

The Experiences of Female Rape Survivors

Seen at Bopanang Centre Upington, Northern Cape

By

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## DECLARATION

I, Abolio Bolukaoto, hereby declare that the work on which this research is based is original and that neither the whole work nor part of it has been submitted for another degree at this or any other university.

Signature

A handwritten signature in black ink, consisting of a stylized, sweeping line that forms a shape resembling a 'B' or 'A' with a vertical stroke through it. Below the signature, the name 'ABOLIO' is written in a simple, sans-serif font.

Dated: November 2009

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Dedicated to:

- My Children, Jovani, Allegra and Renate
- My Beloved Wife, Betty, generous, caring, fun, and wonderful friend. I love you always.
- I would like to dedicate this research to innumerable female rape survivors whose strength and resilience is a demonstration of human bravery. May the future generation of human kind inherit a world where raping of women can only be found in history books.

## Abstract

**Aim:** The aim of this research was to explore the experiences of female rape survivors seen at Bopanang Centre in Upington, Northern Cape Province.

The objectives of the study were: 1 To describe the experiences of female rape survivors who received health care at Bopanang Centre Upington, Northern Cape. 2 To enable caregivers understand the experiences of women who survived rape.

**Design:** The design was a descriptive exploratory qualitative study using in depth interviews on females who survived rape. The interviews were conducted in both English and Afrikaans and recorded on audio tapes while field notes and a research diary were documented by the researcher.

**Setting:** The setting was Bopanang Centre in Upington town in the Northern Cape.

**Study population:** The study population was all female rape survivors seen at Bopanang Centre, Upington in the Northern Cape Province.

**Results:** Most female rape survivors recall exceptionally well the events leading to the rape. All the survivors experienced various post rape distressful feelings ranging from anger, bitterness, humiliation, sadness, and confusion, self-blame and guilt, lack of trust and fear of men to the most extreme feelings such as crushed dignity and dead inside even considering committing suicide. Variable and inconsistent care of services had been offered to them, without fully considering their specific needs and experiences of females who had survived rape. Victimization and stigma were barriers for disclosure and reporting of the rape.

Excessive alcohol use and abuse of sleeping pills had been reported by some of the survivors as a means to alleviate the post rape distress. From the study disclosure was the most important factor in determining how one was able to cope with distress following the rape. All those survivors who had good family support could cope reasonably well to deal with post rape distress.

**Conclusion:** The study concludes that the experiences of female rape survivors seen at Bopanang Centre in Upington Northern Cape have not been adequately addressed by health care providers and stakeholders, health care and post rape services offered to them. Female rape survivors having a good family support cope reasonably well despite the distressful post rape feelings experiences they experience on a daily basis.

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## Chapter 1

### Introduction

***The oppression of women knows no ethnic or racial boundaries, but that does not mean it is identical within those boundaries. To deal with one without even alluding to the other is to distort our commonality as well as our difference (Lorde A. in Hochberg AR, 2007).***

#### **1.1 Introduction**

Gender- based violence is a wide-spread phenomenon that affects women in all countries, of all classes and races, ages and sexual orientations. Many female rape survivors face social stigma and shame as a result of their assault and because of socially-created stereotypes about rape. Countless female rape survivors are blamed for the violence that was perpetrated upon them. For women who experienced sexual violence, the stigmatization that is felt by many female rape survivors is compounded by the oppression and discrimination that is already imposed upon them as a result of their gender identity (Hochberg AR, 2007).

This study sought to explore the experiences of female rape survivors in Upington managed at the Bopanang Centre.

#### **1.2 Motivation and Study Problem**

This study was about the experiences of female rape survivors. This problem has not been adequately addressed in the literature but frequently raised practice concerns for the doctors at primary level.

Rape had been a problem of concern at Bopanang Centre, Upington. Bopanang

Centre, one-stop centre to counteract violence against women, was established in Upington, a town in the Northern Cape Province of South Africa. The Centre, depicted in figure 2, was named the Bopanang One-Stop Centre, which means to “build each other” in Setswana.

The researcher developed an interest in exploring the experiences of female rape survivors while working at Evander Hospital in Mpumalanga. His interest in investigating this phenomenon was further encouraged when he started working at Gordonia hospital. The researcher observed that there were no patients who were consulting at the hospital for rape, he enquired from his colleagues if rape was seen at the hospital. He was informed that patients who had been raped are seen at a crisis centre which was 400 metres from the hospital. Bopanang Centre is a specialized crisis centre located in Upington town. This centre reported a high intake of rape survivors. These women had been offered varied health care services by the centre. The researcher found it appropriate to explore their valuable experiences as female rape survivors to enable caregivers understand the importance and/or relevance of female rape survivors' experiences in positively changing the health related services offered to them.

Bopanang centre is a one stop centre managing about 50 cases of domestic violence and gender based violence per month and about 5 - 6 rape victims per week. Some of the rape victims presented with severe injuries warrant transfer for admission at Gordonia Hospital.

The background information given above had motivated the researcher to conduct a study on the topic. The importance of this study would assist health care workers in

appropriate management of these patients.

Based on these observations, the researcher became concerned and therefore wanted to know more about experiences of women who survived rape. The results of this study could be used to look for prevailing strategies in the care and emotional support given to female rape survivors.

Compared to other countries with stable democratic governments not currently involved in major military conflicts, South Africa has the highest incidence of violent crimes in the world (Meintjies VW, 1998). Rape and attempted rape constitute a significant and ever increasing proportion of the violent crime reported in this country every year (SAPS, 2007).

### **1.3 Background and Context**

#### **1. 3.1 The Province and its people**

The Northern Cape, the province in which the centre is situated, is the largest province in South Africa with a landmass of 361,830km<sup>2</sup> covering approximately 30% of the country. A map of the South Africa which includes The Northern Cape Province illustrated in figure 1.

Notwithstanding the fact that it occupies the largest area of South Africa, the Northern Cape has the smallest population of 822 727 or 18% of the entire South Africa population. The province has experienced a population decline of 2.1% since 1996, resulting in a decline in the population density from 2.32 to 2.27 persons per km<sup>2</sup> (Stats SA, 2005).

According to Statistics South Africa (1996), the majority of the people in the Northern Cape are coloured. These are people formally classified as neither black nor white

under the former Population Registration Act, and being mainly of a mixed race descent. Coloured people represent approximately 51.5% of the total population, while blacks, whites and Asians (mainly of Indian descent) represent 35.8%, 12.4% and 0.3% respectively. The home language of approximately 69% of the people in the area is Afrikaans with other principal languages being Setswana 19, 9 and IsiXhosa 6, 3%. The 2005 statistics were used as they were available for most of the country. (<http://www.statssa.gov.za/census01/HTML/c2005primtables.asp>).

## **1.3. 2 Upington**

### **1.3.2.1 History and Foundation**

Upington is a town founded in 1884 and located in the Northern Cape province of South Africa, on the banks of the Orange River. The town was named after Sir Thomas Upington, Attorney-General of the Cape. It originated as a mission station established in 1875 and run by Reverend Schröder. The mission station now houses the town museum, known as the Kalahari Orange Museum. The museum is also the home of a donkey statue, which recognizes the enormous contribution that this animal made to the development of the region during the pioneering days of the 19th Century (<http://www.siyanda-dm.co.za/index.php> ).

The elevation of Upington is 2742 feet (835 metres). It is the closest large centre to the Augrabies Falls, arguably the greatest of South African waterfalls. The landscape is very arid but the soil is fertile and crops such as fruit are grown in irrigated fields. The area is best known for its export quality grapes, raisins and wines, which are cultivated on the rich flood plains of the Orange River ([www.siyanda-dm.co.za/index](http://www.siyanda-dm.co.za/index))

### **1.3.2.2 Population of Upington**

The Khara Hais municipality, which encompasses Upington and neighbouring settlements, has a population of 101,504, according to the 2008 calculation. Of these, 64.4% were Coloured, 19.8% African, 15.7% White and 0.1% Asian. The city has a small Somali trading community. (<http://www.siyanda-dm.co.za/index.php> ).

### **1.3.2.3 Geography and Climate**

Upington is entirely in the middle of Kalahari Desert and experiencing quite extreme variations of temperature. The highest temperatures recorded in summer during the month of January at 42 degrees Celsius with an average daily maximum and minimum of 36 and 20 degrees Celsius respectively.

The lowest temperatures are recorded in winter during the month of July with temperatures reaching -7 degrees Celsius. The average number of rain days per year was 37 rains per annum; March being the month of rains with 6 rains recorded in 2008 (<http://www.siyanda-dm.co.za/index.php> ).

Based on the specific climate in Upington, one could consider Upington as a potential centre of renewal solar energy in South Africa to curb the electricity crisis faced by the Southern Africa Countries in general and South Africa in particular.

### **1.3.2.4 Wine Industry and Employment Opportunities**

Upington most famous wines are produced by an organization known as Orange River Wine Cellars (OWC). The organization has six depots in the area (all of them on the banks of the Orange River) at Upington, Kanoneiland, Grootdrink, Kakamas, Keimos and Groblershoop. The wines from OWC are exported, inter alia, to Europe and the USA. There are also privately owned cellars, producing quality red and white wines as well.



The most shocking aspect of the employment opportunity offered by these several wine industries is on the wage of the employees. Most of them receive their salary not in rand currency but in wine bottles or jars. This had been the situation regarding the wine industry during the apartheid era and still going on under the democratically elected government. The culture of wine drinking and abuse could be linked to the abnormal worker wages, paid in wine bottles, which in return creates a culture of violence found amongst the inhabitants of Upington in general and violence against women in particular. Other opportunities of employment are the tourism, mining at Khatu, small enterprises and factories and public sector to mention only few.

#### **1.3.2.5 Transportation**

Upington has a modern airport with scheduled flights provided by SA Airlink (an affiliate of South African Airways) and non-scheduled flights by Walker Flying Services. The airport's runway, spanning 4900 metres, is one of the longest in the world and the longest in Africa. In the 1960s, the airport was also the sight of the annual gliding world championships (<http://www.siyanda-dm.co.za/index.php>).

In the first half of the 20th century there was a passenger train service from Cape Town to Upington but it is not clear whether this service is still in existence. In the early 1950s a narrow-gauge railway line (two foot gauge) ran from Upington to Kakamas and Keimoes, two nearby towns. The trains carried passengers and freight, being mainly dried fruit. The line was no longer operational due to better and safer roads network (<http://www.siyanda-dm.co.za/index.php>, retrieved on 2008-11-18).

#### **1.4 Health Facilities in Upington**

Apart from Bopanang centre, a one stop centre specialised in gender based violence,

the population of Upington had been mainly served by one governmental hospital, known as Gordonia Hospital and a private hospital, Medi-Clinic, which had been used as alternative health care facility for patients affiliated to various medical aid schemes and insurance companies. Most of the clients registered at Bopanang centre are referred to Gordonia hospital for further management and care.

#### **1.4.1 Gordonia Hospital**

##### **1.4.1.1 Population and Disease Profile**

Gordonia hospital is situated in the Lower Orange Health District and serves an estimated 250 000 people, of whom approximately 165 000 live in the Lower Orange District itself. The estimation is based on the immediate catchment population plus the section of patients referred to Gordonia Hospital from surrounding communities (See Map 1 for more details). Accurate information regarding the overall disease profile in the region is not available. However, the region has one of the highest documented incidences of tuberculosis (TB) in the world (800 cases per 100 000 people). The incidence of trauma (often alcohol related) is also high. The HIV epidemic is at an earlier stage than most parts of South Africa (Gordonia Hospital Annual Report, 2005).

##### **1.4.1.2 Hospital Background**

Gordonia Hospital is a 189-bedded hospital that was opened in 1964. It is a level one or district hospital for the Upington and Mier sub-districts of the Lower Orange District. A referral hospital for the remaining four sub-districts in the Lower Orange District namely Kakamas, Keimoes, Pofadder and Kenhardt. Each of these sub-districts has a district hospital or community health centre (with inpatient beds).

Gordonia hospital is a referral hospital for a nearby district namely Namaqualand. The hospital provides a full range of first level hospital services as well as a limited range of secondary level services. Complex secondary level and tertiary level cases are usually referred to the regional hospital in Kimberley and, more occasionally, to Cape Town or Bloemfontein.

## **1.4.2 Bopanang Centre**

### **1.4.2.1 Establishment and Maintenance**

Bopanang centre is one of the prestigious crisis centres of the Northern Cape Province. The centre is located in the town of Upington, at about four hundred metres from Gordonia Hospital in Siyanda District.

South Africa has a high crime rate with frequent incidences of rape and domestic violence. Simultaneously, the police service and the justice system are seriously under-resourced in terms of manpower, skills and facilities, and are often unable to effectively deal with the many cases of gender based violence that occur in the country (Hamber B & Lewis S, 1997). This has, in turn, frequently resulted in abused women suffering secondary victimization through the inadequate criminal justice system and having little or no support in assisting them to recover from their traumatic experiences (Hamber B & Lewis S, 1997).

The Upington project was initiated by The United Nations Office on Drugs and Crime (UNODC) after setting up two similar projects in South Africa – one in Mpumalanga and one in the Eastern Cape.

The Centre, (figure 2), was named the Bopanang One-Stop Centre, which means to “build each other” in Setswana. The centre was initially run by the UNODC, through

the Centre Manager, steered by an Advisory Committee comprised of all relevant stakeholders. The Department of Social Development, Department of Health, South African Police Services, Department of Justice, National Prosecuting Authority, Non-governmental Organisations (NGO's) are part of the Advisory Committee.

#### **1.4.2.2 Meaning of Bopanang**

Derived from SeTswana the word 'Bopa': means build. Ancient people used to build pots, huts and kraals and the work was done in groups, after completing their work; they celebrate, through dancing, singing poetry and praise singing.

The tradition, in practice was extended from one generation to the other that people need to build one another to have a standardized, harmonious life and equality for all. Bopanang Sechaba - build the nation, by helping those in pain, sorrow, and any type of problem, show them Ubuntu. Bopanang ka ditiro tse dintle, meaning: Build one another, many hands makes light work.

#### **1.4.2.3 Bopanang Centre Package of Care**

Bopanang Centre provides a package of care to rape survivors, which includes:

1. Provide forensic examination, support and counselling for rape survivors
2. Provide emergency overnight accommodation
3. Accompany client to either Police Station or Magistrate Court.
4. Referrals to relevant service providers for help
5. Assist with awareness campaigns (365 days of activism) on the rights of women and survivors of gender based violence.
6. Assist with the Girl-Child Awareness Programmes.

There is an assumption that rape survivors registered at Bopanang Centre experienced the rape event differently. Their experiences of the rape event could have been affected by a number of factors such as; previous exposure to rape, educational background, existing familial and community support systems. In this research, the researcher titled: “**The Experiences of Female Rape Survivors**”, not merely as behavioural patterns but as conscious individuals, capable of interpreting and giving meaning to their own experiences. Therefore, the researcher has attempted to understand the speaker as the narrator understands it without preconceived notions or prejudices (Rogers CR, 1969).

#### 1.5 List of Figures (Map and Picture)

Figure 1: Map of the South Africa

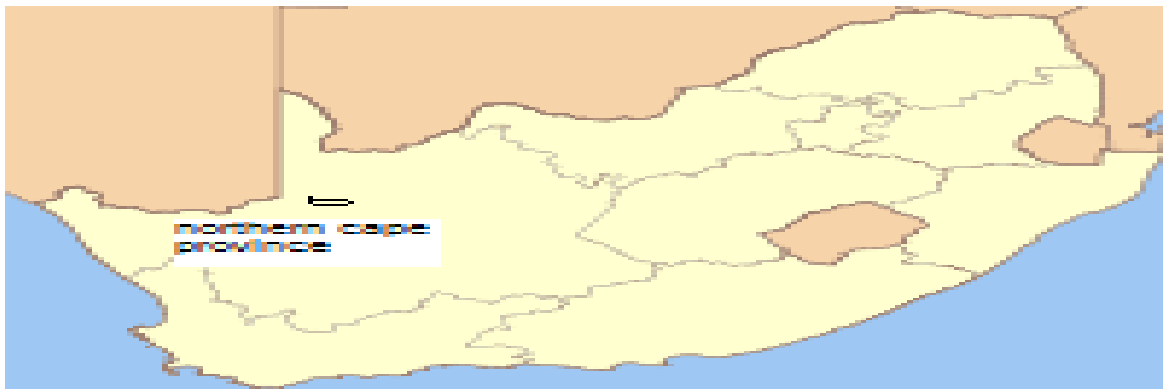


Figure 2: The Bopanang One-Stop Centre



## **Chapter 2**

### **Literature Review**

***“To test the present, you must appeal to history.”***

***(Winston Churchill quoted by Lawson SJ & Anders M, 2006)***

#### **2.1 Introduction**

Aspects that relate to the background and the aims of this study, the literature review covered the following aspects:

- General concepts on rape (definition, classification)
- Epidemiology of rape worldwide
- The relationship between alcohol and rape
- Lay beliefs and Myths about the rape of women
- Psychological Consequences of rape
- Rape related morbidity
- Scientific Theories of Rape
- Experiences of female rape survivors worldwide
- Models of recovery from rape

#### **2.2 Method of Literature Search**

Literature searches were done by exploring internet sites, and consulting the resource centre at the Department of Family Medicine for full texts and relevant articles at the University of Limpopo (Medunsa Campus). Relevant books about the topic were also consulted.

Pubmed database was the main search engine used for literature searches on the internet, and whenever there were overwhelming references; limits to articles published in the last ten years, in English, done on humans with a link to full texts

could be used to retrieve an acceptable number of articles to be screened.

From the internet, through Pubmed, a total of 288 articles were retrieved. Forty eight articles which were relevant to the research topic were selected. The Department of Family Medicine resource centre assisted in retrieving twenty-six full text articles.

Keys words and combination used for internet searches were as follows:

Female rape survivors AND experiences

Female rape survivors AND epidemiology worldwide AND risk factors

Female rape survivors AND risk factors

Female rape survivors AND statistics worldwide

Female rape survivors AND myths

Female rape survivors AND recovery models

Rape AND scientific theories

## **2.3 Definitions and Classifications of Rape**

### **2.3.1 Definition of Rape**

Definition of rape by Merriam-Webster's Online Dictionary, Thesaurus and Encyclopaedia: [Middle English, from rapen, to rape, from Old French raper, to abduct, from Latin rapere, to seize]. The crime of forcing another person to submit to sex acts, especially sexual intercourse. (Merriam-Webster's Online, retrieved from <http://www.merriam-webster.com/> 2008).

Rape is defined as sexual intercourse without the consent of the second party, who is usually a female. It is a form of both deviant and criminal behaviour because the actions of the rapist oppose the values of sound, voluntary and non-violent interpersonal relationships (Bezuidenhout FJ, 1998).



For the purpose of the current study, rape is defined as “a man having intentional and unlawful sexual intercourse with a woman without her consent” (Jewkes R &

Abrahams, 2002). Intercourse is defined as any degree of penetration by the male genital organ into the woman’s vulva or labia. The rapist does not necessarily have to reach orgasm, or ejaculate, for the act to be defined as rape (Bezuidenhout, FJ, 1998)

In terms of common law, rape is committed by a man having intentional and unlawful sexual intercourse with a woman without her consent (South Africa Law Commission, 1999). New sexual offences legislation, which have been approved by the parliament of South Africa, includes a declaration that sexual penetration is unlawful if it occurs in coercive circumstances, which include the application of force, threats, abuse of power or authority, use of drugs etc., and widens the circumstances in which rape is said to have occurred beyond penile penetration of the vagina to include a range of actions involving different body parts (e.g. fingers), objects and orifices (anus and mouth).(South Africa Law Commission, 1999).

Although, privately women, may perceive themselves to have been severely violated in a range of other circumstances. Until effective rape legislation is promulgated and enforced effectively, levels of rape are likely to continue rising (South Africa Law Commission, 1999).

The differences between legal and popular notions of rape have important implications for the women who have experienced particular sexual experiences, for how they interpret these themselves and to others, and clearly have important implications for attempts to gain an understanding of the magnitude of the problem of non-consensual sex (South Africa Law Commission, 1999).

### **2.3. 2 Classification of Rape**

South Africa Law distinguishes between two kinds of rape: forcible rape which refers to actual or attempted sexual intercourse through the use of force or the threat of force, and statutory rape, which refers to sexual intercourse with a female who is under the legal age of consenting (South Africa Law Commission, 1999). While the law recognises forcible and statutory rape, it may be descriptively misleading when considering the phenomenon of rape. The following list provides other classification of rape (Bezuidenhout FJ, 1998):

**Date rape:** The rape of a female by a male during a date. In the case of campus date rape, the act is often not reported due to the belief that the victim 's own actions will be judged negatively, embarrassment , a feeling that being personally responsible of the rape, or an inadequate support system (Finkelson L & Oswald R, 1995).

**Gang rape:** When a female is raped by members of a gang. It is also known that gangs of males may rape women as an expression of their masculinity or their need to exhibit power over women. Gangs, for example, may use rape as a means of creating fear in a specific territory, or individual members of a gang may use rape as a means to prove or improve their status within the ranks of the gang. (Rip, CM & Bezuidenhout FJ, 1992).

**Multiple rape:** The rape of a female by more than one perpetrator at a given time, or the rape of a female more than once, by the same perpetrator at a given time.

**Attempted rape:** The unsuccessful attempt to rape a female.

**Unplanned rape:** Rape that was not planned.

**Planned rape:** Rape that is planned before hand.

**Marital rape:** The rape of a female by her husband. Marital rape can be divided

into:

- Battering rape. This occurs when men habitually physically attack, degrade and humiliate their wives. Rape is an extension of the beatings.
- Force-only rape. Husbands use as much force as possible for sexual purposes.
- Obsessive rape. Men force their wives to engage in perverse and bizarre sexual activity to arouse themselves.
- Some authors have extended the common law meaning of rape: Marital rape involves any sexual activity that a husband forces or coerces his wife to do when she is unwilling to do so (Westwell CA, 1998).

**Stranger rape:** The rape of a victim by a person not known to the victim.

**Acquaintance rape:** Rape of a victim by a person who is known to the victim. In a study of sexual assault tactics (Kilpatrick DG et al, 1988) showed that acquaintances were significantly more likely to use drug and alcohol tactics than were intimate partner perpetrators. Intimate partners have easy access to the woman, a history of sexual precedence, and various verbal tactics at their disposal, hence they have little need to rely on the woman's intoxication. The majority of sexual assaults are perpetrated by intimate partners (Kilpatrick DG et al, 1988).

**Serial rape:** The rape of various women by one male or a group of males over a period of time and within a geographical area.

**Male rape:** is legally defined as sodomy. Sodomy often occurs in institutions such as prisons. The victim is usually smaller than the offender. The most common act is anal penetration and second most acts are oral copulation usually called as fellatio (Westwell CA, 1998).

## **2.4 EPIDEMIOLOGY OF RAPE**

### **2.4.1 Epidemiology of Rape World Wide**

1 out of 3 women worldwide has experienced rape or sexual assault (Tjaden P & Thoense N, 2000).

A substantial proportion of North American women are raped each year. Estimates of the yearly incidence of rape, that is, forced sexual intercourse, range from about 1% per year in general population samples to an estimated 5% per year in college samples (Kilpatrick DG et al, 1988).

In a randomly selected study of nearly 1,200 female students in Geneva, Switzerland, 20% of them revealed they had experienced at least one incident of sexual abuse (WHO, 2001).

### **2.4.2 Rape of Women on the African Continent and sub-Sahara Africa**

Rape of women is a widespread problem in sub-Saharan Africa. In rural Malawi, 55% adolescent girls surveyed reported that they were often forced to have sex (Njovana E & Watts C, 1996).

In Zimbabwe, rape cases are sometimes settled out of court when the perpetrator either pays compensation to the girl's father or pays a bride price and marries the girl to avoid bringing public attention and shame to the girl and her family (Njovana E & Watts C, 1996).

Studies conducted in a city in Zimbabwe showed that half of reported rape cases were girls less than 15 years of age and that girls are most vulnerable to being raped by male relatives, neighbours and school teachers (Njovana E & Watts C, 1996).

In a District in Uganda, 31% of school girls reported having been sexually abused

many by teachers (Sebunya C, 1996).

A study conducted among Bamenda tribe of Cameroon showed that the experiences of rape according to victims of rape include undesirable pregnancies, unwanted children, abortions, ST infections, social humiliation and deformities. Worse still, it leaves victims faced with the prospect of bearing the child of their enemy or invaders of their bodies (Ndoko F & Bikoe O, 2008).

Wiley, B et al (2008) found that the rape victims who survived the Rwandan genocide perceived to be inferiors as well as a loss of dignity and respect. These women were humiliated by public rape, which was carried out in the community by those who were supposed to respect them. The women felt a loss of identity, loss of hope for the future, and social isolation.

She was raped in her husband's presence — a tactic common in the Democratic Republic of Congo during the civil war and the Rwanda genocide. The goal of that practice is to maximize the humiliation of the women and their communities and to “end resistance” by instilling fear. Such women are often subsequently rejected or abandoned by their communities (Kimani M, 2007).

In a study in South Africa, 30% of girls reported that their first sexual intercourse was forced (Wood K & Jewkes R, 2001). In South Africa, the majority of victims fall into the 16 - 19 age-group, with the majority being under 30 years of age (Meintjies VW, 1998). The South African Police Service (SAPS, 1997) indicate a gradual increase in reported rape cases for 1994 (42 429), 1995 (47 506) and 1996 (50 481). The

number of statutory rape cases for the period January to March from 1994 to 1997 was 186, 203, 145 and 167 respectively (SAPS, 1997).

Rape Cases Reported from 2002 to 2006 in South Africa:

2002	-	54293
2003	-	52425
2004	-	52733
2005	-	55114
2006	-	54926

The Northern Cape Province leading, followed by Gauteng (Soweto is the hardest hit), and the Western Cape have the highest incidence of rape (SAPS, 2007).

The government initiated a system of specialised sex courts to help the already overburdened judicial system to deal more effectively and efficiently with the prosecution of the large volume of sex crimes reported to the police on an almost daily basis (Walker SP & Louw D, 2005).

The low incidence of reporting rape in South Africa is thought to be due to factors such as the high rate of rape by family members and neighbours (often not recognised as rape) (Segwai PK, 2004) fears for the safety of the rape survivor if she reports the rape (Jewkes R & Abrahams N, 2002), the poor treatment of rape survivors (Hamber B & Lewis S, 1998), police refusal to report the case (Segwai, P K, 2004) police bribery and the loss of dockets (Jewkes R & Abrahams N, 2002) and the tiny percentage of prosecutions that result in conviction and sentencing of rapists (Itano M, 2003). The fact that these factors are mainly based in societal attitudes and poor treatment of rape survivors by the South African Police Service seems to

support the notion of a tacit agreement in South African society to men's right to rape (Gillmer B, 1998).

Rape has a significant impact on the health and life expectancy of women. The World Bank estimates that rape accounts for 5% of healthy years of life lost to women of reproductive age in developing countries (Heise LL *et al*, 1994)

## **2.5 The Relationship between Alcohol and Rape.**

Males who are under the influence of alcohol may rape women because of the effects of alcohol has on their inhibitions. Alcohol consumption also predisposes women to sexual assault and rape (King G *et al*, 2004).

The relationship between alcohol and rape is once again both direct and complex (Van A S, 2004). In 2006 more than 47% of victims of rape reported alcohol had been used at the time of the rape (Parry C D H & Dewing S, 2006). The offenders are harder to measure as they are either not caught at all or else have most often had time to sober up before they are caught. It is easy to become dependent on alcohol and dependency on substances of a range of kinds is a driver for crime - a habit needs feeding (Parenzee P & Smythe D, 2003).

Police estimate that at least 50% of rape victims in South Africa are drunk at the time of victimisation. Young girls lose their inhibitions when drunk and are also more likely raped, all too often with the consequence of unplanned and unwanted pregnancy (Jewkes R & Abrahams N, 2002).

### **2.5.1 The Effects of Alcohol on Men**

Studies show that men who think they have been drinking alcohol (whether or not they really have) feel sexually aroused and are more responsive to erotic stimuli and

rape scenarios (King G *et al*, 2004).

Alcohol may be a catalyst, but it is not the cause of the rape. If you choose to drink, you are responsible for what you do because of that choice. Alcohol consumption is no justification or excuse for rape. But misperception is not the only factor, the majority of acquaintance rapes are planned in advance by the perpetrator (Jewkes R & Abrahams N, 2002).

A study conducted by (King G *et al*, 2004) showed that men were more likely than women to assume that a woman who drank alcohol with her date was interested in having sex with him. Forty percent of the men who took part in this study felt that it was acceptable to force sex on a drunk date (King G *et al*, 2004).

### **2.5.2 The Effects of Alcohol on Women**

Drinking may keep a woman from noticing a man's attempts to get her into an isolated location or his encouragement to drink even more. Research has shown that men are inclined to misconceive a woman's friendliness as a sign of sexual interest. Alcohol consumption may also decrease the likelihood that women can successfully resist an assault, either verbally or physically (Abbey A, 1991).

Legally sexual provocation, whether intentional or not, is not justification for rape; sex with someone unable to give consent (e.g. drunk) is also rape (King G *et al*, 2004)

There are many stereotypes about women who drink alcohol. One common belief is that women who drink alcohol are more sexually available than women who do not drink (Prenzee P. & Smythe D, 2003).

Many date rape victims report that their attacker fed them drinks for several hours



before the attack (King G et al 2004). Thus, rape is always the responsibility of the rapist. She is responsible for drinking, and the drinking may have shown bad judgement, but bad judgement is not perceived as an offence for the rape (Jewkes R & Abrahams N, 2002).

## **2.6 Lay Beliefs and Myths about the Rape of Women**

While various reasons may be given for men raping women, there are also a number of myths about rape. (Bohner G & Schwarz N, 1996) define rape as “stereotypical beliefs about rape that put women at a disadvantage” and by (Burt MR, 1980) as “false beliefs about rape, rape victims, and rapists”. They lack validity or have been disproved by research. Some of these false beliefs are listed below:

Rapists are always strangers. Research indicates that rapists are often known to their victims. According to the crime Information Management Centre (SAPS, 1997), 63% of the cases (746) reported in the Northern Cape Province during 1995 had perpetrators who were known to the victim before the crimes occurred; of these 43% were acquaintances, 16 % were friends, and 4% were family members.

Rapists are insane. Studies indicate that there are no major psychological differences between rapists and ordinary people (Lewis S, 1994.)

Sex with a virgin/young child can cure AIDS’ a South African myth that has led to a horrific rise in child rape (Van Niekerk J, 2004).

A survey of 244 adolescents of 14 to 16-year-old Australian high school students, showed that males were significantly more likely to endorse myths about sexual assault. Males also held more restrictive attitudes towards women's roles, and subscribed to a greater degree of sexism in dating relationships (Davis T, Lee C, 1996).

## **2.7 Psychological Consequences of Rape**

The psychological consequences of sexual violence vary as each woman responds differently to sexual aggression, but no women are indifferent to it. Depression, social phobias, anxiety, use of toxic substances, suicidal behaviour, post-traumatic stress syndrome and rape trauma syndrome are among the most serious psychological effects of sexual assault (Hegarty K et al, 2004).

### **2.7.1 Rape Trauma Syndrome**

Rape is a traumatic experience, resulting in a two-phase reaction. The first is the initial, acute phase of disorganisation, and the second, a long-term phase of reorganisation. During the phase of disorganisation, the victim experiences the physical injuries of the sexual assault, emotional problems and stress. Typically, when the aggressor uses weapons to dominate the victim, she is unable to resist and there are often no signs of external trauma. Genital lesions are more frequent in young victims or elderly women, including lacerations, haematoma, ecchymosis, abrasions, reddening and oedema that can affect the labia minora, hymen and fossa navicularis (World Health Organisation, 2003). More rarely, sexual violence may end with the killing of the victim by a variety of means (Heise L et al, 1999).

Besides the trauma of physical injury, the victim may also suffer from other physical effects such as nightmares and insomnia; develop eating problems such as bulimia and anorexia nervosa; contract sexually transmitted diseases or be infected with hepatitis B or AIDS. Headaches, nausea, stomach-ache, and difficulty with sexual relations may also be experienced.

Emotional features of this stage can include feelings of shock, numbness,

embarrassment, guilt, powerlessness, loss of trust, fear, anxiety, and depression (Atkeson BM *et al*, 1982) anger, disbelief, shame, depression, denial, poor self-concept and lowered self esteem (Burgess AW & Holmstrom LL, 1974) retriggering and disorientation with intrusive thoughts and nightmares (Holmes MR & Lawrence JS, 1983).

Behavioural problems may include role disruption, poor social functioning, sexual dysfunction and substance abuse (Burgess AW & Holmstrom LL, 1974). In another study it was shown that rape survivors suffer interpersonal difficulties (Ellis EM *et al* 1981). This stage may last from a few days to several weeks.

A possible third stage has been proposed by some trauma specialists as an integration stage, or the reconstitution phase (Koss MP & Harvey MR, 1991). This phase sees the re-emergence of disturbing responses and suicidal thoughts and the rape survivor seems to be deteriorating, rather than recovering. It is characterised by revisiting the deep emotions associated with the rape some years later (Doenlen H, 2001). Interpersonal relationships are often under considerable strain during this phase as the survivor starts to grapple with the deep-seated feelings she still has about the rape.

### **2.7.2 Rape Related Post Traumatic Stress Disorder**

The effect of rape on the survivor is “the violent destabilizing of the existing self” (Cahill AJ, 2001). The survivor’s sexuality, sense of security, and physical integrity are attacked by the experience of rape. More than this, her personhood and her inter-subjectivity are often damaged. No part of the survivor remains unaffected by the experience of rape, and the rape survivor, in effect, becomes a different self (Cahill AJ, 2001). When compared with other PTSD sufferers, rape survivors exhibit the

highest levels of PTSD symptoms, equal to those of combat veterans, to the high level of threat and loss involved in the experience of rape (Wilson JP et al, 1984).

Pre-morbid characteristics in the individual that predict the development of post traumatic stress disorder (PTSD) after rape include somatoform and dissociate disorders, agoraphobia and specific phobias, depressive conditions, gender identity disorders, as well as alcohol abuse (Darves-Bornoz JM *et al*, 1998). Characteristics of the rape that predict the development of PTSD include intra-familial rape, being physically assaulted in addition to being raped, and the occurrence of physical violence during the rape (Darves-Bornoz JM *et al*, 1998).

## **2.8 Rape Related Morbidity**

### **2.8.1 Pregnancy after Rape**

It is possible that the victim may fall pregnant after the rape event. The risk of unplanned pregnancy after rape is imprecise. One publication has estimated a 10-30% probability of pregnancy following rape (Martin LJ, 1993). Some of the best data comes from a prospective study of a representative sample of more than 4000 women aged 18 years or more, followed-up for 3 years (Holmes MM et al, 1996). They showed a 5% pregnancy rate per rape episode, which is possibly the lower limit of the risk of pregnancy after rape. In contrast, a study carried out among raped adolescents in Ethiopia showed that 17% became pregnant (Mulugeta E et al, 1998). In the USA, the annual number of pregnancies due to rape is estimated to be between 25 000 and 32 000 (Stewart F & Trussell J, 2000).

### **2.8.2 Sexually Transmitted Infections**

The risk of acquiring sexually transmitted infections (STIs) is estimated to be between

4% and 30 % in both developed and developing countries (Ononge S et al, 2005).

There are no good estimations of the probability of acquiring human immunodeficiency virus (HIV) during a sexual assault, but there is no doubt that if the aggressor is HIV positive, the forced sexual relation exposes a woman to serious a risk of infection (WHO, 2003). Violent or forced sex can increase the risk of transmitting HIV (Jenny C et al, 1990). The sexual transmission of HIV is well established, as is the higher risk for anal sex. This risk increases greatly when the aggression involves injuries of the genital or anal region, as is often the case during sexual violence (WHO, 2001).

However, research conducted in Johannesburg showed that 40% of rape survivors sustained genital injuries, and another 40% sustained other types of injuries, including bruises, abrasions, fractures and lacerations (Martin LJ, 1993). Sexually transmitted diseases (STD's) such as herpes, syphilis and gonorrhoea are epidemic in South Africa and transmission during rape is common. Rates of infection with the Human Immunodeficiency Virus (HIV) are rising, affecting some 30% of the population. Infection for women is more likely during non-consensual sex and gang rape, particularly if an STD is present, due to abrasion and laceration of the genital membranes (Ankrah EM, 1996).

## **2.9 Scientific Theories of Rape**

There are scientific theories attempting to understand the causes of rape. Initially oriented around three theories of rape those have been proposed in the social science literature over the past 15 years. The following has been taken from Lee Ellis' Theories of Rape (1989).

- 1. The feminist theory essentially sees rape as "a pseudo-sexual act" used by

males to intimidate and dominate women. Additional value in the feminist theory of rape is reflected in its emphasis upon connections between male tendencies to rape and their tendencies to display aggression, although the theory is probably incorrect in its implication that aggression and domination are the actual goals of rapists.

- 2. The social learning theory postulates that rape is the result of male acquisition of attitudes and vicarious learning experiences (e.g., through the mass media) favourable to males behaving aggressively towards women. Consistent with this theory was evidence that attitudes favourable towards rape and outward the general use of violence towards women was associated with higher rape probability. Also supportive of the social learning theory was evidence that rapists were more prone to respond sexually to depictions of rape and aggression towards women than were other males.

- 3. According to the evolutionary theory, rape is an extreme response to natural selection pressure which has favoured male assertiveness in attempting to copulate with numerous sex partners, and has favoured females who resist male attempts to control their sexual behaviour. The theory was supported by observations of forced copulations by males in many nonhuman species (suggesting the possibility of a genetic basis for male raping tendencies). Also favourable to the evolutionary theory was evidence that pregnancy risks, while probably lower than for voluntary sexual intercourse, are still significant (at least where birth control and abortion are not widely utilized by rape victims). In addition, the fact that the vast majority of rape victims throughout the world are of reproductive age is predicted by the evolutionary theory.

- 4. In the briefest terms, the new theory argues that rape, like sexual behaviour generally, is motivated by two largely unlearned and closely linked drives - the sex drive and the drive to possess and control (especially with regards to sex partners). While the motivation behind rape is assumed to be largely unlearned, the actual techniques and strategies involved in committing rape are believed to be learned (largely through operant conditioning, rather than through attitudes and imitation). From an evolutionary standpoint, the tendency to commit rape is seen as resulting from natural selection favouring a relatively strong sex drive and a drive to possess and control directed towards multiple sex partners. The natural selection pressure for these two drives was hypothesized to be more intense for males than for females, primarily because males can reproduce without committing time and energy to the gestation process, whereas females cannot escape this time and energy investment in reproduction (Lee Ellis, 1989).

## **2.10 Experiences of Female Rape Survivors**

### **2.10.1 World Wide**

Research conducted in industrialised countries has highlighted how the use of health services can be a negative and dis-empowering experience for rape survivors, and this may partly explain the low levels of use (McCauley J et al, 1998).

Women who have been raped have specific health needs: the prevention of pregnancy, HIV, and other sexually transmitted infections; psychological support; and the management and documentation of injuries (WHO, 2003).

Young W (1983) in the study of rape conducted in London describe female rape survivors experience as: “An experience which shakes the foundations of the lives of



victims. For many, its effect is a long-term one, impairing their capacity for personal relationships, altering their behaviour and values and generating fear”.

In common with other violent crimes and natural disasters, rape confronts, or even destroys, the survivor’s illusions of immortality, invulnerability, security of his or her environment, the attribution of meaning to events, as well as levels of self worth (Silver RL & Wortman CB, 1980).

The individual nature of the experience can produce intense feelings of isolation, as well as a tendency to personalise the attack (De Silva P, 1993).

The woman who has been raped must deal with this dehumanization, the blame and stigma associated with the rape, as well as negative societal attitudes towards rape and rape survivors (Burt MR & Katz BL, 1987).

In USA, the annual number of pregnancies due to rape is estimated to be between 25 000 and 32 000 (Stewart F & Trussell J, 2000).

A study of adolescents in Brazil showed prior sexual abuse to be a leading factor predicting several health risk behaviours, including suicidal thoughts and attempts (Anteghini M et al, 2001).

## **2.10. 2 Specific Rape Survivors Reported Experiences**

Some researchers showed that female rape survivors reported the following experiences following rape:

- General diffuse anxiety, as well as anxiety linked to rape-related situations, is one of the most prominent symptoms in rape survivors (Foa EB & Rothbaum BO, 1998). Not only is it the commonest symptom (with only 23% of rape survivors not showing above-average levels of fear at one year post-rape in a study by

Kilpatrick DG & Veronen LJ, 1984), it is also the most persistent, with higher fear levels evident in survivors up to 16 years post-rape (Ellis EM *et al*, 1981).

- Depression is a very common reaction to rape, but it seems to be less persistent than anxiety (Frank F *et al*, 1984). Findings vary, but between 43% (Frank F *et al*, 1984) and 59% of rape survivors (Resick & Schnicke, 1993) report experiencing major depression immediately after the rape. Varying levels of depression are reported by rape survivors in the years following rape, though most studies find significantly more depression than in the general population (Ellis EM *et al*, 1981). Higher levels of depression have been found in rape survivors as much as 21 years post assault (Kilpatrick DG *et al*, 1988).

- Anger is a common feature in individuals with PTSD particularly in rape survivors (Darves-Bornoz, JM, 1997). Intense anger may actually interfere with the recovery process, as the modification of the traumatic memory by inhibiting fear responses may not be able to take place when the individual remains angry about the incident. The individual cannot face the feared situation, re-experience their anxiety, and have the reduction in fear that this kind of confrontation can produce (Foa EB & Rothbaum BO, 1998).

- Diminished self-esteem is a common element of post-rape PTSD (Kilpatrick DG & Veronen LJ, 1984). In their analysis of rape survivors, (Kilpatrick DG & Veronen LJ, 1984) showed that a significantly higher pre-morbid self-esteem score was linked with lower levels of distress at 3 months post-rape than in those survivors with lower pre-morbid self esteem scores.

- Social functioning is usually adversely affected by rape, remaining a problem

among half of rape survivors even after 2-3 years (Nadelson CC *et al*, 1982).

Impaired work functioning has been reported as still being a problem 8 months after the assault. Avoidance behaviour may contribute to this impaired social functioning because of a fear of strangers, of meeting new people, of being followed, and of public spaces (Kilpatrick DG *et al*, 1979).

- Marital and familial functioning may also be affected, though it does seem that the more severe the assault, the more support the survivor seems to receive from her family (Frank F *et al*, 1984). Married men may find it difficult to have sexual relations with a wife who has been raped, which may result in them separating or divorcing (Nadelson CC *et al*, 1989).

- Research has typically showed that partners and friends of rape survivors struggle to cope with the after effects of rape, often exhibiting high levels of distress symptoms. (Ahrens CE & Campbell R, 2000). The distress felt by friends seems to be linked to their difficulty in understanding how the survivor is coping with the after effects of the rape. From this, it seems that the cognitive appraisal of the rape experience by friends has a considerable effect on the survivor's recovery from the rape trauma (Petra J & Hedge B, 2002). Persistent feelings of shame and guilt (sometimes derived from friends' reactions) may delay recovery, and may also help to maintain the PTSD symptoms (Adshead G, 2000).

- Sexual functioning seems to be negatively affected by rape in the majority of survivors, a change which may persist for years (Norris J & Feldman SS, 1981). Fear of sex and decreased sexual desire and arousal are among the commonest symptoms for rape survivors. These changes may be linked to the high incidence of

rape-related flashbacks during intercourse (Ellis EM *et al*, 1980). Unsurprisingly, sexual satisfaction seems to be negatively affected for some years after the rape, although expressions of affection and masturbation remain unaffected in most survivors (Feldman SS *et al*, 1979).

- Self-blame refers to the tendency of rape survivors to blame their own behaviour for the attack and is often linked to depression and fear (Ward CA, 1995). Victims who experience behavioural self blame feel that they should have done something differently, and therefore feel at fault. Victims who express feelings of self blame that there is something inherently wrong with them which has caused them to deserve to be assaulted (Tangney JP & Dearing RL, 2002).

- Childhood and adulthood victims of rape are more likely to attempt or commit suicide (Davidson JR *et al*, 1996). The association remains, even after controlling for sex, age, education, symptoms of post-traumatic stress disorder and the presence of psychiatric disorders (Romans SE *et al*, 1996).

- Secondary victimization is the re-traumatization of the sexual assault, abuse, or rape victim through the responses of individuals and institutions. Types of secondary victimization include victim blaming and inappropriate post-assault behaviour or language by medical personnel or other organizations with which the victim has contact (Campbell R *et al*, 2001).

- Victim blaming, the term Victim blaming refers to holding the victim of a crime to be responsible for that crime, either in whole or in part. In the context of rape, it refers to the attitude that certain victim behaviours (such a flirting or wearing sexually provocative clothing) may have encouraged the assault. In extreme cases, victims

are said to have "asked for it" simply by not behaving demurely. It has been proposed that one cause of victim blaming is the just world hypothesis. People who believe that the world is intrinsically fair may find it difficult or impossible to accept a situation in which a person is badly hurt for no reason. This leads to a sense that victims must have done something to deserve their fate. Another theory entails the psychological need to protect one's own sense of invulnerability, which can inspire people to believe that rape only happens to those who provoke the assault. Believers use this as a way to feel safer: If one avoids the behaviours of the past victims, one will be less vulnerable (Shaver B, 2002).

- Psycho-physiological reactions in the survivor's body are common after rape. Increased arousal, in the form of sleep disturbances and nightmares, anger, irritability, poor concentration, as well as an exaggerated startle response are typical in PTSD sufferers (Foa EB & Rothbaum BO, 1998). More specific to rape survivors is an elevated resting heart rate, the highest compared with other PTSD groups and non-traumatized individuals (Figley CR, 1985). Such psycho-physiological arousal may interfere with cognitive processing, for example material which in some way reminds the survivor of the rape experience tends to take longer to process (Foa EB *et al*, 1991).

- A woman's personality influences her ability to cope with the experience of being raped (Cooperstein MA, 1999). The adaptable personality type may explain the considerable percentage of women who experience rape and who do not develop PTSD (Foa EB & Riggs DS, 1993). If the rape survivor has experienced moderate levels of stress and trauma before the rape experience, and dealt with them

productively, she may adapt more quickly to the rape trauma (Horowitz MJ, 1986).

### **2.10.3 Experiences of Female Rape Survivors on the African**

#### **Continent and sub-Saharan Africa**

The experience of being raped can lead to suicidal behaviour as early as adolescence. In Ethiopia, 6% of raped schoolgirls reported having attempted suicide and they showed that 17% became pregnant (Mulugeta E et al, 1998).

A study of young women in Nyeri, Kenya, reports that among married women who were raped, two-thirds (67%) named the husband as a perpetrator (Erulkar AS, 2004).

A representative household survey of 1, 306 women aged eighteen to forty-nine years was conducted in 1998 in three provinces of South Africa. The study showed that the one-year prevalence of rape was 2,070 per 100,000. In other words, 2 percent of women experienced rape in the year prior to the survey (Jewkes R & Abrahams N, 2002).

Pattman R (2001) in a study conducted in Zimbabwe showed that half of reported rape cases involve girls less than 15 years of age and that girls are most vulnerable to being raped by male relatives, neighbours and school teachers. Cases are sometimes settled out of court when the perpetrator either pays compensation to the girl's father or pays a bride price and marries the girl to avoid bringing public attention and shame to the girl and her family.

In a District in Uganda, 31 percent of school girls reported having been sexually abused many by teachers (Sebunya C, 1996).

In a study in South Africa, 30 percent of girls reported that their first sexual

intercourse was forced (Wood K, Jewkes R, 1997).

In South Africa, however, only a small proportion of women who have been raped attend services. These services are of varied quality, and limited resources mean restricted options for provision (Jewkes R & Abrahams N, 2002).

Research on South African health services for people who have been raped has shown that there are gaps in service delivery. In order to be successful run, prevention programmes need the commitment of persons as well as the necessary finances. Both the victims and perpetrators may be in need of specialised treatment. While such treatment is expensive, centres and clinics are needed to treat the victim and the offender. Erecting and maintaining such centres is dependent upon financial assistance. Establishing and maintaining a sound police function which deals with sexual violence requires finance and specially trained individuals to secure the future operations (Jewkes R *et al*, 2001).

Although severely traumatised individuals need treatment, they may never again be able to function independently in society. Such individuals become an economic burden to society. Monies are needed by the state to cover the costs of court hearings, should the offender be brought to trial. Incarceration of the offender, whether in a state hospital or prison, is also reliant on finance generated from the economically viable population (Hansson D, 1993).

Research among rural women in South Africa, the perception was that if a man pays lobola for a woman, it means that he owns her. The rural women who were the respondents in the study conducted by (Jewkes R *et al*, 2001) believed that lobola established men's dominance over women, and that, because of this, a married

woman could not refuse to have sex with her husband. Some women believe that men exploit lobola nowadays, that it is no longer the symbolic or dynastic marker it once was, but is now a way of making money, and has been linked to controlling, battering and raping women (Stewart S, 1996).

The most dramatic reform that has been seen in the South African legal system was in 1992, when the acting Attorney General joined forces with numerous non-state bodies to create a committee for the anti-rape movement. This Task Group has been the catalyst for a number of initiatives, including the establishment of the first pilot rape court and the legal recognition, in Supreme Court, of Rape Trauma Syndrome (Hansson D, 1993).

### **2.11. Models of Recovery from Rape**

- Three phase models conceptualise recovery beginning with phase I, the acute stage, characterised by anxiety and confusion in the rape survivor. The survivor moves into phase II, or recoil stage, when she attempts to forget about the rape and to return to her normal routine. This is the 'pseudo-adjustment' phase and it can last for weeks or years (Sutherland S & Scherl DJ, 1970). The third phase is that of integration / resolution, during which rape memories re-emerge, leading to intense fear linked to rape cues, depression, anger, guilt, and a need to talk about the event which eventually leads to readjustment (Holmes MR & Lawrence JS, 1983).

- The individual's perceptions of her level of control during the rape (as well as during possible future attacks) have an effect on recovery (Kushner MG *et al*, 1993). If the survivor judges her behaviour during the assault negatively (for example having given up, or being confused) or if she perceives others as judging her, or responding



negatively to news of the assault, high levels of avoidance, anxiety and security seeking are likely to occur (Dunmore EC *et al*, 1999).

## **2.12. The Summary of Literature Reviewed**

This literature review has demonstrated that, the phenomenon of rape has been the subject of extensive writing and research. In this literature review, the researcher did provide a definition of rape, and speculate on the reasons for raping women and the myths surrounding rape phenomenon. A review of current research examining the effects of rape on the victim, as well as providing definitions of rape trauma syndrome, and posttraumatic stress disorder (with specific reference to rape) had been mentioned. Lastly, the psychological sequelae of rape and the factors affecting recovery from rape were discussed in some detail.

This review also showed that various factors have contributed to the high incidence of rape in South Africa. These include the traditionally disempowered status of women in most South African cultures, weak gender roles for women, marital law which heavily favours the husband, the practises of bride-wealth (lobola) and the entrenched violence of the apartheid era. A culture of violence, male entitlement and impunity still exists in South Africa, and the likelihood of being apprehended, charged and jailed for offences against women remain minimal (Jewkes R *et al*, 2001).

The need for this study arose from the observation of the researcher of the high prevalence of rape among the female population in his area of practice and the absence of holistic care to be offered to female rape survivors with emphasise on their experiences as female rape survivors. In efforts to improve services globally there is a move towards having specialised services with carefully selected, sensitive, trained providers who focus on the holistic care of women who have been raped that includes extensive collection of physical evidence (Ericksen J *et al* 2002).

The South African National Department of Health has developed a new model of rape care policy and clinical management guidelines (Department of Health, 2003.), and in the process opened debate about the most appropriate model of care. From the literature, only few studies are available on the experiences of female rape survivors in Africa with only one addressing the preference of rape survivors in South Africa (Christofides NJ *et al*, 2006).

Despite extensive selective searching and review of journals, there was lack of African information. Although much research has been done on risk factors for date rape, acute rape syndrome and post traumatic stress disorder, few researchers have specifically described the experiences of women who survived rape in South Africa. Therefore, this study was undertaken to determine the importance and/or relevance of female rape survivors' experiences in positively changing the health related services offered to them in South Africa. Garcia M (2002) suggests that patients' experiences need to be taken into account in the design of health services. For this reason, the current study is important in that it examines a less-explored area of experiences of rape victims in South Africa context.

## Chapter 3

### Methods

*Instead of seeing one World, our own, we see it multiplied; so many worlds are at our disposal (Patton MQ, 1990).*

#### 3.1 Introduction

This chapter presents the methods applied in this research. The study was conducted from a qualitative perspective.

#### 3.2 Rationale for Choice of a Qualitative Enquiry

A qualitative approach was found to be appropriate in investigating this phenomenon and that was to understand the experiences of female rape survivors. The subjective nature of the phenomenon found it incumbent not to engage from a quantitative but a qualitative approach. Qualitative research chooses only those people who have had an experienced the phenomenon popularly known as 'key informants' more so that the phenomenon under investigation is poorly understood (Reid AJ, 1996). In addition, a qualitative approach allows the perceptions, feelings, needs and opinions of the participants to be represented, all of which are important when researching a sensitive topic such as rape (Renzetti CM & Lee RM, 1993).

The reason for choosing qualitative approach was to gain a better understanding of the experiences of the participants. A qualitative perspective allows the researcher to comprehend what the participants really meant to say (Ellis EM, 1983). Also this approach gave the researcher an opportunity to understand their experiences, taking into account their unique personality. Without a qualitative enquiry, it would not have been an easy task to understand each participant's world of experiences (Patton MQ,

1990).

### **3.3 Definition of Qualitative Research**

The following is one of the definitions of what qualitative research is; "It is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter.

This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Denzin NK & Lincoln YS, 1994). A common question often asked is: What is a qualitative study? Greenhalgh gave a very good and precise answer to this question: "A qualitative study is a study that goes beyond numbers." Qualitative methods commonly employ interviewing and observation as their research methods and the data is often text rather than numbers." (Greenhalgh, T 1997).

### **3.4 Aim**

The aim of this research was to explore the experiences of female rape survivors seen at Bopanang Centre Upington, Northern Cape Province.

### **Objectives**

1. To describe the experiences of female rape survivors who received health care at Bopanang Centre / Northern Cape.
2. To enable caregivers to understand the experiences of women who survived rape.

### **3.5 Study Design**

This research was a descriptive exploratory qualitative study which used free attitude interview (one to one) technique for data collection.

### **3.6 Study Population**

All female rape survivors who had been registered at Bopanang Centre, Upington, Northern Cape Province from June 2008 to September 2008. Participants were drawn from those presently living in Upington and its sub-urbans and townships in the Siyanda District. The total number of female raped survivors from June 2008 to September 2008 was 36.

### **3.7 Sample Selection**

Ten female rape survivors who had been registered at Bopanang Centre were purposefully selected for the study. Purposive sampling is composed of certain elements which contain the most characteristic, representative or typical attributes of the population (Ogunbanjo, 2003).

The purpose of this type of sampling was not to generalize to the whole population but to indicate common links or categories shared between the female rape survivors (Pope & Mays, 1995). This method was used because the researcher wanted people who would best explain the experience. Patton (1990) describes it as “selecting information-rich cases to in study in-depth.”

In qualitative research there are no rules about sample size. The sample size is dependent on the subject of the research. The validity, meaningfulness and insights generated from qualitative research have more to do with information richness of the selected respondents and the capabilities of the researcher than on sample size (Patton, 1990).

Marshall (1996) described an appropriate sample size in qualitative research is one that adequately answers the research question. Increasing the sample size does not

automatically imply that the results may be more valid or may be more generalized (Kelle U, 1997). In this study a sample of ten interviews was found to be sufficient, by the eighth interview the data was saturated already. The interview was continued until information saturation was achieved, when no new information was emerging. According to Glaser (1967), saturation point is reached when no additional data are found whereby the researcher can develop properties of the given category.

**Inclusion criteria:**

All women who survived rape who were seen at Bopanang Centre.

Rape event must be of recent and not more than two month (sixty days).

Rape survivors who agreed to participate in the study.

**Exclusion criteria:**

Rape survivors who lived outside of Upington and outside of Siyanda District.

Rape survivors who refused to participate in this research.

Rape survivors who were under age (minor) due to ethical considerations.

Rape survivors who had left Siyanda District after the rape event.

**3.8 Data Collection**

Collected data consisted of 3 types of data namely interviews, observations and documents. The interviews were obtained through free attitude interviews to female rape survivors. The aim of the free attitude interviews was to actively enter the worlds of people and to render those worlds understandable (Denzin, 1978).

Observations consisted of descriptions of what the interviewees did and the events surrounding their activities. Other documents used included a short questionnaire on demographic information of the female rape survivors interviewed, post interview

notes and the researcher's personal diary which was compiled throughout the whole research process.

The researcher requested consent from participants before data collection. The interviewer (Mrs NHM) is a professional nurse and skilled in qualitative research. Each participant signed a consent form before the interview. One third of the interviews were conducted in English, the rest was in Afrikaans. A free attitude individual interview was conducted by the research assistant. Each participant was asked the same exploratory question **“As a rape survivor, what were your experiences of the rape?”**

The researcher facilitated the interview through reflective summaries, clarification, no additional new questions were asked. In free attitude unstructured interview, interviewers do not participate with the purpose of voicing their feelings, thoughts or observations. Instead, interviewees are the ones who share their feelings, experiences, and beliefs with the interviewer. The purpose is to understand the interviewee's life experience or situation as expressed in his own words (Schurink, 2001). All ten interviews were conducted at Bopanang Centre as requested by participants. To create a relaxed atmosphere and to eliminate intimidation, the interviewer chose to sit on the same side of the table with the participant. The interviewer assured anonymity and confidentiality to the participants before commencing with the interviews. All the interviews were audio recorded. For those who agreed to participate in the study, a venue and time was discussed and the meetings took place as arranged.

On the day of the interview, the process of the interview was explained and written

consent obtained from each participant. The objectives of the study were explained again before the start of each interview anonymity and confidentiality were assured. The audio recorder was positioned conveniently. Its presence and use was also explained to avoid anxiety to the participant. After establishing rapport through greeting and necessary explanations to participants, each interview was initiated with an open-ended exploratory question.

The following were the exploratory questions:

**English version:**

**“As a rape survivor, what were your experiences of the rape?”**

**Afrikaans version:**

**“As ‘n slagoffer van verkragting, wat was jou ondervinding daarvan?”**

The format of the interview was reflective summaries, clarification was requested if a word or sentence was not clearly heard or understood. At the end, a final reflective summary was given for confirmation and to come to a common understanding of what had been said.

The researcher took field notes and kept a research diary (of important events throughout the process) for the period allocated for data collection. At the end of each interview a brief structured list of questions was asked of the participant. It comprised of the participant’s socio-economic data and demographic characteristics of the participants (Appendix E). It was documented to link participants to the interviews. All participants were offered a debriefing session by the resident clinical psychologist working for Gordonia Hospital.

### **3.9 Data Analysis**



The qualitative researcher has an obligation to be methodical in reporting sufficient details of data collection and the processes of analysis to permit others to judge the quality of the resulting product (Patton MQ, 1990). Data analysis is a process to organize and give meaning to the data collected (Marshall C & Rossman GB, 1995). Out of ten interviews conducted, one was excluded as it was an outlier; the said participant had not been raped but an attempt was made. However, on discovering that she was not raped she was allowed to continue to offer her an opportunity to vent her emotions. Therefore nine interviews were analyzed. The nine recorded tapes were transcribed verbatim, typed and saved by a contracted typist. The researcher checked the typed documents with the audiotape to make sure that the transcripts were correct versions of what transpired during the interviews. No addition or subtractions were done during typing. The researcher sent the transcripts to the participants to verify that the contents were what they had said and meant during the interview (member checking). After member checking, the transcripts were translated from Afrikaans into English. The researcher kept a research diary of events, including the profile of participants during each interview.

The recorded interviews were carefully and repeatedly read by the researcher until sufficient understanding was reached. Themes were identified and grouped by using “cut and paste” method. For each theme, supporting evidence from the transcripts was obtained in the form of quotations from the raw data.

### **3.10 Objectivity**

The participants were given enough time to express their experiences. The researcher complied with the rules of neutrality and remained non-judgmental. All the

participants were asked the same exploratory question.

In order to enhance validity and reliability of this study, the following steps were taken:

**Mechanization:** Audio taping of interviews: All the interviews were audio taped, field notes were taken, thus using more than one source of data collection. Typing and saving information enhanced stability

**Triangulation:** In this study one of the types of triangulation used was different sources of data collection (Audio taping of interviews, the researcher's diary and field notes (Begley CM, 1996). Triangulation is an approach to research that uses a combination of more than one research strategy in a single investigation (Denzin NK, 1989).

Campbell & Fiske (1959) were the first to apply the navigational term triangulation in research. The metaphor is a good one because a phenomenon under study in a qualitative research project is much like a ship at sea. The exact description of the phenomenon is unclear. The goal in choosing different strategies in the same study is to balance them so each counterbalances the margin of error in the other.

Reliability was enhanced by asking the same exploratory question during the interview to all the participants. Translations of the interviews were done by a professional translator.

To ensure that the information provided was accurate, the participants were requested to examine the data once typed. Feedback provided was added to the transcripts.

**Peer review:** Was sought to strengthen the validity by requesting a colleague who is a final year postgraduate student of Family Medicine (M Med) to examine the data

and themes.

**Devil's advocate:** A colleague who is not a medical doctor but experienced in qualitative research was requested to critique the process and content of the study.

### **3.11. Bias**

This study being from a qualitative perspective the following biases were expected:

Interviewer, selection, sampling and interpretation bias.

The interviewer was unknown to the respondents; the interviewer met them on the day of the interview. However, the interviewer did establish rapport with them but maintained neutrality throughout the process of interviewing.

Selection bias was inevitable from a qualitative perspective; the selection criteria excluded respondents who would have been included. Respondents were selected on the basis of, having experienced the phenomenon under investigation, and thus exclude those who are not eligible.

The small sample size was not meant to generalize the results but dependent on saturation of data (Begley CM, 1996).

Adapting the standard free attitude technique guidelines reduced the possibility of information bias (Patton MQ, 1990). A standard exploratory question and the free attitude technique were used for each participant that reduced the possibility of different information coming from different interviews.

Interpretation bias occurs from error arising from inference and speculation. In qualitative research it is minimized in the employing a devil's advocate and the reporting outliers identified in the text and reported as such. The contents of the interview were included in analysis without discarding or distorting the original facts to reduce the bias (Ogunbanjo, 2001).

The researcher and research assistant remained impartial and unprejudiced during the interviews and the analysis of the interviews. It helped to prevent personal bias

(Patton MQ, 1990).

To reduce the possibility of some participants becoming conscious of the audio recorder and holding back the information, the audio recorder was positioned at a reasonable distance. Audio taping was meant to capture all the words, remarks and nuances and helped to prevent information loss (Patton MQ, 1990).

Translation of data across languages makes it prone to loss of some data during transcription and translation. This may lead to bias (Calvert G, 2003). This was minimized by using the services of someone else not involved in the research process to review and validate the translated data.

### **3.12. Ethical Considerations**

Permission to conduct the study was obtained from the Departmental Research Committee of the Department of Family Medicine & PHC of the University of Limpopo (Medunsa Campus).

Permission was also obtained from Boppanang Centre through the office of The Manager of Special Projects, Mimosa Complex, Kimberley, Northern Cape Province (Appendix D).

Approval for the research was obtained from the Medunsa Campus Research and Ethics Committee MREC/M/118/2008: PG, University of Limpopo (Appendix B and C). A written consent was obtained from all the female rape survivors involved in this study before the start of each interview (see appendix A). Confidentiality and anonymity was maintained.

## Chapter 4

### Results

***“Experiences maybe a good teacher, but reflection over experience is a better one.” (Houle CO, 1970)***

#### **Introduction**

This chapter will present the results obtained after analysis of collected data from ten participants of this study.

#### **Interview 1**

##### **Respondent Profile and Context of Interview**

Ms JB, 20 years old single with no children. She lives with her parents at the suburb of Stasiekamp in Upington. She is a staunch member of the church and also a member of the youth group. She works at a hair salon in town. The pastor and his family also live in the same community. The church was very supportive during her ordeal after the sexual assault.

She was accompanied by her mother to the venue of the interview. She was well groomed and cheerful initially. However, she became emotional as she was relating events that led to the rape. She related the events in detail but not without breaking down several times during the course of the interview. On the whole the interview went well.

The following themes emerged from the interview.

##### **4.1.1 Recall of events leading to the Rape**

She recalled some events which took place before the rape and shared the

circumstances leading to the rape and time of the rape.

#### **4.1.1.1 At the Night Club**

She recalled that she had been in a night club with a friend on that night.

**“We were at the club....Okay! I noticed that that there was something happening, but not him, he was with my friend.”**

Seeking clarification about her friend she went to the club with, she said;

**“He was with my friend (female friend)...”**

**“The male who was talking to her, was not my friend I don’t even know him.”**

She reported that it was not the first time that she had gone to that night club.

#### **4.1.1.2 Drinking Alcohol**

She acknowledged that she had been drinking alcohol. The alcohol beverage that she drank that night was a beer. She believed that young people experiment with all sorts of things. **“Anyway ...I was not that drunk. It was only beer and ...We needed to have fun...”**

#### **4.1.1.3 A quarrel in the club**

A fierce quarrel erupted in the club opposing her female friend and an adult male who was not their acquaintance. She wanted to found out what was going on when the guy having argument with her female friend become rude towards her.

**“ I noticed that that there was something happening, but not him, he was with my friend (female friend) and the guy had a conversation with my friend, then all of a sudden there was a quarrel between he and she [my friend].”**

**“ I asked what was happening he said to me; I’m annoying him and I’m just**

**talking nonsense ... what he was doing was none of my business and that I do not know him.”**

It was the first time that she met these guys. After that the same guy offered himself to accompany her home saying that he was a policeman.

**“He then said he was walking me home, and then my friend [female] came to walk with me. He then told my friend that he will take me home and that he is a policeman...”**

#### **4.1.2 Rape Ordeal**

When relating the rape ordeal, she became very emotional, stared into space and appeared to be reliving the event or picturing the perpetrator.

##### **4.1.2.1 Felt Intimidated**

Just after the quarrel, she did not want to stay in the club. She decided to leave since that argument made her to feel shameful.

**“I did not feel fine; the fact is people are people ...”**

**“It was not nice; it made me feel cheap...even others can see it.”**

At this point she did not know that, that man was not a policeman. After walking home with that male following her, the man became aggressive and started to beat her up. On enquiring about what happened thereafter, her response was that:

**“At the time I did not know that he was not a policeman.”**

**“The same man started to fight me and I fought back (one-on-one).”**

She recalled that suddenly a motor-car appeared on the scene. She thought that her female friend might be in the car to rescue her, but she was not there. There was intimidation. **“I was thrown into the car and it moved and I was**



**clapped...slapped in the face.”**

#### 4.1.2.2 Time of the Rape

She explained that it was difficult to tell the exact time of the ordeal. **“I cannot remember ... but it was at night, may be 21:00, not very late ...since I did not have a watch.”** Seeking clarification about her friend she went to the club with and where was she? She responded that **“I do not know; she was in the club, I didn’t see her leaving and I haven’t asked her of what happened to her.”**

#### 4.1.2.3 Recall of the Rape

While recalling the rape itself, she became a bit confused and rambling, **“...He took me to his home and that is where he had sex with me.”** She became very emotional and stopped relating her ordeal. After a while she resumed talking, **“He lives in another area “Pabalelo” it is far from where I live. I live in Stasiekamp.”** She recalled that while they were at that man’s place, he behaved like there was a relationship between them. After recalling her rape ordeal, she became again confused, incoherent and broke down.

**“When we were at his home he pretended as if there was a relationship between us.” “He was lovey dovey with me. I was thinking at the time how can a person be taken for granted like this?”**

#### 4.1.3 Feelings after Rape

##### 4.1.3.1 Lack of Trust and Fear of Men

Ms JB expressed her fear towards men and she was afraid about future relationships with men. **“I don’t know what is happening now..... I had many male friends ...But now to be friends with men I have reservations ... I will have to rethink.”** Furthermore she had lost trust in men; **“I don’t trust them...”** It makes her unhappy

and fearful whenever she thinks about it. She became very emotional, her thoughts were distorted, **“I will never ... I will never get involved with such a man.”**

#### **4.1.3.2 Bitterness and Anger**

Ms JB mentioned that she was angry and bitter on what happened to her. Ever since the rape event took place, Ms JB has been angry. The anger is directed at anyone who seems to disagree with her or her line of thought. She is always angry in the house and picks up quarrels very easily with anyone in the home including her parents.

**“I am too bitter and angry whenever I think about it.”**

**“How can a person be taken for granted like this?”**

#### **4.1.4 Bopanang Centre**

She explained that she visited the centre for tests. Since she was not feeling well after the rape event, she consulted the registered nursing sister, who referred her to the medical doctor for treatment. She was happy with the care and treatment received at the centre.

**“I came to the centre for tests.” “I was not feeling well; the sister ... at the centre referred me to the doctor because she was busy with something else.”**

**“I am on my way to recovery and all is behind me.”**

#### **4.1.5 Support**

She expressed her satisfaction with the knowledge and skills she had acquired during psychological support offered by the centre. Furthermore she spoke about the support received from her parents and church members.

**“I feel if a person talks to me about what happened I feel supported.”**

**“The people who supported me were the church people, my parents; people at the church are like family.”** The only thing left to be done; she said was, **“I just need to be strong.”**

#### **4.1.6 Future Plans**

She acknowledged that what happened to her was very hard to comprehend. But she was ready to put all her misfortune behind and focus on the future ahead.

**“What happened to me was a very difficult thing to understand.”**

**“It breaks a person; I feel as if I am a cheap person.”**

**“What else can I do except face the challenges.”**

**“They are indeed challenges and I have learnt a lesson.”**

She focused on writing on the wall of the office we had the interview in. It read as follows: **“They are challenges I have read here; obstacles are those frightful things that you see when you take your eyes off the goal. Is it not true?”** She did not answer to her own question and her glance of a smile on her face as if she was sure of the answer.

#### **4.1.7 Conclusion**

She acknowledged that what happened to her was very difficult to understand as it breaks a person’s life. She expressed her satisfaction with the care received at Bopanang centre and support from church members and parents. The only thing she was wishing for was to be strong. She has lost trust in men and has doubts for future relationships with men.

This interview was very emotional and traumatic on the experiences of female rape

survivor. The sharing of her experience of rape was an eye opener to the researcher, more so that people never talk about it.

## **Interview 2**

### **Respondent Profile and Context of Interview**

Ms SDW, 21 years old single with no children. She was small and short in stature and feisty. She lives with her parents at Morning Glory in Upington. She is unemployed, she could not continue with her studies at a local college due to financial constraints. On the day we visited her home, there was no one in the house but both the front and back doors were wide open. A neighbour indicated to us that she was standing with a friend at the street corner. When she saw us she came, she was then recruited to participate in this research which she gladly agreed.

On the day of the interview she was casually dressed with a hooded jacket and capri pants. She appeared forlorn but loosened up a bit after the researcher engaged her in small talk. After the exploratory question was posed to her, she focused her eyes away from the researcher and kept her eyes at a fixed point on the wall avoiding eye contact at all cost. She was very emotional and cried expressing guilt and blaming herself for having been responsible for her fate, being at the wrong place and time. The following themes emerged from the interview.

#### **4.2.1 Recall of events leading to the Rape**

She recalled events leading to what happened that day and shared her experiences with details on the rape ordeal and post rape feelings.

##### **4.2.1.1 Looking for Lolo**

On that day of the rape, she was looking for a man who used to live on the same street she lived, but had moved a few streets away from her home. She could not

remember the correct avenue and she found herself on a different street.

**“I was looking for this man (Lolo) he used to live in our street and moved to two streets away from ours behind a school.”**

**“I went looking for him on that day.” “I didn’t remember the directions and I turned on the next street.” “I thought I was in the second street already.”**

She found a child playing on that street and asked him if he knew Lolo, the man she was looking for. The child did not know a man with such name in that street.

**“I asked a child I met in the street if he knows where Lolo lives.” “He didn’t know anyone of that name.”**

#### **4.2.1.2 Arrival of Hooligans**

While talking with child, three guys appeared at the scene and claimed to know where the man called Lolo lived. She referred to those guys hooligans. At this point she had no clue of what these guys were up to. Since she was looking for Lolo and these people were eager to help her meet Lolo.

**“These hooligans if I may say so said that they know where Lolo stays.”**

**“I didn’t suspect anything.”**

**“I was just looking for this guy (Lolo) and someone was willing to give me information.”**

#### **4.2.1.3 At the House**

Then the hooligans took her in a house where the so-called Lolo lived. She was asked to enter in the house. Once in the house she asked them where was Lolo? She was not given any answer and instead they told her to sit down. Lolo was not in that house; she realized that this was the wrong house.

**“When I went inside; I was like ... and where is Lolo”**  
**“But they were like come and sit...” “About the wrong place, oh! I feel like I shouldn’t have been there.”**

She sensed that she was indeed in a wrong place. They told her that one of them would go and call Lolo for her. Ms SDW said she wanted to go to Lolo for a drink.

**“Hooligans took me a wrong place.” “... I said I want to go to Lolo, because I want him to buy me beer.”**

#### **4.2.1.4 Drinking Alcohol and Smoking Dagga**

She related that the hooligans asked for a bottle of beer before telling her where Lolo was. She took the empty bottle of beer and gave money to one of the hooligans to go and buy beer.

**“They were like buy us a bottle of beer then we will tell you where Lolo is.”**

**“I took the beer bottle to send the guy to buy...”**

After a while the third man who went to buy beer returned. They started drinking alcohol and smoking dagga. **“The third guy came to join them.” “They drank the beer; one of them wasn’t drinking only smoked dagga.”** She did not see the dagga; however, the smell of dagga was strong in the house, **“No! No! No!”** she emphasized. She did not drink with them. At this stage she attempted to go out and leave since no one told her where Lolo was as promised. **“I tried to get out but one of them stepped in front of the door and closed again.”**

#### **4.2.2 Rape Ordeal**

When relating the rape ordeal, she started crying bitterly and mumbling unintelligible words. Time was given to her to express her anguish, to recover and empathizing.



She was offered some tissue to wipe tears.

#### 4.2.2.1 Felt Intimidated

She was not given any answer on Lolo's whereabouts, she decided to leave the house and could not open the door one of the men obstructed it. That man was not Lolo. They closed the door and she asked them what they were doing.

**“No... It was actually this guy (hooligan) was standing in front of his door.”**

**“What are you doing?”** One of the hooligan responded to her, **“... No it's just cold so we're closing the door.”**

Then she noticed that every time that one of them left the house, the door was not only closed, but locked and she sensed that something wrong was about to happen. She asked them if it was only for the cold that the door was closed and why were they locking it? **“But when that one person got out they actually locked the door and that's when I knew something was about ...”**

**“I asked them if it's cold why you are locking the door...”**

Responding to her question, they laughed. She started screaming and one of them started playing with a knife without pointing at her. Then he continued flipping the knife up and down and mumbling to intimidate and instill fear in her.

**“They were laughing.” “The other one started playing with a knife, not that he was pointing it at me.” “If you scream, I'll kill you. One more time I'll kill you.”**

Despite the warning given to her, she screamed again and this time they turned the music on aloud and every time she screamed the music was turned louder and louder. Then she was warned for the second time to stop screaming otherwise they would kill her. **“I screamed and they turned the music high. I screamed again, as I screamed he turned it a little more loudly. Then he said if you ever scream**

**again you will die.”**

#### **4.2.2.2 Time of the Rape**

She confirmed that it was at night and not very late because there were children playing on the streets. She also remembered that it was definitely at night since one of the hooligans told her that she would not go home that night. **“He said you won’t be going home tonight its final.”**

#### **4.2.2.3 Recall of the Rape**

One of them told the other two to take her to the bedroom. She tried to remain calm, and she could not. She screamed for help. She kept on screaming for help and every time she screamed, they turned the music louder.” **He told the other two guys to take me to bed.” I tried to stay calm but I knew that it was not the time to be calm.” “Then I screamed, then one held my legs and the other my shoulders.” “I screamed and the music was turned louder.”**

The first one of them raped her using a condom. **“one of them put a condom on and raped me and then as he finished the other one raped me as well and I screamed and they took my T-shirt off and put it in my mouth.”**

She started crying and mumbling. She was allowed time to recover and held her hand to comfort her. While looking down and trembling she continued relating her ordeal. **“The very first one (crying)...when he was done, he was ready to ejaculate”** (low voice) (Crying, mumbling)

**“I said please brothers just ... and I couldn’t fight anymore.” “The one who was holding me down ... Was like don’t act like you never had sex, or something.”**

Despite tears flowing, she was able to continue relating her ordeal. She kept begging

them to let her go and they were making jokes and mocking her. One of the gang, who behaved like their boss, after raping her, told the other two to do likewise.

**“He said come on baby give it to me, they were joking.” “When he was finished he asked his friend, won’t you take a piece? Or are you going to stand there?”**

As instructed he put on a condom and raped her as well. While she was lying down, their boss said that they should have killed her first. **“So he put on a condom, and those other guys took off my pants and put it behind something and I was lying there naked.” “The one that I said was so violent (2<sup>nd</sup> one) said they should have killed me first before doing that to me.”**

After being raped by the three men, their boss said to her that she would not go home that night and his word was final. He told her to lie down and raped her again. This time he did not use a condom. **“He said you won’t be going home tonight it is final.” Then he said come and lie down.”**

**“He penetrated me from behind (not anal) and this is what I want to do without a condom.”**

In a low voice and very traumatized, she repeated these words as if she was dreaming, **“then he took out the knife”,** [low voice; sensing death]. **“He took the condoms put them at the back.”**

### **4.2.3 Feelings after Rape**

#### **4.2.3.1 Feeling of sadness**

She expressed sadness when talking about what happened to her. She could not understand how people do such things to others. **”It is quite sad talking about it.”**

**“I don’t know I’m quite amazed how people do such things.”**

#### **4.2.3.2 Self Blame and Guilt**

She was blaming herself for being at the wrong place. She was in a dilemma; one moment she blamed herself but again she felt it was not her fault. Having shared the dilemma she found herself into, her demeanour changed again as if she was not sure of what to say. **“But in a way, I sometimes blame myself for it; let’s say if I didn’t go there it wouldn’t have happened.” “I tell myself every day I should put behind what happened and that it was not my fault, but sometimes it comes to me that maybe it was my fault.”**

**“I convince myself it wasn’t me and no one has the right to actually touch me if I say NO!”**

#### **4.2.3.3 Crushed Dignity and Dead Inside**

She felt that her dignity had been crushed. She also felt that her self esteem had been crushed. She expressed the feeling of being dead inside. She was convinced that an indelible scar brought by the rape would remain indefinitely with her for the rest of her life. **“...doesn’t matter what happens to me because my dignity has been crushed.” “My self-esteem everything has been crushed.” “I’m just living for the day; I don’t care what happens tomorrow because I’m actually dead inside...” “For me it is a scar for the rest of my life...”**

#### **4.2.4 Coping after Rape**

Ms SDW, while talking about coping after rape, she said that it was hard and not only about what happened. But it is all about surviving after rape. Coping after rape should be a step by step process. She expressed her gratitude of being alive and from there to carry on with her life. **“It’s just hard, but if you’ve been a rape victim,**

it's not about what happened to you, it's about how you cope, and if you come out of it alive." "...You take one step at a time just think 'WHY'?"

"I should be grateful I'm alive so just go with that just push it forward, push it forward."

#### 4.2.5 Disclosure and Reporting

She shared that she felt traumatized to disclose the rape to her close relationships; she found it difficult to tell her mom, someone close to her. She only gave to her mother the note from the police, which confirmed that she had been raped. Her mother read the note from the police and she was devastated. **"... I didn't even tell my mother." It was so hard to tell my mom, imagine what it did to me, not telling someone close to me.** I just gave her the paper that they gave me confirming that I've been raped." **"She read it; she didn't say a word to me."**

Apart from her mother, she disclosed her ordeal to her grand-mother, who was the breadwinner of the entire family. She did tell her boyfriend about it, but not willing to talk to other people for fear of being judged. **"Another person I told was my grandmother; she is our sole provider with her pension money."**

**"I'm thinking, if I talk to someone they'll judge me, I'm damaged goods."**

She expressed being in a dilemma regarding reporting and not reporting. She was scared of reporting because everyone would know about it. At the same time she felt that failure to report might put other girls in danger by the same gang. **"It was 50% wanted and the other 50%, I couldn't."** **"I was a bit scared of doing it because everyone will know."** **"I thought what if I don't report it someone else might be in the trap tomorrow."**

But finally the former prevailed, reporting the case; she realized that she had an

obligation to report the rape to save others. **“I had it in my mind that I should report it” “If I don’t, tomorrow it will be someone else.”**

#### **4.2.6 Police Intervention**

She did finally to the police station to report the case. She could not cope anymore and had to report to the police. She needed to talk to someone. **“I went to the police.” “I can’t cope with this, went to the police station.” “I’ve got to speak to someone about this.”**

The police escorted her to the scene to identify the perpetrators. At the scene, the perpetrators refused to open the door. The police used teargas to force them to open the door. Two of them were arrested and the other one was not there. **“They asked me to come with them to identify these guys.” “Actually the two didn’t want to open the door.” “Police used teargas and they coughed and opened the door.”**

One of the perpetrators tried to hide the used condoms. The police officers saw him and took it as evidence. **“The guy who raped me first took the condom and stashed it behind the drawer or something.” “They took the evidence.”**

#### **4.2.7 Bopanang Centre**

The interviewee pointed out that her boyfriend accompanied her to the centre for medical examination the next day after the rape. She complained of pains during examination. She compared the pains she felt with that of childbearing. **“... Only that morning when he came to take me to Bopanang.”“I was examined it was painful and It felt like childbirth.”“It’s like pain and the lights coming on!”**

She raised her concern about losing her boyfriend after rape. She was unsure if her boyfriend believed what she reported to him. He could not bear the fact that his

girlfriend had been raped. They discussed as to how were they going to handle the rape. Her boyfriend was willing to go for counseling as well. **“I have lost my boyfriend over this.” “[Crying] he can’t bear the fact that someone else took advantage of me in that manner.” “We’ve talked about it and he was even willing to come for counseling.”**

She revealed that she had not received any counseling after rape since she did not meet the social worker yet. She did feel comfortable when she was talking about the non-judgmental type of service received at the centre.

**“I only met Chantelle, and she said I must speak to Mrs. (Didn’t know her name) she hasn’t come yet.” “No one judge me here.”**

#### **4.2.8 Granting bail to Perpetrators**

She felt that there is no support from the justice system as the perpetrators are easily granted bail. She heard that another girl was raped by some men recently released from prison. **“Hmm... and why were they out?... It was bail. Few days ago...No may be a month ago.” “... maybe they were the same guys but the third one had vanished.”**

#### **4.2.9 Excessive Alcohol Consumption after Rape**

She acknowledged excessive alcohol consumption after the rape. She confirmed to be drinking irresponsibly. She emphasized that she would carry on drinking because her dignity and self-esteem had been crushed. **“After what happened I just think of alcohol.”“I’m 21 year-old, I’m an adult I can, I must drink responsibly but these days I don’t care.” “Just go on drinking, doesn’t matter what happens to me because my dignity has been crushed, my self-esteem everything has been crushed.”**





#### 4.2.10 Support

She believed that she got more support from her grandmother. Her grandmother was working at an organization dealing with drugs and rape. She also got comfort in reading the gospel as she preached to us. **“My granny...I think she is still very shocked.” “She works for a similar organization. It is known as SANCA but is connected with drugs and rape.”“Even the Bible says thou shalt not judge lest you be judged. You can’t judge our only judge is God and God doesn’t judge us. God tries to get us in the straight and narrow path.”**

She felt a bit lighter after talking about her ordeal. She thought that talking about her experiences might help others even if it was hard. **“I actually feel a bit a bit lighter I was so heavy... Because I’ve talked about it, I’ve cried.” “I can’t help anybody, but if I talk about it, I might be able to help even if it’s hard.”**

#### 4.2.11 Conclusion

The participant felt traumatized to disclose the rape to her close relatives. She appeared to have been in a dilemma about reporting or not reporting. She was scared of reporting because everyone would know it. At the same time she felt that failure of not reporting might put other girls in danger of the same gang. But finally the former prevailed, reporting the case; she felt she had an obligation to report the rape to the police to save others.

This interview was most touching, she blamed herself and expressed that her self-esteem has been crushed and that she felt dead inside. The role of alcohol consumption played a significant role; first had she not gone out to look for a friend to buy her a beer and secondly her alcohol consumption increased. However, she had

good family support, although she lost a relationship with her boyfriend. However, it highlighted the feelings of rape survivors, lack of counseling. She raised her concern about granting of bail to perpetrators of rape.

## **Interview 3**

### **Respondent Profile and Context of Interview**

Mrs AD, 43 years old recently widowed, has a son who works in Cape Town. She lives alone in Rosedale, Upington. Her source of income is a disability grant for uncontrolled asthma. She was unkempt; the jacket she was wearing was dirty although she had tried to spruce herself by applying makeup. She was on crutches having sustained a recent fracture of the right ankle due to an assault during which she was pushed and fell by her late husband's friend.

Her appearance was that of someone who was abusing alcohol, her face was puffy and had a few scars. This assumption was later confirmed by her and that her wish was to stop alcohol consumption because it was responsible for the sexual assault. During the interview she was weeping, stating that the perpetrators were small boys who grew up in her neighbourhood and she knew them from childhood.

**The following themes emerged from the interview.**

#### **4.3.1 Recall of events leading to the Rape**

She shared events prior and leading to the rape.

##### **4.3.1.1 Drinking Alcohol**

She recalled that she went out with her husband. She told her husband that she was going to visit her friend. She acknowledged that it was not her intention to get drunk but apparently she took too much alcohol. Despite her effort to stay sober, she became drunk, **“Both my husband and I went out that Sunday.” “I told him I’m going to my friend’s house.” “It was not my intention to get drunk but ... I got drunk.”**

#### **4.3.1.2 Accidental Fall**

On her way back, not far from her home, she accidentally fell. There were boys **that** she knew very well sitting around. **“It was just around my house.” “On my way as I was passing the street I fell there.” “Those ...boys that used to come to my house were sitting on the stoep.”**

She asked those boys to bring her some water. Instead of bringing her water, they started assaulting and choking her. **“I told them to bring me some water.” “They came to me and started choking and assaulting me.”**

**4.3.2**

#### **Rape**

When relating the rape, she became emotional and started to cry. She was allowed to take her time since we were touching on old wounds.

#### **4.3.2.1 Intimidation**

As mentioned earlier on, she fell accidentally on her way back from a friend. She asked water from well known boys of her neighbourhood. These boys started to assault and choke her. She could not scream. .” Her throat was painful; she was kicked on the stomach and all over the body. **“I couldn’t raise my voice, “my tonsils were sore.” “My stomach was sore and my whole body as well and full of marks.”**

#### **4.3.2.2 Time of the Rape**

She explained that it was on Sunday. It was in winter and that it was becoming dark. **“...that weekend of this incident happened it was Sunday.”**  
**“It was in winter, Ja! June and It was about 5pm that I found myself in a trap.”**

#### **4.3.2.3 Recall of the Rape**

While recalling the rape itself, she started crying. She pointed out that all of them knew her. They dragged her into an empty house. It was in that empty house that all of them raped her. **“All of them know me, and they were 5.”**

**“They just took me to this empty house and they raped me.”**

She broke down and trembling for a while. She was allowed time to recover and reassured her that it is understandable that she is emotional. She was offered water and a tissue to wipe her eyes.

#### **4.3.3 Arrival of People**

There were children playing around, they went to alert her younger sister. They were still raping her when her sister and people arrived at the scene. Her sister saw all of them raping her. **“Some children saw and heard what was happening, went to call my sister just around the corner.” “They were still busy with me and my she saw all of them that is why she is my witness in the case.”**

#### **4.3.4 Police Intervention**

People who witnessed them raping me called the police. The Police managed to arrest 4 out of 5. **“People saw them and called the police.” “They caught 4 of them.”**

The next day, all of them were released by the police. The reason for their release was that they were school children. **“They let them to go on Monday morning because their mothers say they are school children age 14 to 15 years old.”**

### 4.3.5 Feelings after Rape

#### 4.3.5.1 Feeling of Embarrassment

She expressed her feelings of embarrassment because she was a married woman.

She was deeply embarrassed by the fact that the perpetrators were small boys of the same age as her own son. **“I’m so embarrassed because I’m a married woman.”**

**“Those children are the same age as my son; they used to come to my rescue and talk to my husband when he had hit me.”**

#### 4.3.5.2 Self Blame and Guilt

Mrs AD was blaming herself for what happened. She was of the opinion that her habits of fighting and drinking alcohol were responsible for her trouble. **“Why must it happen to me, and why must it happen at 43?” “I asked myself, because I used ... I was also fighting and drinking.”**

She reported to have lived in many places and had never been raped. She felt that those children who raped her took it like a joke. **“I used to go to many places and it never happened to me.” “Those children who did that to me, to them it felt like a joke.”**

#### 4.3.5.3 Confused Abused and Hurt

She reported to be more confused about what happened to her and mainly by the fact that one of the perpetrators was her own son’s friend. She mentioned that being raped by such young children deeply hurt her. She continued on saying that she was at the same age as their mothers. **“I was so confused and felt abused because the other one is my son’s friend.” “What was hurting most is that they are the same age as my eldest son who is 25 years old and I think that one is 23 – 24 years old.” “I am the same age as his mother, we are forty something. So why**

**did he do such a thing?”**

#### **4.3.5.4 Wishing to Commit Suicide**

She felt helpless and found that it might be a punishment from God. The thought of being punished by God came to her mind because of many painful events, in succession and close to each other had happened to her life. The following month she was assaulted by her late husband's friend and broke her leg. **“I used to go to church I didn't turn my back to God. But why me? Is this my punishment?”**

**“My marriage is... is in such a mess and in June I got raped; July my husband died and In August a friend of his pushed me and broke my leg.”**

She felt that there was no life after rape, wished to commit suicide. She was aware that if she carried out her wish of committing suicide she would hurt her mother and son. The only people who made her to not commit suicide were her mother and son.

**“I don't want to live anymore.” “I'm afraid I'll take pills and I know my mum and son love me, so I don't want to do something that will break their hearts even more.” “Because of my mother and son, I just hold on.”**

#### **4.3.6 Bopanang Centre**

She mentioned that the rape had changed her womanhood. She complained of pains during urination and itchy genitalia. She noticed a changed in the urine colour every day. **“Ever since my son was born 25 years ago, I have never experienced womb pain, but ever since this happened I feel pain every night, it feels like period pain.” “When I pee it burns and itchy. This morning my pee is like pink and the next morning is like real, and that rape changed my womanhood.”**

She said that the nursing sister at the centre gave her pain killers for womb and other



medications. **“Sister at the centre offered me some pain killers and other pills.”**

#### **4.3.7 Victimization and Stigmatization**

She raised her concern about being humiliated by her community and becoming a laughing stock. The same people who used to respect her were mocking her. She was frustrated and felt that she no longer belonged in her neighbourhood as she was a laughing stock. She was in a dilemma whether to continue staying in that community or to move out. **“They were laughing, making a fool of me and everything; people coming and saying things.”** **“But people would come to me and say Ousie, they call me Ousie because I’m the oldest woman, and people come and they make a fool of me.”** **“They don’t greet me and since June I feel I don’t have a life.”** **“I feel I want to move from them and I can’t move I must stay here, I’ve been staying since 1996.”** **“But since the rape, life has never been the same; it will never be the same.”**

She also expressed that the rape created enmity with her neighbours and a stressful relationship with the involved families. The mothers of involved children would not greet her as before. They told her that she was not a mother and they extremely disliked her. **“Those children’s mothers are now my enemies, and I know all their mothers, we used to greet each other in the morning though we were not friends.”** **“Their mothers do not greet me anymore.”**

**“To them I do not feel like a mother and they hate me.”**

#### **4.3.8 No Investigation by the Police**

She expressed her anger against the police for not investigating the case. No arrests were made. She felt betrayed by the justice system because the police in charge advised her to say nothing and to leave the police to do their work.

**“For two months, there were no results, the police never investigated, the rapists felt great about that.” “They were not arrested... No never.”**

**“The police in charge said to me ... you mustn’t say anything, leave everything to us, but the police never investigated.”**

Her heart was in agony when she met them. The same boys mocked her and threw empty bottles in her yard. **“I feel sore and when I see them and they say Heita!”**

**“When they have consumed beer they throw the empty bottles in my yard and I say nothing.”**

#### **4.3.9 Broken Relationship**

Her marriage broke up after the rape. She cried frequently and her husband blamed her for too much drinking. **“...since that time my husband, my marriage was not good.” “After that rape I used to cry all the time and he (husband) told me it was because of my drunkenness that I was raped.”**

#### **4.3.10 Support**

She did feel comfortable when talking about Bopanang centre. She heard about this centre during a rally on Women’s day. **“I heard from another woman speaking at the rally (On Woman’s Day). She asked if we know about this place, I realized I need to come because I have an alcohol problem.”**

#### **4.3.11 Alcohol Problem**

##### **4.3.11.1 Problem with Alcohol Consumption**

She acknowledged having a longstanding problem with excessive alcohol consumption even before the rape. Even before her marriage, she was drinking a lot.

The family of her late husband was concerned about her drinking. **“I have an**

**alcohol problem even before I got married I was drinking a lot.” “They didn’t like that, he told them he married me, because he loves me and not because of my drunkenness.”**

#### **4.3.11.2. Excessive Alcohol Consumption after Rape**

She confirmed that alcohol drinking had been part of her daily life more than ever. It came to her senses that drinking alcohol would not solve her problems. She mentioned the feeling of loneliness and uselessness. She contemplated talking to the social worker about alcohol rehabilitation. **“Ever since the rape, after my husband’s death, I think alcohol is my refuge.”**

**“I got a lot of things, when I think a lot of things, I go out and I feel alone in my house but I realize it won’t help me.” “I feel lonely, I feel useless (crying)...because I realized that I have a drinking problem.”**

#### **4.3.12 Conclusion**

In conclusion, Mrs. AD appeared confused. She was carrying a heavy load of events that happened over a short period of time in her life. She acknowledged that these events could not just disappear and were beyond her control.

She felt betrayed by the justice system; her perpetrators were humiliating her. No arrests had been made and it was almost 2 months the incident occurred. On the other hand she was frustrated and felt she no longer belonged in her neighbourhood as she was a laughing stalk. She was in a dilemma to continue to stay there or to move. Finally she felt she has had no life after the rape. She was on the edge of committing suicide. She was aware that if she carried out the wish of committing suicide she will hurt her mother and son. She acknowledged having a problem with

alcohol and was eager to seek help about her drinking.

## Interview 4

### Respondent Profile and Context of Interview

Ms RJ, 21 years old single with no children. She left school in grade 9 due to lack of finances to proceed and was unemployed. She is currently living with her paternal grandmother, father and his siblings in Rosedale, Upington. Previously she left her paternal grandmother's house due to sexual molestation by her uncle, this happened while her father was in jail serving a ten year jail sentence. Her mother died when she was small and she has two siblings who are not her father's children.

She was giggling but did open up on being engaged in conversation. She was of small build medium height and well groomed. She is currently on medication for multi drug resistance tuberculosis and is receiving a disability grant.

Later she became cheerful and participated during the entire interview and gave detail about events of what happened on that fateful night.

The following themes emerged from the interview.

#### 4.4.1 Recall of events leading to the Rape

She remembered evidently a number of events which happened that night and she shared her experiences of being a female rape survivor with details on her feelings after rape ordeal.

##### 4.4.1.1 Night Club

She recalled that she had been to a night club with a friend on that night. For some other reasons unknown to her, her friend left and she were stranded in the club. She joined a group of young men she knew very well. **“I went to a night club with a friend. She left me there.” “I know these guys next table and I joined them.”**

**“It is wise to go with someone you know than a stranger.”**

She asked one of the guys if she could walk with them on their way home. He agreed to accompany her. They were delaying to leave, but finally they decided to leave the club for home. **“I asked one of them if I could walk with them; they agreed that they will accompany me home.”** **“They kept on delaying, but later on we left.”**

#### **4.4.1.2 Drinking Alcohol and Smoking**

She acknowledged alcohol consumption and smoking. She felt it is a way of enjoying themselves. She emphasized that they went to the club to have good time and not for other things. **“I drink and smoke.”** **“We enjoy ourselves we do not worry about other people.”** **“When someone sees us at the club and want to talk to us we tell them we are alright.”**

#### **4.4.1.3 Walking Home**

They left the club for home quite late, on the way, one of the two men with them, became aggressive towards her, **“we were walking that night then one of the guys he became aggressive.”** He started assaulting her and using uncouth language.

#### **4.4.2 Rape**

She related her ordeal with fine details of what happened that night. By the tone of her voice, one could sense that she was still very shocked.

##### **4.4.2.1 Intimidation**

She mentioned that one of the two men became aggressive and used rude language insulting and assaulted her. He became furious and hurled more insults; **“You are taking too long with your backside”**. He dragged her in a nearby old house and

raped her. **“He clapped me and hurled other insults as well.” “He dragged me to an old house that is where I was raped.”**

On enquiring about the expression used of taking too long with your backside, she replied saying **“it is used by guys to say to girls who seemed to be difficult and not willing to be involved in sex.”**

#### **4.4.2.2 Time of the Rape and Events**

She said that it was at night when she went to a club with a friend. She left her in the night club. **“It was at night and quite late”** While being dragged into the old house, she started screaming, calling for help and nobody came to her rescue. The other man came later calling him and asking him what is going on. He answered to him with rude words and more insults. **“I was screaming, but nobody heard me.” “He came later running; calling him and asked him what was he doing?” “He (N°1) said this child is taking long with her backside.” “He continued to use bad language and more and more insults.”**

When the rude man pulled down her pants and started raping her, the other one walked away. Once he had finished he called the other one to rape her as well. It seemed that they had planned to rape her. **“When this one pulled my pants down, he started to rape me; the other one walked away.” “The other one because he had already raped me he wanted B (N°2) to do likewise.” “It seems as if they had already planned to rape me.”**

The first one was still standing there, to ensure that his friend could rape her as well.

The second one raped her too. She pulled up her pants, and they walked her home.

**“The first one (N°1) who had raped me already was still there and the second one B (N°2) was a bit scared but he had no choice.” “He came on top of me and he was quick to come off, it was very quick.” “Thereafter I pulled up my**

**pants and they took me home.”**



#### **4.4.3 Arrival of the Police**

They were leaving the old house when a police van patrolling the neighbourhood stopped by. The second rapist waited for them and the rude one ran away. The police chased him and managed to arrest him. **“When we were leaving the old house a ‘police van’ went by.” “The one who was reluctant to rape me was standing with me and waited for the van and the other one ran away.” “They went after him and arrested him.”**

#### **4.4.4 Feelings after Rape**

##### **4.4.4.1 Shocked**

She expressed her feelings of being shocked by what happened to her. She never thought that such a thing could happen to her. **“I am still very shocked.”**

**“I never thought it could happen to me.”**

##### **4.4.4.2 Self Blame and Guilt**

She was blaming herself for the rape, she also felt responsible for what happened to her. **“I will never ever expose myself to such circumstances.”“I was very naughty... I feel responsible for what happened that day.”**

##### **4.4.4.3 Previously Raped and Sexually Abused**

She felt that she was rape-prone because it was not the first time that she had been sexually molested. She recalled being sexually abused by her uncle and never told anyone about it. Even her grandmother was not told, the abuse went on for a while.

**“I feel unfortunate... I was 17 years old when my uncle raped me.”**

**“Nobody knew about it, my granny did not know about this incident.”**

**“This sexual abuse by my uncle continued for 3 months.”**

#### **4.4.4.4 Fear of Men and lack of Trust**

She expressed fear and lack of trust of men. She remained persistent in her thought about men and saying that men are the same, and would never trust them. **“I cannot trust men they are the same.” “I have always thought all men are the same, they are the same!” “You can’t trust them.”**

Because of her loss of trust in men, she broke up with her boyfriend. She did not tell her boyfriend that she was raped. **“I told him to forget about me. We are no longer in the relationship.” “I didn’t tell him anything about the rape.”**

#### **4.4.5 Coping after Rape**

She shared that she felt weak; she could not sleep and eat after the rape. Ms RJ felt ashamed and not willing to go out anymore after the rape. **“I felt very weak and I could not sleep, I could not eat.” “I was very ashamed, embarrassed and scared to go out.”**

On enquiring why she could not sleep. She replied that she always thought of that night of the rape. **“This was because I always think of that night.”**

#### **4.4.6 Bopanang Centre**

She pointed out that the police took her to Bopanang Centre that night. She was examined and tests were performed. **“I was brought to the centre by the police.” “Tests were done and I was examined.”**

#### **4.4.7 Lack of Family Support**

She believed that she got more support from the police. She was impressed with the rapid response from the police in arresting the perpetrators. The police assisted her to get proper examination at Bopanang centre. **“They went after him and arrested**

**him.” “The police took me to Bopanang and I was checked and tests were done.”**

She expressed lack of family support because she had no mother or father to support her; and the only person available to her was her grand-mother. The latter was aged and frail to give her adequate support.

**“I do not have a mother or father to support me, my granny is very old.”**

When probing why she said that she had no parents, she answered that her mother died and her father was in jail. **“My mum died some years ago and my dad was in jail when this occurred.”**

#### **4.4.8 Future plans to avoid Recurrence**

She said to be feeling better after the rape. She was much careful in her leisure pursuits; **“I feel a bit better after the incident.” “I am very careful with where I spend my spare time.”**

She was ready to put all her misfortunes behind and focus on the future. She would not allow her younger sister to face the same torment as she did. **“I don’t want to think about it” “I am nurturing my younger sister and also a younger brother.” “I do not want my sister to walk the path I have walked.”**

#### **4.4.9 Conclusion**

In conclusion the interview went well and was also sad; it showed the dangers of being raped by people known to one. However, it highlighted the lack of family support, previous misfortune of being raped and sexually abused and a consolation was the support from the police. She shared that alcohol drinking and smoking had been part of her daily life.

She was ready to put all her misfortunes behind and focus on the future. She would

not allow her younger sister to face the same as she did.

## **Interview 5**

### **Respondent Profile and Context of Interview**

Mrs JA, 38 years old married with 4 children. She lives with 3 of her children, the eldest daughter lives with her mother in Rosedale, Uppington. Until recent they were living with her husband who is in custody for raping and physical abuse.

After agreeing to participate in this research, on the day of the interview she was not available she had to attend to family matters and would be available that afternoon.

To our disappointment when we arrived to collect her she was not yet back. Later on the same day we went to her place and found her at her brother's place. Her brother owned a shebeen and sometimes she used to help him serving the customers.

She was still keen to share her experiences of the rape. She was unkempt very thin with scars on her face. She had a smell of alcohol, but not drunk. On the way to the venue for the interview she was mumbling to herself about her circumstances and crying at times.

However, at the venue of the interview she pulled herself together but not without bouts of crying in between but she managed to share her experiences of the ordeal.

The following themes emerged from the interview.

#### **4.5.1. Recall of events leading to the Rape**

She recalled some events which took place before the rape and shared the circumstances leading to the rape and time of the rape.

##### **4.5.1.1 Argument with Husband**

She reported that she was not feeling well and visited a medical practitioner. The doctor advised her to bring along her partner for treatment. Her husband refused to

comply with the doctor's request. She was very upset and left the conjugal home and went to stay with her parents. He (husband) came to fetch them. She turned his request down. **"I had not been feeling well and I consulted a doctor."** **"He asked me to tell my husband to come for treatment as well."** **"He did not agree to consult the doctor."** **"This is when I left the common home to my parents' home."** **"He came to fetch me and I refused to go with him."**

#### **4.5.1.2 Ripped off her Clothing**

She recalled that he became aggressive and he tore her clothing in pieces. This ripping off clothing was in the public. All this drama unfolded in front of their children and during the day. She expressed that her heart was broken by what he did to her. She did not expect such aggressive behaviour from the man who was the father of her children. **"My husband ripped off my clothing and ridiculed me. "All the people were looking at me."** **"I have been degraded and my clothes ripped off in broad day light."** **"My heart is sore and I did not expect it from him."**

#### **4.5.1.3 Arrest of Husband**

She reported him to the police. He went to the police station to respond to the allegation and he was arrested. He was sent to prison. **"I had reported him to the police for physical abuse."** **"He has been to court and was arrested and jailed."**

#### **4.5.1.4 Bail for Husband.**

She confirmed that he did not have money to pay for the bail. He called his wife's brother to ask for help. Her own brother paid the bail for the release of her abusive husband. **"He did not have money for bail."** **"He called my brother 'Uncle A' to pay the bail money."** **"My brother paid the bail, the amount was R300.00."**

Trying to understand; what her brother said after learning that he raped her knowing

that he was the one who secured bail for him. The reason given to her by her brother was that he did not want her to sleep around with other men. **“I go around looking for men to have sex with.”**

#### **4.5.2 Rape**

When relating the rape ordeal, she became very emotional, was crying and emotional most of the time.

##### **4.5.2.1 Assault**

On being released on bail he went looking for her at their home. He assaulted her all over her body. Two of their children were inside the house and the third child, ten year-old son was outside. **“He came and dragged me all the way to our house.”**  
**“He punched me all over the body especially on my back.”** **“My two young children were in the house with us (Husband and she), two and five years old and the eldest came when I was screaming.”**

##### **4.5.2.2 Time of the Rape**

She explained that it was daylight and in front of her own children.

**“In broad day light, he did the most abhorring things to me in front of our children.”**

##### **4.5.2.3 Recall of the Rape**

While recalling the rape, she was emotional most of the time. She repeated to have been assaulted in front of their children. He pulled her down, and raped her in front of her children. She saw how the children were in distress and then intensively wept and broke down. **“He dragged me and he raped me in front of our children.”**

**“... small children, I saw them they were very upset.”**

### **4.5.3 Feelings after Rape**

#### **4.5.3.1 Lack of trust and Fear of Husband**

Mrs JA expressed her fear of her husband. She feels she cannot trust him with her daughters. She wished not see him anymore. She would like him to be rot in prison.

**“I am afraid of him, a devil man.”**

**“He did the most abhorring things to me in front of our children.”**

**“I have daughters as well if he can do that to me, what will stop him doing it to them?” “I don’t want to see him anymore.” “He can sit and rot in jail.”**

#### **4.5.3.2 Anger and Humiliation**

She said she felt humiliated and angry, she was frustrated and disgraced. **“My heart is sore because I did not expect what he did to me being the father of my children.” “My clothes ripped off in broad day light” “All the people looking at me that I have been degraded.”**

#### **4.5.3.3 Hatred**

She expressed extreme hatred towards her husband for what he did to her.

**“I hate him for what he did to me.”**

#### **4.5.4 Excessive Alcohol Consumption after Rape**

She acknowledged that she had been drinking a lot, but she was not drunk on the day of rape. She admitted that her drinking was getting out of hand due to humiliation

meted to her by her husband. **“I was sober on that day of the rape.” “These days I drink too much.”**

#### **4.5.5 Support**

She expressed her satisfaction with the court order issued against her husband.



She was satisfied by the explanation given to her by the registered sister concerning the bail application requested by her husband. **“I hope he will respect the order and not set his foot at the house.” “Sr. Jansen explained to me the pending bail application requested by him (husband).”**

The nursing sister explained to her that her husband had the right to apply for a bail as prescribed by the constitution of South Africa. If the bail was granted she had the right to apply for an interdict against her husband to prevent the latter to have any contact with her family.

#### **4.5.6 Conclusion**

She acknowledged that what happened to her was very disgraceful, humiliating and frustrated. She could not imagine a husband raping his wife in front of his own children. She expressed her anger and hatred towards her husband and wished never to see him again.

She was satisfied with the support received from the court for the arrest of her husband. She was afraid of her husband and discussed the issue of pending bail application applied for by her husband. The nursing sister explained to her that the husband had the right to apply for one. At the same times she was given the option of a court order interdict against him not to contact his family. She acknowledged excessive alcohol use after the rape. She was contemplating seeking professional help for abuse of alcohol.

## **Interview 6**

### **Respondent Profile**

Ms AA, 27 years old has 3 children with the same man. She lives in Progress with her maternal grandmother who is the sole breadwinner on old age pension and a two day job a week. Another source of income was three child care grants totalling R600.00 a month. Other occupants in the household are her 3 children, a niece, aunt and uncle who consistently taunt her about the rape that she went looking for it. The house was very untidy and the children were scantily dressed, crying to share the great grandmother's left over black coffee.

The arrangement was to pick her up at 08h00 to the venue of the interview. She was ready, shabbily dressed and smelt of alcohol. A tall lady reserved and looked miserable, we exchanged pleasantries and it was then that the researcher discovered that they were destitute. She had hardly had a cup of tea or coffee that morning because they had none. She shared that the previous night they had bread and black coffee only.

The following themes emerged from the interview.

#### **4.6.1 Recall of events leading to the Rape**

She was reluctant to talk about her ordeal, each time she was asked if she could share the event leading to the rape, she would shift the goal posts. But slowly she was able to relate what transpired that night.

##### **4.6.1.1 Drinking Beer**

On the day of the rape, she was to the shebeen for most part of the day. She was drinking beer. The tenant, a man, came in brought wine and asked her if they could share the wine. **"I was at that house the whole day."** **"I was drinking beer; then**

**he bought wine and said we should drink wine.”**

She was not interested in drinking wine and asked the tenant for her change. He told her to follow him inside the house to collect her change. **“I asked for my change (money).” “He called me into the house to fetch the money.”**

#### **4.6.1.3 Inside the House**

Once inside the house, she stood at the door waiting for her money. He invited her to collect her money. While giving her the money, he grabbed her hand. **“When I went to fetch my change I stood at the door.” “He actually said come here.” “He gave me the money and he then grabbed me.”**

She asked him what he was doing. She told him that she was with her little one and she was menstruating. He could not listen to her. **“I asked him what was he was doing.” “I also told him I am with my little one and I’m having my period.” “He didn’t bother, instead he said what period?”**

#### **4.6.2 Rape**

When relating the ordeal, she started mumbling unintelligible words, but she managed to put herself together and continued relating the events of that day.

##### **4.6.2.1 Intimidation**

She recalled that he pushed her into his bedroom and assaulted her. Her child was following her and the child saw everything he was doing to her. She screamed and calling for help. She felt very weak to fight back since she was drunk. **“He forced me into the bedroom and clapped me twice.” “One of my children (5 year old) was also present.” “I was drunk and did not have strength.”**

#### **4.6.2.2 Time of the Rape**

She confirmed that it was at night and not very late, she was with her five year-old child. She estimated the time to have been between 19:00 to 20:00.

**“My child was also there and it was just after 7pm before 8pm.”**

#### **4.6.2.3 Recall of the Rape**

Despite having tears flowing on her face, she was able to continue relating her ordeal. He pulled down her panties, and tore off her clothes. He raped her, in front of her child. She recalled lying nude the child there and there was blood all over the place. **“He pulled my panties down and then he ripped off my clothing.” “He did what he wanted to do and my child was there also.” “I was lying naked and there was a mess the blood from the menstruation and all.”**

#### **4.6.3 Arrival of People**

People outside the house alerted her relatives. Her grandmother and aunt turned up to witness what was going on. They took her home and went to the police to report the case. **“Someone must have alerted my family.” “My granny then my aunt arrived at the scene.” “They took me home and went to the police.”**

#### 4.6.4 Police intervention

The police arrived at the scene and arrested him and found drugs and dagga in his house as well. **“They arrested him.” “The police also found ‘pule’ and ‘dagga’ in his house.”**

On enquiry as to what was ‘pule’, she replied, **“It is a drug. They use it to drug people.”**

#### 4.6.5 Bopanang Centre

The police took her to the Bopanang centre, for tests and examination. She complained of pains during examination. The nursing sister in the clinic gave her medications. **“The police drove me to the centre for tests.” “The examination was painful.” “I was given pills, and they helped to relieve the pain.”**

#### 4.6.6 Feelings after Rape

##### 4.6.6.1 Self Blame and Guilt

She held herself responsible for what happened. She believed that her habit of drinking alcohol brought her trouble. She believed that had she not taken wine she would not have been raped. She contemplated to stop consuming alcohol for her own sake. **“I looked for it” “I’ll tell myself no more beer and I will not drink wine anymore.” “I will do it on my own; I’ll tell myself and the wine I am done with you.” “...it sounds crazy.”** She looked up and laughed.

##### 4.6.6.2 Bitter and Angry

She expressed anger and bitterness for what happened to her. This was made worse by people who continued to gossip about her. **“I feel sore.” “People are now spreading false rumours about me.”**

#### **4.6.7 Victimization and Stigmatization**

She voiced her concern regarding humiliation. She was frustrated, and felt that she no longer belonged to her community as she had been insulted by people.

**“You know when such things are said about you, you become uncomfortable.” “I feel unfortunate and people are nasty at me.”**

On enquiring about such things, she responded by saying,

**“I feel like going to some place, because of the people, they gossip.”**

**“You feel like fighting.”**

She mentioned that her own relatives confronted her as well. She recalled being offended by her brother and niece who did not live with them.

**“Even at home they are insulting me too.” “My brother and niece insult me, although they do not stay with us.”**

Probing the reason for the insults, she said;

**“I do not know. It was after I was raped.”**

**“They said I brought shame in their family.”**

#### **4.6.8 Excessive Alcohol Consumption**

She acknowledged excessive alcohol consumption. She confirmed being drunk on the day of the rape. She emphasized that she could not sleep without drinking

alcohol. **“I drink beer not wine.” “I was drunk and did not have strength.” “I**

**can’t sleep without buying myself a beer.”**

#### **4.6.9 Support**

She was convinced that she got more support from her grandmother. Her grandmother took her home before calling the police. She believed to be feeling

better after talking about her ordeal. She thought that talking about her experiences and not being judged made her to feel comforted. **“I feel unfortunate and my granny feels the same.” “She (grand-mother) took me home and called the police.” “I feel alright now that I have spoken to somebody about the rape.” “I feel good to speak to someone and not feel judged.”**

#### **4.6.10 Conclusion**

This interview was touching regarding the experiences of female rape survivor. However, it highlighted the issue of alcohol use by both the perpetrator as means to force himself on the victim and at the same time the excessive use of alcohol by female rape survivor even before the rape. She acknowledged that her drinking was responsible for the rape.

She shared lack of family support and she raised her concern about being insulted by her community and her own family members. She thought about leaving her community as she felt uneasy to live with them.

She expressed the relief of talking about her ordeal since it made her to feel comforted and not judged.

## Interview 7

### Respondent Profile and Context of Interview

Mrs AN, 43 year old lady on separation from her husband of four years. She lives alone at an informal settlement in Upington. She has a daughter who is married living in Pretoria. Her source of income is running a tuck shop from her home. She was a dignified well groomed and cheerful lady. She was of medium height, bespectacled and a little overweight. She came in her own car to the venue of the interview.

She became emotional during the course of the interview as she was reliving her experiences of the sexual assault by her husband that she could have been killed by this man that fateful day.

The following themes emerged from the interview.

#### 4.7.1 Events leading to the Rape

##### 4.7.1.1 Marital Quandary

She recalled that she had separated from her husband due to marital problems. After a few of months, she returned to her parents' home. She confessed that she still had feelings for her husband. Upon her arrival to Upington, he paid a visit to her place and gave her money. **“I then decided to return to Upington thinking things are going to be fine between us.”** ... I was very much in love with my husband.” **“That month he even came to visit me and gave me about R200.00 or R300.00.”**

She noticed that her husband was perplexed. The next day, he came again requesting to have a talk with her. She asked him to come later as she was occupied at that time. He turned up later and asked her to join him for a ride in his car.



**“He looked confused.” “On the following day he came again and said that he still loves me.” “I said he can come back later as I was still busy.” “He returned and asked that we take a drive together.”**

#### **4.7.1.2 Driving with Husband**

Her husband is a policeman. He took her for a drive and bought himself beer. They continued to drive until she did not know where they were. **“He is a police officer. “He bought himself two bottles of beer.” “On our way back, he changed direction.”**

Then he started questioning her inappropriately. She did not understand what he was talking about since he could not give her a clear answer; she humbly requested to be taken home. **“He then said why you were with that constable my colleague?” “I asked him what he was talking about.” “He could not respond and I told him, “D”, please take me home.”**

#### **4.7.2 Rape**

When relating the ordeal, she became emotional and cried a lot. She was allowed to take her time since we were touching on old wounds. She drank a glass of water before proceeding with her ordeal.

##### **4.7.2.1 Intimidation**

Instead of taking her home, he used abusive language. She reminded him the promises he said of loving her. **“He said I am not taking you home before you give me your naked self.”, “Didn’t you say you love me and that we must talk, you can’t do such things.”**

He responded by saying, **“today you are going to get what you want and you will**

**have me.”** He pulled off her clothing and assaulted her. She started screaming and shouting for help. He threatened to kill her. She kept on screaming, but there was no one to come to her rescue. **“He ripped off my pants on the side” “He clapped me and I screamed and shouted.” “I will kill you, he said.” “I screamed for help, but there was no one.”**

He threatened her; **“If I had my pistol I would shoot you now.”** He held her hands and wrists behind her back as if she was a criminal.

**“He was holding my hands like when a criminal is being arrested.”**

#### **4.7.2.2 Time of the Rape**

She clarified that he came to pick her in the evening, but the rape itself took place roughly around 20:00.

**“It was around 8:00 in the night when he raped me.”**

#### **4.7.2.3 Recall of the Rape**

While recalling the rape itself, she started crying and her whole body was shaking. She was looking up as reliving the ordeal again. While he was holding her hands like a criminal, he violently asked where she had put her cell phone. He dragged her out of the car and pulled off her clothes and tore them to pieces. **“Where is your cell phone? He shouted. “I didn’t bring it along it is at home, I said.”**

**“He pulled me out of the car and he ripped my panties.” “I want you now, he said.”**

He tried to penetrate her in the anus. She asked him what he was doing. Then he changed his mind, turned her around and raped her vaginally. **“He wanted to penetrate me through the anus.” “I asked what he was doing.” “Then he turned me around and penetrated me vaginally.”**

#### **4.7.3 Disclosure and Reporting**

It was not so late, she went to report at the local police station. She was received by an inspector and requested that her husband should be arrested. Nothing happened and he was still working at Upington. **“I went to report the incident at Upington police.” “I was seen by a police inspector there, and I told him to arrest “D” (husband)”. “I want him arrested now!” “He was never arrested and he is still working.”**

#### **4.7.4 No investigation by the Police**

She expressed her anger against and frustration towards the police for not investigating the case. No arrest was made, and the police did not bother to collect evidence and no case number was ever given to her. The police officers were telling her that the case was under process. She managed to contact the police superintendent and she told him what she thought of their services.

**“The police inspector never investigated the case and he was never arrested.”**  
**“They were reluctant to give me the case number.” “They keep on telling me the case is still pending.” “I even spoke to the police superintendent and I told him the way you guys treat me is evil.”**

#### **4.7.5. Treated for Infection**

She suffered pains during urination and a profuse vaginal discharge a few days after the rape. She consulted a general practitioner who found out that she was having an infection. She mentioned not sleeping at night **“My pee was sore and my panty smelled.” “The doctor told me I had an infection.” “I cannot sleep at night.”**

On probing why she could not sleep at night, she said, **“I cannot fathom what this man did to me he could have killed me.”**

#### **4.7.6 Addiction to Sleeping Pills**

She expressed her concern about relying on sleeping pills after the rape. She could not sleep at night without taking those tablets, and she was scared to be addicted to sleeping pills. She used to buy sleeping pills at a doctor's practice.

**“He had sex with me and I did not want it. As a result I cannot sleep I have to take sleeping pills.” “There is not a single day that goes by without me taking them” “I have to ask someone to steal them for me because the doctor does not want to give them to me anymore.” “At the moment I am on sleeping pills I buy them from a local doctor for R50.00 because I cannot sleep at night.”**

#### **4.7.7 Bopanang Centre**

She confessed taking sleeping pills for insomnia, and not for killing herself.

**“I do take sleeping pills.”**

As if she was not convincing, she quickly added, **“I do not take them to kill myself.” “I take them just to be able to sleep.”**

She acknowledged her dependency to sleeping pills and she contemplated attending counseling at Bopanang centre. She was seen by the social worker for counselling.

She was advised to regularly attend counseling sessions. She also encouraged her to go out and socialise. **“I cannot live on sleeping pills it is not healthy.”**

**“I was counselled by a social worker and she said I must come regularly because I cannot depend on sleeping pills forever.” “She suggested that I must also try to go out and visit friends.”**

#### 4.7.8 Feelings after Rape

##### 4.7.8.1 Fear and lack of Trust of Men

She expressed a fear of men; she persisted in her thoughts about men. She expressed her disgust towards men. **“I feel I cannot trust them.” “They are all abusive and cannot be trusted.” “These men are making me sick (crying).”**

##### 4.7.8.2 Disappointed by the Police Service

Mrs AN was disappointed by the police failure to arrest her husband and delaying tactics used on the case. She met with the police superintendent and told him what she thought about the police. **“He was never arrested and they keep on telling me the case is still pending.” “I am disappointed about the police service and I don’t trust the police.”**

#### 4.7.9 Previous Abusive Partner

Her previous marriage broke up because of an abusive partner.

**“My first husband was just as abusive.”**

She cried and added, **“I am unfortunate with man.”**

She mentioned that the current husband assaulted her frequently. She reported the case to the police without success. She also mentioned that she went up to the court of law, but the case was not considered. **“He used to assault me.” “I reported him to the police but nothing happened.” “At one stage there was a court case, the court dismissed it.”**

In inquiring the reason of the dismissal of the case, she responded by saying, **“he (husband) would say I smoke and dance with children, he is a liar.”** She also said while having tears, **“these men are making me sick (crying).”**

#### **4.7.10 Future Plans**

She expressed her inner aspirations and she spoke about it with the social worker. They discussed the issue of taking sleeping pills and she agreed to seek professional help. **“I want to be happy.” “I shared with the social worker about how I feel.” “I cannot live on sleeping pills and I am ready to go for a remedy.”**

#### **4.7.11 Conclusion**

This interview was very traumatic. It highlighted the ongoing lack of support facing female rape survivors when reporting their cases to the police, especially if the perpetrator is one of them. The lack of support by the police was much revealing since a police officer was involved in the case.

She reported being previously in an abusive relationship in her first marriage and mentioned that she was very unfortunate in her relationships with men.

She acknowledged abusing sleeping pills since she could not sleep at night. She stressed that the use of sleeping pills helped her to sleep only, not for the purpose of committing suicide. She expressed her fear of men and her disappointment towards the police. She was eager to seek professional help for her addiction to sleeping pills and already contemplating a remedy and discussed issues pertaining sleeping tablets during her counseling by the social worker at Bopanang.

## **Interview 8**

### **Respondent Profile and Context of Interview**

Ms MV, 19 year old, lives with her maternal grandparents, mother who is a school teacher, elder brother and cousins in Progress, Uppington. She is fair skinned with dyed red hair, very small in build and short in stature but cheerful. She was employed prior to the incident, but could not continue because the sister of the perpetrator was also working in the same establishment. She became nasty to her calling her names after she laid charges of rape against her brother.

However, the situation changed when she had to relate the events of that day. She cried occasionally, sharing that she had been conned by her brother who lured her to go out that evening. She felt he had betrayed her, he continued to blame her that she was uncooperative to have the perpetrator arrested for the rape. The perpetrator was also a friend of her brother and had a relationship with his sister.

The following themes emerged from the interview.

#### **4.8.1 Events leading to the Rape**

She remembered a number of events which took place that night and she unreservedly shared her experiences of being a female rape survivor with details on her feelings after the rape.

##### **4.8.1.1 Grandmother's Place**

She recalled that she had been at her grandmother's place. His brother came in accompanied by a young man. They started socializing. As it was getting late, they promised to take her home because she had to report at work the next morning.

**“We were at my grandmother's place.” “He came with this young man, we had**

**cold drinks.” “It was becoming late and they told me they will take me (by car) home because I’m going to work tomorrow.”**

#### **4.8.1.2 Driving with the Perpetrator**

She shared that they took her home as promised, and the young man offered her to join him for a drive. This time they were only two in the car. When driving he asked for sex and she declined. **“When we arrived at home, he said he wanted to take a drive with me, only the two of us in the car.” “He drove on and he asked to have sex with me. I refused (low voice).”**

#### **4.8.2 Rape**

She related her ordeal of what happened that night. By the tone of her voice, one could sense that she was still very angry.

##### **4.8.2.1 He was Calm**

She mentioned that he was not violent, but physically stronger than she was.

**“He was not aggressive, but he is older than me.”**

##### **4.8.2.2 Time of the rape**

She ascertained that it was around midnight when he dropped her at home.

**“It was almost 12 midnight.”**

##### **4.8.2.3 Recall of the Rape**

While in the car, he forced himself on her, He tore off her clothes in pieces, and she screamed, and called for help; and nobody came to her rescue. **“He forced himself on me.” “He ripped my clothes off” “I was screaming; nobody came and he raped me.”** She started crying and tearing.

Once he had finished he took her home. When they arrived at her home he said,

**“I must not be angry he will see me the following day.”**





### 4.8.3 Disclosure and Reporting

She mentioned that she was afraid to disclose the rape to her mother. She said that it was hard to tell them since she could be blamed for it. She took a bath and went to sleep. But she could not sleep. **“I was afraid to tell them.” “If I told them then, during that moment they’ll blame me and say it is my fault.” “I decided I’ll take a bath and go to sleep, but I couldn’t sleep.”**

The next day she told her friend about it, and together they went to inform her mother. She managed to disclose to her mother who immediately took her to the police station. **“The following day I asked a friend to accompany me so that I can tell them [low voice].” “My mother took me to the police station.”**

### 4.8.4 Victimization and Stigmatization

She voiced her concern regarding betrayal and humiliation she was subjected to by her own brother. He accused her to make up the story. **“My brother is saying nasty things about me.” “You are the bad one, you made up this and you have scared that young man.”**

On enquiring about how she felt about her own brother failing to believe her story, she responded, **“the guy who raped me is his girlfriend’s younger brother.”**

She also pointed out the animosity between herself and her own brother. Her brother wrongly told her boyfriend about the rape. **“He is jealous of me he always wants everything for himself.” “He even has gone ahead of me to tell my boyfriend about the rape.”**

At her workplace, her colleague is the perpetrator’s sister. She had been facing direct threats from the perpetrator’s sister, who actually was her own brother’s

fiancée. Ms MV consulted a doctor about it and she was booked off sick for a week to avoid daily confrontation from the perpetrator's elder sister.

**“I work with the sister of the man who raped me.”**

**“She comes to my place of work and stands behind me and hurls insults at me.” “The doctor booked me off from work, because the sister of this man (perpetrator) is threatening me at work and that she will beat me up.”**

She also shared that her own mother was not willing to talk about her rape. The entire family could not talk to her since she brought shame to the family and her role in the house was to keep it clean. **“She does not want to talk about it. I am trying to believe it never happened.” “They do talk to me, but they think my role is to be at home to clean the house [crying].”**

She feels she is being ill treated and is frustrated because nobody cares about what happened to her. She mentioned that her own relatives confronted her as well. **“They do talk to me, but they think my role is to be at home to clean the house [crying].** She raised her face up and added, **“They said it was my fault.”**

#### **4.8.5 Feelings after Rape**

##### **4.8.5.1 Self Blame and Guilt**

She blamed herself for having gone with this man. She justified that the perpetrator was drunk and she was sober. She believed to be accountable for what happened. She expressed feelings of being hurt. **“The guy was drunk and I do not drink I only smoke.” “I hold myself responsible for what happened that night.” “I am very hurt about what happened to me and I blame myself for it.”**

#### **4.8.5.2 Fear and Lack of Trust of Men**

She expressed that men could not be trusted.

**“I drove with this man in his car at my own free will because I knew him.”**

She was angry and generalized that all men are the same. She expressed her fear of men as follows, **“I feel all men are the same, all they want from women is to sleep with them.”**

The perpetrator raped her and told her that he would bear all the costs if she fell pregnant. **“He forced himself on me and he keeps on telling me that if I have become pregnant he will take responsibility for all the costs.”** [Her voice was low and she was miserable]

#### **4.8.6 Coping after Rape**

She talked about trying to cope with what happened to her. She shared about lack of sleep at night and poor concentration. **“I’m trying to cope.” “I cannot concentrate, I cannot sleep at night.”**

On seeking clarification about why she could not sleep at night, she responded by saying, **“I never thought he will ever do it to me.”**

#### **4.8.7 Intimidation**

She confirmed being threatened by the perpetrator’s sister at work. She also frequently insults her at work. She believed that the threats from the perpetrator’s sister were an attempt to force her to withdraw the case. **“The sister of this man (perpetrator) is threatening me at work and that she will beat me up.” “She comes to my place of work and stands behind me and hurls insults at me.” “She is doing all this to intimidate me to withdraw the case.”**

Her mother said she would apply for an interdict against her brother and perpetrator's sister. **"She said she will apply for an interdict against my brother and the girl who was intimidating me."**

#### **4.8.9 Use of Sleeping Pills**

She could not sleep at night without taking sleeping pills. She mentioned feeling weak after taking those tablets. **"I use sleeping pills and they make me feel weak."** She was advised not taking them often; talking to a professional may be a better option. She agreed to be referred to the clinical psychologist for further assistance.

#### **4.8.10 Bopanang Centre**

She assumed that Bopanang centre was only a place of evidence collection. She did not know that the centre offered other essential services. She claimed to feel much better after sharing her rape ordeal. **"I thought they are only examining."** **"I did not know there are other things done here."** **"I feel a bit better now."**

She would like to have an appointment with social worker to assist her with other issues. **"Perhaps seeing the social worker could help me to deal with my emotions."**

She was encouraged to consult the social worker. A booking for social worker's consultation was arranged.

#### **4.8.11 Lack of Family Support**

She feels she is being ill treated and is frustrated because nobody cares about what happened to her. None of her family was supportive; instead they blamed her. She believed that she got little support from her mother and Her grand-parents did not support her also.

**“I have been unhappy for a while even before the rape incident.”  
“My mum and grand-mother do not even ask how was my day or how did I sleep?”**

Asked about how she felt, her response was; **“All they expect for me is to clean the house and do not care as to how I feel.”**

She expressed lack of support from the family because she had no father to support her. The only person available to her was her mother who did not want to hear anything about it. **“My father, he died few years back.” “My mother, she actually does not want to talk about it”.**

#### **4.8.12 Conclusion**

In conclusion the interview was similar to the previous interviews. It highlighted the lack of family support, intimidation from the perpetrator’s family, lack of information about the services rendered at Bopanang centre and victimization and stigma attached to rape at the family level and the community.

She blamed herself to be responsible of what happened and expressed her fear of men by generalizing that men were all the same. She acknowledged the excessive use of sleeping pills since she experienced difficulty getting sleep at night. She was keen to seek professional help to assist her dealing with her emotions and her habit of excessive use of sleeping pills. She was encouraged to seek counseling and a booking for social worker was arranged.

## **Interview 10**

### **Respondent Profile**

Mrs LH, married with 3 sons, lives in Progress, Upington with her husband. She is in the process of filing for divorce. She is very anxious and fears for her life about his reaction when he receives the divorce summons.

A dignified and cheerful lady of Ovambo origin from Namibia. She works as a pharmacy assistant at a private hospital in Upington, he (husband) works for the municipality.

She related how her husband has abused her physically, emotionally, financially, calling her names in front of the children and sexually over the years of their marriage. She broke down on several occasions during the interview, but not without having shared her woes.

The following themes emerged from the interview.

#### **4.10.1. Recall of events leading to the Rape**

She recalled some events which took place before the rape and shared the circumstances leading to it.

##### **4.10.1.1 Husband Abusing Alcohol**

She reported that her husband had been drinking alcohol and all of a sudden he became violent. He poured water on her and she could not tolerate it any longer. She took her children and went to her mother-in-law's house to avoid trouble.

**“He was drinking beer and brandy” “He becomes aggressive.” “He poured cold water on me.” “I can’t take it anymore; I take my kids and go to his mother’s place”.**

The following day a 17 year old boy, a neighbour confronted him about the previous day's events on how he had insulted his wife.

**“Oom Bullie yesterday you insulted your wife and used very bad language.”**

He just laughed and his response would be, **“I was drunk I just had been drinking too much.”**

#### **4.10.2 Rape**

When relating the rape ordeal, she became agitated and cried.

##### **4.10.2.1 Aggressive**

In the hope that things would be settled, she went in their bedroom. He followed her and started aggressively questioning her where she slept last night. She told him that they slept at his mother's house. He assaulted her again and broke her cellular phone. **“He opened our bedroom door and he picked a fight about not sleeping at home.” “I told him we slept at your mother's place you can phone and ask her.” “He started fighting again and he took my cellphone wanted to break it.”**

He made a lot of noise, insulting and threatening to kill her. He assaulted her and tore her clothing into pieces. When he wanted to assault her genitalia, she screamed.

**“He will deal with me and by the time he is through with me no man will have me.” “He clapped me and ripped off my clothing.” “He said he wanted to assault my private parts.”**

The children were in their bedroom, they came when they heard her screaming. They found their mother lying down naked. **“My children were in the house.” “They came when I was screaming and found me naked on the floor.”**



#### **4.10.2.2 Time of the Rape**

She recalled that it was in the morning. **“It was in the morning when we came from his mother’s home.”**

#### **4.10.2.3 Recall of the Rape**

While recalling the rape itself, she was emotional most of the time. She repeated to have been stripped off her clothing, assaulted and raped. **“He was forcing himself on me.” “I want to do it when you are naked, he said.” “He had sex with me.”**

The children came in the room found me naked and confronted him. He asked his father why the mother was naked. **“One of the children confronted him asking why is mum naked? Her panties are also torn.”** He replied him saying, **“He said today you are not going to sleep here.”**

#### **4.10.3 Police Intervention**

The police arrived at the scene and found her still naked and her garments lying all over the place. **“The police came and found my clothes lying all over.”**

His son asked her to put on her clothing and stood there when she was putting her clothes on. **“My son gave them to me (clothes) and said Mum dress up please” “He was there watching while I was putting on the clothes.”**

The police came and arrested him. Later on she applied for a court interdict, restraining him from assaulting her. **“He was arrested and was in jail for 4 days.” “I also applied for an interdict.”**

#### **4.10.4 Feelings after Rape**

She had mixed feelings after the above incident, ranging from; confusion, hurt and helpless.

#### **4.10.4.1 Confused Abused and Hurt**

She shared she suffered abuse on a daily basis. Her heart was sore; she was confused as she was talking about her husband, the awful image of the father of her children. **“It was not the first time he did it, sometimes he would burn my clothes and stripped me naked in front of our children.” “What hurts me most is that he is always confronting the children. I told him to leave my children alone [Crying].” “I often tell him that; the children are seeing what you are doing to me, when they grow up they will do the same to their wives, because they are experiencing it here at home.”**

#### **4.10.4.2 Feelings of Helplessness**

She felt vulnerable and powerless. She had tried everything to make her marriage work. She felt humiliated. **“I really feel totally helpless.” “I have tried everything without success.” “My husband ripped off my clothing and my son gave them to me and said Mum dress up please.”**

#### **4.10.5 Abusive Relationship**

She recalled that she has been with this man for more than 20 years. When they meet she was still a teenager, thereafter they were married. She acknowledged that things were not good at all. When he has consumed alcohol he becomes aggressive, he does not allow her to visit relatives and to have friends.

**“We have known each other for 20 years we met when I was 16years old.”**

**“We got married in 1997 and things have gone from bad to worse.”**

**“He abuses alcohol and after drinking 2 to 3 bottles of beer he becomes aggressive.” “I can’t visit my sister, he does not like it and my aunt and my**

**friends do not visit me also because he does not like them.”**

In the past he would insult her in public about practices of Ovambo men, **“The**

**Ovambo’s sleep with their daughters, you slept with your father.”**

She would respond in turn by saying; **“I said to him maybe your parents molested you.”** He would further degrade her on what her father told him; **“Your father told me that he slept with you.”**

His mother did acknowledge that her son was reckless and irresponsible. He always has stories about not having been paid and being broke after pay. **“His mother once said to me that if a person is like that they are unlikely to change.”**

His youngest son once confronted him. **“Daddy you were paid on Friday but today you have no money.”**

#### **4.10.6 Intention to Divorce**

She stressed her intention of divorcing him, but he seemed to take it lightly. She had made up her mind as she was fed up with the abusive behaviour meted to her. **“I have told him of my intentions to divorce him.” “He does not seem to believe me.” “I have decided to leave him.” “I cannot take it anymore he drives my children crazy.”**

What hurt her most was that he was always confronting their children. The children had been affected and they could not concentrate at school because of all the aggression and intimidation at home.

**“I told him to leave my children alone [Crying].” “I really feel totally helpless I have tried everything without success.”**

#### **4.10.7 Support from Church**

As the situation deteriorated, she sought help from their church's priest. The priest came with elders from the church. The relatives of both families were also invited. He did not like it; he went on being defiant and arrogant towards the elders. He then accused her to have extra-marital affairs. The situation was bad and she decided to leave. **"I consulted our priest to mediate." "He was hostile and asking why they were there." "He told them that you do not know this woman, and told them to shut up." "He claims I have relationships with other men." "I had to take my belongings and move to my sister's place."**

#### **4.10.8 Bopanang Centre**

She consulted the centre for assistance, she was seen by a social worker. The social worker helped her to apply for the interdict against her husband. She had been attending counseling sessions regularly offered by the centre.

**"I have consulted the centre (Bopanang) for help and seen by a social worker." "She helped me to apply for an interdict against him." "They put me on counseling sessions here."**

#### **4.10.9 Conclusion**

She acknowledged that what happened to her was very traumatic, degrading and terrible. She could not fathom a father and husband who were irresponsible, abusive and aggressive. She expressed her feelings of being helpless, hurt, and confused seeing her marriage crumble and to be abused by a man whom she loved. She used every available community network to rescue her family but failed. She could not take it anymore when she found herself being brutalized and then raped by the person

who is supposed to cherish and protect her.

She was satisfied with the support received from the court for the arrest of her husband and court interdict against him approaching her family.

This interview was quite difficult and very distressful for both the participant and the interviewer because of the traumatic and disturbing content. She had endured too much and still had the will to do all in her power to save her marriage for the sake of her children. She finally realized that one had to leave in order to save others. She had been granted an interdict against her husband and she was in the process of filing for divorce.

## 4.11 Combined Results

### 4.11.1 Recall of Event leading to rape

The results showed that all of the rape survivors could relate the circumstances about the events leading to the rape.

Half of the participants had consumed alcohol on the day of the rape. The following citations corroborate the statements that they had consumed alcohol. **“It was only beer.” “I was drinking beer.” “I took the beer bottle to send the guy to buy...”**  
**“It was not my intention to get drunk.” “I drink and smoke.”**

Less than half admitted they were at a night club. **“We were at the club....Okay!”**  
**“I went to a night club with a friend.”** They said to going to the night was to socialize, enjoy themselves and meet friends. **“It is wise to go with someone you know than a stranger.” “He was with my friend (female friend)...” “We enjoy ourselves we do not worry about other people.” “When someone sees us at the club and want to talk to us we tell them we are alright.”**

### 4. 11. 2 Rape

#### 4.11.2.1 Intimidation

All of the survivors were intimidated, verbally abused, physically assaulted and received threats to be killed. Diverse means were used such knives, physical assaults, being thrown and dragged. She recalled being thrown into the car and being clapped and slapped on the face. She started screaming and one of the hooligans started playing with a knife without pointing it at her. **“I was thrown into the car and it moved and I was clapped...slapped in the face.” “The other one started playing with a knife, not they were pointing it at me. “If you scream, I’ll**

**kill you and one more time I'll kill you."**

These boys started to assault and choke her. She could not scream. She was kicked on the stomach and all over the body. Then he assaulted her, dragged her in a nearby old house. He threatened to kill her. **"I couldn't raise my voice."**

**"My stomach was sore and my whole body as well and full of marks."**

**"He clapped me and dragged me to an old house that is where I was raped."**

**"I will kill you, if I had my pistol I would shoot you now."**

#### **4.11.3 Survivors were specific about the time of the rape**

Most of the survivors had been specific about the time they were raped.

All but less than half had been raped in the evening, three during the day and two very late at night. She clarified that he came to pick her in the evening, but the rape itself took place roughly around 20:00. She was not specific about the time but estimated that it could have been between 19:00 and 20:00. Another rape survivor shared that she was raped during the day. **"It was around 8:00 in the night when he raped me."** **"Just after 7pm before 8pm."** **"It was broad daylight."**

She also remembered that it was definitely at night since one of the hooligans told her that she would not go home that night. **"He said you won't be going home tonight its final."**

#### **4.11.2.2 Emotions associated with Rape**

All of them became very emotional when relating the ordeal. They appeared to be reliving the event or picturing the perpetrators. She became a bit confused and incoherent, while looking down and trembling she continued relating her ordeal.

**"...He took me to his home and that is where he had sex with me."**

**“The very first one”** (crying), **“...when he was done, he was ready to ejaculate”**  
(low voice) (Crying .... Mumbling).

She started crying bitterly and mumbling unintelligible words. He told her to lie down and raped her again. This time he did not use a condom. **“He penetrated me from behind (not anal) and this is what I want to do without a condom.”**

With a low voice and very traumatised, she repeated these words as if she was dreaming. **“When he was finished he asked his friend, won’t you take a piece? Or are you going to stand there?” “He said come and lie down then he took out the knife”**, [low voice; sensing death].

Two female rape survivors had been subjected to gang rape. One of the hooligans told the other two to take her to the bed. She kept on screaming for help and every time she screamed, the hooligans tuned the music louder. She started to cry when describing how she was ordered to be taken to bed. **“He told the other two guys to take me to bed.” “I screamed and the music was louder.”**

What hurt her most was that all of these boys who raped her were known to her they had grown up in her neighbourhood. **“All of them know me, and they were 5.” “They all raped me.”**

Two of them were raped by their husbands. He pulled her down and raped her in front of her children. She did not expect such aggressive behaviour from the man who was the father of her children. **“He raped me in front of our children.” “I did not expect what he did to me being the father of my children.”**

She said that her husband, “D”, worked for the police, he dragged her out of the car, and tore her clothes into pieces. **“He is police officer” “He dragged me.” “He**



**pulled me out of the car and he ripped my panties.”**

#### **4.11.3 Police intervention**

Most of the survivors were satisfied with the intervention from the police. The police escorted her to the scene to identify the perpetrators. The police used teargas to force them to open the door. Two of them were arrested and the other one was not there. The police chased him and managed to arrest him. **“They asked me to come with them to identify these guys.” “Police used teargas and they coughed and opened the door.” “They went after him and arrested him.”**

The police arrived at the scene and arrested him and found drugs and dagga in his house as well. She pointed out that the police took her to Bopanang Centre that night. **“I was brought to the centre by the police.” “The police drove me to the centre.”**

All but three expressed their disappointment at the police by failing to investigate their cases. One of the survivors expressed her anger against police and frustration towards the police as follows:

**“The police inspector never investigated the case.” “He was never arrested”  
“They were reluctant to give me the case number.”**

#### **4.11.4 Bopanang Centre**

All female rape survivors visited the centre at some stage for various services. She explained that she visited the centre for tests. The interviewee pointed out that her boyfriend accompanied her to the centre for medical examination the next day after the ordeal. She was examined and same tests were performed.

**“I came to the centre for tests” “... Only that morning when he came to take me**

**to Bopanang.” “Tests were done and I was examined.”**

She was not feeling well after the rape, she consulted the nursing sister at the centre, who referred her to the medical doctor for treatment. She remembered that the nursing sister at the centre gave her pain killers for womb and other medications.

**“I was not feeling well; the sister ... at the centre referred me to the doctor.”**

**“Sister at the centre offered me some pain killers and other pills”**

**“I was given pills and they helped to relieve the pain.”**

She was satisfied by the explanation given to her by the registered sister concerning the bail application requested by her husband.

**“Sr. Jansen explained to me the pending bail application.”**

She acknowledged her dependency to sleeping pills and she attended counselling at Bopanang centre. The social worker received her and the counselling session started. **“I cannot live on sleeping pills it is not healthy.” “I was counselled by a social worker.”**

She felt comfortable when she was talking about the rape incident, she did not feel she was being judged at the centre. **“No one judged me here.”**

#### **4.11.5 Victimization and Stigmatization**

Five rape survivors reported being victimized and stigmatized following the rape. It was dreadful and distressing for the survivors who were blamed for being raped. One survivor had been blamed for her alcohol consumption. Her husband blamed her for drinking heavily. **“He told me it was because of my drunkenness. “You brought shame in our family.” “You are the bad one, you made up this and you have scared that young man.”**

She raised her concern about being humiliated by her community and becoming a laughing stock. **“They were laughing, making a fool of me and everything people coming and saying things.”**

Another one expressed that the rape incident caused enmity with her neighbours and a stressful relationship with the involved families. **“Those children’s mothers are now my enemies, and I know all their mothers, we used to greet each other in the morning though we were not friends.”**

Three female rape survivors blamed the ministry of justice and police not doing enough to protect them. She expressed her anger against the police for not investigating the case and no arrest was made. **“For two months, there were no results, the police never investigated, the rapists felt great about that.” “They were not arrested... No never.”**

The police was particularly blamed for not investigating the reported cases and the justice system for easily granting bail to rape perpetrators. She felt that there is no support from the justice system as the perpetrators are easily granted bail.

**“Hmm... and why were they out? It was bail. Few days ago...No maybe a month ago.” “... maybe they were the same guys but the third one had vanished.”**

Three participants did not blame anyone for being raped. Three were unmarried and knowing the kind of lifestyle they had lived made it easier to accept what happened to them. They did not blame anyone and were coping well. While talking about coping after rape, she said that it is hard to think about what happened, but it is all about surviving after rape. Coping after rape should be a step by step process. She expressed her gratitude of being alive and from there on to carry on with her life.

**“It’s just hard, but if you’ve been a rape victim, it’s not about what happened to you.” “It’s about how you cope, and if you come out of it alive.” “...You take one step at a time just think ‘WHY?’” “I should be grateful I’m alive so just go with that just push it forward, push it forward.”**

Most of the survivors feared stigma and said it was a reason they had not disclosed to others that were not very close to them. All went to Bopanang centre for examination and other services at different stages after the rape.

#### **4.11. 6 Feelings after Rape**

Diverse feelings were expressed by a number of the survivors.

The majority expressed the following feelings during and after the period following the rape; based on personal experiences as found in the following sub-themes:

- **Lack of trust and fear of men**

Most of them expressed lack of trust and fear of men and were afraid about future relationships with men. She expressed lack of trust in men and she expressed her disgust towards men.

**“I don’t know what is happening now..... I had many male friends ...But now to be friends with men I have reservations ... I will have to rethink.” “I feel I cannot trust them.” “They are the all abusive and are making me sick (crying).”**

- **Bitterness and anger**

Ever since the rape took place, Ms JB has been angry. The anger is directed at anyone who seems to disagree with her or her line of thought. This was made worse by people who continued to gossip about her. She is always angry in the house and picks up quarrels very easily with anyone in the home including her parents. She

mentioned that she was angry and bitter, **“People are now spreading false rumours about me.”** **“I feel sore for what happened to me.”**

- **Anger and humiliation**

She felt that those children who raped her took it like a joke. She explained that her drinking was getting out of hand due to the humiliation. She reported that her heart was sore and she was also angry. She felt humiliated and disgraced. **“My heart is sore because I did not expect what he did to me.” “My clothes ripped off in broad day light” “All the people looking at me that I have been degraded.”**

**“He degraded me.” “Those children who did that to me, to them it felt like a joke.”**

- **Self Blame and Guilt**

She was blaming herself for being at the wrong place. She was in a dilemma; one moment she blamed herself but again she felt it was not her fault.

**“But in a way, I sometimes blame myself for it; let’s say if I didn’t go there it wouldn’t have happened.” “I tell myself every day I should put behind what happened and that it was not my fault, but sometimes it comes to me that maybe it was my fault.”**

Mrs AD was blaming herself for what happened. She also felt responsible for what happened to her. She held herself responsible for what happened. She believed that alcohol consumption brought her trouble. **“Why must it happen to me, and why must it happen at 43?” “I used to go to many places and it never happened to me.”“I was very naughty... I feel responsible for what happened that day.”**

**“I looked for it” “I’ll tell myself no more beer.”**She believed that had she not taken wine she would not have been raped. **“I will not drink wine anymore.”**

- **Feelings of Shock**

She expressed being shocked by what happened to her. She never thought that such would ever happen to her. **“I am still very shocked.” “I never thought it could happen to me.” “I could not believe it.”**

- **Felt Embarrassed**

One survivor expressed how embarrassed she was, because she was a married woman. She was deeply embarrassed by the fact that the perpetrators were small boys of the same age as her son. **“I’m so embarrassed because I’m a married woman.” “Those children are the same age as my son, they used to come to my rescue and talk to my husband when he had hit me.”**

- **Confused abused and Hurt**

Two female rape survivors shared being abused often. One reported that her heart was painful. She felt confused and hurt for being abused in front of her children.

**“It was not the first time he did it, sometimes he would burn my clothes and stripped me naked in front of our children.”**

- **Nightmares and Sleeplessness**

Two survivors expressed suffering nightmares and sleeplessness. They were unable to sleep and relying on sleeping pills to alleviate their distress. She was more in distress figuring what people would say.” She could not sleep at night without taking those tablets. **“There is not a single day that goes by without me taking them.”**

- **Feelings of Helplessness**

Two female rape survivors expressed the feelings of helplessness. She felt

vulnerable and powerless. **“I really feel totally helpless.”**

Two participants expressed thoughts to commit suicide or a feeling of being dead inside as clearly highlighted by the following sub-themes:

- **Wishing to Commit Suicide, Crushed Dignity and “dead inside”**

She felt that there was no life after rape, wished to commit suicide. She expressed the feeling of being dead inside. **“I’m just living for the day; I don’t care what happens tomorrow because I’m actually dead inside.” “I don’t want to live anymore.”**

Concerns about the current justice system in terms of granting bail to perpetrators and failure of investigating a presumed rape case by the police were raised by four participants:

- Disappointed by the police service
- No investigation done by the police
- Granting bail to perpetrators

She expressed her anger against and frustration towards the police for not investigating the case. No arrest was made and the police did not bother to collect evidence and no case number was ever given to her. The police officers were telling her that the case was under process and delaying tactics used on the case.

**“The police inspector never investigated the case.”“He was never arrested”, “they were reluctant to give me the case number.” “They keep on telling me the case is still pending.”**

She felt betrayed by the justice system because the police in charge advised her to say nothing and to leave the police to do their work.



**“The police in charge said to me ... you mustn’t say anything, leave everything to us, but the police never**

**investigated.”** Mrs AN was disappointed at the police failure to arrest her husband.

She met with the police superintendent and told him. She did not have any trust in

the police. **“He was never arrested” “I am disappointed about the police**

**service.” “I don’t trust the police.”**

Three females expressed their feelings of being rape-prone since it was not their first

encounter with being raped. **“I feel unfortunate... I was 17 years old when my**

**uncle raped me.” “I am unfortunate with man.”**

Two females reported being raped by their husbands and expressed their feelings as

follows: **“I am afraid of him.” “He became a devil because he did the most**

**abhorring things to me in front of our children.”“I don’t want to see him**

**anymore.” “He can sit and rot in jail.”**

Four female rape survivors felt that there is no support from the justice system as the

perpetrators are easily granted bail. **“Hmm... and why were they out? It was bail.**

**Few days ago...No maybe a month ago.”**

#### **4.11.8 Excessive Alcohol Drinking after Rape**

Most of the survivors acknowledged excessive alcohol consumption after the rape to

suppress the feelings of loneliness and helplessness. She acknowledged that she

was drinking excessively. She emphasized that she would carry on drinking because

her dignity and self-esteem had been crushed. **“After what happened I just think of**

**alcohol.” “I’m 21 year-old, I’m an adult I can, I must drink responsibly but these**

**days I don’t care.” “Just go on drinking, doesn’t matter what happens to me because my dignity has been crushed, my self-esteem everything has been**

**crushed.”**

She acknowledged that alcohol has been part of her daily life more than ever. It came to her senses that drinking alcohol would not solve her problems. She expressed loneliness and helplessness. **“Ever since the rape, after my husband’s death, I think alcohol is my refuge.”** **“... I got a lot of things, when I think a lot of things, I go out and I feel alone in my house but I realize it won’t help me.”** **“I feel lonely, I feel useless (crying)...because I realized that I have a drinking problem.”**

She emphasized that she could not sleep without drinking alcohol.

**“I can’t sleep without buying myself a beer.”**

#### **4.11.9 Need for support**

All the participants acknowledged the fact that they needed some kind of support from others. All turned to family members who were either a sibling or a parent for support. Family members were eager to support whenever they could. Support came in the form of moral support as in words of encouragement, accompanying to Bopanang Centre for examination, counselling and other services. Most of the survivors needed moral support. She expressed her satisfaction with the knowledge and skills she had acquired during psychological support offered by the centre.

**“I feel if a person talks to me about what happened I feel supported.”**

Furthermore she spoke about the support received from her parents and church members. She also got comfort in reading the gospel as she preached to us.

**“The people who supported me were the church people, my parents; people at the church are like family.”**

**“Even the Bible says thou shalt not judge lest you be judged. You can’t judge our only judge is God and God doesn’t judge us. God tries to get us in the straight and narrow path.”**

Two female survivors expressed their satisfaction with the support received from the justice system. She expressed her satisfaction with the court order issued against her husband. **“I hope he will respect the order and not set his foot at the house.”**

A third of the survivors were satisfied with the support received from the police. She believed that she got more support from the police, the rapid response from the police in arresting the perpetrators. The police assisted her to get proper examination at Bopanang centre. **“They went after him and arrested him.” “I was brought to the centre by the police; tests were done and I was examined.”**

All except one survivor coped well with this support and acknowledged that coping would have been very difficult and impossible without outside help. The only female rape survivor not having family support expressed lack of family support because she had no mother or father to support her; and the only person available to her was her grandmother. The latter was aged and frail to give her adequate support.

**“I do not have a mother or father to support me, my granny is very old.”**

When probing why she said that she had no parents, she answered that her mother was no longer alive and her father was behind bars. **“My mum, she died some years ago.” “My dad was in jail when this occurred.”**

All female rape survivors appreciated the support offered by Bopanang Centre. She did feel comfortable when talking about Bopanang centre. She heard about this centre during a rally on Women’s day. She felt a bit lighter after talking about her ordeal. She thought that talking about her experiences might help others even if it

was hard.

**“I heard from another woman speaking at the rally (On Woman’s Day). She asked if we know about this place, I realized I need to come because I have an alcohol problem.” “I actually feel a bit a bit lighter I was so heavy... Because I’ve talked about it, I’ve cried.” “I can’t help anybody, but if I talk about it, I might be able to help even if it’s hard.”**

#### **4.11.10 Future Plans**

Most female rape survivors had an excellent relationship at home. These survivors got on well at home and helped around the house with the daily chores. They acknowledged that what happened to them was very hard to comprehend.

**“What happened to me was a very difficult thing to understand; it breaks a person I feel as if I am a cheap person.”**

But they were ready to put all her misfortune behind and focus on the future.

**“What else can I do except face the challenges? They are indeed challenges and I have learnt a lesson.”**

This lady had read what was on the wall in the office the interview was conducted. It read as follows,

**“They are challenges I have read here; obstacles are those frightful things that you see when you take your eyes off the goal.”**

Another survivor expressed her inner aspirations. She spoke about it with the social worker. They discussed the issue of taking sleeping pills.

**“I want to be happy.”**

**“I shared with the social worker about how I feel.”**

**“I cannot live on sleeping pills.”**

She confirmed being prepared to seek professional help. **“I am ready to go for remedy.”**

All participants that had a good relationship at home coped better to overcome the dreadful feelings brought by the rape and they believed this was a very distressful event in their lives. They were ready to put all their misfortune behind as plainly expressed by one of the female rape survivors. She said she wanted to focus on the future. She would not allow her young sister to face the same torment as she did.

**“I don’t want to think about it.” “I am nurturing my younger sister and also a younger brother.” “I do not want my sister to walk the path I have walked.”**

## CHAPTER 5

### DISCUSSION

#### Introduction

This chapter includes the discussion of methods and results. The study was carried out based on the researcher's experience with female rape survivors. However, behind every female rape survivor was a family survival as well. The stories were many and varied but there was always a sad and distressful story. Despite the sensitive and complicated nature of the rape somehow the survivors shared their experiences with us and appeared to cope well when adequate support was available. This prompted the researcher to decide to carry out this study. The aim of the study was to explore the experiences of female rape survivors seen at Bopanang Centre in Upington, Northern Cape Province.

#### 5.1 Methods

##### 5.1.1 Study Design

This study was an exploratory descriptive qualitative study. A qualitative study was used to describe the experiences of female rape survivors seen at Bopanang Centre in Upington, Northern Cape and to enable caregivers understand the experiences of females who survived rape. The researcher has studied "**The Experiences of Female Rape Survivors**", not merely as behavioural patterns but as conscious individuals, capable of interpreting and giving meaning to their own experiences. Therefore, the researcher has tried to understand the speaker as the speaker understands it without preconceived notions or prejudices (Rogers CR, 1969). This method was appropriate in obtaining this information. Britten *et al* (1995) stated

that qualitative methods are best applicable to explore issues of process and functioning of systems. This method is also appropriate for describing the form and nature of phenomena that are complex. The qualitative method in this study brought out the concise information from each female rape survivor. A qualitative inquiry begins by accepting that there is a range of different ways of making sense of the world and is concerned with discovering the meanings seen by those who are being researched and with understanding their view of the world rather than that of the researcher's (Patton MQ, 1990). Traditional quantitative methods would have been unsuitable in describing the phenomena the researcher was trying to comprehend and would not have yielded that much information.

Free attitude interviews were used by the researching team in this study. All interviews comprised of the same exploratory question and the interviewed female rape survivors were free to express themselves in any way. Probing and clarifying questions were used to stimulate them back to the topic. The interviewees were provided an opportunity to speak for themselves without directing or interpreting the encounter (De Vos AS, 1998). The interviewer's contribution was kept to a minimum allowing the female rape survivors to express their own experiences and emotions not those of the researchers. The respondents were allowed to express themselves without cohesion. A qualitative method was appropriate for this.

### **5.1.2 Study Population and Sample**

Qualitative sampling does not concern itself with representativeness as compared to quantitative research requires, data collected within qualitative enquiry must be rich in description of people and places (Patton, 1990). In keeping with the purposeful

sampling method, information rich participants were selected as described by (Patton, 1987).

A total of 10 female rape survivors were interviewed. The study population comprised of all female rape survivors who had been registered at Bopanang Centre, Upington, Northern Cape Province from June 2008 to September 2008. Participants were drawn from those presently living in Upington and its sub-urbans and townships in the Siyanda District. The total number of registered female raped survivors from June 2008 to September 2008 was 36. The data collected aimed at providing rich insights in order to understand the social phenomena rather than statistical information. For this kind of inquiry the researcher used purposive sampling methods in selecting informative subjects.

### **5.1.3 Data Collection**

Although it might have been ideal to conduct the interviews in the natural setting of the participants, the participants chose that they be conducted at Bopanang centre for personal reasons as recommended by (Pope C & Mays N, 1995). The interviews were conducted by Mrs NHM, a professional nurse skilled in qualitative research.

All the interviews were conducted at Bopanang centre. An audio recorder was used for all the 10 interviews. The researcher was able to observe the body language and document field notes. Most of the interviews were conducted in Afrikaans. These had to be translated to English. Naturally some data could have been lost in translation.

### **5.1.4 Data Analysis**

All interviews were transcribed verbatim as recommended by Pope C et al (1999). Interviews done in English were transcribed by the researcher while the Afrikaans



ones were transcribed verbatim and translated by a hired professional. Going through a number of replays for better understanding of what participants were saying happened to both the researcher and the hired professional transcriber.

The recommended content analysis using analytic induction helped to identify emerging themes from raw data resulting in “open coding” (Pope, C et al 1999; Strauss A & Corbin J,1990). Gradually similar words, phrases or events which were grouped into the same category were modified or changed on subsequent stages of analysis as reported by (Aronson J 1994).

### **5.1.5 Credibility and Validity**

An independent person not involved in the research translated and transcribed all the recorded information which enhanced the credibility of the research. All collected data was presented to the various participants to find out the credibility of the gathered information for member checking. This made sure that the information collected was clear and was what the respondents truly said. This enhanced the credibility of the study as respondent validation (Lincoln & Guba, 1985). The transcribed data was given to a family physician colleague for peer review and this also improved credibility (Lincoln & Guba, 1985). A variety of data collection methods were used namely field notes, interviews and post interview notes. This comparison of data from either two or more sources is called triangulation. Triangulation was used as a way to ensure comprehensiveness and confirmation of data (Begley, 1996). The use of multiple data sources with a similar focus helped improve the validity of the research.

### **5.1.6 Dependability**

All documents used during the study were kept by the researcher and are available for the supervisors for auditing. This enhances the dependability and reliability of the study.

### **5.1.7 Bias**

The observer or interviewer bias cannot be ignored or fully controlled in any qualitative study (Greenhalgh T & Taylor R, 1997). In fact as supported by these authors, despite the type of data collection used, the interviewer perception on the issue surrounding female rape survivors might have influenced the process of interview and data collection. To attempt minimizing this bias, efforts were made by trying to be as neutral as possible and following cues as much as possible, as well as clarifications through reflective summaries to the participants, or probing questions as recommended by free attitude interview (Meulenberg B, 1995).

There was selection bias in that patients were all from Bopanang Centre may have at least once been treated at the centre but because of the nature of inquiry and information rich subjects had to be chosen. However, in this research to get information rich persons was not difficult because all female rape survivors had been receiving care and other services at Bopanang Centre, therefore they were easy to identify as part of the sample.

The female rape survivors were all unknown to the researcher but were selected using the centre's register. All participants were raped and the event was not more than 2 months from the occurrence. This further reduced bias.

## 5.2 Results

The discussion of the results emerging from the findings of this study.

### ***5.2.1 Most female rape survivors remembered vividly the event leading to their rape ordeals. Alcohol had been mostly used by female rape survivors and by the perpetrators or by both prior the rape event.***

All female rape survivors had vivid memories of the circumstances leading to their rape. Almost all these female rape survivors found themselves isolated and totally at the mercy of the perpetrators.

The most striking factor leading to the rape was the use of alcohol by the female rape survivor or perpetrator or both before rape at some stage of their encounters. This finding was also mentioned by King G et al (2004). Parry & Dewing (2006) found that more than 47% of victims of rape reported alcohol had been used at the time of the rape.

Most perpetrators were well known to the female rape survivors ranging from husbands, family friends, and even father-in-law. The majority of sexual assaults are perpetrated by intimate partners in keeping with (Campbell R, *et al* 2001). A study in Nyeri, Kenya, by Erulkar AS (2004) reported that married women who were raped, two-thirds (67%) named the husband as a perpetrator. Three female rape survivors in this study were victims of gang rape a finding similar to that of (Rip CM. & Bezuidenhout FJ, 1992).

All female rape survivors except one were threatened with death. This was mostly verbal and re-enforced by physical assault to intimidate. A similar finding was reported by (Heise L, *et al*, 1999).

The times of the rape were varied; no specific time could be associated to the rape, although quite a number of rapes took place at night.

All perpetrators did not use condom when raping except in one of the gang rape, interview 2, where three males raped a female rape survivor using a condom. But at the end of her rape ordeal, their boss did not use it when raping her for the second time. Vaginal penetration was the most type of penetration reported by all the survivors in this study.

**5.2.2 All female rape survivors experienced various post rape distressful feelings ranging from anger, bitterness, humiliation, sadness, and confusion, self-blame and guilty, lack of trust and fear of men to the most extreme feelings such as crushed dignity and “dead inside” and willing to commit suicide.**

De Silva P (1993) showed similar findings in keeping with the results of this study.

This author, in his study, agreed that the individual nature of the experiences of rape can produce intense distressful feelings.

All female rape survivors had experienced more than one post rape distressful feeling. The feelings of lack of trust and fear of men lead to two female rape survivors to break their friendships with partners although these men were not the perpetrators. Our findings corroborate those of (Nadelson CC *et al*, 1989).

Self blaming and guilt were expressed by six female rape survivors, this was also a finding of a similar study by and warns that persistent feelings of shame and guilt may delay recovery. (Adshead G, 2000).

It was also shown that victims who experienced self blame feel there is something inherently wrong with them which has caused them to deserve to be assaulted.

(Tangney, JP & Dearing, RL 2002). This was a finding in this study the survivors felt

they were responsible for the rape.

Anger and humiliation were equally reported as bitterness and anger. Anger itself was the commonest distressful feeling in this study. Darves BJM (1997) showed that Anger is a common feature in individuals particularly in rape survivors. This is also in line with the results of this study.

Whereas the extreme feelings such as; wishing to commit suicide and crushed dignity and “dead inside” were reported by two female rape survivors. Another research showed that adult victims of rape were more likely to attempt or commit suicide (Davidson JR, 1996).

***5.2.3 Re-victimization and stigma are barriers for disclosure and reporting of rape. The disclosure was the most important factor in determining how one was able to cope with distressful feelings following rape.***

A third of the survivors experienced stigma and victimization as a result of being raped. The reason was that they had not disclosed the rape to friends, boyfriends and partners. They also mentioned failed relationships or broken friendships with partners due to fear of victimization and stigmatization. At some stage, they managed to report their cases to the police after being in a dilemma as to whether reporting and not reporting as documented by (Campbell R *et al*, 2001).

The disclosure of rape to close relatives and to some extent to friends was found to be important. The disclosure helped the survivor to mobilize moral support from her own family members and to seek assistance for medical examination, evidence collection, treatment and other supportive care for post rape survivors. In this study disclosure was found to encourage the f survivor to report the case to the police for

arrest of the perpetrators, application for interdict against the perpetrator if bail had been granted and filing for divorce against the husband as it was the case with one participant. These findings were similar to that of (Pillay AL & Sargent C 2000).

One survivor failed to disclose to her family members because she only had her grandmother who was sick and frail. She could not disclose to her fearing that her condition could be worsened by such bad news. She shared that her father was in jail and her mother died a long time ago. Failure of disclosure was associated with difficulty in coping after rape in keeping with (Resnick HS, *et al*, 1989). She is still struggling with this issue and has been booked to consult the clinical psychologist.

Two female rape survivors who needed treatment at some stage were not willing to go to hospital for such treatment. They were not only worried about what people would say about them, but she felt ashamed of going to the hospital as she believed people would judge her. Blaming is a very human characteristic as seen by (Madigan L & Gamble N 1991). These participants avoided the hospital at all costs and instead they were comfortable to seek help at Bopanang centre, specialized gender based centre. These findings are in line with what was shown by (Campbell R, *et al*, 2001) found.

All except one survivor had disclosed the rape to at least one family member and was relieved that they had done so. Despite being encouraged to disclose to at least one person during debriefing post rape, she chose not to disclose. She believed her grandmother would not stand the shock. She failed to disclose to her friends and believed that her friends would not keep her secret. She feared people would talk about her. She is not close with any of her siblings and did not believe that there was any benefit in telling them at this point.

All the other female rape survivors who had disclosed to their mothers, partners, siblings and grand-parents felt much better after the disclosure and felt less stressed after they had done it in keeping with (Campbell R, *et al*, 2001). Disclosure was very relieving and they received encouragement and support for the family. They are happy that they do not have to hide anything from the people close to them. One disclosed to her pastor and close church members and it turned out to not to be difficult as it came unexpectedly.

Two survivors faced rejection and abused by close family members saying she brought shame in their family. All they had wanted was support at a difficult time but all they got was abuse and rejection. This has also been documented by (Lewis S, 1994).

***5.2.4 Varied and inconsistent care and services had been offered to survivors without fully considering their specific needs and experiences of survivors.***

Different services and care had been offered to survivors ranging from examination at Bopanang centre to specific specialized treatment at Gordonia hospital such examination under anaesthesia. This finding was in line with the findings of these researchers (Ericksen J, *et al*, 2002).

Police intervention reported in this study was mainly in form of investigation, case number, arrest of perpetrator(s).

The justice system was responsible for services such appearance in court by the victims, interdict application against the perpetrators if it was an acquaintance and bail had been granted and filing of divorce application when the perpetrator was the husband.

Bopanang Centre offered a package of care and services ranging from medical examination, evidence collection, referral for treatment when required, counseling and shelter for female rape survivors when needed.

All survivors consulted Bopanang centre at some stage of their post rape ordeal.

Most of them were satisfied with the care and support received at the centre.

Two female rape survivors raised the issue of delayed counseling and one female rape survivor experienced a broken relationship with her boyfriend because he could not continue the relationship after knowing that his girlfriend had been raped. Another participant revealed that her marriage was strained and serious marital problems after her rape ordeal as confirmed by (Nadelson CC *et al* 1989). For these patients counselling was only sought at a late stage and partners were not involved. These gaps in service delivery were similar to those shown by (Christofides NJ, *et al*, 2006).

Two survivors contracted sexually transmitted infections, following the rape, this finding is in line with those of (Ononge S, *et al*, 2005). They only received treatment sporadically at a local general practitioner and one received her treatment only after complaining about it during the interviews. This confirmed that the rape kit which is supposed to be given to all rape survivors after rape was not offered to these survivors.

Almost all of the participants reported excessive alcohol use after rape. They had been attending the centre regularly and the issue was never discussed. The only opened up during the interviews. These authors showed that behavioural problems may include role disruption, poor social functioning, sexual dysfunction and substance abuse (Burgess AW & Holmstrom LL, 1979). Two survivors expressed distressful feelings during the night and having nightmares after the rape. They



confirmed misuse of sleeping pills and one was addicted to it since she could not sleep without taking those tablets. Once again they only raised this issue during the interviews and no one ever asked them about it. This finding was similar to an observation made by that sleep disturbance and nightmares are common among rape victims (Foa EB, & Rothbaum BO, 1998).

Lack of systematic counselling and debriefing services for survivors were raised. The counseling of survivors was sporadic and most of the time nonexistent. Two female rape survivors who were referred to the social worker for counselling were still on the waiting list because the social worker was very busy attending to other duties. These gaps in service delivery were similar to those elicited by (Christofides NJ *et al*, 2006).

Police intervention in this study was mainly in the form of investigation, case numbers, arrest of perpetrator and assistance with transportation of the survivors living in the suburban areas of Uppington. Some survivors faced blame for having been raped when reporting to the police station. They were blamed for putting themselves at risk because of their drinking and acquaintances. This was in line with poor treatment of rape survivors by the police was shown by (Vetten L 1998).

Some of the survivors blamed the police for failing to investigate their cases. For those who reported their cases which involved some police officers as perpetrators there were no case numbers given to them and delayed tactics were used to discourage and frustrate them. Similar findings were shown by (Segwai PK, 2004).

Police refusal to report the case and police bribery and the loss of dockets was a common practice as confirmed by (Jewkes R & Abrahams N, 2002).

The justice system was responsible of services such as appearance in court of the

victims, interdict application against the perpetrators and filing for divorce application when the perpetrator was the husband. It was also shown in another study that it was only a small percentage of prosecutions that result in conviction and sentencing of rapists. This author's finding was in line with this current study, two survivors felt betrayed by the justice system for the easy granting bail to the perpetrators and not protecting the rape survivors (Itano, M 2003).

#### ***5.2.5 All survivors who received good family support coped reasonably well.***

Most of the survivors except three were supported by their families. Disclosing the rape ordeal and the perpetrators turned out to be a relieving thing to do for most of the participants as seen with (Frank F, *et al*, 1984). They received a positive response and moral support from their families not only during the reporting of the case to the police and also during court proceedings. This support was in the form of empathy, moral support, and looking after the survivor and reminding them to take their medicines when tablets were issued by the centre. All the survivors appreciated the support received from their families. Those survivors were grateful to receive outside help as they felt that they could not manage. All the survivors that had disclosed to other family members and to close friends received all kinds of support as in the findings of these authors (Frank F, *et al*, 1984). This support smoothed their survival and made them to cope better. They felt grateful and they acknowledged that they would not have managed on their own.

Support was withdrawn from two survivors after they disclosed their ordeal to the family's members. They were instead blamed for the rape and for bringing shame to

their families.

One survivor failed to disclose to her grandmother because of her ill health struggling to cope with the post rape distressful feelings. To them life has been cruel and coping was difficult, this finding was in keeping with a similar study, the findings were in keeping with those of (Ahrens CE & Campbell R, 2000).

Most female rape survivors, while talking about coping after rape, confirmed that it was hard not only about what happened, but it was all about surviving after rape. They expressed their gratitude of being alive and from there to carry on with their lives. They all agreed that they were coping better as their families were very supportive.

#### ***5.2.6 Excessive alcohol use and abuse of sleeping pills had been reported by some of the survivors as means to alleviate the post rape distressful feelings***

The survivors showed that being raped did affect their perception of life. Despite having a direct destructive effect on their perception of life, relationships towards men, rape had been perceived as the most traumatic and distressful experience by all of them, this finding was also echoed by (De Silva P, 1993).

It was also demonstrated that there was lack of systematic counselling and debriefing services for survivors. The counselling of survivors was sporadic and most of the time non-existent.

Most of the survivors, who abused sleeping pills or excessive alcohol use, did so partially because of non-existent and sporadic counseling. If there was systematic counselling they should have been warned about the use of alcohol and sleeping pills. Two of these survivors acknowledged having a problem with excessive alcohol

use even before their rape. These gaps in service delivery were similar to those elicited by (Christofides NJ, *et al*, 2006).

Similar findings as those of this research that: All survivors who used alcohol excessively or abused sleeping pills reported not getting better and complained of persistence of post rape distressful feelings (Holmes MR & Lawrence JC, 1983).

### **5.3 Limitations of the study**

1. There was a small sample size which would not be representative of the whole community and therefore not to be generalised. However, being a qualitative study the emphasis was on depth not quantity.
2. All the interviewed survivors were from Upington and its suburban areas and the researcher missed out on the views of other female rape survivors not living in Upington and surrounding areas. The study was done at only one crisis centre, Bopanang centre. Therefore the results of the study do not reflect the experiences of female rape survivors seen in other crisis centres. The experiences of the individual depend on the personality and previous life experiences. There were contradicting experiences among the survivors on the same subject. Although the interviewer had no working relationship with the interviewees, after the interview, a personal relationship between the researcher and the participants may have affected the contents of the interview.
3. There was selection bias in the sample of taken as the female rape survivors were taken from the register of Bopanang centre with the help of the resident administrative clerk, but not known to either the researcher or the assistant.

Because purposive sampling was done, the researcher sought to select information rich subjects who would best bring out the information.

4. The interviews were carried out in English or Afrikaans or both and this needed translation. A translator was used and some data could have been lost in translation. This was reduced by cross checking the information with the interviewed female rape survivors to make sure that what was recorded is what they had said.

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 CONCLUSIONS

The results of this study showed that most female rape survivors could recall events leading to their rape ordeal. Alcohol had been mostly used by the survivors and by the perpetrators or by both prior the rape.

All of the survivors experienced various post rape distressful feelings ranging from anger, bitterness, humiliation, sadness, and confusion, self-blame and guilty, lack of trust and fear of men to the most extreme feelings such as crushed dignity and “dead inside” and thinking about committing suicide.

Victimization and stigma were barriers for disclosure and reporting of rape. The disclosure was the most important factor in determining how one was able to cope with distressful feelings following the rape.

Different services and care had been provided to rape survivors ranging from examination at Bopanang centre to specific specialized treatment at Gordonia hospital such as examination under anaesthesia. Bopanang Centre offered a package of care and services ranging from medical examination, evidence collection, referral for treatment when required, counseling and shelter for female rape survivors when needed.

Police intervention reported in this study was mainly in the form of investigation, case number, arrest of perpetrator(s). The justice system was responsible for services such appearance in court by the victims, court interdict application against the perpetrators approaching the victim if it was an acquaintance and bail had been

granted; and filing of divorce application when the perpetrator was the husband. Varied and inconsistent care and services had been offered to survivors without fully considering their specific needs and experiences of survivors. From the interviews, it came out that most of these services are poorly offered and some are nonexistent. Some rape survivors received sporadic counseling when their main issue was an immediate need for treatment to prevent infection. They only received treatment sporadically at a local general practitioner and one received her treatment only after complaining about it during the interviews.

Complaints about not receiving counseling came out clearly and lack of systematic post rape counseling was raised. The justice system, police and health care providers were spotted by some female rape survivors for poor service and lack of empathy when dealing with the victim of rape.

All rape survivors in this study consulted Bopanang centre at some stage of the rape. Most of them were satisfied with the care and support received at the centre. Two survivors raised the issue of delayed counseling and one survivor experienced broken relationship with her boyfriend because he could not continue the relationship after knowing that his girlfriend had been raped. Another participant revealed that her marriage was dysfunctional and serious marital problems after the rape. For these patients counselling was only sought at a late stage and partners were not involved. These are serious gaps in service delivery and post rape care for females who survived rape.

All survivors who received good family support coped reasonably well. Most of the survivors except three were supported by their families. Disclosing the rape and the perpetrators turned out to be a relieving thing to most of the participants.

Excessive alcohol use and abuse of sleeping pills had been reported by some of the survivors as means to alleviate the post rape distressful feelings. All survivors who used alcohol excessively or abused sleeping pills reported not getting better and complained of the persistent of post rape distress.

The survivors showed that being raped did affect their perception of life. Despite having a direct destructive effect on their perception of life, relationships towards men, rape had been perceived as the most traumatic and distressful experience by all of them.

The study concludes that the experiences of female rape survivors seen at Bopanang Centre in Upington have not been considered by health care providers and stake holders in the health care and post rape services offered to them. Female rape survivors having a good family support cope reasonably well despite the distressful post rape feelings experiences they go through on a daily basis.

## **6.2 RECOMMENDATIONS**

The following recommendations are suggested as a result of the study:

1. Female rape survivors should be given appropriate counseling after the rape and individualized care to be offered to survivors based on their expressed needs.
2. All necessary tests should be carried out as soon as possible to prevent embarrassment for the survivors waiting in the queue and prevent loss of evidence.
3. The justice system and police should make sure that all reported cases are



promptly investigated and feedback provided to the survivors.

4. A multi-disciplinary team for integrated care of female rape survivors should be implemented to avoid delay of reporting, victimization, stigma attached to rape
5. and poor care offered to female rape survivors at all levels.
6. Disclosing the rape to a closer and supportive family member should be encouraged.
7. Blame as to how the female got raped should be discouraged.
8. Family members should be encouraged to support the female rape survivors in any way possible.
9. Community awareness on the care of female rape survivors should be promoted.
10. Female rape survivors should be encouraged to avoid alcohol beverages and sleeping pills after the rape because it might lead them to addiction.
11. The experiences of female rape survivors should be considered by health care providers for all health care and services offered to them to promote adequate support and prompt recovery.

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## Appendix B

# UNIVERSITY OF LIMPOPO

Medunsa Campus



## MEDUNSA RESEARCH & ETHICS COMMITTEE

### CLEARANCE CERTIFICATE

P O Medunsa  
Medunsa  
0204  
SOUTH AFRICA

MEETING: 06/2008

Tel: 012 - 521 4000  
Fax: 012 - 560 0086

PROJECT NUMBER: MREC/M/118/2008: PG.

#### PROJECT :

Title: The experiences of female rape survivors seen at Evander Hospital, Gert Sibande District, Mpumalanga

Researcher: Dr B Abolio

Supervisor: Dr JV Ndimande

Co-supervisor: Mrs NH Maletle

Hospital Superintendent: Dr T Ndamse (Evander Hospital)

Department: Family Medicine & Primary Health Care

School: School of Medicine

Degree: M Med (Fam Med)

#### DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: 6 August 2008



  
PROF. G.A. OGUNBANJO  
CHAIRPERSON MREC

#### 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.

## Appendix C

Prof GA Ogunbanjo  
Director: Research & Chairperson MREC  
P.O.Box 163  
University of Limpopo  
Medunsa Campus, 0204

☐: (012) 521-5671/4009  
Fax: (012) 521-3749  
E-mail:research@medunsa.ac.za



Dr B Abolio  
Department of Family Medicine & Primary Health Care  
P.O.Box 222  
University of Limpopo  
Medunsa Campus, 0204

Dear Dr Abolio

RE: REQUEST TO CHANGE RESEARCH SETTING FROM EVANDER HOSPITAL  
TO BOPANANG CENTRE

Medunsa Research and Ethics Committee acknowledges the receipt of your letter dated 23 August 2008.

Protocol Number: MREC/M/118/2008: PG

Title: The experiences of female rape survivors seen at Evander Hospital, Gert Sibande District, Mpumalanga

This protocol was considered during the 07/2008 meeting of the MREC held on 11 September 2008.

### 1. COVERING LETTER

The Committee ACCEPTED the covering letter.

### 2. DECISION OF THE COMMITTEE

MREC NOTED and APPROVED the request to change research setting from Evander Hospital to Bopanang Centre.

MREC NOTED the permission from Bopanang Centre Managers to accommodate this research.

**3. LIST OF COMMITTEE MEMBERS PRESENT DURING THE REVIEW OF THIS NOTICE**

Prof GA Ogunbanjo	(Chairperson), Male
Prof N. Ebrahim	(Deputy Chairperson) Female
Prof R Lalloo	(Dentist), Male
Ms R Burnett	(Research Methodologist), Female
Prof LM Ntlhe	(Clinician), Male
Dr P Rautenbach	(Legal) Male
Ms NJ Mayedwa	(Layperson), Female
Ms KB Moerane	(Layperson), Female
Ms Mabiba	(Represents School of Public Health), Female
Dr NH Wood	(Represents School of Dentistry), Male
Prof L Sykes	(Represent School of Dentistry), Female
Prof SR Magano	(Represents Faculty of Science & Agriculture), Male
Dr NM Agyei	(Represents Faculty of Sciences and Agriculture), Male
Dr MLM Sengane	(Represents School of Health Care Sciences), Female
Prof S du Plessis	(Represents School of Health Care Sciences), Female
Prof MJ Mpe	(Represents School of Medicine), Male
Prof GA Culligan	(Represents School of Pathology), Male

Medunsa Research and Ethics Committee follow the ICH GCP guidelines and Standard Operating Procedures (SOP) of the Ethics Committee.

Yours Sincerely,

Yours Sincerely,

PROF G.A. OGUNBANJO  
DIRECTOR: RESEARCH & CHAIRPERSON MCREC  
11 September 2008.

## Appendix D



Department of Social Services and  
Population Development

Departement van Maatskaplike  
Dienste en Bevolkingsontwikkeling

MIMOSA KOMPLEKS  
MIMOSA COMPLEX  
KIMBERLEY  
Private Bag X 8110  
Republic of South Africa  
Tel. (053) 8749100  
Fax (053) 8712441

Enquiries :  
Dipatlisiso :  
Imibuzo :  
Navrae :

**MS. LEKHOB/MALELAKE**

Date :  
Leshupelo :  
Umhla :  
Datum :

**22 AUGUST 2008**

Reference :  
Tshupelo :  
Isalethiso :  
Verwysing :

DR. BOLUKAOTO  
GORDONIA HOSPITAL  
**UPINGTON**  
8800

### **RESEARCH : BOPANANG CENTRE**

This communiqué serves to inform that permission is hereby granted to dr. Bolukaoto to proceed with the planned research at Bopanang Centre.

We strive towards service excellence and the findings from this research project will enable us to improve our service delivery.

Yours in service excellence!

  
MANAGER SPECIAL PROJECTS

"An Integrated social development approach  
that enhances sustainable livelihoods"



## Appendix E

### 1. Demographic questionnaire

- How old are you?
- What is your marital status?
- What is your religion?
- What is the highest level of education you attained?
- When did your rape ordeal take place?
- To whom did you disclose your rape ordeal?
- Who supported you most of the time?
- Where did you normally go for treatment after the rape ordeal?

### 2. Socio-Demographic Profile of Participants

<b>Socio-Demographic profile of participants</b>					
No	Age	Household income per month	Educational level	Marital status	Parity