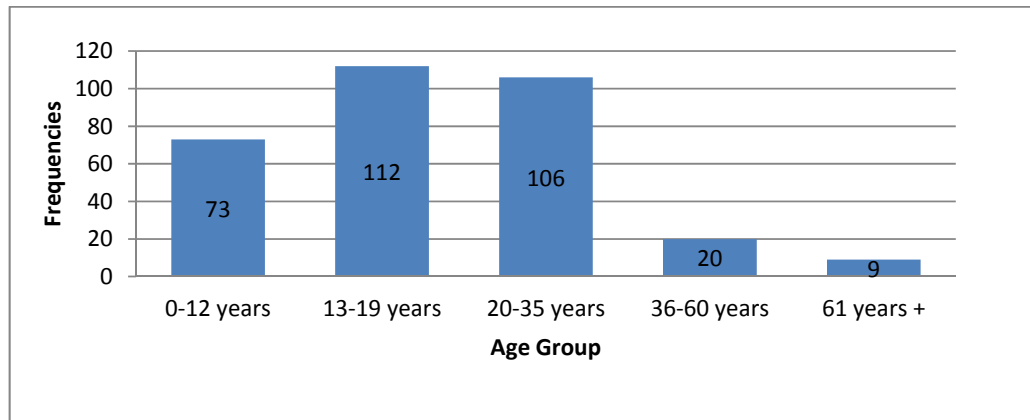


Figure 4.9. Age of Victims in 2012

4.1.4. Area of occurrence (2010-2012)

The results of the study showed that the area of Ga Mamabolo had the highest number of rape incidents with 137 (15.0%) cases reported during the three year period that was studied. This was followed by Mentz with 101 (11.0%) cases, then Nobody with 97 (10.6%), followed by Ga Molepo with 95 (10.4%), Turfloop with 94 (10.3%), University of Limpopo (Turfloop campus) with 92 (10.0%), Ga Dikgale with 79 (8.6%), Ga Mothapo with 64 (7.0%), Solomondale with 47 (5.1%), Ga Thoka with 44 (4.8%), Ga Makanye with 34 (3.7%). Boyne registered the least number of rape occurrences with 32 (3.5%) cases (Figure 4.10).

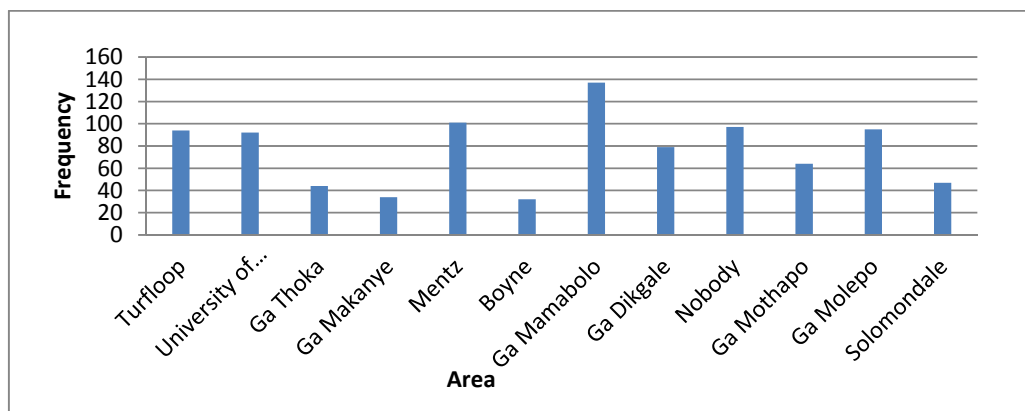


Figure 4.10. Area of rape occurrence (2010-2012)

The area of Ga Mamabolo had the highest number of rape cases reported. It is worth noting that even though the study separated Turfloop and the University of Limpopo, the rape incidents occur in on area, the Turfloop area. Therefore, when we combine the two (Turfloop and University of Limpopo), it is discovered that 186 rape cases occurred in Turfloop. This means people staying in Turfloop are more at risk of being raped. Boyne presented to be the area with the least number of rape incidents reported.

4.1.4.1. Area of occurrence in 2010

In 2010, the area of Ga Mamabolo had the highest number of rape incidents with 42 (14.2%) cases reported. The second highest was Turfloop with 41 (13.9%) cases, followed by Mentz with 36 (12.2%), Nobody with 35 (11.9%), Ga Dikgale with 32 (10.8%), Ga Molepo with 27 (9.2%), University of Limpopo with 22 (7.5%), Ga Thoka with 15 (5.1%), Ga Mothapo with 14 (4.7%), Solomondale with 13 (4.4%) and Ga Makanye with 10 (3.4%). Boyne was the area with the least number of rape occurrences with 8 (2.7%) cases (Figure 4.11)

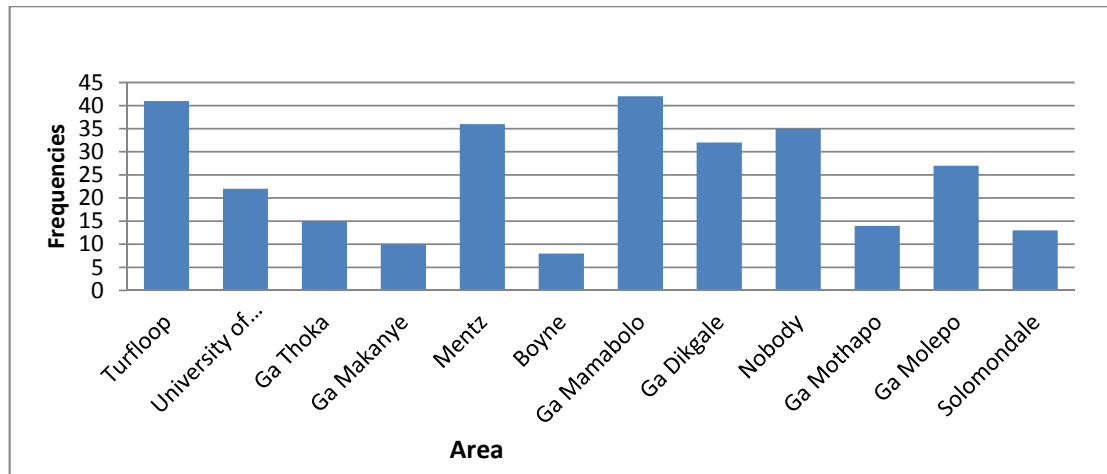


Figure 4.11. Area of rape occurrence in 2010

4.1.4.2. Area of rape occurrence in 2011

In 2011, the results of the study showed that the area of Ga Mamabolo had the highest number of rape incidents with 50 (16.61%) cases. The University of Limpopo followed with 39 (12.96%) cases, Turfloop was next with 35 (11.63%). Ga Molepo came forth with 28 (9.30%), Mentz and Nobody both with 24 (7.97%), Ga Dikgale and Ga Mothapo both with 21 (6.98%), Ga Thoka with 17 (5.65%), Ga Makanye with 16 (5.32%) and Boyne with 14 (4.65%). Solomondale was the area with the least number of rape occurrence reported, with 12 (3.99%) cases (Figure 4.12).

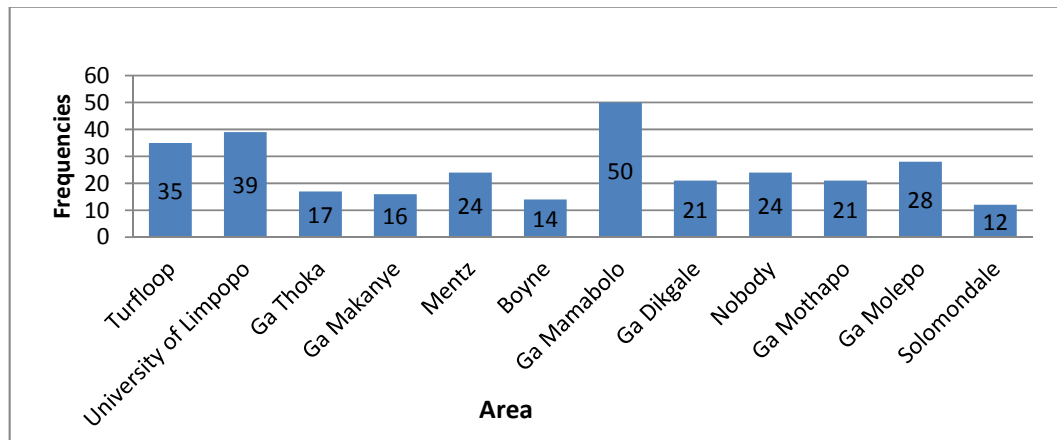


Figure 4.12. Area of rape occurrence in 2011

4.1.4.3. Area of rape occurrence in 2012

The study revealed that in 2012, the area of Ga Mamabolo had the highest number of rape incidents with 45 (14.06%) cases reported. It was then followed by Mentz with 41 (12.81%) cases, Ga Molepo was third, with 40 (12.50%), Nobody came forth with 38 (11.88%), University of Limpopo fifth with 31 (9.69%), Ga Mothapo sixth with 29 (9.06%). These were followed by Ga Dikgale with 26 (8.13%), Solomondale with 22 (6.88%), Turfloop with 18 (5.63%), Ga Thoka with 12 (3.75%) and Boyne with 10 (3.13%). Ga Makanye registered the least number of rape cases with 8 (2.50%) (Figure 4.13).

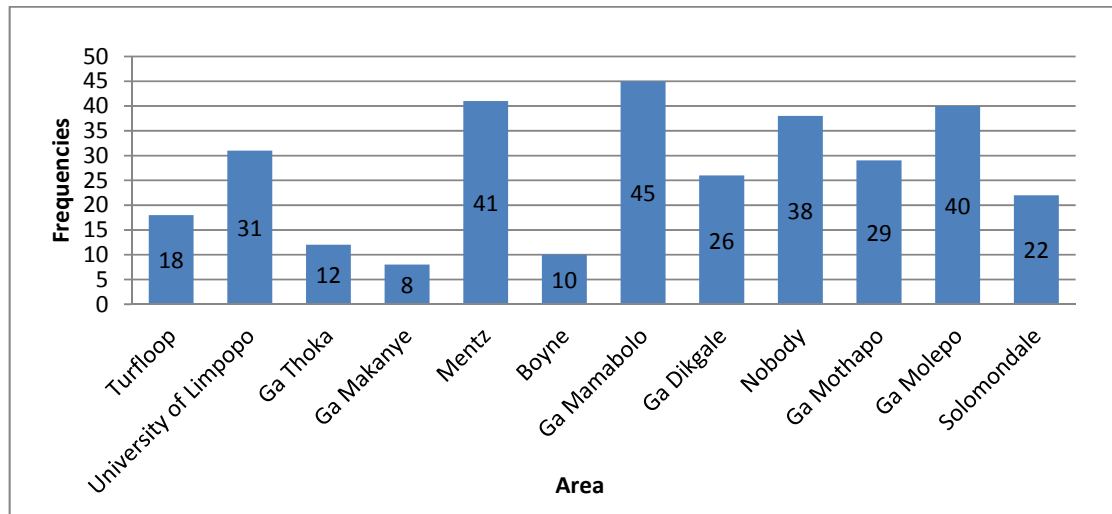


Figure 4.13. Area of rape occurrence in 2012

4.1.5. Day of occurrence (2010-2012)

In terms of day of occurrence, the study revealed that many people were raped on Saturdays with 217 (23.7%) victims reported being raped on this day. This was followed by Sundays with 194 (21.2%) reports, Friday with 141 (15.4%), Monday with 117 (12.8%), Wednesday with 87 (9.5%) and Tuesday with 82 (9.0%). Thursday was the day with the least number of cases reported with 78 (8.5%) cases reported (Figure 4.14).

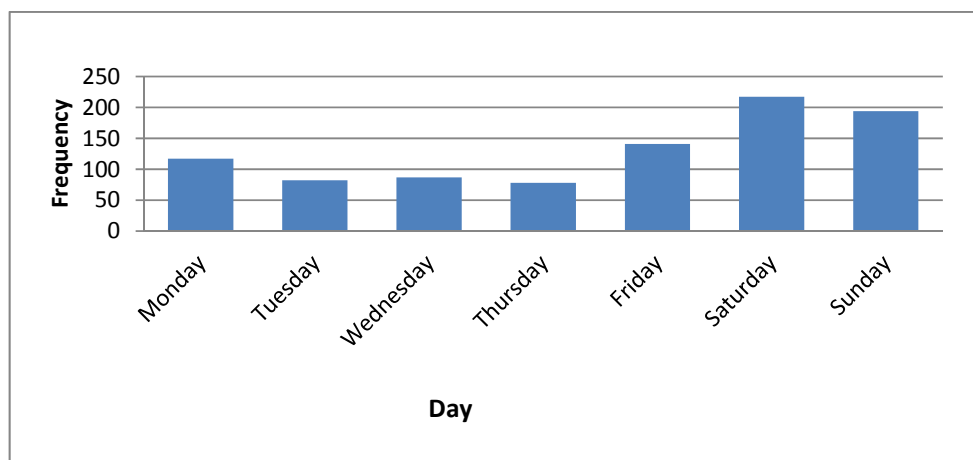


Figure 4.14. Day of occurrence (2010-2012)

The findings of the study indicate that many people were raped during the weekend, especially on Saturdays.

4.1.5.1. Day of occurrence in 2010

In 2010, 72 (24.4%) victims reported being raped on Sundays. This was the highest rate. It was then followed by Saturday with 71 (24.1%). Friday came third with 47 (15.9%), Monday fourth with 34 (11.5%), Wednesday fifth with 27 (9.2%) and Thursday sixth with 27 (9.2%). Tuesday was the day with the least number of cases reported with 17 (5.8%) cases (Figure 4.15).

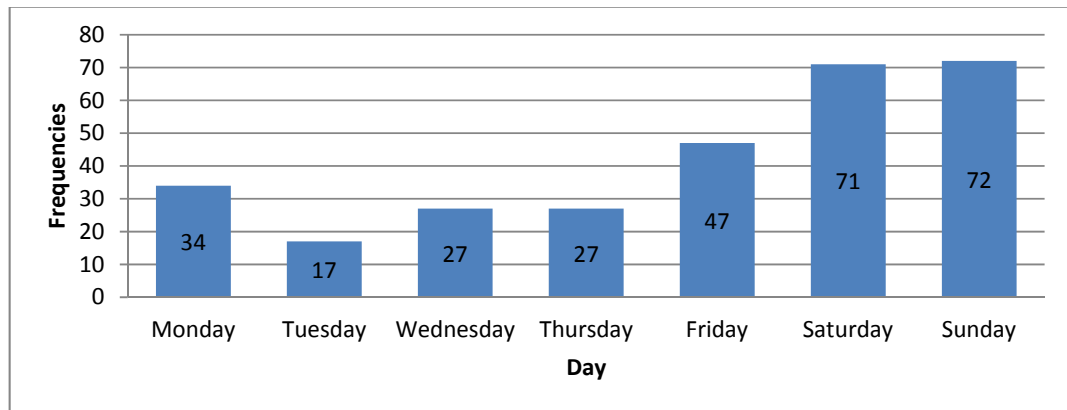


Figure 4.15. Day of occurrence in 2010

4.1.5.2. Day of occurrence in 2011

Saturdays registered 71 (23.59%) cases of rape in 2011, this is the highest rate. Sundays came second with 52 (17.28%) cases. This was followed by Friday with 48 (15.95%), Monday with 45 (14.95%), Tuesday with 30 (9.97%) and Wednesday with 28 (3.30%). Thursday was the day with the least number of cases reported with 27 (8.97%) cases (Figure 4.16).

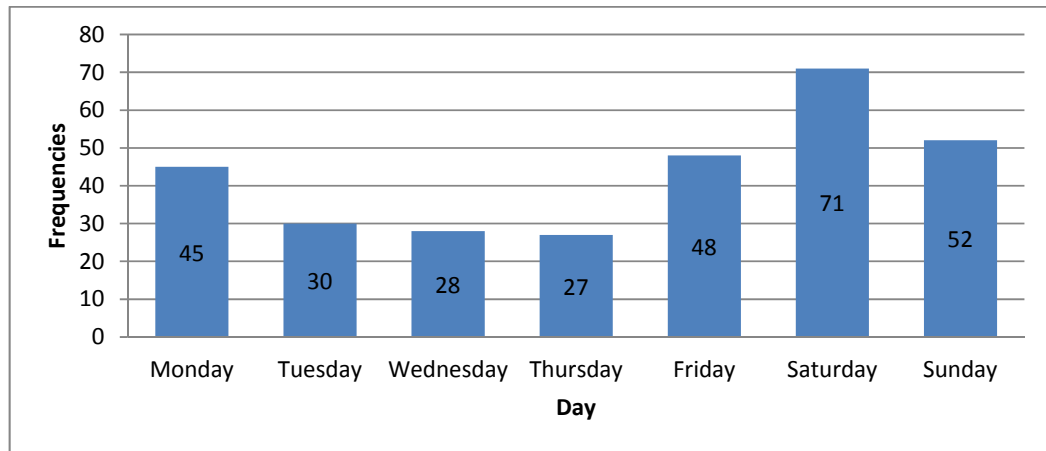


Figure 4.16. Day of occurrence in 2011

4.1.5.3. Day of occurrence in 2012

For the year 2012, the study showed that many people were raped on Saturdays with 75 (23.44%) victims reported being raped on this day, it was followed by Sunday with 70 (21.88%), Friday with 46 (14.38%), Monday with 38 (11.88%), Tuesday with 35 (10.94%), Wednesday with 32 (10.00%) and Thursday was the day with the least number of cases reported 24 (7.50%) (Figure 4.17). This study indicates that among days of the week, Saturday had the highest number of rape occurrences, followed by Sundays and Fridays.

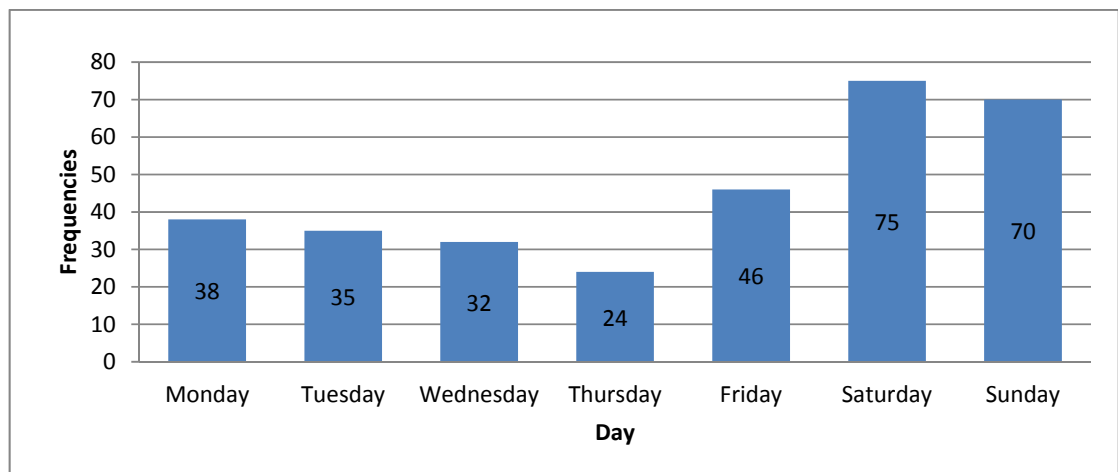


Figure 4.17. Day of occurrence in 2012

4.1.6. Time of rape occurrence (2010-2012)

The study revealed that during the three year period studied, many people were raped during the night (19:00-23:00), this accounted for 359 (39.2%) cases. It was followed by 316 (34.5%) rapes occurring during the day (12:00-18:00) and lastly 241 (26.3%) of cases occurred in the morning (00:00-11:00) (Table 4.1).

Table 4.1: Frequency distribution of the time of rape occurrence.

Time	Frequency	Percent
Morning 12am-11am	241	26.3
Day 12pm-6pm	316	34.5
Night 7pm-11pm	359	39.2
Total	916	100.0

The results of the study show that rape incidents occurred more during the night than at any other time of the day.

4.1.6.1. Time of rape occurrence in 2010

In 2010, the study showed that 113 (38.3%) victims were raped at night (19:00-23:00). It was followed by 92 (31.2%) victims being raped during the day (12:00-18:00) and 90 (30.5%) victims were raped in the morning (00:00-11:00) (Table 4.2).

Table 4.2: Frequency distribution of the time of rape occurrence in 2010

Time	Frequency	Percentage
Morning 12am-11am	90	30.5
Day 12pm-6pm	92	31.2
Night 7pm-11pm	113	38.3
Total	295	100

4.1.6.2. Time of rape occurrence in 2011

The study revealed that 118 (39.20%) victims were raped at night (19:00-23:00) in 2011. This was followed by 110 (36.54%) victims being raped during the day (12:00-18:00) and 73 (24.25%) victims reported being raped in the morning (00:00-11:00) (Table 4.3).

Table 4.3: frequency distribution of the time of rape occurrence in 2011

Time	Frequency	Percentage
Morning: 12am-11am	73	24.25
Day: 12pm-6pm	118	39.20
Night: 7pm-11pm	110	36.54
Total	301	100

4.1.6.3. Time of rape occurrence in 2012

In 2012, 136 (42.50%) victims were raped during the night (19:00-23:00). It was followed by 106 (33.13%) cases occurring during the day (12:00-18:00). 78 (24.38%) cases occurred in the morning (00:00-11:00) (Table 4.4).

Table 4.4: frequency distribution of the time of rape occurrence in 2012

Time	Frequency	Percentage
Morning: 12am-11am	78	24.38
Day: 12pm-6pm	106	33.13
Night: 7pm-11pm	136	42.50
Total	320	100

4.1.7. Number of rape perpetrators (2010-2012)

The study showed that victims who were raped by one perpetrator equalled 723 (78.9%). Those who were raped by two perpetrators equalled 111 (12.1%) and 82 (9.0%) victims were raped by more than two perpetrators (Table 4.5). This means that people are more at risk of being raped by one perpetrator than two people or a group.

Table 4.5: Frequency distribution of the number of rape perpetrators between 2010-2012

Number of perpetrators	Frequency	Percent
One	723	78.9
Two	111	12.1
More than 2	82	9.0
Total	916	100.0

4.1.7.1. Number of rape perpetrators in 2010

In 2010, 73.2% of cases reported being raped by one perpetrator. This was followed by 15.3% of victims being raped by two perpetrators and 11.5% of victims reported being raped by more than two perpetrators (Table 4.6).

Table 4.6: Frequency distribution of the number of rape perpetrators in 2010

Number of perpetrators	Frequency	Percentage
One	216	73.2
Two	45	15.3
More than 2	34	11.5
Total	295	100

4.1.7.2. Number of rape perpetrators in 2011

For the year 2011, 245 victims reported being raped by one perpetrator while 34 victims reported of being raped by two perpetrators. 22 victims reported being raped by more than two perpetrators (Table 4.7).

Table 4.7: Frequency distribution of the number of rape perpetrators in 2011

Perpetrator	Frequency	Percentage
One	245	81.40
Two	34	11.30
More than 2	22	7.31
Total	301	100

4.1.7.3. Number of rape perpetrators in 2012

In 2012, the study revealed that 262 victims reported being raped by one perpetrator; this was followed by 32 victims being raped by two perpetrators and 26 victims being raped by more than two perpetrators (Table 4.8).

Table 4.8: Frequency distribution of the number of rape perpetrators in 2012

Perpetrator	Frequency	Percentage
One	262	81.88
Two	32	10.00
More than 2	26	8.13
Total	320	100

4.1.8. Victim/perpetrator relationship (2010-2012)

In terms of the victim/perpetrator relationship, there was a slight difference with 492 (53.7%) rapes committed by perpetrators not known to the victim and

424 (46.3%) rapes committed by perpetrators known to the victim (Figure 4.18).

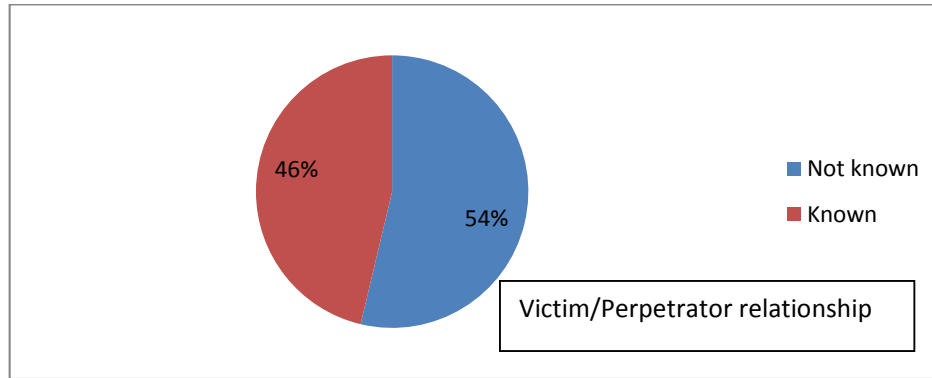


Figure 4.18. Victim/perpetrator relationship (2010-2012)

Table 4.9: T-test for Victim/Perpetrator relationship between 2010-2012

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean difference	95% Confidence interval of the Difference	
Victim/Perpetrator relationship					Lower	Upper
	88.411	915	.000	1.464	1.43	1.50

There is no statistically significant difference whether victims are raped by known or unknown perpetrators. Therefore, victims in the Mankweng area are more likely to be raped by an unknown person. However, they are still at risk of being raped by a known person.

4.1.8.1. Victim/Perpetrator relationship in 2010

In 2010, the study showed that 177 (60.0%) victims were raped by perpetrators not known by the victim and 118 (40.0%) victims were raped by people they know (Figure 4.19).

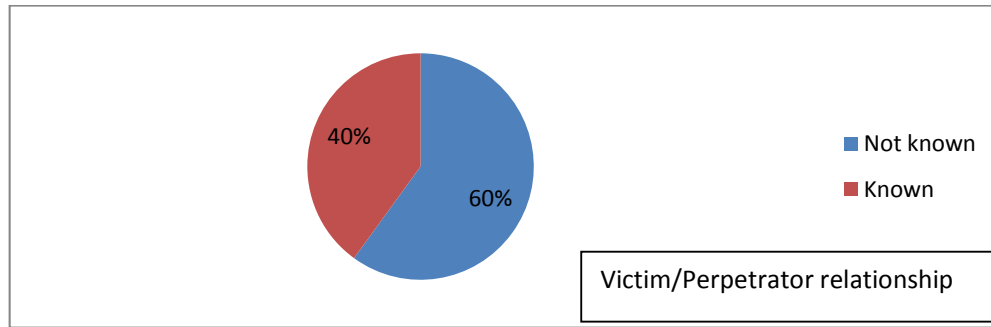


Figure 4.19. victim/perpetrator relationship in 2010

4.1.8.2. Victim/Perpetrator relationship in 2011

For the year 2011, 163 victims were raped by perpetrators not known to them while 138 victims were raped by known perpetrators (Figure 4.20).

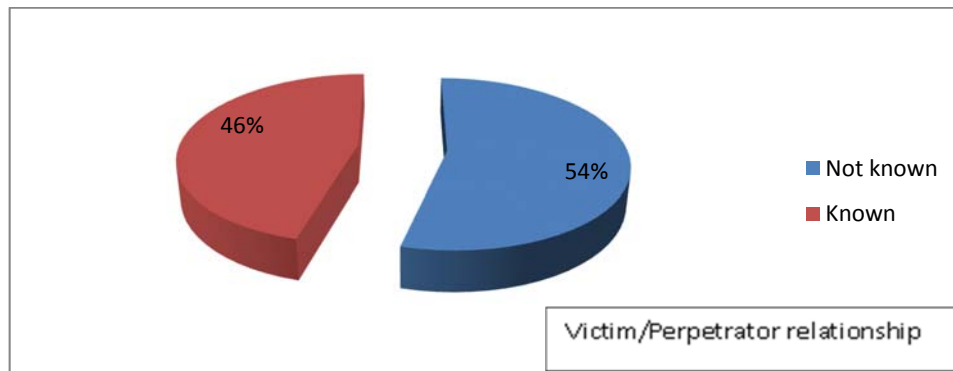


Figure 4.20. Victim/Perpetrator relationship in 2011

4.1.8.3. Victim/Perpetrator relationship in 2012

The study showed that in 2012, 168 victims were raped by people they know while 152 victims were raped by strangers (Figure 4.21).

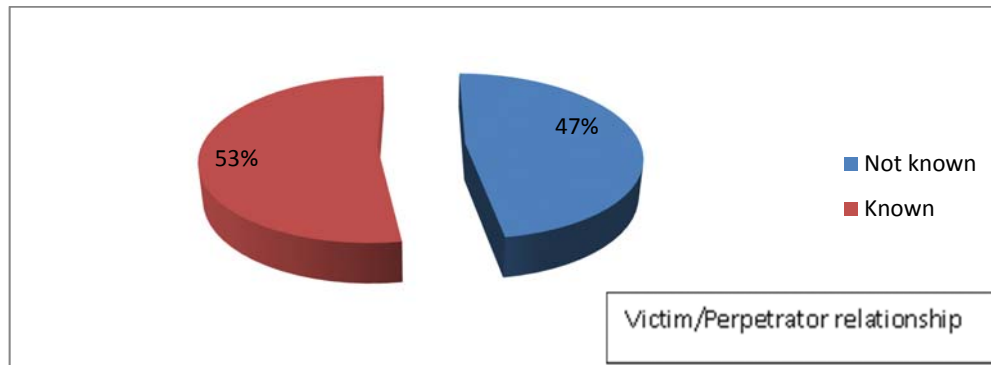


Figure 4.21. Victim/Perpetrator relationship in 2012

4.1.9. Victims' rape occurrences (2010-2012)

The study revealed that 775 (84.6%) victims reported that it was their first rape experience, while 32 (3.5%) victims reported that it was their second rape occurrence and 109 (11.9%) victims reported that they had been raped more than twice (Table 4.9).

Table 4.10: Frequency distribution of victims' rape occurrence between 2010 and 2012

Victim's Rape	Frequency	Percent
First rape	775	84.6
Second rape	32	3.5
More than twice	109	11.9
Total	916	100.0

Most victims reported their rape incident as their first occurrence. However, it is worth noting that a higher 11.9% of victims reported to have been raped more than twice, a percentage higher than that of victims who experienced their second rape occurrence. This means that once a victim is raped there is a higher chance of them being raped again.

4.1.9.1. Victim's rape occurrences in 2010

In 2010, 248 victims reported that it was their first rape experience, while 10 victims reported that it was their second rape occurrence and 37 victims reported that they had been raped more than twice (Table 4.10).

Table 4.11: Frequency distribution of victims' rape occurrence in 2010

Relationship	Frequency	Percentage
First rape	248	84.1
Second rape	10	3.4
More than twice	37	12.5
Total	295	100

4.1.9.2. Victim's rape occurrences in 2011

For the year 2011, the study revealed that, 252 victims reported that it was their first rape experience. 10 victims reported being raped for the second time while 39 victims reported that they had been raped more than twice (Table 4.11).

Table 4.12: Frequency distribution of victims' rape occurrences in 2011

Rape occurrence	Frequency	Percentage
First rape	252	83.72
Second rape	10	3.32
More than twice	39	12.96
Total	301	100

4.1.9.3. Victims' rape occurrence in 2012

The results indicate that in 2012, 275 victims reported their first rape occurrence, while, 12 victims reported their second rape occurrence and 33 victims reported that they were raped more than twice (Table 4.12).

Table 4.13: Frequency distribution of victims' rape occurrence in 2012

Victim's rape occurrence	Frequency	Percentage
First rape	275	85.94
Second rape	12	3.75
More than twice	33	10.31
Total	320	100

4.1.10. Cross tabulation results

4.1.10.1. Year of occurrence versus Area of occurrence

The results show that in 2010, the area that had the highest number of rapes reported was Ga Mamabolo and Boyne had the least number of cases reported. In 2011, Ga Mamabolo was still the area with the highest incidents of rape but Solomondale became the area with the least. In 2012 Ga Mamabolo was the highest on the list even though there was a decrease in terms of the number of cases. Ga Makanye was the area with the least number of rape cases (Table 4.12). There has been a significant decrease in rape incidents over the three year period studied in the area of Turfloop and a significant increase of rape cases reported from University of Limpopo in 2010 and 2012 (Figure 4.22).

Table 4.14: Frequency distribution of year of occurrence versus area of occurrence

Area	Year of occurrence						Total	
	2010		2011		2012			
	N	%	N	F	N	%	N	%
Turfloop	41	13.90	35	11.63	18	5.63	94	10.26
University of Limpopo	22	7.46	39	12.96	31	9.69	92	10.04
GaThoka	15	5.08	17	5.65	12	3.75	44	4.80
GaMakanye	10	3.39	16	5.32	8	2.50	34	3.71
Mentz	36	12.20	24	7.97	41	12.81	101	11.03
Boyne	8	2.71	14	4.65	10	3.13	32	3.49
Ga Mamabolo	42	14.24	50	16.61	45	14.06	137	14.96
GaDikgale	32	10.85	21	6.98	26	8.13	79	8.62
Nobody	35	11.86	24	7.97	38	11.88	97	10.59
GaMothapo	14	4.75	21	6.98	29	9.06	64	6.99
GaMolepo	27	9.15	28	9.30	40	12.50	95	10.37
Solomondale	13	4.41	12	3.99	22	6.88	47	5.13
Total	295	100	301	100	320	100	916	100

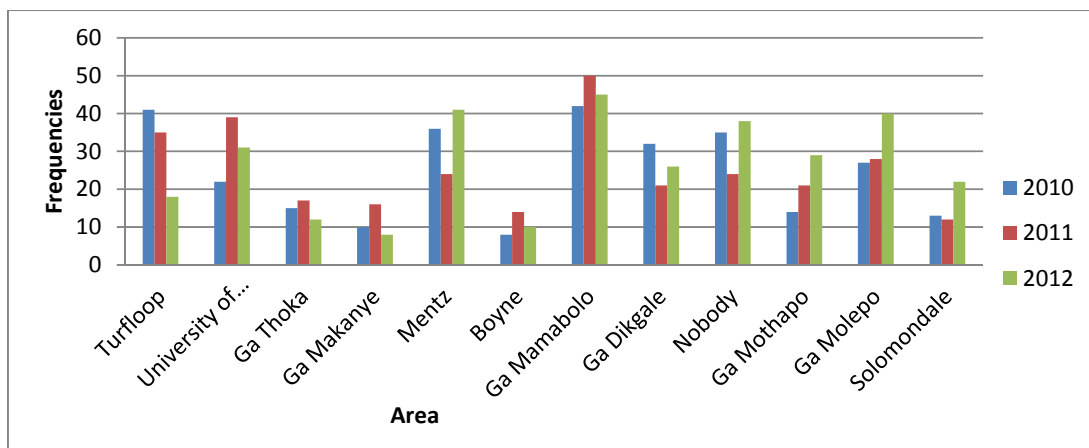


Figure 4.22. Year of occurrence versus Area of occurrence

4.1.10.2. Area of occurrence versus Age of Victim

In terms of area of occurrence versus age of victims the study revealed the following:

- 0-12 year old were raped more in the following areas: Ga Molepo with 19.35%, followed by Turfloop with 13.98% and Ga Mamabolo with 12.90%.
- 12-13 year old were the age group with the highest number of incidents reported generally, however Ga Mamabolo had the highest number with 18.47%, it was followed by the University of Limpopo with 10.23% and Turfloop with 8.81%.
- 20-35 year olds were reported to have been raped more in the University of Limpopo with 18.53%, followed by Nobody with 12.94% and Turfloop with 9.44%.
- 36-60 year olds had high incidents in Nobody with 18.18%, Mentz with 15.15% and Turfloop with 13.64%.
- 61 + year olds had a high number of reported incidents in Ga Molepo with 34.62% and Ga Mamabolo with 30.77% (Figure 4.23).

In terms of area of occurrence and age of victim the following can be summarised: 0-12 year olds were raped more in Ga Molepo, 13-19 year olds were raped more in Ga Mamabolo, 20-35 year olds had high incidents among the University of Limpopo students, 36-60 year olds were raped more in Nobody and 61 year + olds had high incidents in Ga Molepo (Figure 4.23).

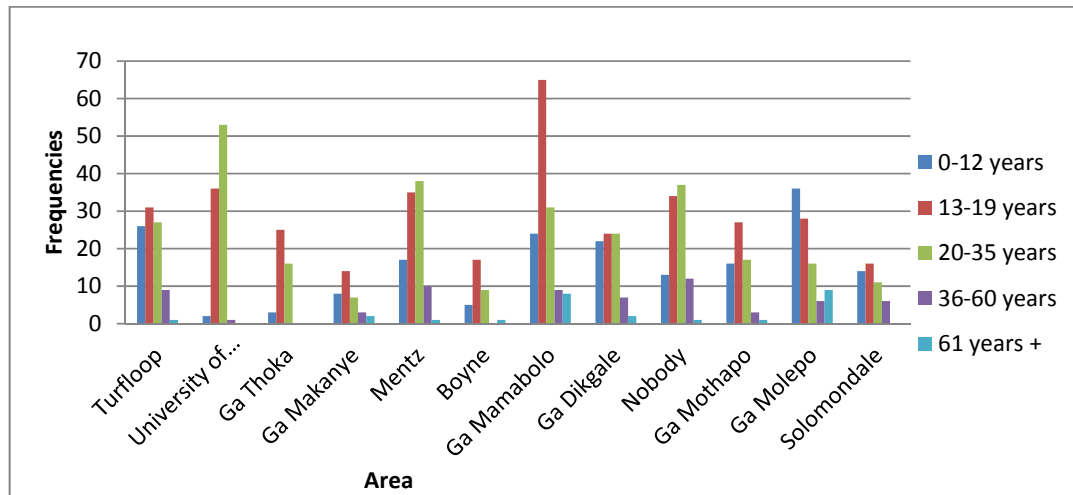


Figure 4.23. Area of occurrence versus Age of victim

4.1.10.3. Day of occurrence versus time of occurrence

With regard to day of occurrence versus time of occurrence, the study revealed the following:

- Mondays, Tuesdays and Wednesdays had many rape incidents occurring during the day (12:00-18:00).
- Thursdays, Fridays and Saturdays had more rape occurrences at night (19:00-23:00).
- Many victims raped on Sundays reported being raped in the morning (00:00-11:00) (Figure 4.24).

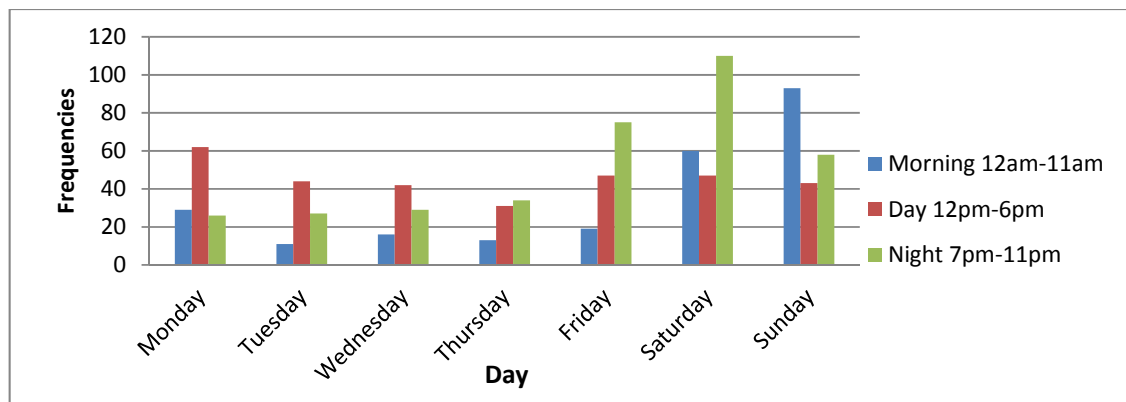


Figure 4.24. Day of occurrence versus time of occurrence

4.2. DISCUSSION OF RESULTS

Before going into the discussion of results, the following hypotheses that were formulated are revisited.

- the number of rape cases is increasing over the years;
- people aged between 13-19 years are more at risk of being raped;
- gang rape is more prevalent;
- victims have only one rape occurrence;
- perpetrators are known to victims;
- rape is prevalent in the semi urban part of Mankweng;
- rape is prevalent during weekends at night and
- December is the month with high rape incidents.

4.2.1. Number of rape cases

The first hypothesis states that the number of rape cases is increasing over the years. The results of the study indicate that in 2010, 295 cases were reported, in 2011, 301 cases were reported and in 2012, 320 cases were reported. This shows that there was an increase in the number of rape incidents during the years 2010 to 2012. These imply that the results are in support of the hypothesis stated above.

The same trend was also discovered in different studies. The Ministry of Home Affairs in India indicated that rape in India had a maximum rise among all the total recognizable crimes in the country between 1971 and 2011. The report further indicated an 873% increase from when the first rape was reported in 1971 (New Delhi: Ministry of home affairs, 2011). Another study conducted in Sweden also explained a 700% increase in rape incidents from 1975 to 2008 (The local, 2011).

In South Africa, the South African Police Services (SAPS) reports that in 1994/1995, 44 750 cases of rape were reported (SAPS, 2004). In 2003/2004, 55 000 rape cases were reported to the SAPS and in 2011/2012, 64 514

cases were reported. This indicates that there is an increase in the number of rape cases in South Africa (SAPS, 2013). Therefore, there is an increase in the number of rape incidents.

Although the increase in number of rape incidents in this study is confined to the Mankweng area only, there seems to be a general increase of rape occurrences in some parts of the world and in South Africa.

4.2.2. Age of Victims

The second hypothesis states that people aged between 13-19 years are more at risk of being raped. The results of the study confirm the hypothesis and indicated that the highest number of rape victims fall within the age group 13-19 years. Out of the 916 (100%) cases reported at TCC, 352 (38.4%) were of victims aged between 13-19 years.

Various studies concur with the findings of the study. A study by the United States of America's Department of Justice (2006) revealed that 10.1% of the College women reported to have been raped prior to entering College and 3.1% of the undergraduate women reported surviving rape during a 6-7 month academic year (Her Majesty's Inspectorate of Constabulary, 2007). In India, it was reported that 24.7% of rape victims were girls under the age of 18 years (Bhattacharyya, et al., 2011). According to Barter, McCathy, Berridges and Evans (2009), young people aged between 13-18 years in Sweden reported to have experienced rape in 2009.

In South Africa, it is estimated that one in four girls and one in five boys under the age of 16 years have been sexually abused (POWA, 2011). The incidence of rape is therefore common among the age group between 13-19 years.

4.2.3. Number of perpetrators

The third hypothesis states that gang rape is more prevalent. However, the results of the study indicate that out of 916 (100%) cases, 723 (78.9%) victims

reported to have been raped by one perpetrator. This does not support the hypothesis. Therefore, more rapes are perpetrated by one person as opposed to a group.

This is supported by a study conducted by Statistics South Africa that indicated that 88.1% of rape occurrences between 1993 and 1998 were committed by lone offenders while 11.9% of rapes were committed by more than one person (Statistics South Africa, 1998). Therefore, more rapes are committed by one perpetrator as opposed to multiple offenders.

4.2.4. Victim's rape occurrence

The fourth hypothesis states that victims have one rape occurrence. The results of the study concurred with the hypothesis and indicated that 84.6% of victims reported that it was their first rape occurrence. The study also revealed that the number of victims who reported to have been raped more than twice is higher (11.9%) than victims who were raped for the second time (3.5%). This means that when a victim is raped there are higher chances of them being raped again.

In agreement with the findings of the study Sarkar and Sarkar (2005) reported that being the victim of child sexual abuse doubles the likelihood of adult sexual victimization (Sarkar & Sarkar, 2005). Another study by Sorensol, Siegel and Golding (1991) indicate that out of the 433 sexually assaulted respondents, two-third reported more than one incident of rape. Furthermore, Siegel and Williams (2001) found that women who were victimized more than once or in both childhood and adolescence had a higher risk for adult re-victimization (Siegel & Williams, 2001). Therefore, there are more first time rape victims than those raped for the second time or even more times.

4.2.5. Victim/ perpetrator relationship

The fifth hypothesis states that perpetrators are known to victims. The results of the study show 53.7% of victims being raped by an unknown perpetrator

and 46.3% of victims being raped by a known person. Although there is a slight difference between the two variables, the difference is not statistically significant ($p = 0.000$). Therefore, the hypothesis is not supported by the findings of the study.

However many studies indicate that many rape occurrences are perpetrated by known perpetrators. A study by Bhattacharyya, Saha and Pal (2011) in India showed that a total of 67.3% of the studied cases were committed by known perpetrators. Another study conducted in the DRC also indicated that 92% of rape occurrences were committed by known perpetrators while 7.6% were committed by strangers (Munganyizi et al, 2009). Furthermore, in Australia Moran (1992) revealed that 68.6 % of rape offenders were known to the victim in some way (Moran, 1992).

A study by Mokwena (1991) revealed that high levels of sexual violence have been linked to patriarchal gender ideologies and to a “crisis of masculinity” in a context where working-class African men have long been marginalised. Campbell (1992) further points out that for many generations of working-class men. These men were disenfranchised and profoundly disadvantaged by the exploitative migrant labour system that defined the colonial and apartheid economies. Therefore, in order to reassert their sense of masculinity, the men resorted to physical and sexual violence. This violence was then directed mainly to their wives, children, neighbours and extended families (Campbell, 1992).

4.2.6. Area of occurrence

The sixth hypothesis states that rape is prevalent in the semi-urban part of Mankweng. The results of the study indicate the Turfloop area has the highest number of rape occurrences with 20.3% of rape cases reported at TCC. Turfloop is the semi-urban part of Mankweng area. Therefore, the results of the study support the above mentioned hypothesis.

In agreement with the results, Fairparik (2005) states that many rape cases occurred in semi urban parts of Papua New Guinea because in rural areas, the community don't report the cases, as they are often settled through compensation payments. A Dar es Salaam study by Muganyizi (2000) also indicated that the lifetime prevalence of rape in the sub urban part was 18.3% than the 7.2% in rural areas (Muganyizi, 2000). Therefore, rape incidents are more prevalent in semi-urban areas.

4.2.7. Day and time of occurrence

The seventh hypothesis states that rape is prevalent during weekend nights. The findings of the study support the hypothesis. Firstly the study indicated that many rapes occurred on Saturdays (23.7%), Sundays (21.2%) and Fridays (15.4%). This shows that many rape occurrences happen during the weekend. Secondly, the results show that 39.2% of rape cases occurred at night (19:00-23:00).

Several studies concur with the findings of the study. The crime information analysis of the South African Police Services (SAPS) in Gauteng reported that in 1998, bulk of rape cases occurred over the weekend, with the highest proportion of cases reported on Saturdays (23.2%) followed by Sundays with 20.3% (SAPS, 1998). A study by Sadler, Booth, Cook and Doebbeling (2003) among military rape victims in the USA, indicated that they were raped between 6pm and midnight (Sadler, et al., 2003). This is also evident in the study by Moran (1992), where 74.9 % of reported rapes in Australia occurred between 6 pm and 6 am. Moran's findings further states that the majority of rape incidents (54.4 %) occurred between Fridays to Sundays. Saturdays had the highest cases (20.4 %) followed by Sundays with (18.2 %) (Moran, 1992). Therefore rape incidents are more prevalent during the weekends at night than during the week at any other time of day.

4.2.8. Month of occurrence

The eighth hypothesis states that December is the month with high rape incidents. In contrast the results indicate that the month of September has the highest number of rape incidents with 10.6% of cases. This implies that the findings of the study did not support the hypothesis stated.

In agreement with the findings, a study conducted in Australia by Moran (1992), revealed that 32 % of all reported rapes occurred during the summer and spring months (Moran, 1992). Therefore, more rape incidents occur in September.

CHAPTER 5

LIMITATIONS, CONCLUSION AND RECOMENDATIONS

In this chapter, the limitations of the study will be outlined, followed by the conclusion and the recommendations.

5.1. LIMITATIONS

There are a number of limitations that should be considered when interpreting the results of this study.

Firstly, this study used archival research methodology. When using secondary data, the quality of the results is dependent on the quality of the records used. For example, it was found that there was insufficient information for all victims' files for the year 2009; therefore, their results were excluded in the study. Based on this, the results of the present study can only be interpreted with caution.

Secondly, some records in the victims' files had information which this study did not include. These factors include: the place where rape occurred, the use of a weapon, physical assault before rape, use of condom and the type of weapon used. This calls out for more research in the area of trends of rape in the Mankweng area.

Thirdly, the results of this study cannot be generalised because the investigation was done at one Thuthuzela Care Centre in the Limpopo Province (TCC, Mankweng Hospital) which caters only the Mankweng area. Another limitation is that the study examined rape cases only reported at TCC.

5.2. CONCLUSIONS

While acknowledging the potential limitations of the methodology, the results of the study portrayed the following trend of rape in the Mankweng area between the years 2010 to 2012:

- There is an increase in the number of rape incidents reported.
- People aged between 13-19 years are more at risk of being raped.
- The month of September has the highest number of rape occurrences.
- Victims are likely to be raped by one unknown perpetrator in the semi-urban part of Mankweng during the weekend at night.

5.3. RECOMMENDATIONS

Based on the findings of the study, the following recommendations can be made:

- Empowerment programs to first and second time rape victims must be put in place for them to protect themselves against further rape occurrences.
- Psycho-education regarding risk factors and trends of rape in Mankweng must be offered to school children and University students in the Mankweng.
- The SAPS can use the results of this study to develop appropriate prevention strategies to reduce the incidents of rape in the Mankweng area.

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**TURFLOOP RESEARCH ETHICS
COMMITTEECLEARANCE CERTIFICATE**

MEETING: 09 May 2013

PROJECT NUMBER: TREC/FHM/34/2013: PG

PROJECT:

Title: Trends of rape in the Mankweng area between 2009-2012. A study of the Thuthuzela Care Centre.

Researcher: Ms MC Selamolela

Supervisor: Dr IM Ramokgopa

Co-Supervisor: N/A

Department: Psychology

School: Social Sciences

Degree: Masters in Clinical Psychology


PROF. TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**.

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Annexure B

Department of Psychology
University of Limpopo

Private Bag X1106
Sovenga
0727
14 June 2013

The Head of Department
Department of Health and Social Development
Limpopo Provincial Government
College Street
Polokwane
0699

**RE: PERMISSION TO CONDUCT RESEARCH ON TRENDS OF RAPE IN THE MANKWENG AREA
AT THE THUTHUZELA CARE CENTRE SITUATED AT THE MANKWENG HOSPITAL.**

My name is Matshidiso Charlotte Selamolela, a Clinical Psychology Masters student at the University of Limpopo (Turfloop Campus). I am conducting a study on the trends of rape in the Mankweng area between 2009 to 2012. This is a study of the Thuthuzela Care Centre at Mankweng Hospital.

I hereby apply to be granted permission to conduct this research at the above mentioned hospital. I would like to reassure you that confidentiality regarding personal information of the victims will be maintained throughout the study. The method of data collection includes retrieval of information from files of rape victims who came to Thuthuzela Care Centre within the 2009 to 2012 period.

NB! Find attached the University of Limpopo Turfloop Research Ethics Committee approval letter

Yours faithfully

Selamolela Matshidiso Charlotte
(Masters Student)

Date _____

Dr IM Ramokgopa
(Supervisor)

Date _____



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald

Ref:4/2/2

Selamolela MC
University of limpopo

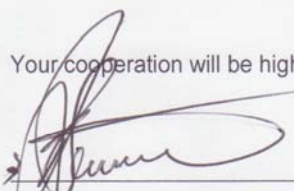
South Africa

Greetings,

Re: Trends of rape in the Mankweng area between 2009 -2012. A study of the Thuthuzela care centre

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
 - Further arrangement should be made with the targeted institutions.
 - In the course of your study there should be no action that disrupts the services.
 - After completion of the study, a copy should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.


Head of Department

09-07-2013
Date

Annexure D

Department of Psychology
University of Limpopo

Private Bag X1106
Sovenga
0727
14 June 2013

The CEO
Mankweng Hospital
Private Bag X1117
Sovenga
0727

RE: PERMISSION TO CONDUCT RESEARCH AT MANKWENG HOSPITAL, THUTHUZELA CARE CENTRE. TOPIC- TRENDS OF RAPE IN THE MANKWENG AREA BETWEEN 2009-2012: A STUDY OF THE THUTHUZELA CARE CENTRE.

My name is Matshidiso Charlotte Selamolela, a Clinical Psychology Masters student at the University of Limpopo (Turffloop Campus). I wish to conduct a study on trends of rape in the Mankweng area between the years 2009 to 2012. This is a study of the Thuthuzela Care Centre at Mankweng Hospital.

I hereby apply to be granted permission to conduct this research at the above mentioned hospital. I would like to reassure you that confidentiality regarding personal information of the victims will be maintained throughout the study. The method of data collection includes retrieval of information from files of rape victims who came to Thuthuzela Care Centre within the 2009 to 2012 period.

NB! Find attached the University of Limpopo Turffloop Research Ethics Committee approval letter

Yours faithfully

Selamolela Matshidiso Charlotte
(Masters Student)

Date_____

Dr IM Ramokgopa
(Supervisor)

Date_____



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**ETHICS COMMITTEE
CLEARANCE CERTIFICATE
UNIVERSITY OF LIMPOPO
POLOKWANE MANKWENG HOSPITAL
COMPLEX**



PROJECT NUMBER : PMREC-59/2013

TITLE : Trends of rape in the Mankweng area between 2009-2012:
A study of the Thuthuzela Care Centre

RESEARCHER : Ms MC Selamolela

ALL PARTICIPANTS : N/A

Supervisor : N/A

DATE CONSIDERED : 14 August 2013

DECISION OF COMMITTEE

- Recommended for approval

DATE : 23 August 2013

PROF A J MBOKAZI
Chairperson of Polokwane Mankweng
Hospital Complex Ethics Committee



NOTE: *The budget for research has to be considered separately. Ethics committee is not providing any funds for projects.*



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

MANKWENG HOSPITAL

ENQUIRIES: LEHLOKOA MJ

TELEPHONE No: 1044/1014

REFERENCE No: S5/3/4

DATE: 27-08-2013

Selamolela MC

University of Limpopo

P O Box 422

Sovenga

0727



PERMISSION TO CONDUCT RESEARCH AT MANKWENG HOSPITAL

1. The above matter has reference.
2. Your request for permission to conduct a research is approved.
3. The institution has no objection provided during your stay in the institution does not disrupt service delivery.
4. Your cooperation in this regard is highly appreciated.

Thank You in advance.

A handwritten signature in cursive script, appearing to read 'Mogone'.

CEO

A handwritten date '2013/08/28' written in a simple, blocky style.

DATE

