UNIVERSITY OF KWAZULU-NATAL

INYUVESI YAKWAZULU-NATALI

The multi-level nature and extent of secondary victimization among adult, female rape victims at the RK Khan Thutuzela Care Center.

By

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A dissertation submitted in fulfilment of the requirements for the degree of Master of Social Sciences in the Centre for Communication, Media, and Society (CCMS), School of Applied Human Sciences, College of Humanities, University of KwaZulu-Natal (Howard College), Durban, South Africa.

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I, Trianne Amarchund, (207503294) declare that:

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Dedication

To all the women:

who have paved the way before me,

fought beside me

cried with me

and

those who will continue after me…

Aluta Continua!

Acknowledgements

I am grateful to God, above all, for this thesis finally being submitted, what a journey it has been!

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My editor, Gail Robinson. Thank you for your hard work and well-spotting eyes. I appreciate your assistance and kindness. This thesis has been professionally edited by Robinsong editing services.

Lastly, but most importantly- to my brave participants …This is not my story but yours. I am humbled by your strength, perseverance, and vulnerability. Thank you for trusting me to tell your stories and empowering me to write this.

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Yours sincerely,

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Abstract

Rape is a traumatic and life-threatening experience, and one that cannot be easily forgotten by the survivor. It leaves the rape survivor full of fear, doubt, and anger. The resulting fear and anger also ripple through to family members, friends, and the community. Women's and girls' mental and physical health have been shown to be negatively impacted by gender-based violence, which is widely acknowledged around the world.

This research study aimed to encapsulate the nature and extent of secondary victimization amongst adult, female rape victims at the RK Khan Thutuzela Care centre, and their respective social systems using Bronfenbrenner's Systems theory as a basis. A qualitative methodological approach was applied, and data was collected in a descriptive manner through semi-structured question-interviews.

The study found that the participants' knowledge and comprehension of the concept of secondary victimization were limited. The data also demonstrated that while there were a variety of impacts felt by all participants, all the participant's do experience secondary victimization and its effects, on various levels over a prolonged period of time. There is currently no structure or procedure in place to help victims cope with all these extended aftereffects so the researcher proposes the need for a multi-faceted approach toward rape victim empowerment.

Keywords: *rape, victimization, secondary victimization, victim, systems theory, victimology, rape.*

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Chapter 1: General Background and Orientation of Study

1.1 Introduction

It is widely acknowledged that South Africa has one of the world's highest rates of serious and violent crime in the world. In South Africa, crimes are not only common, but they are also extremely violent and brutal in nature, and they are committed in an inhumane manner. The rape statistics in South Africa are amongst the highest in the world, with a South African woman having a greater chance of being raped than of learning to read (SABC, 2012). As a result, the country has been dubbed "the rape capital of the world" in a report by the Institute of Security Studies (ISS) (Jewkes et al., 2010:49).

According to the Merriam-Webster dictionary, a victim is "someone who has been injured, destroyed, or sacrificed under any of a variety of circumstances" (2017). As a result, the following definition of "victim" is provided in the United Nations Declaration on the Fundamental Principle of Justice for Victims of Crime and Power Abuse, as well as in the Victims' Charter and the Minimum Standards: In South African criminal law, a victim is defined as a person who has suffered harm, including physical or mental injury, emotional suffering, economic loss, or a substantial impairment of his or her fundamental rights, as a result of acts or omissions that are in violation of our criminal law .The term "victim" can also refer to the immediate family or dependents of the direct victim, depending on the situation.

A person may be considered a victim regardless of whether the perpetrator is identified, apprehended, prosecuted, or convicted, and regardless of whether the perpetrator and victim are related by blood, marriage, or other means. Everyone is included in the term "victim," and there is no discrimination based on "race," "gender," "sexual orientation," "pregnancy," "marriage status," "ethnic or social origin," "colour," "sexual orientation," "age," "disability," "religion," "conscience," "belief," "culture," "language," or "birth" (Karmen,1984:10-12)

This definition is pertinent to the current investigation. It is important to note is that while the term "rape victim" will be used throughout this study, the term "rape survivor" may be preferred; however, because this study is primarily in the victimology genre, the term "rape victim" will be used most of the time.

There have been many developments in the laws pertaining to Rape and gender-based violence in South Africa. The most recent being the signing of, of legislation by President Cyril Ramophosa, which intends to improve endeavours to combat gender-based violence crimes. These new laws have a greater victim-centered approach. They are namely: The Criminal Law (Sexual Offences and Related Matters) Amendment Act Amendment Bill; the Criminal and Related Matters Amendment Bill, and the Domestic Violence Amendment Bill (Statement issued by The Presidency of South Africa, 2022.). This legislation builds on the National Strategic plan of Gender-based violence and Femicide which took place at the 2018 Presidential Summit against Gender-based violence and Femicide. The Summit challenged current gender-based violence legislation and legal frameworks to become more victim orientated, to identify and adopt current legislative inequalities and to evaluate and accelerate the pending laws and bills which are associated with Gender-based violence. These laws will be explained more in detail under the Literature chapter.

Victimology is a sub-discipline of Criminology. The term victimology was coined in the year 1947 by Benjamin Mendelsohn, who is considered the father of victimology (Doerner and Lab, 2002:2-7). However, Hans von Hentig published an article in 1941, observing the relationship between victims and criminals. Von Hentig then went on to publish his paper, The Criminal and His Victim, in 1948. He used this paper to provide victim typologies based on physical, psychological, and social factors. Victimology underwent many developments over the following decades, the main ones being the call for changing of legislation and various acts created for victim empowerment (Van Dijk,1997).

Secondary Victimization as defined by Campbell and Raja (1999:262),
“Behaviours and attitudes of social service providers that are "victim-blaming" and insensitive, and which traumatize victims of violence who are being served by these agencies. Institutional practices and values that place the needs of the organization above the needs of clients or patients are implicated in the problem. When providers subjugate the needs and psychological boundaries of rape victims to agencies' needs, victims feel violated”.

There are legal, medical, and mental health systems that exist in society to assist rape victims. Campbell and Raja (1999:264) argue that there is evidence which shows that many rape victims will not and do not receive the assistance they require. As a result of this secondary victimization, the victims are left feeling more traumatized and further victimized, and the process is referred to as the "second rape" or the "second assault." Campbell et al. (2009) conducted research on the impact of sexual assault on women's mental health and found evidence to support the assertion that the process of secondary victimization extends far beyond the actual rape and that the connection between multi-level ecological factors and secondary victimization negatively affects the development of the victim's empowerment, thereby negatively impacting the victim's recovery.

Although the discipline of criminology has undergone significant transformation in the last two decades, moving away from being solely an academic discipline to one that involves actual physical involvement and emotional investment through victim empowerment, Fattah (2000: 40) asserts that this has had negative consequences for new theoretical developments. Since victimology is a relatively new and young discipline, there has been little significant theoretical expansion, research growth, or attention paid to victims. A vast majority of studies conducted in South Africa (Jewkes et al, 2010, Heeralal, 2004, and Ndlovu, 2005.) regarding the secondary victimization of rape victims, primarily focus on the physical, emotional, and psychological effects of the rape. However according to research done by authors such as Gqola,2015., Mgoqi, 2006 and Nkomo ,2012., there are a limited number of studies conducted on the impact and longitudinal effects of secondary victimization.

1.2 Problem statement

Following on this information, the problem statement is one which is complex in nature due to Rape, its' victimization and its' secondary victimization, each being multi-levelled and multi-faceted; What is the multi-level nature and extent of secondary victimization of Rape victims?

1.3 Aim of the study

The main aim of this study is to answer the question of how secondary victimization is experienced by rape victims. The researcher seeks to explore and describe the multiple

effects the rape victims experience post-rape and how deep those effects last as well as how long the effects are experienced for.

1.4 Definitions of key concepts

Gender based violence

Gender-based violence is described as harm that is inflicted against a person's will because of their gender identity, regardless of their consent. Mpani and Nsibande (2015) state that this is often related with the uneven allocation of power between men and women in society. Men and women are both victims of gender-based violence, which is defined as violence directed against a person because of his or her biological sex, gender identity, or perceived conformity to perceived cultural gender ideals. It is also referred to as sexual assault in certain circles. This encompasses all sorts of abuse, including sexual, physical, and psychological abuse, threats, coercion, loss of liberty, and economic difficulty. It also includes threats, coercion, loss of liberty, and economic hardship (Khan, 2011, p 7).

Women, girls, and members of other at-risk groups, such as members of the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) community, are particularly vulnerable to gender-based violence as a result of the disadvantages they face. One of the topics discussed in this section is power disparities based on biological gender, gender identity, and sexual orientation (Khan, 2011, p 11). Moreover, this illustrates and reflects the high levels of patriarchy that can be seen in South Africa today (Hwenha, 2014, p.24).

According to the Centre for the Study of Violence and Reconciliation in South Africa, the high levels of violence in the nation may be attributed to three key factors, which are as follows: Among them include a criminal justice system that is widely seen as corrupt and ineffective, as well as high levels of poverty, unemployment, inequality, and social isolation, as well as a failing economic environment. Violence has been more institutionalized in South Africa, and it is now seen as a respectable manner of resolving differences between parties.

Sexual Assault and Abuse

According to the World Health Organization (2003), sexual violence is defined as any act that is sexual in nature. In order to acquire a sexual act, sexual coercion and coercion are used in a variety of ways, including unwanted sexual statements and advances, coercion, threats, and physical force.

Harassment on the basis of sexual orientation

Generally speaking, when it comes to sexual assault, everything from fondling to penetration (as well as attempted penetration) of one person into another's anus, mouth, or genital organs is considered assault. This procedure may be performed on any part of the body, including the genital organs, or on any other thing (Mpani and Nsibande, 2015, p 10).

Under the provisions of Act No. 32 of 2007, "any person ("A") who illegally and wilfully conducts an act of sexual intercourse with a complaint ("B") while B is present is guilty of the crime of rape." "Any person ("A") who illegally and wilfully conducts an act of sexual intercourse with a complainant ("B"), while B is present, is also guilty of the crime of rape."

Forced oral sex, exhibitionism, and the fondling of human genitalia are all prohibited under the new Sexual Offences Amendment Act (No. 32 of 2007), which should be expanded to encompass these and other practices. Forcible sexual intercourse or a sexual act perpetrated against another person without their knowledge or consent is the crime of rape.

The definitions offered above demonstrate that rape not only constitutes an act of sexual violence, but it is also a kind of gender-based violence as well as a form of sexual assault. Rape victims frequently feel helpless and victimized on a daily basis, and although they are, by definition, victims, many prefer the term "rape survivor" rather than "rape victim" because it emphasizes their strength and resilience rather than portraying them as helpless victims. Rape survivor is a term that was coined by the National Rape Survivors Network in 2005. An individual who has been raped but has managed to overcome the negative repercussions of the occurrence in order to continue to lead and create a productive life is characterized as a "rape survivor" by the Centers for Disease Control and Prevention (CDC) (Gosselin, 2000: p.8). For the sake of this investigation, the terms victim and survivor will be used interchangeably throughout this study.

According to estimates, just one in every nine occurrences of sexual assault is reported to the police in South Africa, making rape a "silent crime" that is not usually effectively represented in rape statistics. This contributes to the dangerously high incidence of rape in the country (Jewkes et al., 2010, p.45). The sentiments of shame and dread that the victims experience during a rape contribute to the underreporting of many such incidents. In addition, the investigation of rape cases by law enforcement officials may contribute to victims' increased feelings of shame as a result of their suffering, which may be exacerbated by the investigation.

Just to put it bluntly, there are inadequate resources for rape survivors, as well as increased shame and humiliation as a result of unhelpful and unsympathetic members of the South African Police Service and their willingness to place blame on the victims of rape and sexual assault. In addition, there is a high level of distrust in the criminal justice system, as well as a reliance on and/or fear of the offender or offenders, a lack of awareness of support services and legal standards, and concerns about the confidentiality of information in the system.

Child Rape

When the perpetrator of child (statutory) rape is well-known to the victim and her family, it is more likely that the crime will take place. Statutory rape is a particularly difficult and sensitive kind of rape since it includes the sexual exploitation of children. As a result of the trauma that the child has experienced, it needs extra care and consideration. A child psychologist or psychiatrist may be required to examine the kid to establish if he or she is emotionally and mentally stable enough to be subjected to a questioning process (Gilbert, 2007, p.283). South African law indicates that adolescents under the age of twelve are unable to provide consent for sexual conduct, according to the law (Sexual offences and Related Matters Amendment Act, Sections 15 and 16, 2007)

Spousal rape

Marital rape happens when both partners in a marriage are raped at the same time, as opposed to sexual rape. In spite of the fact that raping of male partners in marriages does occur, it is more common to find that raping of female partners in marriages has occurred. The rape of a woman by her husband was previously not considered a crime, and he could not be lawfully prosecuted and charged with rape. However, recent legislation and amendments to (sex-crime) criminal laws and statutes have changed this (Gilbert, 2007, p.283).

Date rape

Date rape is a terminology that refers sexual assault between people who are in some type of social relationship when it occurs in the context of a social connection as "date rape." It occurs most often during a dating setting, when the assailant draws the victim in with false promises and then attacks her (Gilbert, 2007, p.289).

Gang Rape

Gang rape is described as the rape of a man or a woman by a large number of persons who are all members of the same gang in which the victim is involved. The fact that the victim is badly humiliated and raped by a large number of perpetrators at the same time makes this one of the most excruciating types of rape to endure (Geron, 2012).

Elder rape

One sort of rape that has recently gained popularity is one in which the perpetrator develops an infatuation with or fascination with old people, and this fixation drives the perpetrator to rape elderly individuals. An older person is victimized by a sort of rape that happens when the perpetrator develops an infatuation or attraction with the elderly (Fisher, 2004, p.335).

Myths and misconceptions regarding rape

It is described as a false thought or theory that is accepted as true by a certain individual or group of people when it comes to mythology. Rape myths are often perpetrated by those who claim to be the perpetrators of an unknown incident, in this case rape, and who seek to explain rape by relying on non-factual information. In certain cases, these ideas are supported by evidence such as victim blaming, which is defined as the act of placing responsibility for a rape on the victim because of her clothes or behaviour and/or alcohol use, among other things. Research done utilizing different metrics to quantify rape myths found that between 25 and 35 percent of respondents (both male and female) accepted the majority of rape myths, according to the findings of the study (Lonsway and Fitzgerald 1994, p.142). Males are more prone than females to accept the majority of these rape urban legends, according to research (Suarez and Gadalla 2010).

There are many rape myths that exist presently however the researcher chose the following ones to focus on. Firstly, many criminals or rapists believe that refusing to participate in sexual action is equivalent to giving her permission to continue. This is the idea that a woman's unwillingness to engage in sexual activity is equivalent to giving her agreement to continue. Some individuals believe that the more a woman fights being raped, the more she wants to be raped over and over again, which is counterproductive. (United Nations, 1948).

(2) The notion that raping a homosexual would result in the rape victim's sexual orientation changing from gay to heterosexual. Corrective rape is a word that is more often used to describe this practice than the term corrective rape. NACOSA (Networking HIV AIDS Community of Southern Africa) recorded occurrences of corrective rape in countries such as

South Africa and Namibia on page 41 of their 2015 report, stating that both men and women are targeted as potential rape victims based on their sexual orientation (falling within the LGBTQI community).

(3) It is claimed that sleeping with a virgin will help you recover from HIV/AIDS and other diseases. Males in their forties and fifties are raping many young women against their will, under the belief that raping a virgin can cure them of HIV/AIDS. It has been suggested by Greenslade et al. (1997) that this raises the rate of HIV transmission as well as the number of HIV positive children, hence increasing the number of HIV positive child-headed households (Greenslade et al, 1997).

There are many different sorts of relationships in which rape may and does occur, including marriages, partnerships, and romantic relationships. In certain quarters, this is referred to as spousal rape or marital rape, and it is illegal. Marital rape happens when one partners in a marriage is raped by the other partner. In spite of the fact that raping of male partners in marriages does occur, it is more common to find that raping of female partners in marriages has occurred. For a long time, it was unlawful for a husband to rape his wife; but, as a result of recent legislation and changes to (sex-crime) criminal laws and statutes, rape of a woman by her husband is now recognized as a crime, and he may be properly prosecuted and charged with rape (Gilbert, 2004, p.283). Watson (2015, p.15) believes that these views are often a contributing factor to the low percentage of prosecution and conviction for reported rapes.

Victim, victimization, and secondary victimization

As a result, criminal acts and criminal activities in South Africa for many decades were pushed and directed largely toward and toward the offender. The focus was entirely on the perpetrator, with little concern and assistance offered to the victim in the form of support and empowerment. In the debate over investigative criminology, it has been standard practice to cast responsibility on rape victims, which has become a common occurrence in the field of investigation. Ripped women are to fault for their ordeal/incident, according to the circular communities and many groups that advocate for rape victims. In addition to perpetuating rape myths and stereotypes, they have also contributed to the persecution that rape victims often feel and endure after their violent, horrific experiences. Tragically, rape myths and stereotypes have worsened the sense of victimhood that rape victims typically feel and suffer after their violent and terrible experiences (Davis & Snyman, 2010, p. 13).

According to Schurink, Snyman, Krugel, and Slabbert, the term "victimization" refers to the process of making someone a victim – in the sense of exploiting, depriving, deceiving, ignoring/violating the rights of, or causing/allowing harm to come to – an individual and the people who are directly connected to them (1992, p.304).

Raped victims can receive assistance from a variety of systems including the legal system as well as medical and mental health organizations. Campbell and Raja (1999, p. 265) suggest that there is evidence to support the claim that a large number of these rape victims will not or will not receive the assistance they require. Furthermore, the assistance that is offered to rape victims often leaves them feeling as though they have been victimized once again. In the academic community, researchers have referred to this process of revictimization as "second rape" or "secondary victimization."

"The second assault," by JE Williams and K. A Holmes, was the first publication to introduce the notion of secondary victimization, which was later described by Williams in his 1984 article, "Secondary Victimization: Confronting Public Attitudes Towards Rape."

Rappa survivors are often left feeling abandoned by the system that is meant to be there to aid them in their rehabilitation and legal actions, according to Campbell and Raja (1999, p.261-262). Secondary Victimization, also known as the second rape or second assault, is defined by Williams (1984, p. 67) as a victimization that occurs after the first victimization ""Secondary victimization is a prolonged and compounded consequence of certain crimes; it results from negative, judgmental attitudes and behaviors directed toward the victim, resulting in a lack of support, perhaps even condemnation, and/or alienation of the victim." Community care providers' victim-blaming attitudes and practices contribute to the escalation of rape events, increasing stress and suffering for those who have been abused."

As a result, rape victims are often mistreated not only by the attacker, but also by the myriad procedures that have been put in place to aid them. Following up on their previous results, Campbell et al (2001) came to the conclusion that avoiding secondary victimization is a long-term goal. Alternatively, ensuring that all service providers have enough training would be the short-term objective.

Campbell (2008) investigated the effect of sexual assault on women's mental health and discovered that the process of secondary victimization persists well beyond the primary rape. They also discovered that the relationship between multi-level ecological elements and

secondary victimization has a negative influence on the growth of the victim's empowerment, which in turn has a negative impact on the victim's rehabilitation.

In the field of contemporary criminology and victimology, recent advances in the field of victimology and rape victimization have paved the way for greater detail and understanding to be placed on (rape) victims' experiences from the perspective of the victim - so that they (criminologists and victimologists) can empower these victims of crime with essential skills; in doing so, the criminologists, victimologists, and other professionals will be better able to understand the behavioural patterns and actions of rape victims (Davis & Snyman, 2010, p 3-5).

It follows as a consequence of this that the question of when and how rape victims become secondary victims of rape. In light of the fact that victims of rape are impacted not only by the criminal act of rape but also by the entire investigation and court process, in addition to experiencing additional victimization from their social networks and suffering emotional, physical, and psychological consequences, it is reasonable to argue for the development of a more comprehensive and inclusive theoretical Victimization model that is tailored specifically to rape victims and their families.

1.5 Study objectives

The objectives of the study are firstly to: determine the long-term and multi-level effects that the identified, voluntary participants of this study, who themselves are rape survivors, experience on a multi-level basis. Secondly, the researcher aims to enquire about the participants knowledge of secondary victimization.

Thirdly, the researcher aims to describe the perceptions, experiences, and complexities of secondary victimization from the perspective of the rape victims. Fourthly, to explore the perceptions, experiences, and complexities of secondary victimization from the perspective of the rape victims.

Fifthly, the researcher aims to measure the extent of secondary victimization within the areas of physical consequences, emotional consequences, psychological consequences, as well as the frequency of effect triggers, social system consequences, coping mechanisms and longitudinal consequences of the rape.

Lastly, the researcher hopes to develop a conceptual framework for secondary victimization based on the findings of the research.

1.6 Key research questions

1. What is the participants knowledge of secondary victimization?
2. What are the secondary-victimization experiences, perceptions and complexities that the participants experience/experienced?
3. What is the extent of secondary victimization that the participants have experienced?
4. What are some of the areas in which the participants have experienced secondary victimization? And to explore and describe these.
5. How did the effects of these experiences impact their social systems?
6. What are some of the social-level effects that that the identified rape survivors (the participants of this study) experience/experienced?
7. How do the rape victims describe their physical, emotional, and psychological health, post rape?
8. Has their current state of their physical, emotional, and psychological health changed from pre-rape and if so, how?
9. Did the victims have coping mechanisms and if so, what are they?
10. What were the victims' experiences with the key role players involved in their rape process?

1.7 Significance of the study

As rape is an ever-growing problem, not just in a local South African context but also internationally, as well as the current trend of moving towards a society which focuses more on women and children's rights, information from this study can be used to educate, empower and evaluate the current systems which rape victims access as well as the stakeholders they interact with. This study also highlights the various, multi-level needs of rape victims, post rape.

1.8 Chapter sequence

Chapter One sets the foundation for the study by giving a general background and orientation of the study. Chapter Two provides the literature reviewed for thus study. Chapter Three discussed the theoretical framework. Chapter Four described the research methodology used as well as the research process. Chapter Five analysed the collected data and Chapter Six is the conclusion and summary of findings.

1.9 Conclusion

This chapter presents the background of the study and research problem. This is followed by research questions and the research objectives. Then, the aim and significance of the study. The last part of the chapter deals with definitions of terms, outline of the chapters, and summary of the chapter.

The purpose behind this chapter was to detail the contextual basis towards the issue of domestic violence in South Africa. This chapter provided an overview of the statement of the research problem in order to give background information to the problem of domestic violence and why it is important to conduct the current study. A section of this study focused on defining important concepts to clarify the terminology used to explain the subject matter of the research which included the explanation of domestic violence, intimate partner violence and secondary victimization. The term secondary victimization is defined as a prolonged and compounded consequence of certain crimes; it results from negative, judgmental attitudes and behaviors, directed towards the victim, which result in a lack of support, perhaps even condemnation and/or alienation of the victim; secondary victimization the unresponsive treatment victims receive from social and legal system personnel. The chapter also presented the fundamental objectives of the study and main research questions to assess victims of domestic violence's perceptions towards the treatment they receive from the police when they seek help. This chapter also provided an outline of the research methodology which has guided the development of the study tools, data collection and data analysis.

Chapter 2 - Literature Review

2.1 Introduction

Rape is regarded as one of the most traumatic experiences a person can endure, "resulting in a variety of long-term negative outcomes, including post-traumatic stress disorder (PTSD), depression, substance abuse, suicidal ideation, repeated sexual victimization, and chronic physical health problems" (Brownmiller, 2005).

Consequently, the concept of victimization, particularly secondary victimization, must be explored, as does the notion that victimization continues long after the act of rape and impacts and harms the victim on several personal and intra-personal levels (Campbell, 2006).

Rape is classified as a contact crime, which means that evidence will always be transferred from one person to another even if the sexual encounter is terminated before it has reached its conclusion (Snyman, 2006:449). Rape victims and perpetrators leave a significant amount of biological and trace evidence (physical evidence) at the site of the crime which makes rape offences difficult to investigate at the crime scene. According to the Locard Principle (Fuller,2015), if the suspect and the victim come into touch, biological evidence is likely to be present at the crime scene.

Both the rape victim and perpetrator body's act as the criminal investigation's crime scene, and the collecting of evidence for this includes evasive techniques such as vaginal and mouth swabs, combing of pubic hair, and even blood samples for DNA testing and toxicology reports (Campbell, 2008). Thus, the collection of evidence in rape cases, further adds to the victimization of the raped individual.

If the suspect and the victim come into touch, biological evidence is likely to be present at the crime scene; but, if the samples are not gathered and kept properly, the evidence may be lost or tainted. If there is no evidence tying the suspect to the crime site, he or she is ruled not guilty of the crime and is freed from detention, according to the law (Hunsraj, 2012). The practice of subjecting victims to sexually transmitted infection and sickness testing while they wait in long lines at hospitals and/or rape centres, during which time they are not permitted to wash or even urinate, has been frequent in recent years (to prevent loss of evidence). Most of the services offered to rape survivors are medico-legal in character, with little focus and attention paid to the mental and emotional needs of the rape victim; a significant amount of

time and resources are spent on the collection of medico-legal evidence. Much of the time, the needs of the victim are pushed aside to investigate the crime, with evidence collection being the priority. If at all feasible, rape crimes should always be regarded as a top priority, and the investigative process should get underway as soon as the victim has been counselled and the process of gathering evidence and the various procedures associated with rape cases, has been explained to the victim (Abrahams et al., 2009).

Shukumisa has established a full package of care deemed necessary for rape survivors (2016). In addition to providing emergency contraception within 120 hours of the incident, the provision of emergency care includes providing the victim with the opportunity to shower following a medical examination (also known as the rape exam), the administration of antiretrovirals as post-exposure prophylaxis (PEP) to the victim within 72 hours after the incident, the administration of antibiotics and vaccinations (hepatitis B and tetanus) for the prevention of sexually transmitted infections and diseases.

However, according to a report published by Doctors Without Borders (2016), many women do not take advantage of the services that are currently available to rape victims. A high percentage of victims utilize the services after the 72-hour time frame for post-exposure prophylaxis and the 120-hour time frame for emergency contraception has passed. The unintended consequence of this, unfortunately, is that it limits the scope of the forensic investigation process due to evidence being contaminated because of the time passed. Barriers to service utilization can be attributed to various factors, including: a lack of education and information about the services that are available; the prevalence of financial dependence (in other words, if the perpetrator of a rape victim is someone on whom the victim is financially dependent, the victim is less likely to report them); the proximity of emergency services; lack of transportation, particularly in rural areas; a lack of adequate resources available; and a lack of trust in the system.

The fact that many rape victims are not aware of the therapy, care, and alternatives available to them, as well as where and how to access these services, leads to many victims failing to report the rape and/or failing to complete the entire reporting procedure, which results in many victims increasing their extent of secondary victimization. In turn, this means that the rapist remains un-convicted and justice is not served in any form. In addition to the physical meaning of rape, the term encompasses a wide range of other behaviours. As rape is often seen as an act of power, and a violent act of humiliation designed to instil fear and

intimidation in its victims, persons who have been sexually assaulted may suffer effects that extend beyond the more recognisable physical injuries and consequences (Brownmiller,2005).

The aim of this chapter is to explore the literature which exists as well as the research and statistics which have been conducted and recorded, both internationally and locally. This will aid in the contextualization of the study. The various implications and impacts of rape, for the rape victims, are discussed in terms of their nature and extent.

2.2 International rape perspectives and statistics

"Only 1 in 100 rapes were reported to the police in 2021".

This is according to the Rape Crisis federation of England and Wales (2022). They also recorded their highest number of rapes for the year 2021 which was 67,125 reported rapes. From this it can be concluded that there were well over six hundred thousand rapes which occurred in England and Wales in just a year. In spite of the recent rise in the reporting of rape and other forms of sexual assault as well as the prevalence of these crimes, the charging and conviction rates have fallen to among the lowest levels since records have been kept.

According to the Crime Survey for England and Wales (CSEW) for the year ending March 2020, it was estimated that 1.6 million adults aged 16 to 74 years had experienced sexual assault by rape or penetration (including attempts) since the age of 16 years. The age range covered by the survey was 16 to 74 years.

Since the age of 16, the following percentages of victims have reported having experienced sexual assault by rape or penetration (including attempted sexual assault):

A little less than half had experienced victimization on multiple occasions, sixteen percent of those who were assaulted did not report it to the authorities, and of those who did tell someone but not the authorities, forty percent cited embarrassment as a reason, thirty eight percent did not believe the police could help, and thirty four percent thought it would be humiliating to report it. Forty four percent of the victims have been abused by a current or former romantic partner.

Comparatively, over one-third of victims were attacked inside their own homes, while nearly one in ten were victimized in an open public space such as a street, car park, park, or other open public space. Over half of the victims reported that the offender used some form of

physical force, such as holding them down or choking them, to coerce them into having sex with them, and six percent reported that the offender had threatened to kill them (Rape Crisis,2021).

The Rape, Abuse & Incest Network (RAINN) is the United States of America biggest anti-sexual violence organization. According to RAINN (2022), one American is sexually assaulted once every sixty-eight seconds on average and only twenty-five for every one thousand people who are convicted of rape will end up serving time in prison. One in six women in America has been a victim of rape and as of 1998, an estimated 17.7 million American women had been victims of rape.

Sexual violence can have lasting consequences for victims. Following sexual violence, the likelihood of suicidal or depressive thoughts increases. During the two weeks following a rape, ninety four percent of raped women experience symptoms of post-traumatic stress disorder (PTSD) (Kilpatrick (1992).

Thirty percent of women report PTSD symptoms nine months after being raped. Thirty three percent of raped women have suicidal thoughts whilst thirteen percent of women act on these thoughts and attempt suicide (Rothbaum et al, 1992).

Seventy percent of rape and sexual assault victims experience moderate to severe distress, a greater proportion than any other violent crime. Individuals who have suffered sexual assault are more likely than the general population to use drugs.

Additionally, Rothbaum et al (1992) stated that sexual violence impacts the relationships of victims with their family, friends, and co-workers. Thirty eight percent of victims of sexual violence experience problems at work or school, including significant conflicts with a supervisor, co-worker, or peer. Thirty seven percent experience family/friend issues, such as engaging in more frequent arguments, feeling unable to trust family/friends, or feeling less close to them than before the crime.

Eighty-four percent of survivors who were victimized by an intimate partner experience professional or emotional difficulty, such as moderate to severe distress or increased difficulties at work or school. Seventy-nine percent of survivors who were victimized by a family member, close friend, or acquaintance experience professional or emotional difficulties, such as moderate to severe distress or increased difficulties at work or school.

Sixty-seven percent of survivors who were victimized by a stranger experience professional or emotional difficulty, such as moderate to severe distress or increased difficulties at work or school.

2.3 South African rape perspective and statistics

A third of girls in South Africa have experienced some form of sexual violence in their lifetimes, frequently at the hands of someone they know. This remains one of the greatest challenges facing South African society (Gcwabe and Gwala,2021).

The South African Police Service (SAPS) released the 2019/2020 Annual Crime Statistics, which revealed that more than 24,000 children were sexually assaulted in South Africa during that period. One in five children, or 19.8 percent, are victims of sexual abuse, compared to a global average of eighteen percent for girls and eight percent for boys.

According to the quarterly crime statistics published by the South African Police service, nearly 10,000 rape cases were reported in South Africa between July and September of 2021 (SAPS,2021).

Table 1: National Crime statistics of sexual offences for the period 2011-2021 (ten-year period)

CRIME CATEGORY	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total Sexual Offences										
Rape	47069	48408	45349	43195	41503	39828	40035	41583	42289	36330
Sexual Assault	7194	6967	6597	6087	6212	6271	6786	7437	7749	7025
Attempted Sexual Offences	3535	3293	2913	2641	2573	2073	2066	2146	2076	1800
Contact Sexual Offences	2741	2220	1821	1694	1607	1488	1221	1254	1179	1059
Total Sexual Offences	60539	60888	56680	53617	51895	49660	50108	52420	53293	46214

Adapted from the SAPS annual crime statistics for 2020/2021.

From the above table, it must be noted that the decrease in the number of total sexual offences as well as the individual sexual offence category's, occurred for the period in which South Africa was on a nation-wide lockdown in 2020 and 2021, due to COVID-19 global pandemic. Even after the establishment of the Sexual offence's courts in 2007, the rape levels continued to increase.

In contrast to police statistics, which only include crimes reported to and documented by police, the Victims of Crime survey allows us to estimate the percentage of all households and individuals over the age of sixteen who have experienced crime. It also assesses the rate at which victims report crimes to police and inquiries about people's feelings of safety. Crime is calculated differently by the Victims of Crime Survey and the South African Police Services. While the Victims of Crime Survey deliberately pursues victims, the South African Police Service waits for crimes to be reported.

According to the 2016/2017 Victims of Crime survey (SAPS), sixty five percent of all sexual offence victims are women, only 30,2 percent of females report sexual offences to the police whilst 21,5 percent were satisfied with the police's response to them.

2.3.1 South African Laws

Several strategies have been developed in South Africa to combat gender-based violence in general and rape in particular. Even though several regulations and frameworks are in existence, the enforcement of these policies and frameworks is often non-existent (WHO, 2014)

The Victims Charter (2004), the Domestic Violence Act 116 of 1998, the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and the Sexual Offences Courts are the four major legislative instruments that will be addressed.

2.3.1.1 The Victims' Charter (2004)

When a client's physical and mental health as well as criminal justice requirements are satisfied, according to the South African Service Charter for Victims of Crime (also known as the Victims Charter), it is hoped that this would avoid secondary victimization throughout the course of the process. It identifies what should be included to create a victim-friendly atmosphere, considering which services should be provided and which referral systems should be in place, among other things.

The Department of Justice (2014) emphasizes that the Victims Charter outlines the rights of clients, including their dignity, privacy, and access to criminal justice services. Among the goals of this Charter are the elimination of secondary victimization as a component of the justice system, ensuring that the victim stays essential to all aspects of the criminal justice system, and ensuring that victims have access to services within the criminal justice system.

Victims have the following seven rights, according to the Charter: the right to be respected for their dignity and privacy, as well as the right to be treated fairly and respectfully; the right to offer information, to receive information; the right to prosecution; the right to assistance; the right to compensation; and the right to restitution.

2.3.1.2 The Domestic Violence Act (No. 116 of 1998)

With this Act, the South African government reacts to the high prevalence of domestic violence in the country and strives to protect victims by providing for the issuance of protection orders. The Act intends to provide more protection to victims of domestic abuse and has widened the definition of what constitutes such violence. Moreover, it provided the South African Police Services with the chance to help those who had been victims of violence. An officer may arrest any individual who has committed an act of domestic violence (even if there is no warrant for their arrest) and take any firearms found on the premises, according to the Act. It is also possible to file applications for protection orders on behalf of the victim with their written permission, unless the victim is a juvenile, has intellectual disability, or is unconscious. Disobeying a protection order is a criminal offense, and the perpetrator may face a term of up to five years in jail if convicted (Mpani and Nsibande,2015)

2.3.1.3 The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007

This Act outlines and specifies all the legal features of sexual offenses, as well as the manner in which they should be dealt with by the appropriate law enforcement agencies. Among the offenses included are rape, sexual assault, coerced rape, and sexual offenses against minors, in addition to the statutory sexual offenses. The document also highlights the additional protective measures that are in place for children and people with physical limitations. It unifies all sexual offenses under a single set of rules. The Act established victim rights such as the entitlement to post-traumatic stress disorder (PTSD) after rape, the establishment of a Sexual Offenders Register, and the imposition of minimum sentences for a variety of crimes.) (FPD, 2016; p.34)

2.3.1.4 The Sexual Offences Courts

The goal of these courts is to maximize the number of convictions and decrease the amount of secondary victimization experienced by survivors of sexual assault (Mpani and Nsibande,

2015). These courts contribute to the continued existence of a victim-centred court system by collaborating with the various support services available to victims of sexual assault, such as the Thutuzela Care Centres, the Khusuleka one-stop centres, and the Family Violence Child Protection and Sexual Offences Units within the South African Police Services stations, among other organizations (Radebe, 2013).

According to the South African Presidency (2022), three, new anti-gender-based violence bills were signed in by President Cyril Ramaphosa in February 2022. They are namely, Criminal and Related Matters Amendment Bill, Criminal Law (Sex Offences and Related Matters) Amendment Bill, and Domestic Violence Amendment Bill.

These modifications will, among other things, permit victims to apply for protection orders online without appearing in court. Protection order applications can now be submitted 24 hours a day, seven days a week, which is a significant change to the law protecting women.

In addition, victims are not required to appear in court when a magistrate issues an interim protection order. The Criminal Procedure Amendment Bill will now further regulate the publication of information that reveals or may reveal the identity of a person under the age of 18 who is an alleged defendant, witness, or victim of a crime.

The Criminal Law (Sexual Offences and Related Matters) Amendment Act will be amended to expand the scope of the incest offense and create a new sexual intimidation offense. It also stipulates those certain details of individuals convicted of sexual offenses will be made public.

2.3.2 Rape Statistics in South Africa

The majority of people are unaware of the causes of human desires, emotions, and values, including those that lead to rape. According to Thornhill &Palmer (2000:2-3), this lack of understanding has limited the knowledge around the exact, immediate cause or causes of rape, thereby limiting society's ability to alter specific behaviour and in turn, to protect victims.

In her article, “An overview of Rape in South Africa, Robertson (1998:139-140), provides two main explanations for the rapid increase of rape incidences in South Africa. The first being the deep roots of patriarchy within our society which leads to women having less power than their male counterparts. This unequal power ration often leads to mistreatment and abuse of females.

Secondly, South Africa has a long-standing culture of violence. The cost of South Africa's liberation from apartheid and its political shifts, has led to many males feeling weak and undermined. Rape becomes an aggression outlet for these men and a method of taking back their masculinity and power. Whilst this may seem illogical, the lack of education in South Africa, means many of these men will not get the opportunity to be educated and empowered on issues such as toxic masculinity and power struggles.

2.3.3 Systems and procedures that apply to South African rape victims.

There are three core components of the response to sexual violence with which rape victims have to engage with in South Africa. These are the health care system, the police and judicial system, and social services (Keesbury and Thompson, 2010) These systems and their impacts on the rape victim relate to both primary and secondary victimization.

2.3.3.1 The Health system

The health system takes into consideration the following factors, pregnancy testing and emergency contraception, HIV testing and Post Exposure Prophylaxis (PEP), sexually transmitted infection medications and testing, injury treatment, forensic examination, trauma counselling and referrals to the police, justice and social services where needed.

Having been implemented in April 2003, Post Exposure Prophylaxis (PEP) was made available to rape survivors after the announcement by the Department of Health in April 2002 of a new intervention strategy for rape survivors and the implementation of that approach in April 2003.Post-exposure prophylaxis (PEP) is a mix of drugs and services that are administered to rape survivors in attempt to prevent unplanned pregnancy, HIV, and STLs from developing.

A technique known as post-exposure prophylaxis (PEP) is used in the treatment of rape survivors. To reduce the risk of HIV transmission and the transmission of sexually transmitted infections (STIs), as well as the prevention of unintended pregnancies, PEP should be administered to patients who present to a health facility within 72 hours of exposure and who have tested HIV negative at the time of the assessment and examination (unwanted pregnancy). In accordance with the recommendations, those who test positive for HIV at the time of assessment are prescribed antiretroviral drugs and counselled, provided with contraception and antibiotics, and referred to suitable support services.

According to Kitsner (2003, p.5), preventive HIV therapy refers to the reduction of the risk of HIV infection after probable exposure to HIV-infected blood or sexual contact with an HIV positive person. This is done using antiretroviral (ARV) drugs. PEP includes the provision of pharmaceutical therapy in the case of rape, which is one component of PEP. Additional services such as trauma and HIV counselling, linkages to support agencies, and ongoing clinical monitoring should be made accessible to patients in addition to standard care (Kitsner 2003.p.5). Patient counselling and the establishment of informed consent are two critical components of patient care. concerning the probability of HIV transmission and the chance of pregnancy after rape. Following receipt of informed consent, it is up to the survivor to determine whether to undertake immediate HIV testing. Counselling is given to help patients cope with the common side effects of drugs, such as nausea, exhaustion, and flu-like symptoms.

It is vital to collect precise information to be able to deliver appropriate testimony in court (Sexual Assault Policy and Procedure, 2002, p.3). The completion of registries, such as those including clinical and forensic evidence, falls under this category.

Immediately after an incident of sexual assault, a thorough physical examination should be performed by a medical expert who has received appropriate training in the care and treatment of rape survivors (Sexual Assault Policy and Procedure, 2002, p.3).

The bleeding must be stopped first, before any rape-related surgeries may be done on rape survivors who have concomitant life-threatening injuries, such as a swollen leg or brain injury (Sexual Assault Policy and Procedure, 2002, p.3).

Healthcare for women throughout their reproductive years is another important factor to consider. The rape survivor is counselled and told of the resources that are accessible to them, such as the supply of contraception in an emergency. Women who get pregnant as a result of rape are given information on their choices for terminating their pregnancy as well as their freedom to make their own decisions about their reproductive health. Treatment is available for illnesses that are spread by sexual contact, such as gonorrhoea, syphilis, and Chlamydia, among others.

After providing the rape victim with HIV counselling prior to administering a blood test, the victim undergoes a blood test as well as post-test counselling. Drugs used to treat HIV infection are supplied in compliance with the Sexual Assault Policy and Procedure (SPAP) (2002, p.3).

2.3.3.2 The South African Police services and South African judicial system

This includes obtaining the victim's statement and any relevant documentation, conducting a criminal investigation, collecting forensic evidence that is not related to the forensic examination, providing witness support and court preparation, and referring the victim to health and social services if necessary (where needed).

An examination to determine the need for psychiatric aid, referral for short- and long-term social support, provision of safe housing (if required), community awareness and advocacy, and referral to healthcare and law-enforcement agencies are some of the services that may be provided.

2.3.3.3 Social services

Social services account for the assessment to determine the need for psychosocial support, both long and short term. In addition to this, there is also the provision of safe accommodation if needed, community awareness and advocacy and finally, referral to the health and police and justice services, if needed.

Post-Traumatic Stress Syndrome (PTSS) is discussed with the patient, and coping mechanisms are provided to help him or her cope. It is the obligation of the support system to see to it that this scenario is handled correctly and efficiently. Those in need of assistance are recommended to seek help from social workers, psychologists, survivors' support networks, as well as family members and other close relatives. Advice is also given in the form of support and planning for events such as court appearances, as well as other judicial and law enforcement processes.

Additionally, Keesbury and Thompson (2010) made the following recommendations for the improvement of services to rape victims: adequate and effective training for all relevant healthcare providers; victims to be treated with respect, dignity, and sensitivity at all times and protected from secondary victimization to the greatest extent possible; patient confidentiality to be maintained throughout the various processes and procedures; and informed consent must be given by the victim before treatment can begin. In addition, it is recommended that the victim's physical, emotional, and mental health be prioritized over evidence collection, that reporting to the police should not be a prerequisite for support, examination, and treatment, that special care and treatment be provided to child victims, that

facilities be as child-friendly as possible, and that the best interests of the child always take precedence.

2.3.3.4 Thutuzela Care centres

The Thutuzela Treatment Centre model is one of the most important projects of the South African government in the area of providing care and assistance to victims of sexual assault. The organization's mission is to offer a comprehensive variety of post-rape care services to survivors while minimizing the risk of subsequent victimization.

All the steps and methods for treating sexual assault incidents that have been reported at a South African institution are described in full in the Thutuzela Care Centre plan, which is available online. There are detailed descriptions of the ideal Thutuzela Care Centre structure and staff, as well as the basic minimum level of care; further, the standards and criteria for treating victims of domestic abuse are detailed. In addition, the roles and obligations of other role players, such as different government agencies and non-governmental organizations that offer services inside the Thutuzela Care Centres, are discussed, along with their respective tasks and responsibilities within the Thutuzela Care Centres (FPD, 2016:35).

Known as "one-stop shops" for victims of sexual assault, the Thutuzela Care Centres offer comprehensive services for those who have been sexually assaulted. Efforts are being made to expedite the treatment and care processes for victims, which begin with the first reception of the victim, followed by information about the services and procedures, as well as approval for the process to proceed. This includes, among other things, making suggestions, following up, and providing emotional support. In addition to providing emergency medical care, they also provide preventative measures for sexually transmitted illnesses, HIV, and unplanned pregnancies, as well as a medico-legal evaluation. The service provides an immediate psychological report and assistance with case reporting and statement writing as well as assistance with court preparation. An opportunity to wash or shower after the medical and forensic examination will be provided, as will the option of changing into clean clothing. Victims are transported either to their residences or to a secure location, on their request.

2.4 Different impacts of rape

In addition to physical damage, rape may result in the transmission of sexually transmitted diseases, infections, and unwanted pregnancies, to mention a few of the most common physical repercussions. Vaginal bleeding, vaginal discharge, painful menstruation, sexual

dysfunction, pelvic inflammatory illnesses, painful intercourse, and chronic pelvic pains and fistulas have all been documented as physical effects in women who have endured sexual assault (Kim et al, 2009:35). The Networking HIV and AIDS Community of South Africa conducted a study in 2015 that found that rape victims are more likely than other victims to have health problems such as AIDS/HIV treatment and infections, urinary tract infections, and greater levels of pelvic pain.

Rape victims and other crime victims report greater levels of disease symptoms, as well as more negative views about their own physical well-being than the general population. In fact, the victims seek medical treatment more often than the general population; that is twice as frequently as non-victims of crime (Davis, Lutigio, and Skogan, 1997). Females who had been raped before the age of 14 were more likely to participate in unprotected sexual encounters later in life (by choice), which increased the frequency of teenage pregnancies, according to studies performed in the Western Cape (Hwenha, 2014.) This, in turn, leads to a rise in the number of young women seeking unsafe and illegal abortions, perpetuating a vicious cycle that cannot be broken. This results in further, deeper trauma for the rape victims.

Victims of rape are subjected to intensive questioning as part of the inquiry into the rape, which includes questions about anything from their sexual history to what they were doing and/or wearing when they were raped (Campbell, 2008:707). It is possible that the reporting procedure could result in secondary victimization because of the reliving of trauma as well as the trauma of the evidence and police report procedures. According to Quina and Carlson (1989:69), rape victims also experience increased levels of shame, guilt and fear and these emotions, in turn, prevent the victims from coming forward. Rape is often associated with post-traumatic stress disorder and due to this, according to Hwenha (2014), female victims of sexual assault are more prone to attempt or commit suicide.

There are a number of emotional after effects which rape victims experience and whilst the physical after effects can become absolute through physical healing, the emotional and psychological impacts of rape can be numerous and many are long-term in nature. Some of these effects are listed by Quina and Carlson (1989:144-171) and include the following: depression, anger, anxiety, fear, loss of self -esteem, poor body image, increased risky behaviours, sexual performance issues and lack of intimacy and trust in sexual relations.

From this, it is evident that rape not only has multiple consequences for its victims but also those consequences are complex and multi-faceted.

2.5 Conclusion

This chapter began with an overview of the crime of rape. The various processes rape victims undergo was discussed as well as the systems and procedure rape victims interact with. The chapter looked at rape statistics both internationally and nationally and highlighted the increase of rape incidences. The South African laws and bills concerning rape victims were also discussed. Although the necessary legislation and regulations are in place and seem to be operating well on paper, the reality of our rape statistics in South Africa shows that these well-intentioned initiatives continue to face significant challenges. This serves to underline the importance of developing a more effective multilevel approach to rape victims. Providing a comprehensive overview of current and relevant Victim theories, as well as their flaws and limitations, will be the subject of the following chapter. Systems Theory will also be discussed, including how it can be applied to the development of a model that speaks to the many facets of rape, among other things.

Chapter 3 – Theoretical Framework

3.1 Introduction

This chapter will begin by looking at some of the theories of rape, namely Routine Activity theory, rape myths, feminist theory and victim precipitation theory. Whilst these theories add value to rape research, the researcher found the Systems theory more applicable to this particular study therefore Systems theory and its development will be explained in detail. Following this, links between Systems theory and rape will be highlighted and used to further indicate how Systems theory was used in this study. Lastly, the researcher offers a critique of the theory.

3.2 Theories of Rape

3.2.1 Routine activity Theory

Cohen and Felson (1979) theorized that a crime happens when the three factors of a motivated offender, a suitable target of criminal victimization, and a lack of competent guardians, come together in space and time at the same time. According to this theory, rape is more likely to occur in certain scenarios, such as when a perpetrator locates a suitable victim who is away from parents or a spouse, as this increases the victim's likelihood of being vulnerable to rape. Whether or not there are capable guardians present, rape is still possible because it happens when rapists are compelled to appease their violent and perverse wants to degrade women and the opportunity to rape appropriate victims who are not protected is available.

Felson (2002) claims there are at least four types of crime which are, individualistic crime, where one perpetrator participates in crime or criminal activities like drug abuse, explorative or predatory crime which involves abusing an individual or damaging another individual’s property, mutuality crime, when two parties commit an offense together and competitive crimes which consist of two or more people involved physical crimes such as gang violence.

Suzuki (2014) found that when it comes to rape, society’s basic premise is that males commit rape because of their uncontrollable demands for immediate sexual fulfilment and/or their inability to control their impulses when denied sexual enjoyment for a lengthy period. However, the problem with this concept is that it lowers the legal liability of rapists while

attributing the reasons of rape to something beyond their control, which is very problematic in this situation. If legal responsibility for rape is removed from the motivation for rape, it is possible that the circumstances leading up to rape, for example, the viewing of pornographic materials, or the victims themselves will be held responsible for creating situations in which men do not maintain control of themselves for the purpose of sexual satisfaction.

The notion of mental illness/disease holds that rape is a sign of mental illness/disease or arises from an abnormal childhood experience in the case of the perpetrators of rape. Making hasty judgments about rapists, particularly those who engage in violent or frequent predatory behaviour, may cause the public to conclude that they are mentally disturbed individuals (Hamilton, 2013:536). Furthermore, some people may mistakenly believe that rapists are acting in a certain way because of their own childhood sexual abuse experiences. The presence of a mental illness or disease, whether manifest in symptoms or underlying, may exist in some cases; nonetheless, mental illness or disease should not result in rapists being absolved from the legal culpabilities of their actions.

Alcohol and drugs are often used by rapists to explain their actions, or they may be used on their victims to put them in even more vulnerable situations because their behaviour and actions are influenced by these substances. Horvath and Brown (2006) discovered that the use of alcohol is more prevalent in instances of rape involving college women; nevertheless, drug-facilitated rape has an influence on women who attend college on a campus as well as women who do not attend college. As a result of drug use, victims were made unconscious and consequently unable to recollect the incident, leading many of them to either postpone reporting to the police or to completely disregard the police's request for information about the incident. Therefore, considering the substantial amount of literature supporting the role of alcohol in rape victimisation and the limited amount of research on drug-facilitated rape, more empirical investigations into the role and degree of alcohol or drugs used by rapists may be necessary (Horvath and Brown, 2006:220-226).

3.2.2 Victim Precipitation theory

The assumption that the use of drugs and/or alcohol predisposes women to be raped and men to rape, is referred to as victim precipitation. This has for many years been the subject of significant controversy in criminology, notably in the discipline of victimology. Many victimologists believe that the concept of victim precipitation as applied to sexual assault shifts the focus away from rapists and toward victims themselves (Smart, 2013). This

assertion claims that certain types of sexual-assault victims bear some responsibility for their own victimization. As a result, rapists may interpret victims' actions or inactions as sexual invitations while others may mistake victims' actions or inactions as victim-initiated assault, or at the very least put part of the blame for victims' victimization on themselves as well. According to this point of view, seemingly passive acts such as flirting or drinking, may have disastrous effects. With this belief, rape victims may be seen as having taken an active role in the process of their victimization. Increased psychological suffering over time is likely to be higher if women's attitudes about rape are based on perception that their attire, or other behaviours, are factors in increasing their chances of becoming victims. According to the results of a poll, Kalichman et al. (2005) indicate that seventeen percent of South African women believe that rape is typically the outcome of women's risky behaviour, speech and actions. However, even though victim blaming is a popular societal practice, society is rapidly moving away from a victim-blaming mentality and toward a more stringent approach to criminal culpability.

3.2.3 Rape Myths as a theory

According to Brownmiller (1975:65), rape myths, among other things, are intended to objectify women, devalue women's value as human beings, and limit women's sexuality on a personal and social level. Rape victims, because of urban legends regarding sexual assault, find themselves maligned, both individually and socially. Individuals who hold these stereotypes may blame victims, and criminal justice professionals who hold these myths may mistreat victims or withhold information about services accessible to them, which is likely to result in the secondary victimization of rape victims. In this way, the criminal justice system, or the disclosure of rape to friends, family, or criminal justice professionals, may cause further psychological suffering to victims and their loved ones.

Cultures that arise from societies that believe rape myths and demean women are more likely than other cultures to be pro-rape than cultures that come from societies that do not. Feminist theories of sexual assault examine the phenomenon from a cultural perspective that lays a strong emphasis on sex roles and patriarchy, regardless of whether the concept is referred to as a rape culture or a rape-prone society. In certain instances, rape may be used to preserve or raise men's authority and influence over women, families, and society. According to Burt, "rape is the logical and psychological extension of a dominant–submissive, competitive, gender stereotyped culture" (1980:229). When people are raised in societies that are prone to,

or even encourage, rape they are more likely to engage in sexual violence against other people. Furthermore, they are also more likely to minimize the violent nature of rape by placing blame on rape victims and/or providing protection to rape perpetrators, all of which feeds into the notion of victim blaming.

3.2.4 Feminist theory

From a feminist perspective, the emphasis on rape responses as fitting inside a medical model of assessment overlooks the broader dynamics of patriarchy and female exploitation on several levels. In essence, feminism sees rape as the product of unequal gender roles and culturally entrenched social practices of male dominance and female oppression. Feminists continue to argue that patriarchal notions guiding societal views about men, women, and sex drive conceptualizations of rape, which is mirrored in institutional responses to sexual assault at both the macro and micro levels (MacKinnon, 1987; Ward, 1995; Wilson and Strebel, 2004; Gavey, 2005). According to feminist research, the meaning and impact of rape on the survivor is greatly influenced by the broader socio-political environment in which the victim lives.

Although the theories described above assume that rapists are male and that victims are female, a rising body of work investigates the prevalence of male rape victims as well as the ramifications of this discovery. According to Morgan and Truman (2019:17-19), because male victims are more likely to fall victim and be raped by other males, rather than females, the dynamics of male victimization are drastically different from those of female victimization. When males are raped by males, they are likely to perceive the act as a violation of their own masculinity. They may be reluctant to admit their victimization because they associate victimization with weakness and vulnerability, which may, further, be associated with feminine characteristics. Accordingly, it is vital to re-examine the underlying assumptions and theories to properly convey male-specific rape challenges, including rape's motivation and the social attitudes of male rape victims and perpetrators in society. Future avenues in the development and improvement of rape theories should take this new difficulty into consideration as well, to fully account for the rape of males by males.

Another emerging issue that should be considered in future research is the increasing acknowledgment of rape myths as one of the most important theoretical concepts within the area of sexual assault. Considering the mythical character of these stories, they must be subjected to continual theoretical and empirical evaluation as societies and civilizations

evolve. Acknowledgement of rape myths has changed with time, especially as they pertain to the attribution of responsibility (Lonsway and Fitzgerald 1994:145).

3.3 Systems theory

To completely account for all the impacts on human development, Urie Bronfenbrenner (1977) articulated the ecological approach to human development as a recommended way to account for all the influences on human development. When the ecological approach to understanding human development was first proposed, it was seen as a solution that would consider all the factors that influence human development. Bronfenbrenner's theories of development differed from previous theories of development, which focused solely on the individual and the family as the only contexts for development. He recognized that external influences on the family, including those with which the individual may never directly interact, could have an equally significant impact on the individual's development.

To represent the multiple effects on human development that occur throughout a person's life, an evolutionary paradigm was constructed to depict the processes of natural selection. It has been more popular among clinical and social researchers to use the theory in contexts other than those of human development, owing to its adaptability and flexibility. When it comes to grasping several layers of embedded contexts, ecological systems theory is beneficial (Szapocznik and Kurtines, 1993).

A basic concept of systems thinking is that cause and effect linkages are not considered as operating solely in one direction. They are more likely to arise in cycles. In systemic thinking, behaviors are perceived as cyclical, recurring patterns of activating and impacting one another. Such repeating patterns can successfully guide the entire system. The systemic perspective is useful for understanding people's development in a more holistic manner. Individuals' history, relationships, culture, race and identity as well as their problem-solving techniques and their financial and social requirements, cannot be separated from to the larger context and processes (Apter 1982:69).

Fundamentally, Systems theory considers the operation of the whole as a "system" that is dependent on the interaction of its components. To fully grasp the entire entity, the connections between each component in the system, must be examined as an occurrence within one area, has a ripple effect/s on every other area.

This can be applied to this study in the following way, when an individual is raped, the trauma (physical, emotional and psychological) of the rape is not only experienced by the

victim at the point of contact (the rape). The initial trauma is felt at every point the victim has to state or restate their story and from this, secondary victimization starts to occur. This means that the initial trauma is now joined by secondary trauma whose effects also start to increase. Furthermore, a different initial trauma is experienced by the victim's immediate relationships and extended relationships. These relationships in turn affect the victim thus creating multiple layered traumas over an unlimited time period.

Following the ecological systems theory of Bronfenbrenner, individuals form complex ecological systems with five sub-systems: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem, which are all components of the ecological system (Darling, 2007:210).

When it comes to an individual's ecology, the microsystem is the most personal layer, and it represents our immediate surroundings, which includes the people and objects with whom we are in contact daily, such as family members, school, and our place of work. Specifically, in this context, the word 'microsystem' refers to the links and interactions that a person has with their immediate surroundings (Berk, 2000). Structures such as family, school, and work are examples of those found in the microsystem. At this level, relationships may have an impact on a person in two ways – both in the direction of, and away from the one being discussed. The term 'bi-directional impacts' is used by Bronfenbrenner to describe these effects, and he explains how they may occur at all levels of the environment. One of the most important aspects of this theory is the interaction of structures inside a layer and between layers, as well as the interaction of structures across layers and levels. When bi-directional interactions occur at the microsystem level, they are the strongest and have the most influence on a person. However, interactions occurring at the outer layers, may also have an impact on the inner structures of an individual or in this case, the rape victim.

The mesosystem is a connective layer that exists within the microsystem and serves to link the various structures comprising the microsystem. For example, the mesosystem would be the connections that exist between an individual's microsystem (such as school, work, and family structures) and the mesosystem (such as a neighbourhood or community) (Bronfenbrenner, 1992).

The exosystem represents a person's larger social network. However, even if a person may not have direct involvement with institutions at this level, including administrative agencies, the government, and other top-level organizations, they are still impacted by them.

When it comes to an individual's ecosystem, the macrosystem is the outermost layer, made up of their values, cultural influences, and social standards or rules. The microsystem is the layer that follows the macrosystem in the hierarchy of systems. This system is equivalent to a person's worldview, and it is likely to have an influence on all structures that are created on top of it because of this. It is possible that the implications of larger principles stated by the macrosystem will have a cascading impact across all other layers of the system, culminating in a cascade of repercussions.

Finally, the chronosystem represents the development of all other sub-systems across time (Bronfenbrenner, 1992). Depending on the situation, external data – such as the time of a loved one's death, or internal factors such as physiological changes that occur because of getting older – may be used to construct this system.

The researcher is of the opinion that Systems theory can be manipulated to suit a victimological agenda. Since System's theory takes into consideration the multi-level impacts between social systems on an individual, as well as the individual's impact on each system, this may assist in the creation of more in-depth knowledge of experiences and accounts, which in turn could assist in the much-needed changes to legislative, medical, and psycho-social systems that victims, specifically rape victims, interact with.

3.4 Systems theory and rape

According to Koss (1983), female health is negatively impacted by sexual assault, with extensive and long-term effects for women's health in terms of their physical, mental, and emotional well-being. Therefore, victims of sexual assault are often required to deal with several crucial rape-related service providers at the same time (Campbell, 1998). Even though only a few organizations offer rape-related services, previous research has shown that rape victims are often denied support, and that the assistance they do get frequently leaves them feeling re-victimized (Campbell, 1998). Secondary victimisation, known also as 'the second rape' (Madigan and Gamble (1991), or 'the second assault' (Martin and Powell, 1994), are terms used to describe these traumatic experiences; they are used to refer to any victimisation event that is done by a different individual and that happens after the initial abuse incident has occurred (Barnes, Noll, Putnam, and Trickett, 2009).

Together with a system paradigm that re-victimizes rather than empowers rape victims, victim-blaming behaviours and practices utilized by community service providers contribute to the prevalence of rapes and create additional stress and suffering for victims (Williams,

1984:67). Untreated rape may result in maladaptive coping mechanisms, financial and relationship issues, and other unintentional injuries. This can lead to poor health, revictimization, and social isolation because of the trauma (Dunmore et al., 2001).

Because of difficulties such as stigma, self-blame, and other variables, research has shown that various conditions of rape may be associated with varied outcomes when it comes to a victim's choice to seek assistance. Although little is known about how these features lead to the persistence of mental health disorders that may damage the quality of victims' lives, it is known that they do (Starzynski, Ullman, Filipas, and Townsend, 2005; Ullman and Filipas, 2001). The negative repercussions of rape may be exacerbated by a variety of personal and interpersonal characteristics. For example, the findings of Wyatt and Newcomb (1990) suggest that those who had more severe histories of child sexual abuse, as well as those who had greater baseline levels of psychological distress, were shown to have higher levels of psychological distress. When compared with women who have not been abused in the past, many women who have been abused in the past report more frequent episodes, and longer durations of depression and anxiety than women who have not been abused in the past (Zlotnick et al., 1997). After being subjected to childhood sexual abuse, the most common coping mechanisms used by survivors are avoidance and denial. When confronted with the experience of rape, similar coping mechanisms are applied (Looman et al, 2004:182). Rape has a devastating personal impact on survivors, who commonly have their lives interrupted and their psychological and physical privacy invaded because of their ordeal.

Rape survivors are thought to be the largest group of persons who suffer from PTSD, according to research. There are a variety of factors that are likely to influence the psychological consequences of rape, including the event's characteristics (e.g., the severity of the assault, the use of force, the consumption of alcohol); the victim's immediate psychological reaction to the assault (e.g., self-blame, loss of self-esteem, shame, fear); reactions from victims' social networks (e.g., criticism, blame, ostracism); and the use of denial and avoidance coping (Littleton et. al, 2006; Littleton and Breitkopf, 2006). The seriousness of the rape increases the likelihood of denial and emotional detachment, as well as the likelihood of self-blame and self-justification (Meyer and Taylor, 1986). Therefore, the likelihood of developing PTSD, as well as sexual dysfunction, eating, and mood problems, is significant (Faravelli, Giugni, Salvatori, and Ricca, 2004).

When taken together, a great number of studies have shown evidence of the negative influence on an individual's psychological well-being from a variety of traumatic situations. A large-scale examination of the impact of various interpersonal traumatic episodes (for example, sexual victimization) on psychological functioning was carried out by Green et al. (2000) in the United Kingdom. Women who have experienced multiple interpersonal traumas report significantly higher levels of self-reported psychological distress than women who have experienced multiple non-interpersonal traumas or women who have only experienced one trauma (either interpersonal or non-interpersonal), according to the findings of a study of questionnaire data from female college students. Arata (2002) concluded that revictimized women are more likely to report more trauma, depression, and anxiety symptoms, are more likely to develop dissociative disorders, and have lower self-esteem when compared to non-victimized women, women who have only experienced child sexual assault, and women who have only experienced adult sexual assault. The findings of a number of recent studies, including this one, indicate that victims of multiple incidents of sexual violence experience higher levels of psychological distress, suicidal and self-harm behaviour, poorer physical health, and higher levels of substance and alcohol use when compared to victims of single incidents (Balsam, Lehavot, and Beadnell, 2011; Casey and Nurius, 2005; Fortier et al.,2009). According to Barnes et al. (2009), continued victimization has far-reaching public health repercussions because of the cumulative effects of victimization.

After several victimizations, a negative feedback loop is established, in which the consequences of the original abuse increase the likelihood of being targeted for future victimization, thereby amplifying negative psychological effects, and further entrenching abusive experiences. Sexual victimization is thus a social concern, not only because it exposes individuals to violence, but also because it is associated with worse psychosocial functioning and seems to perpetuate a cycle of victimization throughout one's life. Improving an individual's understanding of re-victimization could help to reduce the incidence of sexual trauma and the behavioural and psychological consequences that result from it in the future. Accordingly, it appears appropriate to consider re-victimization in the context of a developmental framework that encompasses various important settings of human development to gain a more comprehensive understanding of the phenomenon.

If a person has been subjected to sexual abuse, it has an impact on how he or she interacts with others in society. These developmental consequences, when combined with the circumstances that led to the individual's original abuse experiences, may be the factors that

contribute to the individual's relapse into victimization. Individual, family, community, and societal influences on risk for harm and development of resilience should be further disaggregated to investigate this idea more thoroughly.

3.5 Critique of Systems theory

Although Systems theory offers a multifaceted approach towards secondary victimization, it can never become all- encompassing as it is impossible to identify, classify and categorize all the factors that affect and are affected by rape and its secondary victimization. This id due to a number of factors however a major one is that no two victims' experiences and/or social systems and factors are the same. This makes it difficult to create a comprehensive model.

The other major factor, according to Hutchinson and Otedal, (2014:222), is that the Systems approach has a faint approach to morals and ethics. That is, the theory does not take a particular stand and lacks the identification of conflicts of interest. Systems theory also fails to address how power is distributed in society and the various influences that are beyond a victim's control such as marginalization, oppression, inequality and exclusion that are connected to concepts like gender, race and nationality.

3.6 Conclusion

In this chapter, the researcher discussed four of the theories which are used to explain rape, namely Routine Activity theory; the victim precipitation theory, rape myths as a theory and feminist theory. The researcher looks at these models critically as no current theory offers a fully victim-centred approach, taking into consideration all the factors which affect the rape victim, specifically as well as generally. Most victim as well as rape theories are based either on the concept of preventing an individual from becoming a victim or the blame of the victim and/or various factors which allowed the individual to become a victim but there is greater need for the minimization of secondary victimization once an individual has become a victim, as primary victimization is based solely on the act of crime.

Secondary victimization of rape victims, however, occurs through multiple factors and interactions, both at individual and system levels. There is a need for a model which acknowledges both the nature and extent of secondary victimization as dynamic and unique for each rape victim, as each victim has a distinctive experience, pre-, during, and post- rape.

Chapter 4- Research Methodology

4.1 Introduction

"A research design is an exposition or plan of how the researcher plans to execute the research in investigating the research problem that has been formulated" (Mouton, 2001:175). Basically, it consists of a clear statement of the research problem as well as plans for gathering, processing, and interpreting the observations intended to provide some resolutions to the problem (Creswell, 1998:14).

In Chapter 2, the researcher explored the reality that the psychological impact of rape and the trauma it causes, can have extensive repercussions. These implications stretch as a ripple effect from the victim to their personal ecological systems as well as from those systems to the victim themselves. Due to the above, the study is qualitative in nature and seeks to investigate the nature and extent of secondary victimization that are experienced by the rape victim. The purpose of this research is to try to gain an understanding of what occurs to the emotional, cognitive, and interpersonal systems of the rape victim as a result of the secondary victimization of the rape.

The research methodology and the design of the study are both discussed in this chapter. These topics include research methods, methods used to analyse the data, and procedures used to ensure dependability and ethical consideration. An interpretative, phenomenological paradigm was chosen and a qualitative design was followed. Purposive and snowball sampling were both used in this study. The method of data gathering and analysis, as well as trustworthiness, ethical considerations, and data management, are broken down and discussed in this article.

4.2 Research methodology

The research method deemed most appropriate for the proposed research were a qualitative methodology. "Qualitative research focuses on phenomena that occur in natural settings, which is the real world, and involves studying those phenomena in all their complexity" (Leedy and Ormrod, 2005:133). Qualitative research entails the researcher becoming acquainted with a social context, sharing feelings and interpretations through the subjects' eyes and ears, and associating a purpose to the behaviour or social action. Qualitative

methods assist the researcher in identifying the issues, concerns, and beliefs that contribute to the provision of details for significant topics (Rifkin and Priedmore, 2001:31). A distinct advantage of this approach is that it provides the researcher with another's social reality and enables the researcher to develop a thorough understanding of the locales, activities, and constraints encountered in daily lives (Neuman and Weigand, 2000:73).

The methodology of research is focused on the specific goals which the researcher has specified for the study as well as the general plan that the researcher develops and implements for reaching these goals. Conceptualization, the formulation of variables, purposes, and structures, as well as the advantages and disadvantages of various research designs, the logic of causal inferences, and sampling theory are all components of research methodology (Fitzgerald and Cox, 1987). "Qualitative research involves the studied use and collection of a variety of empirical materials" (Creswell, 1998:15), which the researcher achieved by reviewing specific past and current literature on rape, victimization and secondary victimization as well as through in-depth interviews with rape victims who were attending counselling sessions at the Thutuzela Care Centre.

4.3 Research paradigm

The phenomenological method is concerned with human lived experiences. Everyone's lived experience imparts meaning to their perception of a particular phenomenon, and it is influenced by both internal and external factors (Polit and Hungler, 2001:212). This approach was used to investigate the phenomena of post-rape experiences and processes.
The interpretivist paradigm is based on the idea that reality is not determined in an objective manner, but rather is the result of the social construction of experiences and interpretations (Sarandakos, 2005). This research design was appropriate for this study because it allowed for an understanding into the nature and extent of the long-term psychological, emotional, and physical effects of rape as expressed and experienced by the rape victims themselves, post-rape. The study also considers how rape victims become exposed to various levels of secondary victimization while being taken through the various post-rape procedures and processes.

4.4 Study location

The study was conducted at the RK Khan Thutuzela Care Centre in the city of Durban which is located within the province of Kwazulu-Natal, South Africa. A Thuthuzela Care Centre is a

recognized, government facility that provides forensic and medical services to rape survivors as an emergency service within the first 72 hours following a rape. There have been fifty-four Thutuzela Care Centers established across South Africa since 2006, with eight being present in the province of Kwazulu Natal. These centres are based at government hospitals and the hospital this study was based at, was RK Khan hospital. RK Khan is a government hospital which is based in Chatsworth, a large township of Kwazulu Natal. Thutuzela Care Centres were a government initiative launched in 2006. These Centres were created to provide designated services to rape victims and led by the National Prosecution's Sexual Offences and Community Affairs unit. They are multi-disciplinary in nature, bringing together medical examinations, psychological assessments, police statements and basic emotional support, among other things (www.gov.za).

4.5 Sampling

In qualitative research, a sample size should be determined based on informational needs. Phenomenological studies involve a small number of study participants, often fewer than ten (Polit and Hungler, 2001:240). Purposive sampling methods were used because the research focuses on specific profiles of individuals based on the need to address the study's primary and secondary research questions. The secondary method of sampling was snowball sampling as the participants were referred to the researcher by the Thutuzela Care Centre. According to Burns and Grove (1997:309), purposive sampling includes the selection of subjects with specified characteristics to increase theoretical understanding of some facet of the phenomenon being studied. Purposive sampling means that representative units of the population are selected by the investigator. Babbie and Mouton (2001:166) maintain that "sometimes it is appropriate for an individual to select his/her sample based on the knowledge of the population, its element and the nature of your research aims". There were eleven participants in this study. All participants were between the ages of 18 and 35 years old and were seeking assistance from the Thutuzela Care Centre.

4.5.1 Procedure followed

During the process of conducting the research, the following procedures were carried out. To begin, all of the existing and potential role players were given information regarding the upcoming study. Secondly, permission and ethical approval for this study were obtained from the following stakeholders: the Humanities and Social Sciences research Ethics Committee of the University of KwaZulu Natal- Howard College Campus; the Kwazulu- Natal Department

of Health; the proposed hospital management; the Thutuzela centre management; and, finally, all of the participants who agreed to be a part of the study.

Primary data is often the most valid, the most illuminating and most truth manifesting (Leedy and Ormrod, 2005:95). Data was collected by means of face-to-face interviews using a semi-structured question. These interviews lasted on average between 30 and 50 minutes. The questionnaire consisted of basic demographic questions at the beginning and moved to more in-depth, open-ended questions based on the impact or impacts, the rape has had and continues to have on the victim. These questions were also divided into different themes, namely, victimization and secondary victimization knowledge, physical, emotional, and psychological effects of rape, personal triggers, counselling/therapy effects, social system impacts, cultural and religious impacts and evaluation of the services received by the victim in terms of police assistance, and medical staff and counsellor attitudes. The researcher recorded each interview, after explaining to each participant what the research was about. Participants had to give their written permission to be recorded and were allowed to stop the interview at any time they did not want to continue. These interviews were transcribed verbatim, using a transcription software programme. This was to ensure that each interviewee's voice and experience was respected. There are many instances where participants' quotes may not be grammatically correct or where the language was misunderstood; however, the researcher chose to quote each participant exactly as they spoke to honour them and their stories.

4.5.2 Recruitment strategy

There are three steps involved in the process of recruiting possible participants to research projects. These steps are recognizing potential participants, engaging them, and securing their voluntary consent to take part in a study. This study relied on the appointment schedule of the centre as well as those appointment attendees agreeing to participate in the research. The counsellors assisted the researcher by following the initial three steps and from that, they referred the participants to me.

4.6 Data collection

The measuring instrument used in the study was the semi-structured interview. The questions from the semi-structured interview were first sent to the counsellor who was present at the interviews, for approval. This was to ensure that the questions which were going to be asked

were suitable and offered minimum revictimization to the participants. Due to the delicate nature of the subject matter, personal interviews with participants were favoured above other methods of data collection. This is the approach that is typically suggested for the collection of information on delicate topics such as rape (Mathers et al, 2000). The participants were given the opportunity to talk more broadly about the concerns by using this interview guide, which contained open-ended questions.

The researcher scheduled appointments for the interviews to take place within the Centre. Both the informed consent form and the interview questions were made available in English and isiZulu to assist with any language barriers. Any isiZulu interviews would be conducted and translated by a Centre worker and assisted by the researcher. Field notes were kept during the entire time the researcher was based at the centre and these notes were re-read, typed, and scanned for future reference and thesis referral.

4.7 Data analysis

The data from this study was analysed manually using thematic analysis, as described by Braun and Clarke (2006:78-80), as well as NVivo, a qualitative data analysis software programme. The researcher read through the data in search of meaningful segments (Polit and Hungler, 2001:383). Segments were identified in the data, read, reviewed, and sorted.
The raw data was audio taped, transcribed, and transferred into a clearly readable form for data analysis. The data was coded and read several times to generate specific themes, subthemes, quotes, and leading statements thus moving on to the analysis. The data was organized according to identified themes, which gave the researcher a general sense of patterns within the data. This process is explored in detail in Chapter Five which is the Data Analysis chapter. It is vital to note that the data produced more research questions and avenues the researcher hopes to explore at a later stage.

4.7.1 Informed consent

Informed consent was obtained in writing from participants. The researcher explained the purpose of the study and the fact that their participation was voluntary. The researcher encouraged the respondents to respond as honestly as possible and not merely state what they thought would please the researcher. Participants were informed about the principle of confidentiality throughout the interviews.

4.8 Ethical considerations

Ethical approval was obtained from the University of Kwazulu-Natal Ethics committee. This process took some time as the researcher needed to make changes to receive full approval. The research also required permission from the Department of Health and subsequently, the hospitals as well as the Thutuzela Care Centres. Approval from the hospital CEOs, in the form of a gate-keeper's letter, was needed before approval by the Department of Health was gained.

The researcher met initially with Dr Elizabeth Lutge from the Department of Health, after following the email protocol listed on the Kwazulu Natal Health Department's website. Dr Lutge explained the need for a gate-keeper's letter and thus the process of contacting RK Khan and Addington hospitals began. The process was frustrating as neither hospital responded to the emailed requests. The researcher had to then set up physical meetings with the hospitals. While Addington was non-responsive to the gate-keeper, meeting request, RK Khan was efficient in providing the researcher with a meeting time.

Following the meeting at RK Khan, permission was granted to the researcher and so began the researcher's application to the Department of Health, to obtain their written permission for provincial approval. During this time, the researcher received a research approval letter from the hospital chief executive officer for Addington hospital.

Once the research project was approved at a provincial level, the researcher had to arrange meetings with the managers of the Thutuzela Care Centres to begin research.

A meeting was arranged with Dr Sheroshnee Govender, the manager of the RK Khan Thutuzela Care Centre, along with two of her colleagues. A timeframe and plan were agreed upon by all parties and research began two weeks later. Addington failed to respond to the numerous meeting requests and due to the non-response of Addington hospital and the researcher's timeline, the researcher chose to focus solely on the RK Khan Centre.

Interviews were conducted in a private room and the participant's name was not entered on the interview schedule; instead, pseudonyms chosen by participants were used and entered in the interview guide. Assurance was given to each participant that all information collected was to be used for the research project only. Their responses were not going to affect their intervention program. In cases where the participants were unable to answer the questions without their trauma or emotions becoming beyond their control, the rape victims were

referred to psychologists and social workers in the hospital where the study was being conducted, for continuous counselling and support.

4.9 Challenges and limitations of the study

The results of this study are restricted owing to the small number of participants as well as the fact that the research is being carried out at just one Thutuzela Care Centre location. The researcher initially wanted to combine quantitative and qualitative research methods for a richer data set. However, due to the time constraints as well as the nature of the topic, only eleven adult, female, rape survivors were included as participants. This was also due to some of the participants failing to show up for their scheduled appointments. Again, due to time constraints, the researcher was unable to schedule more interviews at a different Thutuzela Care Centre. The nurses and the doctor in charge of the centre stated that it was normal for the victims to not show up as many of them are either fearful or do not have the resources to continue with all the processes of a rape case. The researcher aimed initially to conduct these interviews amongst two Thutuzela Centres, namely at Addington and RK Khan hospitals. This would have provided a more diverse data set in terms of race, ethnicity, socio-economic status, amongst other factors, than just one Centre. However, the Addington Centre failed to respond to numerous emails, messages, and phone calls from the researcher; therefore, only the RK Khan Centre was used. Remarkably, the research interviews managed to cater to the four major South African race groups, namely African, Indian, White, and Coloured.

The other significant drawback is the plausible re-victimization that happened over the data collection procedure. As much as the researcher along with the staff at the care centre aimed for minimal secondary victimization from this study, the researcher acknowledges that there were some instances in which a few of the participant's became uncomfortable during the interview process. The researcher always paused and asked if the participant would still want to continue with the interview to which the participants agreed to, stating that they wanted "to tell their side/their story".

4.10 Research Quality

4.10.1 Transferability

The extent to which the findings of one study can be applied to other situations that are equivalent is what is meant by the term transferability (Merriam, 1998). Transferability was demonstrated by providing a comprehensive account of the study procedure, in which each

stage was broken down in depth. The environment in which the research was conducted was thoroughly detailed through demographics and participant descriptions in Chapter Five. The procedures of data collection and data analysis were discussed. In addition to this, comprehensive explanations of rape, victimization and secondary victimization were stated in the previous three chapters.

4.10.2 Confirmability

Confirmability, which is related to credibility and dependability, refers to the objectivity or neutrality of the data; it determines if the facts and interpretation of the study are based on actual events rather than the researcher's subjective judgments (Lincoln and Guba, 1985). During interviews, a digital voice recorder was utilized, and the interviews were transferred to and transcribed using NVivo software. This enhanced the coding and analysis processes. The interview transcripts, recordings, and field notes were made available to all major role participants, such as the centre's leadership and employees, as well as the research project's supervisor. The ability to retrace the entire data collection and processing process also provided transparency, hence ensuring confirmability.

4.10.3 Dependability

Lincoln and Guba (1985) assert that dependability is the stability of the study's data, whereas Polit, Beck, and Hungler (2001) define dependability of qualitative data as the consistency of data through time and across conditions. To achieve the required dependability for this study, the researcher together with her previous supervisor consulted with a rape trauma counsellor as well as a psychologist who specializes in trauma to guide the interview questions as well as ensure that the questions link to the research questions listed in Chapter One. The coding process as conducted by the researcher and monitored and approved by a qualified research coder. The data analysis was evaluated by the researcher's supervisor in conjunction with the researcher.

4.10.4 Authenticity

Authenticity is the degree to which researchers capture the different views and values of the people who take part in their study and encourage change among the people and systems they are looking at (Rodwell, 1998). The credibility, confirmability and transferability of this study as mentioned above add to its atheneite. These coupled with the novelty of this study, which aims to fill pre-existing knowledge gaps on post-rape experiences and validity which

implies all aspects of the study's design, methodology, and findings are unbiased and sufficiently address the concept being investigated, ensure that the study is authentic.

4.11 Conclusion

This chapter gave an explanation of the methodology utilized to conduct the research investigation. It defined the research methodology and described the entire research methods and data procedures. This is important as it assists with the trustworthiness and credibility of the study. This chapter establishes the groundwork for chapter five, which presents and analyses the results in depth.

Chapter 5 – Presentation and discussion of results

5.1 Introduction

Sexual assault has a variety of repercussions, according to Boyd (2011) and Daane (2005). A victim may experience them all at once or in stages, and the factors that influence the impact of the consequences include the extent of the physical consequences of the rape, the length of time the rape occurred for, the type of rape that occurred, the victim's personal experiences with previous sexual assault (if any), and the assistance the victim received from their immediate support systems as well as the medical, justice, police, and counseling services. It is important to note that there could be other factors which are not mentioned above as each rape case is unique. Due to rape and victimization being multi-faceted and multi-disciplinary phenomena, as stated previously, present methods and theories do not adequately account for the different after-effects of the trauma suffered by rape victims. When it came to analysis, the researcher decided to break down the data into themes and sub-themes based on the structure of the questionnaire, and then to further investigate the replies under each of the topics that had been developed. The objectives of this chapter are to investigate the relationships that exist between the pre-planned topics and the findings of the research, as well as the importance of the findings.

5.2 Participant background and information

The pseudonyms assigned to each participant were chosen to safeguard their identities. All the participants were female, with an average age range of 18 to 38 years. and all the participants willingly consented to participate and have their experiences recorded. Participants 10(Tracey) and 11(Tina), both preferred to write down their experiences rather than vocalize them. Both participants Tracey and Tina were nonetheless made aware of the research's consequences, and their agreement was secured before the study began. This request (to write down their experiences rather than speak) was granted by the researcher to accommodate them due to a lack of planned respondents who failed to show up for their scheduled appointments, as indicated in the limitations noted in Chapter Four.

Six individuals identified as African, three as Indian, and two as White, out of a total of eleven. This enabled the researcher to factor in the element of the experiences of different race, rape victims. Except for Tracey, who is originally from Durban but now lives and works

in Johannesburg, all the participants are residents of Kwazulu-Natal. In order to get follow-up care and counselling, all participants were brought to RK Khan's Thutuzela Care Centre.

The following paragraphs provide some background about the participants:

Rachel, a 21-year-old Black South African woman from Pinetown, was the first participant. Rachel was still receiving SMS messages from her rapist on a regular basis. She was required to submit all the messages to the investigator who had been assigned to her case. According to the interview, she seemed to be a lot more optimistic about her life due to the impact of the counselling sessions she was attending and disclosing her story. She did admit that she had a period of dread and anxiety about what might happen after she reported her rape, but she seemed to have conquered that fear and anxiety, maybe because of the support of her family.

Participant two, Mercedes, an 18-year-old Black South African student who lives in Claremont and was visiting the Thutuzela Care Centre for the second time. Following her rape, she struggled with a lack of appetite and significant weight loss. Although she was being interviewed, she was still having difficulty eating well and had become quite anti-social and housebound by choice. This was a significant shift for her since she had previously defined herself as someone who loved socializing a great deal.

Eighteen-year-old Quinn was participant three. She was a black female and resided in Marriannridge. She was currently finishing Grade 11 via night school and she had no idea who had raped her. She had first expressed a desire to end her life and, although she no longer felt suicidal, she continued to have a very terrible self-image, which was a source of frustration for her. She also suffered from overwhelming emotions of despair, and she had not found counselling to be very beneficial at this point since she was still experiencing flashbacks to the incident on a regular basis.

Santana, the fourth participant, was a 33-year-old Indian woman who worked as a call-centre representative in Chatsworth. She also classified herself as an alcoholic when asked about her profession. She had been raped four times, the first time by her uncle when she was five years old. She had also been gang raped by a group of six unknown men, which resulted in her being sent to the hospital. There was a stage in her life during which she began to get back on her feet and took some gender-based violence courses to speak out about what she had experienced and therefore empower others and herself. However, she stated, “I don’t know what happened after a while.” (That is, she turned back to drugs and alcohol which led to her being raped again). She had sought help at the Open-Door Crisis Centre and the Addington

Thutuzela Care Centre but turned back to alcohol and became admitted at the hospital for intoxication. Also, following the rapes she had been subjected to, Santana portrayed herself as an otherwise decent person who had suddenly turned into something heinous.

Participant 5 was Lily, a 37-year-old White woman who had been molested since she was five years old but had only just been able to come forward because of a rape. Due to the overwhelming emotion, she was experiencing, she was unable to continue with her interview and started to sob. She expressed a desire to do the interview at a later date, but the researcher was unable to schedule a meeting with her. Her interview was nonetheless transcribed to be able to quote from the portion of her narrative that she was able to share with the audience. It is important to note that due to Lily not completing the interview, her responses were limited.

Britney, a 38-year-old Black South African who worked as a general labourer in Mariannhill, was the sixth participant. Her rapist was unknown to her, and she cited this as a reason for her decision not to disclose her rape at the time, believing that doing so would have made no difference. She began to have dreams about the rape and was unable to sleep as result. "I couldn't get this thought out of my brain," she said. She felt optimistic about therapy as a place where she may get relief from her problems.

Participant 7, April, is a 28-year-old Indian woman from Durban who is jobless and stated she had been raped five times in the past. As the conversation progressed, she revealed that she had been raped twice by her grandpa, first when she was 11 or 12 years old and again when she was 27 years old. Immediately after the initial rape, she was put in foster care. Her boyfriend, who believes she has mental disorders, accompanied her to the interview and supported her claims. (According to the psychologist located at the clinic, she does not have a mental disorder and instead suffers from a learning problem.) The researcher believes it is crucial to point this out as her replies may have been impacted by her boyfriend's actions. Many of the questions were answered by her boyfriend, who indicated that she was unable to communicate effectively and that "she doesn't listen", reflecting a lack of trust in their relationship. He also stated that “she wants to run away…that’s why I lock the gate so you can’t run”. The researcher concluded that the relationship between April and her partner was unhealthy as he seemed to be very possessive and controlling. She was still experiencing physical pain and emotional trauma such as crying all the time and being constantly scared.

Victoria was a 38-year-old unemployed Black South African woman who lived in a female shelter on the Bluff. She was the eighth participant in the study. She was raised in a violent

environment, with a mother who was both physically and emotionally abusive. As a result, she became exceedingly rebellious, and she was expelled from high school as a result. She subsequently embarked on a “drug-related adventure” (that is, she experimented with various drugs over the next few years) that resulted in her imprisonment for five and a half years. She also engaged in sex work for a short period of time when she was without financial resources and homeless. In her last relationship, she was raped and subjected to physical and mental violence. She was also assaulted as a youngster, first by a stranger when she was five, then by a cousin when she was seven, and finally by another relative when she was eight years old.

Participant 9, Zoey, a 28-year-old Black South African woman from Pinetown, was raped by her brother when she was five or six years old, according to her testimony. Her brother's two children have lately raped her daughter, who is around the same age as the boys in question. This encounter not only compelled her to report the crime, but it also recalled her own suffering as a youngster, which she had forgotten about. She was blamed by her sister and shamed for coming forth with her rape ordeal, now.

The #MeToo social media movement of 2017, inspired Tracey, participant 10, a 28-year-old Indian analyst, to come out after being raped by her now ex-boyfriend some years ago. Tracey only recognized she had been raped after reading an article about the #MeToo Movement. The story she read triggered her memory of her own rape and she has subsequently sought treatment from a professional psychologist to cope with acute anxiety symptoms.

At the age of five or six, Tina, participant 11, a 31-year-old White teaching assistant, was raped by her stepfather. She spoke about her feelings of hurt, anger and disappointment at her mother for not leaving her rapist and how she sought comfort in food. She also spoke about the guilt she carried for telling on him as she felt her stepsister would grow up without a father (she had lost her own father).

5.3 Research results

Below are some of the most prevalent long and short-term consequences of rape (including those that are physical, psychological, and emotional) which include, but are not limited to: nightmares, flashbacks, or a re-living of the assault, feelings of shame, guilt, anger, sadness, fear, shock, and denial, dissociation from oneself and society, oversexualized behaviors, a lack of will to live or take care of oneself, anxiety and depression, PTSD, a lack of concentration, suicidal thoughts, and low self-esteem (Black et al, 2011:59, Littleton, Axsom,

Breitkopf, and Berenson, 2006:765).The interview questions posed to the participant's, concern the victims' comprehension of the phrase 'secondary victimization', the nature of their experiences before and after rape, the processes they experienced following rape, and the degree to which they are now being victimized by others. The data's purpose is to enable a more complete, victim-centered knowledge and analysis of the prevalence of rape and secondary victimization, which will then allow for additional research on victim-centered initiatives to be conducted in the future.

Specifically, as stated in Chapter 1, the researcher collaborated with her initial supervisor to develop the semi-structured interview questions used in the study by engaging with a variety of research conducted with rape victims. Included in this literature was the impact that rape has on rape victims as well as the effects on their immediate and extended selves and social levels (Abrahams et al., 2013:288-293; Campbell, 1998:355-379; Campbell, 2006:1-16 and Campbell et al., 2001:287-302). The primary elements that emerged from these sources were collected together and organized into the broad themes that were employed in this research.

In addition, the researcher looked at the ecological systems theory and its relationship to the experiences of rape victims (Bronfenbrenner, 1977, Bronfenbrenner and Ceci, 1994, Darling, 2007, Grauerholz, 2000 and Martinello, 2019) and from this, the common elements were once again grouped together and subdivided into the previously defined themes. The following recurrent themes were found by the researcher using a manual process:

- Secondary victimization
- Physical Impacts
- Emotional Impacts
- Psychological Impacts
- Evaluation of services offered to the victim
- Triggers
- Social Systems are divided into four categories: microsystems, mesosystems, macrosystems, and chronosystems.
- Coping mechanisms

Even though the topics listed above seem to be broad, the researcher opted to convey as much insight into the subject matter as possible to add depth to the study. Each participant was asked a series of questions which were based on the themes listed above.
It is crucial to highlight that, even though the approach of qualitative analysis was time-consuming, the researcher's objective was to immerse herself in the material, resulting in information that was rich in meaning and detailed.

5.3.1 Emerging themes

5.3.1.1 Secondary victimization

These responses were based on Question 1 of the interview. That is, do you know what secondary victimization means? Only two out of the eleven (Participant 11 – Tina and Participant 8-Victoria) participants who were questioned said they understood what was meant by the phrase "secondary victimization."

Tina: "According to my understanding, it is the after-effects of the original traumatic event. The memories, the triggers, and so on".
Victoria: "In general, I believe it refers to when you attempt to report anything or seek aid from someone or something. As a result, you do not get the kind of answer you were hoping for, and you feel violated".
All the other participants responded with a "No," after which the researcher clarified the word and provided examples until each participant understood what she was saying.

5.3.1.2 Physical Impacts

The participants described the apparent physical repercussions of rape on their bodies, such as abdominal agony, vaginal discharge and blood. In addition to this, the victims described physical changes in their bodies that had not yet ceased for some of them when they spoke with the interviewer. These responses were based on Question 2 of the interview (What physical effects have you experienced as a result of being a rape survivor? What were these effects at the time of the rape? What are the current effects? Have these effects changed or stayed the same over time? Why do you think so? How would you describe your physical state before you were raped? Has it changed over time? If so, to what extent? And do you perceive these changes or non-changes as positive or negative?

Santana admitted to feeling exhausted and depleted most of the time, saying, "I feel weary, I can't even run." She also has thoughts of violation and invasion. It "seems to me like I've been taken advantage of."

In the interview, Quinn characterized her emotions of suffering as "physically painful...I wanted to die." She continued to describe her experiences of pain up to, during and even after the interview.

Mercedes spoke of her lack of appetite and rapid weight loss because of the stress she experienced because of the rape, saying, " Firstly was losing my weight. I have got so much stress; I don't eat properly".

"I decided to become butch...I changed my gender and became a boy," Victoria said. She saw it as a protective strategy since she did not want to be seen as "beautiful." She also shared with me her experience of coming to terms with her femininity while in jail.

In the interview, April spoke about the "brownish discharge" she had been experiencing, as well as the "stomach ache" she was still experiencing at the time of the interview.

The only physical consequences Britney described were "soreness," whereas Tracey said that she did not recollect any physical repercussions, but that this was due to her thinking and persuading herself that she was 'okay' at the time: "At the time, I didn't even consider it rape." Rachel simply said that she experienced physical changes but did not want to go into the details.

Tina discovered that her "guilt showed itself in tears," and that she "felt like she was telling on him." She added that even in the current day, she still has bodily symptoms when she hears similar experiences or even when she watches scenes on television. "My mouth becomes dry, my chest becomes tight, and my whole body becomes frigid...." "I'm sorry, but I have to leave the room." Moreover, she said that her rape is now interfering with her marital intimacy since "there are some things I will not let my husband to do to me (in the bedroom) because they cause tightness in my chest and a disconnection from my body." Her mother continued to live with her rapist, and she revealed that she turned to food for comfort: "I did start to emotionally eat in order to dull the pain, particularly because my stepfather was still living with us." Zoey responded by stating: "So many things". When prompted to tell the researcher more she said the following, "My mouth gets dry, I cry about it when I tell my friends.it easier to talk about it now"

Lily, departed our session after this question, with just one phrase, which the researcher believed captured many of her feelings: "Sorry, I've gone to a psychologist, but it's just too much...".

5.3.1.3 Emotional Impacts

It is important to note that the emotional impacts identified and experienced by participants apply to both the early and ongoing effects. Participants were also required to describe their emotional stated before the rape, as well as how (if at all) that state has altered over time. The amount to which these changes occurred was assessed as either positive or negative, and each participant was given the opportunity to elaborate. The responses below were based off the following questions: a. Have you been emotionally affected as a result of being a survivor of rape? How?
(E.g., do you experience trust issues within your relationships? Do you live in fear?)
b. What were these effects at the time of the rape?
c. What are the current effects?
d. Have these effects changed or stayed the same over time? Why do you think so?
e. How would you describe your emotional state before you were raped? Has it changed over time? If so, to what extent?
f. Do you perceive these changes or non-changes as positive or negative?

Tracey indicated that she felt "used and embarrassed," but that these sentiments "had passed her by within a short period of time". She also stated that she battled with anxiety and depression for most of her life however after the rape, "it was on a much deeper level." Compared to this, Tina expressed concern that her husband may use his strength against her: "My husband will never insult me in that manner, but a tiny part of me is terrified that, as a guy, he might be able to use his strength against me, if he wanted to." Mercedes found it difficult to express her emotional impacts and simply kept stating "It is not the same", it all negative." Quinn also echoed Mercedes sentiments and referred to her emotional situation as "hopeless". Rachel shared her concerns about what would happen after she reported her rape: "I was concerned about what would happen after I reported...would he return and do this again?". April spoke of insomnia and being fearful, "I am scared".

The study also discovered that eight out of eleven subjects held themselves responsible for being raped. Some of these people were subsequently criticized by their families, their spouses, and even the social professionals who were there at the time.

"Sometimes it gets better, but other times I just want to kill myself if it comes up in conversation." "I simply want to be alone," Victoria said. Santana, who had first been raped as a child, described how she was blamed for her rapes by her family and that over the years, the only emotions she feels is “angry, fed up and irritable” while Britney stated that she is “scared” and still battles to sleep because of the fear. Zoey also lives with fear but of a different kind, “That my brother is going to send people to come and kill me!”.

5.3.1.4 Psychological Impacts

When it came to psychological impacts, the researcher discovered that most of the victims had symptoms that were comparable to or identical to one another. All the participants were affected by the trauma of their rape experience in different ways, which resulted in moderate to severe despair, anxiety, and nightmares for a variety of reasons. These responses were based on the following questions: a. Have you experienced any psychological effects since your rape? If so, could you please explain?
(E.g., have you experienced any changes in your personality? Do you experience dreams or flashbacks of the victimization?)
b. What were these effects at the time of the rape?
c. What are the current effects?
d. Have these effects changed or stayed the same over time? Why do you think so?
e. How would you describe your psychological state before you were raped? Has it changed over time? If so, to what extent?
f. Do you perceive these changes or non-changes as positive or negative?

"When I see a male, I become a little terrified... I want to run away." Quinn. Rachel reaffirmed the fear of males, “I don’t trust people, especially males.”.

"I've had a lot of suicidal thoughts as a result of what's happened to me, but I know there's a purpose for everything that's occurring because I know I'm going to survive" and, "I'm still feeling a little optimistic." Santana.

In the days after the incident, I had a lot of thoughts about it, but these thoughts were largely about my making the choice to go there rather than about him raping me." Tracey.
“I was just thinking that I was going to let go because I don’t know these people. Now, after this, I couldn’t sleep because it’s always coming back into my mind when I try to forget about it.” Britney.

A few victims reported changes in their personalities and moods, with two (Tina and Santana) revealing that they had experienced changes in their sexuality and sexual orientation because of the rape.

Tina, “In my late teenage years I did think I was gay also. I had a brief relationship with a girl as I was very scared of men”.

Santana, “I became a very arrogant person, very irritable, [with] bad mood[s]. I was a down-to-earth-person before”. “So, eventually, I became lesbian because I felt that being with a man sexually I can’t. I have been in a lot of relationships, they wouldn’t work.”

“Sometimes if I want to wear something, all my pants are tight so I always imagine that that is why I got raped so I must change the way I dress.” Britney.

“Psychologically, he made me feel like worthless, like I didn’t have strength. He made me feel like I depended on him.” April.
“I am scared because he is saying you are staying under my roof but you still open a case against me. You have to move out. I cannot go anywhere because I am scared of what will happen to my child”, Zoey said (This was due to her still having to stay in the same house as her brother despite herself being raped by him and her daughter being raped by his son).
Victoria, “I am still very sensitive. I am very sensitive. How you talk to me, what you do, your body language, everything, I note those things. I have obviously taught myself what’s worth fighting for and to choose my battles but I am very sensitive like that. If it affects me to a certain extent, it makes me emotional, I will probably cry in my own corner”
Mercedes, “I was that kind of girl, you could find me anywhere doing fun stuff with my friends and now I am just with my mom.”

5.3.1.5 Evaluation of services offered to the victim

The responses below were based on the following question: Finally, could you please briefly explain to me, in your own words, the response you received in general from the professionals that have been involved with this rape ordeal? (E.g., The response of medical staff, police officers, counsellors etc.)

Tina recalled that she was unable to remember much about her early encounters with counselling: “I can’t say I remember much from Childline (an institution for abused children), but I do remember, after the initial shock of having to tell a stranger, I did feel very safe being there. They gave me a teddy to take home as a ‘safety blanket ‘and I loved that teddy and felt very overprotective over it. I suppose in a way, that teddy became the substitute for not being able to tell my dad”. (Tina stated during her interview that her mother asked her to never tell her real father that her stepfather raped her.)

Tina also noted that she did not feel anyone took her reporting of her rape seriously. “We never had any police involvement nor medical involvement and apart from Childline, everything was handled within the family. Childline was very good to me from what I can remember but I still don’t think they took the event seriously enough. Why didn’t they report my stepfather to the police or remove me from the family home?”

Rachel spoke of the services being “supportive all the time”, whilst Mercedes said she would recommend the Thutuzela Care Centre as “they don’t judge” and Quinn shared the same view as Mercedes in terms of recommending the center. April echoed Mercedes sentiments and found the services to be non-judgmental as well as friendly Britney described the staff as “helpful and friendly”. Quinn complimented the service she received and found it helpful and Zoey described her experience as “It has been good, very good”.

Santana, however, offered a different view, as an alcoholic, “Nurses are terrible, some of them are terrible, Indians. It’s because you drank now and came back for the second time so they will crash you. They don’t understand the real pain on why you are drinking.”

Victoria, who ended up in the sex industry as a sex worker, also offered a different view when asked if she reported any irregularities, “I have never, for the main reason that for those myths that they will say you deserved it, or they won’t take it seriously, or they will take the

men's side. (I) know that there are organizations that offers different shelters, but victims have always said that its worse when you go to the shelters. The very same people that are running the shelters are the same people victimizing you because of what you came there for. They start using your story against you. Its normal to have encounters, it's part of relationships, you end getting sworn at. They would say that's why he beat you up". When asked if these were other women who said this, she responded with, "Never mind the other women – the people who are running the place. They start using that against you. What they know about you, they start using that against you. It's like it's your fault now."

Tracey did not report it to anyone except the counselor. "I've told no one about it (other than one friend and a psychologist very recently) because I know people in the culture don't care and I will possibly be blamed for what happened. To a large extent they won't believe me because the abuser is a doctor". (She had dated her rapist who was a medical doctor).

5.3.1.6 Triggers

The participants were asked to describe the types of triggers they experienced and the frequency of those triggers. All the participants were unaware of the term 'triggers', thus the term had to be explained and simplified for each one. Triggers were defined, for the purpose of this study, as events, places, scents, tastes, sounds, people, and emotions which caused recurring thoughts of the victim's rape. The responses were based on the following questions: Are there any specific "triggers" (triggers being events, places, scents, tastes, sounds, people, emotions etc.) which cause recurring thoughts of your victimization. Please can you describe these "triggers" to me. a. How often do these triggers occur? Please try to be as specific as possible. I.e., Daily, weekly, monthly etc.
b. Please could you elaborate on these triggers?
c. When did the first symptoms occur? On a scale of one – ten, (with one being no impact/none/zero and ten being most extreme), how do these triggers impact you? Please could you elaborate and describe these impacts.

There were many different triggers experienced by each participant, according to their own specific experience. However, the researcher found it important to note that each victim experienced being triggered frequently, especially those participants who had been raped more recently. This prompted the researcher to ask a follow up question to each of the

participants, would these feelings go away if their rapist was jailed or even, was killed or died and all the participants confided that even if that occurred, they would still carry these same feelings of fear, anxiety, shame, and guilt.

Rachel felt triggered every time her rapist messaged her, “It scares me, I get scared”. Mercedes found just the sound of a male voice to be triggering to her and this happened almost daily, “I think it’s the voices of the male, sometimes it just comes suddenly and then ruins my whole day”. She also spoke of constantly being reminded of her ordeal, “I don’t dream about it, it’s just that at times when I am just staring at something, it will come back”. Quinn has a similar fear that is when she sees men, she becomes triggered, “When I see a man, I am scared…I want to run away”. Santana also expressed that one of her main triggers were male related, “Person’s name, let’s say a guy”. she confided that these triggers happened daily for her as well and that she “(I) don’t know what to do” about them.

Britney could not recall any specific triggers but acknowledged that she “did not feel the same sometimes” whilst April feels she “(I) want to run away” every time she is triggered. Victoria noted that a number of factors could trigger her and for longer periods than the other participants, “A small thing will trigger me and I burst into tears. Nobody will understand what’s going on and why I am crying. Sometimes I will try and hide it. I wouldn’t cry in front of people; I go into my corner and cry it out. Sometimes, it will go for days and months”. Zoey: “Sometimes it gets better but sometimes I wish I could kill myself if I think about it. I just want to be alone.”
Tina stated that she was often triggered by sexual scenes in television programs or movies, a distinct smell and touch, “Certain movies, programs, stories produce physical effects in me. There is also this thing that people do, if you go to touch their faces and they pretend bark or pretend bite…that is a big trigger for me and brings on flashbacks. Another one is Benson and Hedges cigarette smell.”

5.3.1.7 Social Systems are divided into four categories: microsystems, mesosystems, macrosystems, and chronosystem

Questions around each participant’s social system and how it impacted their victimizations (primary and secondary) were also discussed. The researcher broke the social system down into component parts, or categories, as follows: micro, meso, macro and chronosystems. The

microsystem comprised their basic relationships and surroundings, in other words, their families, friends, home-life, and work-life as well as the interaction with their rapist(s). The mesosystem referred to the social support structures and institutional interventions aimed at assisting rape victims, such as the Thutuzela Care Centre and counselling, and police and judicial services offered to them. The macrosystem addressed rape myths, beliefs, stigmas, customs, and rape culture, and finally, the chronosystem focused on revictimization, their ongoing experiences of psychological and emotional effects, the impact of time on their victimization, triggers, as well as their cumulative trauma. The questions were given as follows: Please could you describe for me in detail the impact your victimization has had on you and your following social systems?

a. Microsystems: These being your basic relationships and surroundings.

b. Mesosystem: social support structures and institutional interventions aimed to assist rape victims.

c. Macro system: the acceptance of rape myths, rape-prone cultures, rape myths and institutionalized racism

d. Chronosystem: Cumulative trauma and revictimization can lead to extended levels of PTSD, anxiety and depression among rape survivors.

The researcher tried to simplify this question as much as possible however their responses to these questions were limited and often not elaborated on.

Rachel had a unique experience with her microsystem in that she was victim blamed by her immediate family (parents and siblings) however her cousins supported and cared for her, “They (her immediate family) are saying it’s my fault because I know this guy and we did do an agreement to meet”.

Mercedes had the support of her parents and siblings however did not seek support from anyone else, “Like if I am just staying alone and my mom will come and ask if I am alright and then we can talk about that thing but My friends don’t know anything about this, out of my choice”.

“She said I should go to the clinic and get tested” stated Quinn, about her mother, who was upset when Quinn told her of her rape. Santana spoke of the need to care for people when she

became romantically involved with someone, “I don’t know, when I go into relationships, I become more attached, always taking care of the person and now the person takes it around”.

Britney and April both assured the researcher that none of their relationships had changed in anyway, “It didn’t change any relationship”, “It didn’t change”.

Victoria felt that her rape had led to her not being able to socialize, “I didn’t know how to socialise. Even now, I am not a small talk kind of person. I also never socialised. I don’t socialise unless I feel I need to be around people then I go out… I like to be alone. I like my own space. I know how to entertain myself; I don’t have to be around people to be able to entertain myself but I understand that I also need to be around people”.

“There is a stigma about rape, even before I was a victim. Victims are made to feel almost dirty”, Tracey, speaking about her macrosystem whilst Tina spoke of a strained relationship with her mom because of the rape, “My mom asked me to never tell my (biological) dad and that angered me to no end” (since her abuser was her step dad). She also told of having a tense relationship with her step sister because of the rape too, “I had a fair amount of resentment towards her”.

“Yes, sometimes I don’t want him to touch. We started dating 2009 and he saw something was wrong, he kept asking because I started having these nightmares. He asked me who hurt me or raped and I said no one. Last year in December I had drank too much, that’s when he said I have a problem I have to talk about it because now I was using cough medicine. I couldn’t sleep at night so I had to take something so I can be able to sleep. He found the medicine and he asked what I was doing with it, I didn’t say anything then he slapped that’s when I started telling him that I was raped. He asked me why I never told him because he noticed it the first time, I went to sleep over with him. I told him it wasn’t easy to talk about it". Zoey (when asked about her microsystem, she spoke of her relationship with her boyfriend).

5.3.1.8 Coping mechanisms

Each participant was asked to describe what, if anything, helped them in their recovery. The question asked was How has your culture hindered or helped your recovery? Have you been further victimized as a result of your cultural affiliation/s?

All the participants except for Mercedes, Britney Tracey, Zoe and Santana, stated that religion and/or culture has healed or is helping them heal from the trauma. The above

mentioned three participants said that they did not follow any religion or culture for it to assist them. Zoe stated, “I don’t think so. If did help, it wouldn’t have happened”.

Rachel: “It helped me” (both religion and culture)., Quinn: “Both Christian(religion) and ancestors help me recover”. Quinn just stated Yes and could not elaborate. April found help with pastoral counselling from her church.

Tina stated that she felt her race delayed her recovery, “I do feel that being white has slightly hindered my recovery. I feel we as white people embarrass too easily and try sweep things under the rug. I will say though that being raised in a Christian home, it was much easier to forgive.”

Victoria offered a slightly different view, “Religion for me is more too old fashioned for the century. There are some things they need to adjust to accommodate the now era. I am not saying all the things are wrong, there are some principles in religion. In all religions and there are some things in culture as well that can work for a person but there are things that are really outdated. I have gone into the Moslem religion as I am trying to find myself so that was taught. I thought this was blocking and asked myself why was I not treated on the same level. I felt oppressed immediately” Lastly

5.4 Analysis of data

Firstly, due to most of the participants(9 out of 11) lack of understanding of the critical(to this study)term, secondary victimization, the researcher was led to believe that all the victims, despite their diverse backgrounds and occupations, as well as their ages and geographical locations, could possibly be unaware of the re-victimization they may have experienced during the process of reporting their crime, retelling their story, and the various other practices that are necessary when one becomes a rape survivor. This is problematic as these victims, as well as rape victims in general, are being revictimized on a regular basis, not only deliberately but more importantly unwittingly, by the systems and structures that were put in place to assist them with healing, support, and rehabilitation. This, in turn, has the potential to extend the consequences of variables such as PTSD, anxiety, and other behavioural disorders, as well as exacerbate the feelings of guilt and shame that victims experience.

Fear, humiliation, and despair were expressed by all the study participants. Some people's experiences were extended and were still present at the time of the interview, whilst others went through a process of healing and processing that resulted in their experiencing a

reduction in the intensity of their feelings at the time of the interview. There were also strong feelings of shame brought on by self-blame as well as victim blaming, which occurred by the participants immediate, such as family and outside, such as social institutions, relationships.

Although each participant's timeline was unique, the researcher observed that their emotional states tended to be similar or the same in all cases. The pattern of self-blame, fear, anger, sorrow, humiliation, and despair (Steinbrenner et al, 2017:10) was repeated by all participants even though some people noted that the intensity of these sentiments had lessened, or that these sensations had completely disappeared.

It seemed to the researcher that as time went on the frequency of the triggers decreased, but the emotional effects of the triggers remained constant. From this, it became apparent to the researcher that these rape victims continue to carry and feel the emotional and psychological effects of their ordeal, even after counselling, medical exams, reporting their crime to the police, opening a case and conviction. Similarly, to the participants' responses to questions around triggers, each participant's experience was completely different. However, what was notable to the researcher was the breakdown between systems and the lack of consistent and constant support across all systems. The participants spoke of having strong support at a mesosystem level but failing to receive support at a microsystem level. Often their families blamed them and further victimized them whilst the support at the care centre was what kept them going. However, even though the support and services received at the mesosystem level were excellent, participants still felt negative macrosystem effects in terms of being a victim, and negative chronosystem effects by not being able to see their full counselling process through, which in turn affected their recovery.

Religious relationships and cultural affiliations were listed highly in their recovery process; however, these seemed to only help short-term and when they were surrounded by other like-minded individuals. There were feelings of emptiness, loneliness, and low self-esteem when away from these cultural and religious groups. Participants also all stated feelings of withdrawal in the longer-term effects, and found it hard to trust people, especially in new relationships. The researcher also noted that all the participants attended their initial counselling sessions but failed to turn up for scheduled follow-up sessions. This could be due to lack of finances, transport, and availability but another factor to consider is that they did not see or understand the value of long-term therapy or even therapy as a process rather than

a destination of healing. Most of the victims were part of impoverished, non-Western communities in which mental health issues are not prioritized.

5.5 Conclusion

This chapter began with a basic introduction. After which a summary of each participant and their respective pseudonyms was stated. Next, the researcher explained how the interview questions were formulated and how they linked to the Systems theory. Several themes were created and the relevant data was captured under each theme. This was done to show how vast the extent of secondary victimization can extend and how complex it's nature can be. Lastly an analysis on these interview responses was put together and from this the researcher was able to draw conclusions. These conclusions influenced the recommendations made in the next chapter.

Chapter 6 - Research findings, Recommendations and Conclusions

6.1 Introduction

The motivation behind this study arose from the researcher's experience with rape victims and the prolonged trauma they carry and experience. The main research question was What was the multi-level nature and extent of secondary victimization of rape victims.

The researcher aimed to delve into the long-term effects and psychological, emotional, and physical experiences to which rape victims are subjected, subsequently to their rape as well as explore the coping mechanisms which aided them in their recovery. The researcher also examined the victim's knowledge and understanding of secondary victimization. Secondary victimization is a complex and multi-faceted phenomenon. Secondary victimization of rape victims affects the victim intensely. The effects are not only manifest at an individual level, but also at other social levels such as relationships; mental, emotional, and physical health to name but a few. The researcher used the outcomes of this study to provide recommendations that could aid in empowering victims through the various processes and emotions, to affect the healing rather than the revictimization of the victims.

The study investigated the multi-level nature and extent of secondary victimization of rape victims among female, adult rape victims based at the RK Khan Thutuzela Care centre located in Durban, Kwazulu Natal, South Africa.

The study objectives were to:

(1). determine the long-term and multilevel effects of secondary victimization post rape; (2) assess participants' knowledge of secondary victimization; (3) describe the perceptions, experiences, and complexity of secondary victimization from the perspective of the rape victims; (4) explore the perceptions, experiences, and complexity of secondary victimization from the perspective of the rape victims; and (5) measure the extent of secondary victimization within the identified areas; and lastly (6) develop a conceptual framework for secondary victimization based on the findings of the research.

Semi-structured interview questions with a qualitative methodology were used in the study. 11 adult female rape victims between the ages of 18 and 38 years old who were attending post-rape counselling sessions at the Thutuzela Care facility made up the study population.

This chapter aims to conclude the research study by drawing on conclusions from the research, looking at the limitations of this study and recommendations for further research on secondary victimization of victims of rape.

6.2 Recommendations

There is simultaneously a need for a greater move towards empowering the victim throughout the processes they undergo until the perpetrator is convicted, as well as sustaining that relationship of support, care, and empowerment after conviction. Finally, there needs to be a range of measuring instruments which are indicators of trauma healing and long-term effects and triggers, so that the extent of trauma and healing can be adequately assessed.

One of the main strengths of this study was the data that was collected reflected each victim's perspective. Although this study only consisted of eleven participants, the researcher managed to get over 12 hours of usable data transcriptions. Often victim studies lack the social context of phenomena and statistics, and graphs give quantities but not in-depth accounts of system interactions. As participants were represented by different ages, races, cultures, and places of residence, this study produced data which is rich and can be used in future studies as well as for the development of future concepts and theories. Another strength is the longitudinal value of the study. The interviews of this study can be conducted again in one year, three years or five years to measure the secondary victimization effects over a longer period.

The researcher would like to use this study as the foundation to create a victim-centered theoretical approach, based on the systems theory. This would comprise the different role-players at each systematic level, as well as representatives from the medical, justice, police, mental health, and victimology spheres, creating a hub which can be used by past, present, and future rape victims, to both empower them and help them heal. The researcher would also consider engaging in further in-depth work with the rape survivors, as well as with the key role players that the victims interact with, such as the police, social workers, psychologists, and district surgeons, to achieve more insight from different and/or differing viewpoints. A final thought would be to engage with at least one member from each of the individuals' social systems to create a more holistic research study.

6.3. Limitations of the study

The participants in this study may have suffered from some memory loss regarding their experiences, due to the rapes occurring more than a year ago and the traumatic nature of their experiences. The researcher noted that as the interview schedule allowed for one interview session with each participant, she was not afforded the opportunity to build rapport, and thus trust, over a period of time with the victims. As a result, participants may have left out vital information due to the unfamiliarity of the researcher. The researcher also acknowledges her own bias and instances where she may have influenced the interview responses by the way she explained or stated the interview questions. Generalisability is also another limitation of the research.

According to Cziko (1993), Comprehensive and conclusive social science experiments are not possible because of the many and varied ways that people differ from one another and because these differences change over time. The best that educational research can ever hope to do is partial knowledge rather than forecasting. The lack of male and LGBTQI victims could also be considered as another limitation of the study. Unfortunately, there were no victims of both these categories (other than Santana, participant 4) during the period of interviews.

Lastly the study is restricted due to its small sample size and limited scope. The researcher was only able to get access into one Thutuzela Care centre over the period of research and the participants undertook the interviews on a voluntary basis therefore the researcher was limited to eleven interviews.

6.4 Conclusions

The researcher aimed to explore and discuss the multi-level nature and extent of secondary victimization for female, adult rape victims at the RK Khan Thutuzela Care centre. In analysing the data, the main, commonly emerging themes were identified and discussed in detail (This was done in Chapter 5). These themes were secondary victimization, physical effects, emotional effects, psychological effects, evaluation of services, triggers, social systems, and coping mechanisms (The effects of these were measured and noted pre and post rape to reveal the differences. While there were many other subthemes, with this study being at a masters' level, the researcher chose to focus on these main themes only.

Each of the research participants gave detailed accounts of the effects they experienced from their interactions with the medical, legal, and psychological services offered to them. Whilst there were vast differences between accounts in some instances, the similarities between individual accounts could not be ignored. The data revealed that, to begin with, participants had limited knowledge and understanding of the concept of secondary victimization. The data also showed that while the effects experienced across the board were diverse, all participants do experience them on and at multiple levels. It was noteworthy that many of these victims still struggled with the physical and mental aspects of the rape victimization, more than a year after the rape had occurred and been reported. This means that the post-rape effects are experienced longitudinally by victims however there is no system or process in place currently which can assist with these effects.

Some of the physical effects experienced were described by participants as, "physical pain" and "exhaustion", weight loss, vaginal discharge, "soreness" and panic attacks. Some of the ways participants described themselves were as "healthy" and "normal", prior to the rape event. Emotional effects included fear, humiliation, guilt, and despair. Some participants had, for extended periods of time, processed these feelings whilst for others, emotions came in "waves", that is, they swung between alternating feelings of healthy and unhealthy emotions. Eight of the eleven participants in this study held themselves responsible for their rape. The self-blame, combined with emotions of fear and despair, exposed the participants' deep-seated desire to be "okay again". One of the participants, Mercedes, stated: "I think it will get better because there are people that I talk to about this thing so that's how I am getting relieved". Other participants expressed that attending their counselling sessions and sharing their experiences have helped them feel empowered. Psychological effects ranged from depression, stress, and anxiety to personality, and even sexuality, changes. Participants spoke of being much more at ease, joyful and stress free, pre-rape, compared to feelings of sadness, pain, anger and worthlessness, post-rape.

The researcher also noted that each of the participants interviewed had been raped more than one year prior to the interview. From this, it can be deduced that the physical, psychological, and physical effects extend long after the rape has occurred and may continue to occur until the victim feels stable and safe again. Even the participants whose rapists had been convicted had similar – if not the same – mental and physical effects as participants whose rapists were not yet convicted. Participants also confided to the researcher that they would feel the same mental and physical effects even if they learned that their rapist was convicted or even killed.

Whilst, according to participants, the frequency of trauma triggers decreased, the effects of the triggers remained unchanged. The researcher inferred from this that the root of the rape trauma – the rape itself – and its various effects, was not being dealt with fully and that these triggers were creating long-term trauma effects for each participant.

Most participants rated the service they received through the medical, legal, and psychological processes, as "positive" and "helpful". They did not feel judged or devalued in any way and felt supported by the various departments present at the Thutuzela Care Centre. However, some participants were extremely unsatisfied with the services they received, especially from the nurses, stating that nurses ridiculed and blamed them for their own rape.

Social systems were evaluated for everyone through a series of system-level questions. That is, each of the four systems: micro, meso, macro and the chronosystems, had questions constructed around the effects secondary victimization had on them. Each system was explained to the participants. The researcher noted that each participant's recovery process was incomplete due to them not showing up for follow-up appointments. Therefore, coping mechanisms were lacking and in some cases, non-existent, which left the victim powerless, vulnerable, and subject to cycles of the rape trauma and its effects. This meant that the trauma and its effects would continue to deepen until the victim made a conscious decision to persevere through the counselling and therapy processes.

From the above, the researcher noted that the effects were not changing by decreasing over time for rape victims. If anything, the effects were increasing or remaining the same. This shows a shortcoming in the model used for rape victim support and assistance and raises the question of what can and should be done to improve the current model if it is flawed. It also shows the need for a model which is multi-faceted. This is being currently fulfilled by the Thutuzela Care centre however only for the short-term needs. There is a need for long term secondary victimization solutions.

6.5 Summary

In this chapter, the researcher has discussed the research findings, limitations of the study, conclusions of the research and made recommendations for future research endeavours.

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Appendix 1

Information Sheet and Consent to Participate in Research

Physical Address
Mazisi Kunene Road,
Glenwood
Durban

Postal Address
University of KwaZulu-Natal
Durban
4041

Date:

Dear Sir/Madam

My name is Trianne Amarchund, and I am a Master's Criminology and Forensic Studies student at the University of Kwazulu Natal (Howard College Campus) in Durban. The research I wish to conduct for my Master's dissertation involves the nature, process and extent of secondary Victimization on survivors of rape. This project will be conducted under the supervision of Dr Jean Steyn (UKZN, South Africa).

You are being invited to consider participating in a study that involves research around secondary victimization. The main objective of my study is to establish the nature, process and extent of victimization of rape victims, using pre-determined themes. The research questions highlight each individual theme and how it impacts and relates to the victim's personal experiences of victimization. These questions will be based on issues relating to secondary victimization and victim's experiences post the initial victimization process. The research will include semi-structured interview questions. The aim of this study is to conduct 20 interviews.

The study may involve the following potential risks and/or discomforts: trauma, re-victimization and unresolved inner conflicts. To limit these undesirable impacts, a trained counsellor will be present at the interview and be made available at any time before, during and after the period of the study. The questions have been specifically formulated to ensure minimal negative implications.

While there are no direct benefits to the study, the study will allow for a more detailed, victim centered understanding and exploration of the phenomenon of secondary victimization and may aid in assisting future or possible rape victims.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number to be confirmed).

In the event of any problems or concerns/questions you may contact the researcher at (provide contact details) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Participation in this study is voluntary therefore there are no incentives or reimbursements available and participant's personal costs are to be covered by themselves. The participant may withdraw at any given point from the study. Anonymity will be guaranteed as pseudonyms will be used for participant identification. This study requires no personal information other than biographical details such as age, race and geographical location however full names and signatures will be required on the informed consent form only. Numbers or letters will be used to

recognize participant's data. The collected data will be stored by the researcher and her supervisor for five years, at a safe location. Thereafter, all data will be physically and electronically deleted.

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows:
Researcher- Mrs. Trianne Amarchund – triannea@gmail.com/0725307479
Supervisor- Dr. Jean Steyn- steynj@ukzn.ac.za/031-2607345

CONSENT FORM

I (Full name _____) have been informed about the study entitled "The nature and extent of secondary victimization" by Trianne Amarchund.

(Please circle the correct answer)
I understand the purpose and procedures of the study. YES/NO

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction. YES/NO

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to. YES/NO

I have been informed about counselling available to me as a result of study-related procedures. YES/NO

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at her details provided. YES/NO

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent

I hereby provide consent to:

Audio-record my interview / focus group discussion YES / NO

_____ _____

Signature of Participant **Date**

_____ _____

Signature of Researcher **Date**

_____ _____

Signature of Witness **Date**

Appendix 2

Information Sheet and Consent to Participate in Research- Zulu

Information Sheet and Consent to Participate in Research

Physical Address

Mazisi Kunene Road,

Glenwood

Durban Postal Address

University of KwaZulu-Natal

Durban

4041

Usuku:…….

Ngiyakubingelela

Igama lami ngingu Trianne Amarchund, ngingumfundi enyuvesi eyaziwa ngokuthi iNyuvesi yakwaZulu-Natal (Howard College Campus), ngenza izifundo ze Masters kwi-Criminology and Forensic Studies. ngifisa ukwenza ucwaningo olumayelana nokucwaseka kwesizulu zokunukubezwa ngokocansi. Lolucwaningo luzokwenzeka ngaphansi kweso elibukhali lika Dr Jean Steyn (UKZN, South Africa).

Uyamenywa ukuthi ube yingxenye yabazo bamba iqhaza kulolucwaningo. Inhloso yalolu cwaningo ukuthola isisusa nezinga lokucwaswa kwabayizisulu zokudlwengulwa.

Lolucwaningo lungadala ukungakhululeki kumuntu okumele aphendule imibuzo ebuzwayo. Kodwa imibuzo yenziwe ngendlela yokuthi ayikubangeli ukungakhululeki kwababuzwayo. Kanti ukugwema ukungakhululeki kwabanikezela ngezimpendulo uma kudaleka, kunomeluleki ngokomqondo oyohleze ekhona ngasosonke isikhathi socwaningo ukuqinisekisa ukuthi bonke

abazizwa bengasakhululekile bayakuthola ukwelulekwa okusheshayo kwamahhala.

Angeke ukhokhelwe ngokubamba iqhaza kulolucwaningo, kodwa umuntu oyobamba iqhaza uyozibeka ethubeni lokuzuza ulwazi olunzulu ngokucwaseka kwabayizisulu zokunukubezwa ngokocansi, nanokukwazi ukubalekelela labo abahlukunyeziwe ngesikhathi esizayo.

Lolucwaningo lugunyazwe ikomidi elaziwa nge UKZN Humanities and Social Sciences Research Ethics Committee.

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

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4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Ukuzibandakanya kulolucwaningo kungukuzikhethela ngokwakho awuphoqiwe ukuba yingxenye yalo. Kanti ngokukhetha kwakho ukuzibandakanya, unelungelo eligcwele lokushiya phakathi ungabe usaqhubeka nalo, futhi unalo nelungelo lokucela ukuthi lungasetshenziswa ulwazi oyobe sewulunikezelile ngesikhathi ukhetha ukuyeka ukubamba iqhaza.

Yonke imininingwane oyoyinikezela iyogcinwa iyimfihlo. Kulolucwaningo akudingekile ukuthi unikezele ngemininingwane engaphezulu kwegama lakho, iminyaka yakho kanye nohlanga lwakho kodwa kuyodingeka ukuthi unikezele

ngemvume yokuthi uyavuma ukuzibophezela ekubeni yingxenye yalolucwaningo. Amagama okuzenzela ayosetshenziswa esikhundleni samagama angempela yalabo abayoba yingxenye kulolucwaningo.

Ulwazi oluqoqiwe luyolondwa isikhathi esingaba yiminyaka emihlanu endaweni evikelekile eyokwaziwa kuphela umncwaningi nomqaphi wakhe ngaphambi kokusulwa lungaphinde lutholakale.

Uma kwenzeka kuba nemibuzo noma izikhalazo ungathintana nomcwaningi kulemininingwane elandelayo?

Umnikazi wocwaningo: Mrs. Trianne Amarchund

Ikheli lonyazi: triannea@gmail.com

Inombolo yocingo: 0725307479

Umqondisi wocwaningo: Dr Jean Steyn

Ikheli lonyazi: steynj@ukzn.ac.za

Inombolo yocingo: 031-2607345

IFOMU LOKUVUMA

Mina (Amagama aphelele nesibongo)…… … ngichazeliwe ngocwaningo oluphathelene nokucwaswa kwabayizisulu zokudlwengulwa.

(Khetha impendulo okuyiyona elungile)

Ngiyayiqonda imigomo nezinhloso zocwaningo.

YEBO CHA

Nginikeziwe ithuba lokuphendula yonke imibuzo ngendlela engiyiqonda kancono

YEBO CHA

Ngiyaqinisekisa ukuthi kungukuzikhethela kwami ngaphandle kwempoqo ukuba yingxwenye yalolucwaningo.

YEBO CHA

Ngazisiwe ngokutholakala kokwalulekwa uma kwenzeka ngikhathazeka emoyeni ngezimo ezingajabulisi ezingase zibekhona

YEBO CHA

Ngiyayiqonda imigudu okumele ngiyilandele uma ngidinga ulwazi olwengeziwe ngalolucwaningo.

YEBO CHA

Ngemibuzo ngamalungelo enginawo ngokubamba kwami iqhaza kulolucwaningo ngachazeliwe ukuthi ngingaxhumana nabacwaningi kulelimininingwane elandelayo:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

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Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Imvume eyengeziwe

Ngiyavuma ukuba ingxoxo yethu iqoshwe

YEBO CHA

Isiginesha somhlanganyeli Usuku

Isiginesha somncwaningi Usuku

Isiginesha yofakazi Usuku

Appendix 3

Research questions for semi-structured interviews

Researcher- Mrs. Trianne Amarchund – triannea@gmail.com/0725307479

Supervisor- Dr. Jean Steyn- steynj@ukzn.ac.za/031-2607345

Interviewee number:

Age:

Ethnicity:

Race:

Occupation:

City:

note bracted speech is for interviewer, not interviewee as I do not want to pre-empt responses

(Interviewer to participant- If at any time during the interview you

a. do not understand anything, please feel free to stop me and ask me to simplify, re-explain or re-state the question/word/sentence.

b. do not want to address/answer a specific question/s, they can be left out however it will be noted that you did not want to answer, and your body language will be noted.)

Question 1:

Do you know what secondary victimization means?

(Researcher gives definition of Secondary victimization that is used for the research project)

Question 2:

a. What physical effects have you experienced as a result of being a rape survivor?

(E.g. Do your hairs stand on end at the mention of your victimization? Does your mouth become dry at the mention of your experience?)

b. What were these effects at the time of the rape?

c. What are the current effects?

d. Have these effects changed or stayed the same over time? Why do you think so?

e. How would you describe your physical state before you were raped? Has it changed over time? If so, to what extent?

f. Do you perceive these changes or non-changes as positive or negative?

Question 3:

a. Have you been emotionally affected as a result of being a survivor of rape? How?

(E.g., do you experience trust issues within your relationships? Do you live in fear?)

b. What were these effects at the time of the rape?

c. What are the current effects?

d. Have these effects changed or stayed the same over time? Why do you think so?

e. How would you describe your emotional state before you were raped? Has it changed over time? If so, to what extent?

f. Do you perceive these changes or non-changes as positive or negative?

Question 4:

a. Have you experienced any psychological effects since your rape? If so, could you please explain?

(E.g., have you experienced any changes in your personality? Do you experience dreams or flashbacks of the victimization?)

b. What were these effects at the time of the rape?

c. What are the current effects?

d. Have these effects changed or stayed the same over time? Why do you think so?

e. How would you describe your psychological state before you were raped? Has it changed over time? If so, to what extent?

f. Do you perceive these changes or non-changes as positive or negative?

Question 5:

Have you attended any form of therapy/counselling following the incident of your rape? If yes, has it been helpful and how?

Question 6:

Are there any specific "triggers" (triggers being events, places, scents, tastes, sounds, people, emotions etc.) which cause recurring thoughts of your victimization. Please can you describe these "triggers" to me.

Question 7:

a. How often do these triggers occur? Please try to be as specific as possible. I.e., Daily, weekly, monthly etc.

b. Please could you elaborate on these triggers?

c. When did the first symptoms occur?

Question 8:

On a scale of one – ten, (with one being no impact/none/zero and ten being most extreme), how do these triggers impact you? Please could you elaborate and describe these impacts.

Question 9:

Please could you describe for me in detail the impact your victimization has had on you and your following social systems?

a. Microsystems: These being your basic relationships and surroundings.

b. Mesosystem: social support structures and institutional interventions aimed to assist rape victims

c. Macro system: the acceptance of rape myths, rape-prone cultures, rape myths and institutionalized racism

d. Chronosystem: Cumulative trauma and revictimization can lead to extended levels of PTSD, anxiety and depression among rape survivors

Question 10:

How has your culture hindered or helped your recovery? Have you been further victimized as a result of your cultural affiliation/s?

Question 11:

Finally, could you please briefly explain to me, in your own words, the response you received in general from the professionals that have been involved with this rape ordeal? (E.g., The response of medical staff, police officers, counsellors etc.)

Appendix 4

Research questions for semi-structured interviews- Zulu

IFOMU LEMIBUZO YOCWANINGO

IMININGWANE YOMCWANINGI

Umcwaningi: Mrs Trianne Amarchund

Ikheli lonyazi: triannea@gmail.com

Inombolo yocingo: 0725307479

IMININGWANE YOMQONDISI WOCWANINGO

Umqondisi wocwaningo: Dr Jean Steyn

Ikheli lonyazi: steynj@ukzn.ac.za

Inombolo yocingo: 031-2607345

IMININGWANE YOBUZWAYO

Inombolo yobuzwayo:

Iminyaka yakho:

Ubuhlanga bakho:

Uhlanga lwakho:

Umsebenzi owenzayo:

Idolobha ohlala kulo:

Qaphela ukuthi lokhu okukekelezelwe kwenzelwe ukunikeza umncwaningi umhlahlandlela walokho akubuzayo ukwenzela ukuthi lowo obuzwayo ezoyiqondisisa kahle imibuzo ayibuzwayo

Umbuzo 1

Kungabe unalo ulwazi ukuthi kuchaza ukuthini ukubhinqwa ngesingawe?

(Chaza ngohlobo lokuhlukunyezwa oluzosetshenziswa kulolu cwaningo)

Umbuzo 2

a) Yiziphi izinkinga obhekana nazo njengesisulu sokunukubezwa ngokocansi?

- (Kungabe uzizwa uqutshukelwa uhlevane noma wethuka izanya njalo uma ucabanga ngokunukubezwa kwakho)

b) Kungabe lezinkinga zazinjani ngesikhathi unukubezwa?

c) Kungabe sewuzizwa zinjani lezinkinga njengamanje?

d) Kungabe ucabanga ukuthi lezinkinga obhekana nazo zinokuguquka noma ziyafana ngazozonke izinsuku?

e) Kungabe ungasichaza ngokuthi sasinjani isimo sakho ngokomoya ngaphambi kokunukubezwa?

– Uma sishintshile kungabe zishintshe kangakanani?

f) Kungabe uziqonda njengezinomthelela omuhle noma omubi lezinguquko?

Umbuzo 3

a) Ngabe sewuke wazithola sewusoleka ngenhla yesehlakalo sokunukubezwa? Uma kuyaye kwenzeke, kungabe kwenzeka ngayiphi indlela.

- (Kungabe sewuhlala ngokwesaba awusethembi lutho ebudlelwaneni bakho kwezothando)

b) Kungabe lezinkinga zazinjani ngesikhathi unukubezwa?

c) Kungabe sewuzizwa zinjani lezinkinga njengamanje?

d) Kungabe ucabanga ukuthi lezinkinga obhekana nazo zinokuguquka noma ziyafana ngazozonke izikhathi?

e) Kungabe ungasichaza ngokuthi sasinjani isimo sakho ngokomoya ngaphambi kokunukubezwa?

- Kungabe sishintshe kangakanani uma sishintshile?

f) Kungabe uziqonda njengezinomthelela omuhle noma omubi lezinguquko?

Umbuzo 4

a) Kungabe kukuphazamise kangakanani emqondweni ukunukubezwa? Awuke uthi ukungichazela kafishane?

- (Kungabe zikhona izinguquko ozibonayo esimeni sakho sempilo? (Kungabe uke uhlaselwe amaphupho akwethusayo ngesizathu sokuhlukunyezwa)

b) Kungabe lezinkinga zazinjani ngesikhathi unukubezwa?

c) Sewuzizwa zinjani izinkinga njengamanje?

d) Kungabe ucabanga ukuthi lezinkinga obhekana nazo zinokuguquka noma ziyafana ngazikhathi zonke?

e) Kungabe ungasichaza ngokuthi sasinjani isimo sakho ngokomoya ngaphambi kokunukubezwa?

- Kungabe sishintshe kangakanani uma sishintshile?

f) Kungabe uziqonda njengezinomthelela omuhle noma omubi lezinguquko?

Umbuzo 5

Kungabe sewuke waluthola usizo lokwelulekwa ngesehlakalo esakuvelela? uma sewuke waluthola kungabe luwenzile yini umehluko empilweni yakho futhi luwenze kanjani?

Umbuzo 6

Kungabe zikhona yini izinto ezithize ekuyaye kuthi uma zenzeka zikukhumbuze konke okwakwehlela ngesikhathi unukubezwa (Kungaba indawo oyaye uyihambele noma imisindo thizeni oyaye uyizwe)? Ngicela uke uthi ukungichazela kafushane leyomisindo.

Umbuzo 7

a. Kungabe lezozinto uzikhumbula nsukuzonke, masontonke noma nyangazonke

b. Awuke uthi ukuchaza kabanzi ngalezo zinto eziyaye zenzeke?

c. Ngabe sekuyisikhathi esingakanani lezizinto ziqalile ukwenzeka?

Umbuzo 8

Esikalweni esingaba u 1-10, (Lapho khona u-1 uchaza ukungabi nabubi, kanti u-10 uchaza ukuthi okubi kakhulu) Kungabe ungathi lezinto oyaye uzizwe zinomthelela ongakanani empilweni yakho nsukuzonke, Awuke uthi ukuhaza kafushane?

Umbuzo 9

Ngicela kewuthi ukungichazela ngomthelela wokunukubezwa kwakho ngokwalezimo ezilandelayo?

a. Ubudlenwane onabo nabantu emphakathini jikelele ngemuva kokunukubezwa

b. Izinhlaka ezisemphakathini ezenzelwe ukuxhasa abantu abanukubeziwe

c. Izinkolelo umphakathi onazo mayelana nabantu abanukubeziwe

d. Inhlanganisela ehlanganisa izinhlaka zosizo nezinkolelo ngezisulu zokunukubezwa.

Umbuzo 10

Kungabe isikompilo lakho likuvimbile noma lisenze ncono isimo sokululama kwakho? Kungabe isimo sokunukubezwa kwakho siqhubekile nokubhebhetheka ngesizathu sesikompilo lakho?

Umbuzo 11

Sesiyiphetha lenkulumo yethu ngingathanda ukukucela kewuthi ukungichazela kancane mayelana nempatho oyaye uyithole kubantu jikelele emphakathini, okungaba yisemaphoyiseni, ezibhedlela noma kubaluleki bezenqgondo?

Appendix 5

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3188/ 3123 Fax: 033 394 3782
Email:
www.kznhealth.gov.za

DIRECTORATE:
Health Research & Knowledge Management

HRKM Ref: 337/17
NHRD Ref: KZ_201708_021

Date: 12 September 2017
Dear Mrs T. Amarchund
UKZN

Approval of research

1. The research proposal titled **'The multi-level nature and extent of Secondary Victimization among adult, female rape victims at the RK Khan and Addington Thuthuzela Care centers'** was reviewed by the KwaZulu-Natal Department of Health.

   The proposal is hereby **approved** for research to be undertaken at Addington and RK Khan Hospital.

2. You are requested to take note of the following:
   a. Make the necessary arrangement with the identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

[redacted]

Dr E Lutge
Chairperson, Health Research Committee
Date: 14/09/17

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 6

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

R.K KHAN HOSPITAL

Postal Address: Private Bag X004, Chatsworth, 4030
Physical Address: 336 R. K. Khan Circle, Croftdene,
Chatsworth, 4030
Tel: 031-459 6001
Fax: 031-401 1247
Email: siphosihlo.mabatha@kznhealth.gov.za

OFFICE OF THE CEO

ENQUIRIES: DR P.S. SUBBAN

04 APRIL 2017

Mrs. T. Amarchund
(UKZN)

Dear Madam/Sir

RE: PERMISSION TO CONDUCT RESEARCH: SECONDARY VICTIMIZATION AND ITS THEORETICAL LIMITATION.

Permission is granted to conduct the study at this institution.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Institution with regards to this research.
2. Please ensure this office is informed before you commence your research.
3. You will be expected to provide feedback on your findings to this institution.
4. You will be liaising with : Sr C.G. Cele
   : Thuthuzela Care Centre (TCC)
   Tel.: 031 459 6098

Yours faithfully

[redacted]

DR P.S. SUBBAN
HOSPITAL CEO

HOSPITAL C.E.O.
R.K. KHAN HOSPITAL
04 -04- 2017
PRIVATE BAG X004
CHATSWORTH 4030

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 7

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

17 August 2017

Mrs Trianne Amarchund 207503294
School of Applied Human Sciences
Howard College Campus

Dear Mrs Amarchund

Protocol reference number: HSS/0530/017M
Project Title: The multi-level nature and extent of Secondary Victimization among adult, female rape victims at the RK Khan Thutuzela Care centre.

Full Approval – Full Committee Reviewed Protocol

In response to your application received 12 May 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL.**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

[redacted]

Dr Shamila Naidoo (Deputy Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Dr Jean Steyn
cc Academic Leader Research: Dr Jean Steyn
cc School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
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Website: www.ukzn.ac.za