

EXPERIENCES OF WOMEN WHO REPORTED SEXUAL ASSAULT IN A PROVINCIAL
HOSPITAL, NORTH WEST PROVINCE

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DECLARATION

I, **Jeanette Mmabosa Sebaeng** hereby declare that the work on which this research is based is original and that this work has not been submitted for another degree at this or any other university.

Signature: _____

Date: _____

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I would like to pass my sincere gratitude to the owner of life, Lord Jesus Christ for pulling me through against all odds during my study, to this point. Special thanks to all those people who contributed to the success of this project. My main supervisor Professor Mashudu Davhana-Maselesele, I would like to thank you for your intelligence, feedback and practicality. You were so enthusiastic for my achievements. Dr Eva Manyedi, my co-supervisor. Thank you for your valuable assistance. I cannot underestimate the significance of the women at Thuthuzela Care Centre who permitted and genuinely opened their hearts to share their lived experiences with me. Without you guys, this study would not have been possible, thank you a lot. The personnel at Mafikeng Thuthuzela Care Centre, thank you guys for your patience and providing me with a selfless assistance in recruiting participants.

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Thank you all

ABSTRACT

Sexual assault has been in existence since the dawn of civilization with its negative impact on the physical and psychological being of women. However, little has been done to formally explore and describe experiences of sexually assaulted women in the North West Province. This study described and explored the experiences of sexually assaulted women in the North West Province.

A qualitative, exploratory and descriptive design was used to describe the experiences of sexually assaulted women. Participants were purposively selected and 18 women participated in this study. Participants' ages ranged from 18-55 and all these women reported at the Thuthuzela Care Centre. Individual in-depth interviews and field notes were used to collect data. Conversations were audio taped while field notes were documented by the researcher. The purpose of the study was to use findings to make some recommendations that will provide individual support to women who are sexually assaulted.

It was apparent from the findings that all victims interviewed experienced physical, social and psychological/ emotional trauma resulting from sexual assault. Dissatisfaction with the services provided by the police was also displayed. Victims indicated their need for support post sexual assault.

The study recommended the development of a Sexual Assault Response Team (SART) that will support victims from trauma until trial. Development of an inter-professional Education (IPE) curriculum in universities aiming at producing sensitized, empathetic, non-blaming and non judgmental attitude by professionals involved in management of sexual assault is also recommended. The approach is hoped to enhance an understanding of each team member's role in dealing with victims of Sexual Assault.

Key words: *Experiences, perpetrator, sexual assault, Thuthuzela Care Centre, victims, women,*

TABLE OF CONTENT

No.	Content	Page
	Declaration	ii
	Acknowledgement	iii
	Abstract	iv
	Acronyms	viii
	CHAPTER 1 - OVERVIEW OF THE STUDY	
1.1	Introduction	1
1.2.	Background the study	1
1.3.	Problem of the statement	3
1.4.	Research questions	4
1.5.	Research purpose	5
1.6.	Research objectives	5
1.7.	Significance of the study	5
1.8.	Paradigmatic Assumptions	6
1.8.1.	Meta theoretical Assumptions	6
1.8.2.	Theoretical Assumptions	6
1.8.3.	Methodological Assumption	8
1.9.	Definition of concepts	9
1.10.	Research design	10
1.11.	Research method	12
1.12.	Data Collection	13
1.13.	Data Analysis	13
1.14.	Ethical considerations	13
1.15.	Trustworthiness	14
1.16.	Proposed outline of chapters	16
1.17.	Summary	16

CHAPTER 2 - RESEARCH DESIGN AND METHODS

2.1.	Introduction	17
2.2.	Research design	17
2.2.1.	Qualitative approach	17
2.2.2.	Phenomenology	19
2.2.2.	Exploratory design	20
2.2.3.	Descriptive design	20
2.2.4.	Contextual design	20
2.3.	Research method	21
2.3.1.	Population and sampling	21
2.3.2.	Research setting	22
2.4.	Data collection	23
2.5.	Data analysis	25
2.6.	Trustworthiness	27
2.7.	Ethical consideration	30
2.8.	Summary	33

CHAPTER 3 - DATA COLLECTION AND ANALYSIS

3.1.	Introduction	34
3.2.	Discussion of findings	35
3.2.1.	Physical trauma	37
3.2.2.	Emotional trauma	44
3.2.3.	Social trauma	54
3.3.	Views related to support received	56
3.4.	Views related to safety and security	70
3.5.	Summary	78

CHAPTER 4 - CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

OF THE STUDY

4.1.	Introduction	80
4.2.	Study overview	81

4.3.	Conclusions drawn from the findings	81
4.4.	Recommendations	83
4.4.1	Support of victims' post sexual assault	84
4.4.2.	Practice	85
4.4.3.	Education	85
4.4.3.1.	Common courses for the team	86
4.4.4.	Police	87
4.4.5.	South African Nursing Council	88
4.4.6.	Safety and security	88
4.4.7.	Policy makers	89
4.4.8.	Research	89
4.5.	Limitations of the study	89
4.6.	Summary	89
	LIST OF SOURCES	90
Annexure A	Request for permission to conduct research.	99
Annexure B	Approval letter from Provincial Health Department	
Annexure C	Request letter to conduct research in a Provincial Hospital	101
Annexure D	Permission letter from the Mafikeng Provincial Hospital	102
Annexure E	Informed consent	103
Annexure F	Interview transcript sample	105
Tables		
Table 1	Sexual assault statistics	2
Figure 1	Ecological model on the impact of sexual assault on Women's Mental health	7

ACRONYMS

HIV	Human Immune Virus
IPE	Inter-professional Education
NGO	Non Governmental Organization
NPA	National Prosecuting Authority
NWP	North West Provincial
NWU	North West University
PEP	Post Exposure Prophylaxis
PTSD	Post traumatic Stress Disorder
SA	South Africa
SAAS	South African Annual Statistics
SAECK	Sexual Assault Evidence Collection Kit
SANC	South African Nursing Council
SAPS	South African Police Service
SART	Sexual Assault Response Team
TCC	Thuthuzela Care Centre

CHAPTER 1

OVERVIEW OF THE STUDY

1.1. INTRODUCTION

Sexual assault according to Jewkes and Abrahams (2002:1230) is an unlawful and intentional sexual violation of an individual without his/her consent. Culbertson, Vik and Kooiman (2001: 859) further described sexual assault as a crime of violence that fulfills a need for power within the perpetrator. This crime, according to Du Mont, White and McGregor (2009:774), is a pervasive human rights and health problem, with often devastating impacts on victims worldwide.

A qualitative, explorative and descriptive design is employed to deduce information regarding the experiences of sexually assaulted women at Mafikeng Thuthuzela Care Centre (TCC) in the North West Province (NWP). The chapter epitomizes the background, problem statement, research questions, purpose, research objectives, ethical measures and measures taken to ensure trustworthiness.

1.2. BACKGROUND TO THE STUDY

Sexual assault on women, as indicated in (Sarkar1 & Sarkar 2:2005:407) has been in existence since the dawn of civilization; however, its magnitude across the world according to Ononge, Wandabwa, Kiondo and Rober (2005:50) is unknown.

Available data in the international world indicates that 23.3% of women in Canada, 20% in Europe, 19.4% in the United Kingdom, 6% in Albania, 11.6% in Czech Republic, 20% in Switzerland, and 22% in Seoul have been exposed to sexual assault in their lifetime as stated in the World Bank (2005). Africa as a continent is not exceptional to this kind of problem. In Kenya it is indicated that out of 37 sexual assault victims, 89.2% were around the age of 19-30 (Ononge et al. 2005:51). According to Population Council (2008:7), sexual assault in other

African countries is as follows: 59% (Zambia), 33% (Nigeria) 59% (Ethiopia) and 31% (Tanzania). South Africa was dubbed the 'rape' capital of the world as indicated by (Jewkes & Abrahams, 2002: 1231). Table 1 displays a summary of the rate of sexual assault in South Africa from 2003 to 2009 (http://www.saps.gov.za/saps_profile).

Table 1: Rape cases reported in South Africa (South African Annual Statistics)

Year	Number of reported cases
2003/2004	66 079
2004/2005	69 117
2005/2006	68 076
2006/2007	65 201
2007/2008	63 818
2008/2009	71 500

Despite these high numbers of increasing rate of sexual assault from the South African Police Service (SAPS), sexual assault is still regarded as the most under reported and under-prosecuted crime (Killian, Sulliman, Fakier & Seedat, 2007: 585; Campbell, Patterson, Bybee & Dworkin, 2009:712). Jewkes and Abrahms (2002:1231) described statistical data available to the police as representing a tip of an iceberg of sexual coercion. This implies that some of the cases might not have reached the police and are therefore not documented. The statistics in table 1 may not be a true reflection of sexual assault in South Africa.

The magnitude of the prevalence of sexual assault in the NWP is reported to be 5 295 cases during the 2008/2009 financial year according to BuaNews. During interactions with victims of sexual assault the researcher observed that approximately 30-75 cases of sexual assault reported at the Mafikeng TCC on a monthly basis. Although these numbers are likely to significantly underestimate the true incidence of sexual assault, they provide the basis for acknowledgement of the existence of this crime and the necessity to conduct a study on experiences by victims' post-sexual assault.

Available literature describes sexual assault as a traumatic experience, which can seriously disrupt the lives of victims (Ullman & Brecklin 2002:261; Regerh, Marziali & Jansen 1999:171 and Dye & Roth 1990:191). Physical morbidity and mental health problems were identified as some of the negative effects of sexual assault (Wiebe, Comay, McGregor & Ducceschi 2000:641; Kalichman, Sikkema, Difonzo Luke & Austin 2002:291; Weist, Poliiit-Hill, Kinney; Bryant; Anthony & Wilkerson, 2007:2; Ullman & Brecklin 2002:261). Post-traumatic Stress Disorder (PTSD) and depression were the major psychological effects of sexual assault identified in the literature as indicated by (Sarkar¹ & Sarkar ² 2005:408; Ullman & Brecklin 2002:261; Johnson & Benight 2003:570; Dye & Roth 1990:192; and Regehr, Marziali & Jansen 1999:172). It is therefore imperative to gather from the victims their experiences of this assault in the North West Province.

According to Du Mont et al, (2009:775) sexual assault services are currently institutionalized and routinized in many regions. In South Africa these services are rendered within casualty departments and specialized care centers of public hospitals. According to Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams and Kim (2003:1), health care workers have an important role to play in the management of sexually assaulted patients.

There are presently 17 specialized service centers in South Africa for sexually assaulted women countrywide referred to as the Thuthuzela Care Centers (TCC). "Thuthuzela" is a Xhosa word that means to "comfort". TCC's are one-stop facilities of South Africa's anti-rape strategy aiming at reducing secondary victimization; improve conviction rates and increasing the rate of finalization of cases by the National Prosecuting Authority of South Africa.

1.3. PROBLEM STATEMENT

Sexual assault on women is a major global public health problem, yet little is known about the experiences of sexually assaulted women, particularly in the NWP. There is currently large research on sexual assault against women from different cultures, different corners of the

world and some negative impacts of its physical and psychological wellbeing yet the incidence is escalating and seems unstoppable (Ullman & Brecklin 2002:261; Regerh, Marzali & Jansen 1999:171 and Dye & Roth 1990:191). It is evident from the previous studies that much has not been done to formally explore and document the experiences of sexually assaulted women.

Research available on the topic in the Province focused on the quality of services rendered to the survivors of sexual assault (Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams and Kim 2003:4). This study focused mainly on the type of care rendered to the victims of sexual assault by health personnel. Changwa (2008:45c) conducted a study in the Odi District Hospital which revealed victims' prolonged waiting periods before being seen by the doctor. Both studies did not touch on the experiences of the victims receiving care.

The TCC in Mafikeng Provincial Hospital in the NWP was launched in November 2006. The centre is still new and with so many victims seen per month as indicated previously in the background, the researcher saw it fit to formally study and document the experiences of sexually assaulted women so as to make recommendations on their management in the Mafikeng area, NWP. The study therefore conducted an in-depth, explorative, descriptive study on the experiences by sexually assaulted women in Mafikeng.

1.4. RESEARCH QUESTIONS

The study focused on answering the following questions:

- What are the lived experiences of sexually assaulted women in the Mafikeng TCC, of the NWP?
- What kind of support would sexually assaulted women prefer in order to recover?

1.5. PURPOSE

The purpose of the study clearly and concisely states the aim of the study according to Brink (2006:59). The purpose of this study was to use findings to come up with recommendations that will provide individual support and care to sexually assaulted women in the Mafikeng area, North West Province.

1.6. RESEARCH OBJECTIVES

Research objectives are the specific accomplishments the researcher hopes to achieve by conducting a study (Polit and Beck 2004:66). This study hoped to achieve the following research objectives:

- To explore and describe the experiences of sexually assaulted women at Mafikeng TCC.
- To develop recommendations that will enhance support given to sexually assaulted women.

1.7. SIGNIFICANCE OF THE STUDY

According to Brink (2006:61), the research study should have the potential to contribute to health science knowledge in a meaningful way. The results of the study are hoped to add more knowledge to the health professional bodies; thus resulting in informed, improved practice and provision of proper interventions to the victims of sexual assault. Thus this will influence curriculum development and policy change.

1.8. PARADIGMATIC ASSUMPTIONS

1.8.1. Meta-theoretical assumptions

Sexual assault is a dirty and demeaning act. Although socialization may be a contributory factor to the manner in which males treat females, individuals who commit rape crimes may have chosen to violate the societal norms on the issue.

My belief is that a woman who has been sexually assaulted or raped has been stripped off her autonomy and self-determination. The woman may also be doomed as she is likely to suffer physical, behavioural, psychological and physiological trauma as a resultant of sexual assault. I have a feeling that as long as the justice system is still lenient towards perpetrators, the statistics of sexual violence will keep increasing and women will never enjoy their social freedom. Again, as long as men do not perceive women as human beings who are just physically weak but not objects who can be taken advantage of because of their vulnerability, sexual assault will still prevail for generations to come.

1.8.2 Theoretical Assumptions

Theoretical framework is a frame of reference that is derived from an existing theory that provides a general, abstract explanation of the interrelationships of the concepts to be investigated in the testing of a theory (Cormack, 2000:23). It may appear in a research study as an argument, a discussion or a rationale and it help to explain phenomena that occur in the world (Creswell 2009:51). Brink (2006:23) indicates that a model and a theory are synonymous. The study was, therefore, informed by Campbell, Dworkin and Cabral's (2009) model on the impact of sexual assault on the mental health of women.

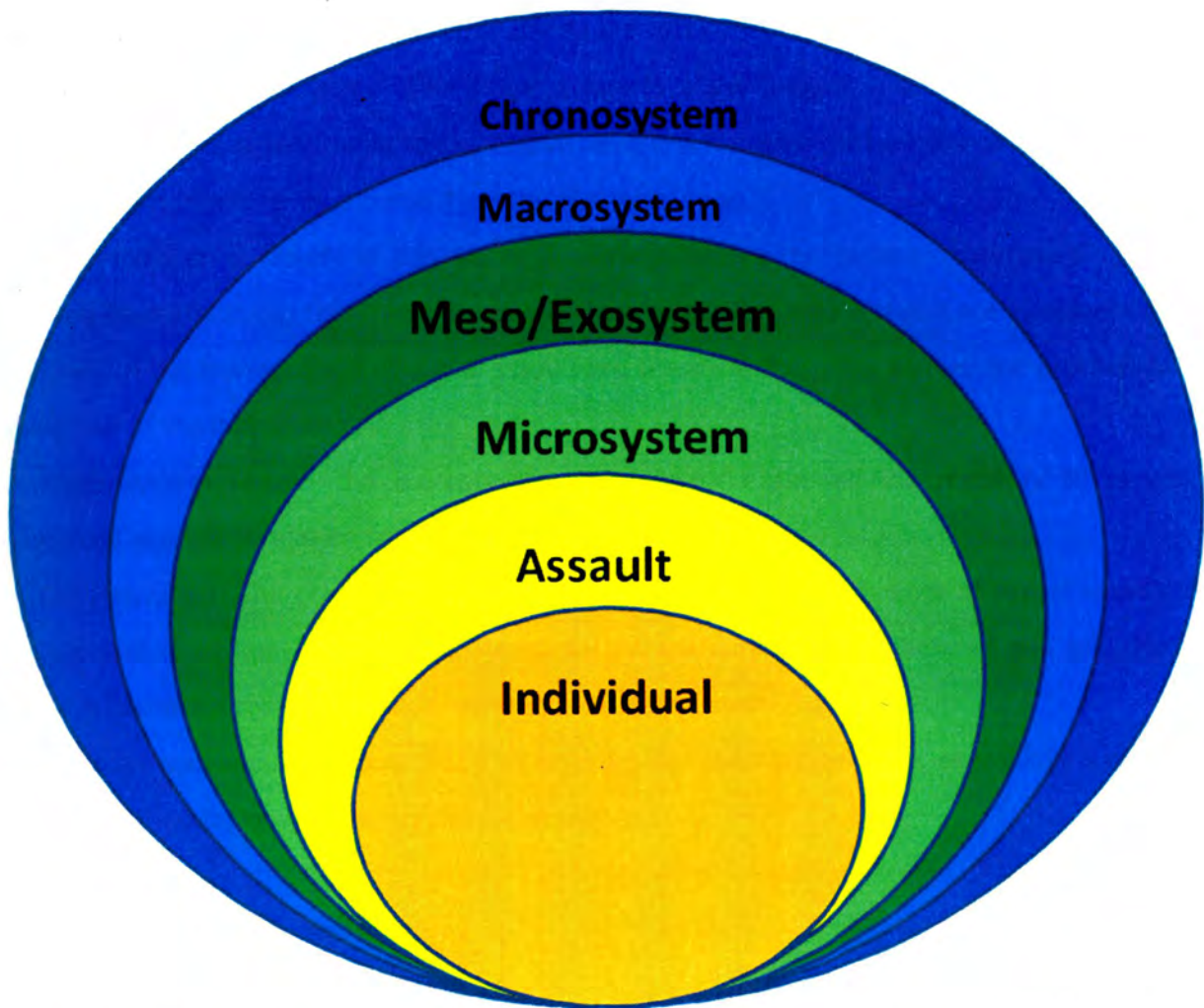


Figure1.1: An Ecological Model of the impact of Sexual Assault on Women's Mental Health

In this paragraph the ecological model, as indicated by Campbell et al (2009:228), is discussed. The model indicates that women are affected by various factors post sexual assault. Factors discussed are 1) Individual level factor 2) Assault related factor 3) Microsystems factor 4) Meso/Exosystem factor 5) Macro system factor and 6) Chronosystem factor.

1. Individual factor- Characteristics of an individual are said to have an effect on her recovery process. It means that variables such as age, gender and racial group contribute to the victim's recovery process.

2. Assault-related factor- Victim-offender relationship has an effect on the recovery of a raped woman. It means that the type of rapist affects the recovery of a victim.

3. Microsystems level factor- This factor suggests social support from family, friends and intimate partners as facilitating sexual assault recovery. It means that a victim who is supported by significant others recover faster than the one who is not.

4. Exosystem level factor- In this factor, if victims receive the services they need, and are treated empathetically, their recovery may be facilitated. This means that if not all stakeholders involved in the management of sexual assault are sensitive; they may worsen the psychological condition of the individual.

5. Macrosystem factor- The macrosystem level factor examines the recovery of sexually assaulted women in relation to ethnicity or race.

6. Chronosystem- The primary factor of Chronosystem is previous history of sexual assault. It means that if an individual was previously victimized during both childhood and adulthood, there is likelihood that the victim's recovery may be affected.

This model was applied in this study to describe the lived experiences of sexually assaulted women in the Mafikeng area, North West Province.

1.8.3. Methodological assumptions

A methodological assumption is more concerned with the process involved in research, as indicated by Creswell (2007:17). The study used inductive processes, with emphasis entirely on the victims of sexual assault. Participants' experiences were valued and the design was flexible, allowing new ideas emerging during the interaction as indicated in Polit and Beck (2004:14). Thus the researcher is functional as the findings will be used to inform caring for sexually assaulted women.

1.9. Definition of concepts

Sexual assault - A Person who unlawfully and intentionally sexually violates a complainant without the consent of the complainant, is guilty of the offence of sexual assault according to (Sexual Offences Act 32 of 2007). In this study sexual assault will mean an event that occurred without the victim 's consent, involved the use of force, or the threat or the use of force, and involved actual or attempted penetration of the victim's vagina, mouth or rectum (Linden, 1999: 685).

Rape – committed by a man having intentional and unlawful sexual intercourse with a woman without her consent (Jewkes & Abrahams, 2002: 1231). In this study rape shall mean forceful penetration of the woman's genitalia without her consent. The concepts rape and sexual assault will be used interchangeably in this study.

Experience - Experience is any event through which an individual has lived or gained knowledge from such participation in that event and the sum total of knowledge he/she accumulated. Experience involves personal knowledge, personal involvement and first-hand knowledge and exposure (Myburgh & Poggenpoel, 2009:448). Experience in this study shall mean having experience forced sexual assault as a woman in lifetime.

Perpetrator - include those using direct interpersonal sexual violence, organizing sexual violence; acting alone, in consort, in groups or organizations; covertly, overtly; regular, long-term, occasional; at different times in the life course (Jeff, 2007:40). In this study perpetrator will mean any male who forceful violates an adult women sexually.

Victim - Any person alleging that a sexual offence has been perpetrated against him or her (Sexual offences and related matters). In this study victim shall mean a woman who has been sexually assaulted/raped.

Depression – An affective disorder manifested by a feeling of persistent, irrational, uncontrollable sadness accompanied by inability to feel pleasure, lack of energy and bodily symptoms that interfere with normal life (Gelabert, 2007: 5). Depression in this study will mean decreased interest or pleasure indicated subjectively by sexually assaulted women almost all or some of the daily activities.

PTSD – include exposure to a traumatic event that invokes intense fear, helplessness, or horror and a range of symptoms, such as reoccurring recollections or dreams of the event, persistent avoidance of all things associated with the trauma, numbing and lack of responsiveness, and increased alertness to perceived threats (Yuan, Koss & Stone, 2006:2). In this study, PTSD shall mean women who have been sexually assaulted and now living the past of this experience.

1.10. RESEARCH DESIGN

A research design is a set of guidelines and instructions to be followed in addressing the research problem (Mouton, 2006:107). The appropriate research approach for this study is qualitative. According to Brink (2006:113), qualitative design is utilized in exploring the meaning, describing and promoting understanding of humans' experiences. A qualitative, phenomenological, descriptive, exploratory and contextual design was used to explore meanings and describe and promote understanding of experiences of sexually assaulted women.

- **Phenomenology**

Phenomenology is the general description of the phenomenon as seen through the eyes of the people who have experienced it first hand and it attempts at understanding people's perceptions, perspectives and understanding of a particular situation (De Vos et al., 2002: 268). The researcher focused on what is happening in the lives of sexually assaulted women, what is important about the experience and what alterations can be made. This approach may lead to

the development of concepts and themes, and may in turn be applied to practice (Brink, 1996:119).

- **Exploratory**

The purpose of explorative study is to investigate little that is understood about the phenomena as indicated by Marshall and Rossman (2006:78). The researcher intensively explored the experiences of sexually assaulted women, as little information is available regarding their lived experiences post sexual assault.

- **Descriptive**

Descriptive design, as indicated by Brink (2006:103), is concerned with gathering information from a representative sample from the population and merely describing a phenomenon. A complete picture of the experiences of sexually assaulted women was described and no attempts were made by the researcher to determine the relationships between the phenomena under study or try to manipulate participants. The researcher extensively examined the experiences of being sexually assaulted and the deeper meanings attached; thus leading to a thicker description thereof (De Vos 2002:109).

- **Contextual**

Qualitative researchers, according to Creswell (2009: 175), tend to collect data in the field at the site where participants experience the issue or problem under study. The proposed study was conducted at the Thuthuzela Care Centre within the Mafikeng Provincial Hospital. The setting is where the participants receive their post-sexual assault care and are afforded an opportunity for follow-up care.

1.11. RESEARCH METHOD

- **Population**

Population, according to Brink (2006: 123), is the entire group of persons or objects that is of interest to the researcher and meets the criteria the researcher is interested in studying. The population for this study comprised all women who were once subjected to sexual assault in their lives and have sought assistance from the specialized care centre in the Mafikeng TCC.

- **Sampling**

Brink (2006: 124) describes sampling as a part or fraction of a whole, or a subset of a larger set, selected by the researcher to participate in a research study. Henning, Van Rensburg and Smit (2004: 71) emphasize that the researcher needs to select interviewees who can shed optimal light on the issue being investigated. Participants who have experienced sexual assault were purposefully selected as they are information rich and can offer a useful manifestation of the phenomenon under study.

- **Purposive sampling**

Purposive sampling is based on participants who are judged to be typical of the population or particularly knowledgeable about the issues under study (Polit & Beck, 2004:294). Women who were sexually assaulted are viewed knowledgeable about the experiences of sexual assault and were therefore purposively selected for this study.

Creswell (2007:125) defines purposive sampling as selecting individuals for study that can purposively inform an understanding of the research problem and central phenomenon in the study. It was therefore critical to the researcher that all participants should have experienced sexual assault at some stage in their lives.

Criteria for inclusion in the study include: All women who have experienced sexual assault and have reported to Mafikeng TCC within 72 hours of the occurrence of the incident.

Sample size was considered adequate after meanings were clear and data fully explored (Brink, 2006: 136). The researcher began with a sample of 18 and saturation was reached.

1.12. DATA COLLECTION

Data collection is a series of interrelated activities aimed at gathering good information to answer emerging research questions according to (Creswell, 2007:118). In this study data collection employed individual in- depth interviews and field notes methods. The goal was to capture the lived experience of the participants.

1.13. DATA ANALYSIS

The purpose of data analysis is to organize, provide and elicit meaning from research data according to (Polit & Beck, 2004:571). The study is a phenomenological approach, therefore significant statements; generation of meaning units, as well as essence description of experiences of sexually assaulted women was done through application of Tesch's steps of data analysis (Creswell, 2009:184).

1.14. ETHICAL CONSIDERATIONS

According to Polit and Beck (2004:141), ethical considerations entail care that must be exercised when dealing with humans in order to protect them from any harm. Ethical principles were observed through:

- Obtaining ethical clearance to conduct the study from the Ethics Committee of the North-West University;
- Requesting permission to access the participants from the North West Provincial Department of Health; and

- Requesting permission from the Mafikeng Provincial Hospital Chief Executive Officer and the deputy director nursing.

After permission from the relevant authorities was sorted out, the researcher consulted with participants on a one on one basis and explained to them details regarding the purpose and procedures to be entailed in the study. All basic ethical principles in doing research with human subjects such as respect for persons, beneficence, justice, confidentiality and anonymity, and right to privacy were all observed.

1.15. TRUSTWORTHINESS

To ensure trustworthiness in this study, all four basic aspects of trustworthiness depicted in Guba's (1981) model as discussed by Krefting (1991: 215), were applied.

- **Credibility (truth value)**

Truth value, as defined in Krefting (1991: 215), establishes how confident the researcher is with the truth of the findings based on the research design, participants and context. The approach which is a relevant design for exploring and describing the human lived experiences was used. The researcher selected appropriate participants who have experienced sexual assault and viewed as information rich as far as sexual assault is concerned. The information was captured verbatim to allow validation later when out of the field. The study was contextualized to women who have been sexually assaulted in Mafikeng TCC.

The researcher engaged in the field for a prolonged period (Brink, 2006: 118), to develop an in-depth understanding of the phenomenon under study; thus conveying detail about the people, which lends credibility to the narrative account (Creswell, 2009: 192). Engagement was accomplished through spending as much time as possible at the research setting. Data collection methods were also triangulated. The researcher used field notes and individual in-depth interviews to collect data from the participants.

- **Transferability (applicability)**

Applicability refers to the degree to which the findings can be applied to other contexts and settings – the ability to generalize the findings to the larger populations (Krefting, 1991: 216). The purpose in this study was to sufficiently describe the lived experiences of sexually assaulted women in the Mafikeng area and not to generalize it to any other settings. The researcher fully described these experiences so as to enable the reader who wishes to apply the findings to other setting to do so.

- **Dependability (consistency)**

This criterion in qualitative research refers to the extent to which the repeated administration of a measure will provide the same data or the extent to which a measure administered once but by different people, produces equivalent results (Krefting 1991:216). Key to qualitative work is to learn from the participants rather than to control them. As consistency is defined in terms of dependability, the researcher assessed for consistency by looking into the method utilized for collection of data and validation of findings. Data collected was coded and recoded at different intervals by the researcher and validation of the results was done utilizing the co-coder.

- **Confirmability (neutrality)**

Confirmability asks whether the findings of the study could be confirmed by another, as indicated by De Vos et al (2002:352). To ensure neutrality, interpreted data, raw data, field notes and audiotape were submitted to an independent coder for verification of findings. The supervisor and the co-supervisor were afforded an opportunity to check the findings for accuracy from audiotapes as well as all documents used during the process of data analysis.

1.16. PROPOSED OUTLINE OF CHAPTERS

CHAPTER 1 : Overview of the study.

CHAPTER 2 : Research design and Methods

CHAPTER 3 : Data collection and analysis

CHAPTER 4 : Presents the recommendations, limitations and conclusion of the study

1.17. SUMMARY

The proposed study discusses the introduction, background to the study, problem statement, research objectives; research questions the paradigmatic perspectives as well as the importance of conducting this study. A brief explanation of methods that were followed during the study is also indicated.

Ways in which participants were recruited and salient features that enable them to be part of the study is briefly described. Since the intended study utilizes human beings as parts to be studied, measures to show how they were protected from harm and how they benefited from the study is also described in this discussion. Trustworthiness of the study is also briefly discussed.



CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

In the previous chapter, an overview of this study was indicated and it included introduction, background to the study, purpose, objectives, problem statement, research question, paradigmatic perspectives and the research method utilized in this study. In this chapter the researcher elaborated on the research methods, design ethical measures as well as trustworthiness of this study.

2.2 RESEARCH DESIGN

Kumar (2005:84) defines research design as a structure and strategy of investigation so conceived as to obtain answers to research questions or problem. This study used qualitative, phenomenological, explorative, descriptive and contextual design. This design is used with an aim of exploring and describing the experiences of sexually assaulted women in Mafikeng.

2.2.1. QUALITATIVE APPROACH

Qualitative research is an approach that structure knowledge that utilizes methods of inquiry that emphasize subjectivity and the meaning of the experience to the individual according to (Brockopp & Tolsma 2003:21). Subjective data was obtained from the participants about their experiences of sexual assault as lived and the information was structured into meanings. According to (Berg 2007:8), qualitative procedures provide a means of accessing unquantifiable facts about the actual people researchers observe and talk to. The intent of this inquiry was not aimed at controlling or quantifying obtained facts about sexually assaulted women's experiences but to explore and describe it as is. This approach was of interest to the researcher because of its nature of not being interested in numbers or manipulation of participants.

Feelings, emotions and attitudes of women towards sexual assault were described as obtained from the women who directly experienced it. Berg (2007:7) describes qualitative techniques as procedures that allow researchers to share in the understanding and perceptions of others and to explore how people structure and give meaning to their daily lives. Participants shared their lived experiences of being sexually assaulted with the researcher.

In qualitative approach according to (Holloway & Wheeler 2002:7), people are not approached as individual entities that exist in a vacuum but as a way of exploring their world within the whole of their life context. Participants, whom in this study were the sexually assaulted women, were considered to be information rich and the main informants as they were the one who provided information to the researcher.

The aim of qualitative approach is to understand the social reality of individuals, behaviour, perspectives, feelings, and experiences of people and what lies at the core of their lives. The basis lies in the interpretive approach to social reality and in the description of the lived experiences of human beings as indicated by (Holloway & Wheeler 2002:3). The reality here is that women are being sexually assaulted on daily basis. From these assaults there is a certain experience by these women, that may influence their lives positively or negatively, which is what this study has explored and described.

Flick (2009:15) emphasizes the appropriateness of qualitative research in methods and theories. Most phenomena cannot be explained in isolation, which is a result of their complexity in reality. Sexual assault experiences are not possible to describe just through observation but requires interactive communication with the relevant people to enable full description thereof. The researcher interacted with the sexually assaulted women as they were deemed relevant in this study to provide an understanding of their lived experiences through information sharing.

Research designs, according to Creswell (2007:36), study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them. The natural setting according to Creswell (2007:37) tends to collect data in the field at the site where participants experience the issue or problem under study. This study was conducted at Mafikeng TCC in the NWP where participants received services post sexual assault.

According to Kumar (2005:22), selecting the appropriate research design is very critical in any study. The researcher believed that this study could well be accomplished by qualitative design because qualitative research design (Creswell, 2009:4) is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The selection of this design was guided by the nature and context of this study.

2.2.2. Phenomenology

According to Holloway and Wheeler (2002:170), the major aim of phenomenological research is to generate an exhaustive description of a phenomenon of everyday experience to achieve an understanding of its essential structure. In this study a thick description of experiences of sexually assaulted women was provided. During the process the researcher set aside own experiences in order to understand those of the participants in the study as indicated in Cormack (2000: 143). According to Polit and Beck (2004:253), phenomenology acknowledges people's physical ties to their world- the way they think, see, hear, feel, and are conscious through their bodies' interaction with the world. After experiencing sexual assault ordeal, women go through various social systems for several services. The study described their experiences in the process that includes their emotions, views, thoughts as well as meanings attached to all these experiences.

2.2.3. Descriptive design

The focus of descriptive studies is on the situation as it is, without the researcher making an attempt to manipulate participants (Cormack, 2000:213; Polit & Beck, 2004:192). In descriptive studies there is no attempt to introduce anything new or to modify or control the situation (Cormack, 2000: 214). This study described the experiences of sexually assaulted women without manipulating them.

The results of a descriptive study demonstrate the reality related to the observed phenomenon as much as possible (Brockopp & Hastings-Tolsma 2003:93). The researcher attempted to provide a thick and detailed description of the experiences of sexually assaulted women at the Mafikeng TCC.

2.2.4. Exploratory design

Kumar (2005:10) described exploratory design as a study undertaken to explore an area where little is known. According to Sarantakos (1998:7), exploratory design is undertaken when there is not enough information available about the research subject or to gain information on the issue per se. According to available literature, much is not known about the experiences of sexually assaulted women in Mafikeng. This study fully explored the experiences of these women in this area.

2.2.5. Contextual design

The context of participants' lives affects their behaviour, and therefore researchers have to realise that the participants are grounded in their history and temporality (Cormack 2000:11). The immersion in the field, as indicated in Holloway and Wheeler (2002:170) enabled the researcher to provide an exhaustive description of the participants in this study. The context of the study is the Mafikeng TCC in the North West Province. Interviews were conducted at the

centre where the participants received immediate care and follow-up post sexual assault and the findings are therefore not applied to any other setting. The study provides a dense, detailed and clear description of the situation.

2.3. RESEARCH METHOD

Methodology, according to Holloway & Wheeler (2002:4), is the principles and the ideas on which researchers base their procedures and strategies. Holloway & Wheeler (2002:4) further indicate that the central purpose of methodology is to explain to readers how the research was accomplished, what the data consists of and how data were collected. All the processes followed in this study are indicated. Salient features, according to Berg (2007:352), that include consideration of participants, data setting and analysis technique tend to be present in research methods.

2.3.1. Population and Sampling

Population is the entire group of participants that is of interest to the researcher according to Brockopp & Hastings- Tolsma (2003:245). The population of this study included all women who have been sexually assaulted and are the habitants of Mafikeng and surrounding villages.

A sample, according to Cormack (2000:24) is the proportion of the defined population who are selected to participate in the study and is intended to reflect all the characteristics of that population. Main purpose of selecting a sample is that it can be researched to a greater depth than could the population as a whole.

- **Type of sampling**

This study used purposive sampling. Purposive sampling means sampling in a deliberate way, with some purpose or focus in mind according to (Punch, 2005:187). This study deliberately

selected women who have experienced sexual assault around Mafikeng for participation as it aimed at exploring and describing their experiences.

- **Criteria for sampling**

The criteria for inclusion in this study included:

- All women who have experienced sexual assault and have reported to Mafikeng TCC within 72 hours of the occurrence of the incident.
- The participants who have voluntarily consented to partake in the study. A form describing the entire procedures, risks, benefits and their rights was explained and handed out after detail explanation and comprehension.
- Participants were the habitants of Mafikeng and neighbouring villages.
- Volunteered participants' age ranged from 18-50.
- Participants who will provide 45-60 minutes of their time for interviews.

- **Sample size**

Sample size according to Sarantakos (1998:157) is related to the nature of the population as well as the type of analysis in the project. This study is phenomenological thus explored women's sexual assault experiences in-depth. The sample size of this study was therefore determined by saturation, which according to (Creswell, 2007:240) is no longer finding new information from the data. Sample size was considered adequate when meanings were clear and data fully explored as indicated in Brink (2006:136). Saturation was reached with 18 participants.

2.3.4. Research setting

The study took place at Mafikeng TCC within Mafikeng Provincial Hospital in NWP. Participants were also given an alternative after agreeing to participate to choose if they want interviews to

be conducted in the comfort of their homes. The researcher ensured that interviews conducted at the centre considered participants' privacy. This was done through conducting interviews behind a closed lockable door in one of the offices of the centre. A notice written "please do not disturb" was also pasted on the outside of the door. The researcher switched off the mobile phone and requested the personnel to use office telephone lines in other offices. Material used for data collection such as audio-tapes and writing pads were prepared beforehand. All these were done to minimise the distracters during the process. Participants were seen at the centre for interviews on Friday and over the weekends in the morning until afternoon.

2.4. DATA COLLECTION METHODS

Data collection, according to Sarantakos (1998:291), is when the plans of a project are executed. This study utilised individual in-depth interviews as well as field notes with the main objective of exploring and describing the experiences of sexually assaulted women in Mafikeng.

- **Individual in-depth interviews**

Kumar (2005:124) defines in-depth interviews as repeated face to face encounters between the researcher and the informants directed towards understanding informants' perspectives on their lives, experiences, or situations expressed in their own words. The researcher repeatedly interacted with the participants and with the rapport built; in-depth information was obtained. One specific central question was used to guide the interview. The question was as follows: May you please tell me your experiences of the sexual assault incident that happened to you? Interviewing techniques such as probing were used to clarify information provided.

- **Field notes**

Field notes, according to Morse and Anne-Field (1996:92), are descriptive accounts in which the researcher objectively records what is happening in the setting. The goal was to capture the

lived experience of the participants. The researcher documented the conversations held with participants, the nonverbal cues and used the audio- tape to record all happenings that took place in the setting. The following types of field notes were used to collect information on the lived experiences of sexually assaulted women in Mafikeng:

- **Personal notes**

Personal notes are described in Polit and Beck (2004: 383) as researcher's own feelings while in the field. This study is a trauma research and therefore the researcher may be emotionally affected by the narrations during data collection. All the emotions were kept in check during the conversations and documented down as felt. Challenges as well as misunderstandings between the researcher and the participants were indicated.

- **Methodological notes**

These are reflections about strategies and methods used in observations as stated in Polit and Beck (2004:382). The researcher had a face –to- face interactions over time with the participants as suggested in Creswell (2009:175) so as to gain trust and build rapport while talking directly to the participants and observing them behave.

Participants 'behaviour was observed during the face-to-face interaction, conversation documented both in written and audio taped form.

- **Theoretical notes**

Theoretical notes document researchers 'thoughts about how to make sense of what is going on as according to (Polit and Beck 2004:383). According to Berg (2007:198), conversations in descriptive designs are replicated as near verbatim as memory permits. All the details regarding the events that took place were fully noted. This included the description of the setting during the interview in order to give a clear picture of what was happening.

- **Observational notes**

Objective descriptions of observed events and conversations, information about actions dialogue and context were recorded as completely and objectively as possible. The researcher observed respondents comprehensively, thus observing the events taking place, actual discussions and communication as well as attitudes, perceptions and feelings during the interaction and have some notes as indicated by De Vos et al. (2002:286).

2.5. DATA ANALYSIS

According to Polit and Beck (2004:571), the purpose of data analysis is to organize, provide and elicit meaning from research data. The study is a phenomenological approach, therefore significant statements; generation of meaning, units, as well as essence description of data was done through steps of data analysis by Creswell (2009:184) as follows:

- **Transcribing of interviews**

Data was collected through written field notes voice recording. Information from the voice recorder was transcribed verbatim and the fieldnotes typed for legibility. The voice recorder was kept safe for clarification of written notes.

- **Getting a sense of the whole**

Collected data was read to get a general overview of the experiences of sexually assaulted women. The researcher listened to participants' verbal descriptions and continued with reading and rereading the written responses.

- **Making a list of all topics**

A coding process was followed, whereby information was organized into chunks before attaching a meaning to it. Similar topics and commonalities of narrations were clustered together.

- **Taking the list of topics and go back to the data**

The researcher took organized data, went back to the fieldnotes and recorded voices to verify the findings. The uniqueness of each woman's lived sexual experiences was preserved while understanding the experiences as related by the participants (victims of sexual assault) (Streubert & Carpenter 2002:60).

- **Turning topics into categories**

A number of themes, categories and subcategories was generated from the whole narration and used to create headings in the findings. In this step the descriptive wording for topics was made. Thereafter the researcher reduced the total list of categories by grouping topics that relate to each another regarding women's experiences of sexual assault.

- **Interpretation of data**

Finally an interpretation of data was made. This was done based on the understanding the researcher brought from the study pertaining to the experiences by women who are sexually assaulted.

2.6. TRUSTWORTHINESS

Measures to ensure trustworthiness in this study were applied as indicated in Shenton (2004:64), that is credibility, transferability, dependability and confirmability as follows:

- **Credibility (truth value)**

According to Shenton (2004: 64), credibility deals with the question of how congruent are the findings with reality. In the same study, credibility is also emphasized as one of the important factors in establishing trustworthiness. Morrow (2005:252) refers to credibility as the idea of internal consistency, where the core issue is “how we ensure rigor in the research process and how we communicate to others that we have done so”. In this study credibility was accomplished through the following actions:

- **Adoption of research methods well established for the investigation.**

The study investigated the lived experiences of sexually assaulted women in Mafikeng. The appropriate research approach used was qualitative phenomenological design. This design enabled the researcher to fully explore and describe the experiences of participants. Data collection strategies proven to be relevant in this approach were also employed.

- **Development of an early familiarity with the culture of the participating organizations.**

The researcher visited the research setting before the initial data collection commenced. Personnel working in the setting were consulted and observed on how they carry out their procedures on potential participants. Familiarisation with the records was done, and particulars of participants were obtained. The researcher engaged in prolonged engagement at the research setting to gain trust and build rapport through spending most of the time at the

centre. Operational hours of the centre are 7:30 am until 19:00 pm. The researcher spent 3 hours Mondays to Thursdays, 6 hours on Fridays and twelve hours during weekends during data collection period.

- **Triangulation**

Triangulation according to Shenton (2004: 65) refers to using different methods in data collection. This study used in-depth individual interviews and field notes.

Peer scrutiny of the research project.

The research project was presented at different intervals within the Department of Nursing Science seminars at the North West University Mafikeng campus. This allowed scrutiny from departmental personnel, academics as well as colleagues in research. Questions and feedback were obtained from these types of discussions and this allowed the researcher to refine the research methods.

- **Background, qualification and experience of the investigator**

Shenton (2004: 68) emphasises the importance of the researcher's qualification and experience as very important in qualitative research as it is the person who is the instrument in data collection. The researcher is a qualified health worker with an experience of interacting professionally with human beings.

- **Thick description of the phenomenon under scrutiny**

Thick and detailed description of the experiences of sexually assaulted women is provided in this study. The observed behaviours, their feelings as well as the setting in which the data collection took place were all documented. Findings were reported in a narrative form as they unfold from the interviews.

- **Examination of previous research findings.**

Previous studies on the phenomenon were examined throughout the process of data collection and analysis. These were used to assess the degree of similarity as well as congruency of findings of previous studies.

- **Transferability (applicability)**

Transferability refers to the extent to which the reader is able to generalize the findings of a study to her or his own context and addresses the core issue of “how far a researcher may make claims for a general application of their theory” (Morrow 2005: 252). According to Shenton (2004:69), findings of a qualitative research are specific to a small number of particular environments and individuals, it is impossible to demonstrate that the findings and conclusions are applicable to other situations and populations. The researcher has therefore ensured sufficient description of the contextual information about the fieldwork and methods to enable researchers who believe that their situations are similar to do so. The information pertaining to the processes and procedures included the following:

- Number and location of the organization the study is based;
- Participants deemed relevant to partake in the study;
- Number of participants involved;
- Data collection methods used and
- Data collection sessions length and time period

The research finding however should be understood within the context of the Mafikeng Thuthuzela Care Centre in the North West Province.

- **Dependability**

The criterion dependability according to Morrow (2005:252) deals with the core issue that “the way in which a study is conducted should be consistent across time, researchers, and analysis techniques”. Thus, the process through which findings are derived should be explicit and repeatable as much as possible. Data collected was coded and recoded for validation of results. Raw data was also provided to the co-coder for the same reasons.

- **Confirmability**

In this criterion, steps must be taken to help ensure as far as possible that the findings are the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher (Shenton 2004: 72). Triangulation in data collection methods was observed. Detailed methodological descriptions were also indicated in the study to determine how far emerging data may be accepted.

2.7. ETHICAL CONSIDERATIONS

According to Kumar (2005:210), ethics means in accordance with principles of conduct that are considered correct. Before the actual collection of data, the researcher ensured that all measures of ethical principles were taken into consideration. Access to enter the field was first sought from relevant authorities. The researcher wrote a letter to the Ethics Committee of the North West University, the Provincial Department of Health and the Mafikeng Provincial Hospital.

After being granted the permission to conduct the study, participants who came for their follow-up care at the centre were recruited through explaining to them procedures entailed in the study. Simple and understandable language was used and clarity was provided as required.

The researcher indicated the contact numbers in the form so as to enable participants for contact when the need arise. The study ensured abiding to ethics through observing the following measures:

- **Principle of respect for persons**

According to Brink (2006:32), principle for respect for persons requires researchers to treat individuals as autonomous as possible. This principle requires the researcher to acknowledge autonomy of participants and to protect those with diminished autonomy (Hicks). This principle was applied through informed consent, risk/ benefit assessment, and the selection of subjects of research.

- **Informed consent**

Kumar (2005: 212) argues that in any discipline it is unethical to collect information without the knowledge of the participants and their expressed willingness and informed consent. The researcher allowed participants to voluntarily take part in this study by providing them with enough information pertaining to the procedures and methods the study used. Information provided to the participants included the fact that the researcher would request some information from them and that such information will entirely be through communication/interviews. No invasive procedures will be carried out on them.

The researcher took into cognisance the fact that questions on sexual assault may be intrusive for some participants. Participants were therefore informed that they are free to withdraw from the study at any given point should they feel that their privacy is been invaded and that there will be no penalty against them (See annexure E).

Methods on how participants were selected were indicated as well as the person carrying out the study and the contact detail. Participants were informed that the research study is going to

take place in the setting identified by the researcher and that alternatives can be done based on individual participants' preferences. The researcher ensured comprehension of the information by using simple language and answering clarifying questions from participants. Participants were informed that there will be no remuneration for taking part.

- **Principle of Beneficence**

According to Haverkamp (2005:146), ethical measures capture the recognition that participants can be vulnerable. Researcher carries a responsibility to promote their welfare and guard against harm. This principle according to Brink (2006:32), deals with protection of participants from harm, should it be physical, emotional, spiritual, social or legal. Risks and benefits assessment of this study was done.

The researcher discovered that the study is a trauma research and therefore is potential of evoking participants' emotions about their past sexual assault experiences. Interviewed participants were still within the sexual assault intervention programme of six months; therefore, those who became emotionally upset were referred accordingly to their psychologist or social worker within the hospital. It was also revealed to participants that the study will not benefit them directly but holds significance in managing potential victims of sexual assault.

- **Principle of Justice**

Principle of justice involves the right to fair selection of participants, right to privacy, anonymity and ensuring confidentiality (Brink 2006: 34).

Participants were not selected based on their social class, but on the merit of meeting the inclusion criteria. All participants with the requirements of partaking in the study had equal chances of being selected.

- **The right to privacy**

The participant, according to Brink (2006:33), has the right to determine whom their private information should be shared with or withheld from. Personal information was only shared with the supervisors although the names of the participants were never divulged. Information collected from the participants was always treated as private and confidential.

- **The right to anonymity and confidentiality**

Ensuring anonymity, according to Brink (2006:34), refers to the act of keeping the subjects' identity a secret with regard to their participation in the research study. To ensure anonymity, the study did not utilize the participants' real names, but in turn allocated each participant a number/code as a reference. All information with identifying data such as the informed consent was kept under lock and key, separate from the transcripts. No unauthorised person was given access to the research data except for the supervisor and the co-supervisor. Participants' identities were not revealed during results publication.

2.8. Summary

Chapter two has outlined the research methodology in detail. The discussion elaborates on the methods and procedures followed during the whole conduction of the study. Issues such as research design, methods, ethical considerations and trustworthiness of this project were described in detail.

CHAPTER 3

DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

Chapter two of this study discussed the detailed research method and the design that was used. Ethical considerations and trustworthiness were discussed in the previous chapters. This chapter aims at analyzing the research findings while at the same time attempting to meet the following objective:

- To explore and describe the experiences of sexually assaulted women in Mafikeng.

Data was collected from eighteen women through in-depth individual interviews and field-notes. The study was carried out in the North West Province at the Thuthuzela Care Centre located within the provincial hospital of Mafikeng. The centre offers clinical forensic, legal as well as counseling services for victims of sexual assault. The study comprises women who reported at the centre within 72 hours after being sexually assaulted. Participants' ages ranged from 18-55 years and were interviewed after 6 weeks to 2 months following the incident to avoid secondary victimization and to allow recovery process.

Sexually assaulted women were purposively selected. From the eighteen women interviewed, 6 were sexually assaulted by known people to them, 10 by strangers, 1 by a partner and 1 by a relative. It was discovered during the interviews that 5 women were gang raped by at least 2-9 perpetrators. All women interviewed were Tswana speaking and the residents of Mafikeng and neighbouring villages.

Participants were recruited by personnel in the centre and some were directly asked by the interviewer if they are willing to participate in the study. The setting was prepared beforehand so as to minimise distractions and reduce anxiety from the victim's side. A notice was put on the outside of the closed door to indicate to other personnel of the centre to not disturb the interview process.

Two of the participants were interviewed at their houses and sixteen at the centre. Interviews were audio taped and transcribed verbatim. Field notes were typed for legibility and verified with recorded voices. Data was read and reread to make sense of the general feeling of the participants pertaining to their sexual assault experience.

Topics were clustered together and most descriptive wording used to organize it. Themes, categories and subcategories were generated from the data as summarized in Table 3.1. Audiotapes and written field notes were kept safe for verification by the supervisor and co-coder.

3.2. DISCUSSION OF FINDINGS

Discussion of findings is done according to Table 3.1 which provides a summary of themes, categories and subcategories.

Table 3.1 Categories of findings.

Theme	Category	Subcategory	
Victims shared their lived experiences regarding sexual assault characterized by different forms of trauma.	3.2.1. Physical trauma	<ul style="list-style-type: none"> • Injuries sustained due to physical assault. • Pain from forced sexual penetration by multiple perpetrators. 	
	3.2.2. Emotional/Psychological trauma	<ul style="list-style-type: none"> • Suicidal ideation • Sleeplessness • Shame • Fear • Isolation/withdrawal • Anger/ hatred • Worthlessness/hopelessness 	
	3.2.3. Social trauma	<ul style="list-style-type: none"> • Change in lifestyle/habits 	
	Participants expressed different views related to their safety and support received from different stakeholders	3.3.1. Views related to support received.	<ul style="list-style-type: none"> • Thuthuzela Care Centre • Police • Informal social systems
		3.3.2 Views related to safety and security	<ul style="list-style-type: none"> • Threats • Safety and security

Victims shared their lived experiences regarding sexual assault characterized by different forms of trauma.

Women expressed their experiences from being sexually assaulted in different manner. These experiences included physical, psychological / emotional and social trauma. It was clear from the findings that sexual assault impact negatively on the physical, mental and social being of these women. Forms of trauma experienced from the assaults were subcategorized and discussed as follows:

3.2.1 Physical trauma

Physical trauma resulting from sexual assault is one of the negative effects on the health of a victim. According to Campbell (2008:703), trauma from sexual assault may result in chronic physical health problems. During the interview, participants reported being deliberately hurt with weapons or fists by their perpetrators which led to them sustaining physical injuries.

- **Injuries sustained due to physical assault.**

Results from the interviews indicated that women who are sexually assaulted are prone to physical injury sustenance. Alempijevic, Savic, Pvlakic and Jecmenica (2007:267) indicate that victims' of sexual assault might sustain extra genital injuries. This can occur either during resistance or as a deliberate measure by the assailant.

Participant who tried to defend herself has this to say:

"They then started pulling me. So, as I was pulled, I tried to release myself from them. They realized that I am a bit powerful and they pulled out their weapons and started beating me. I

became dizzy. Even when I try to speak, it was difficult. They were having knives and a hoe stick [mohinyana] hitting me. I sustained some injuries here [Pointing different sites on the head and the ear]. I was sutured but they did not suture the ear and now it looks ugly. [Two healed suture lines visible at different sites of the scalp and the lower left ear (earlobe) were divided into two pieces as a result of being cut with used weapons].

The same participant continued her discourse as follows:

"They had beaten me a lot, I was green even below here [pointing with a finger] below the breast. My bones and the whole body are still painful. So, at times when I try to cough, blood comes out. They have beaten me a lot with a stick, and when I try to do like this [doing as if coughing]..., blood comes out".

One participant said:

They were beating me and when I come here [at the centre], my legs and head were swollen. My legs were mostly swollen because of their kicks. When I touch my head, it was full of soil because I kept falling on the grass and on the ground you see".

Another participant said:

"He came with that knife, I don't know as to whether he wanted to stab me or what. Luckily it hit the wall. I held it with my hands and it scratched me somewhere here [indicating the site injured on the hand] but it is healed now".

Another participant described the fight with her perpetrator as follows:

"We fought and fought. I balanced with one leg, as this other one is not working properly. We fought and he said: huh! "This crippled woman is strong ma...n". He grabbed my neck but made

sure I don't see his face. We fought for a long period and he kept saying: "this crippled woman is strong ma...n". He closed my throat with his hands. He was having a press button knife, giving me orders using his knife but he did not hurt me. He only hit me on the head and I was... it was swollen. "He raped me for the first and second time. Now for the third time, he had already removed my panty. I managed to release myself from him. I ran next to a barbed fence. It scratched my skin on both legs. , I was having scars all over. I managed to get to my next door (neighbors) and I just hit the door..., I hit the door and got inside holding my panty in my hand. I was bleeding and my night dress was soiled with blood".

This participant who was raped by an ex-partner had this to say:

*I said okay *Tebogo [partner], it is fine then. He went to the house to fetch some blankets and I remained outside. He told me that we are not going to sleep at our usual room because the police will come straight to it [room] looking for him. He prepared at the store room and instructed me to take off my clothes which I did. He demanded that we have sex. He had sex with me against my will. After sleeping with me he stabbed me with a knife between my shoulders [four healing wounds noticed]. After that he told me that we sleep for a while and he is going to kill me and throw me in the river". At six o'clock he woke me up telling me that we go. He walked through a secluded area towards industrial site. As we continued walking, we met some men, about 6 on the road. I then told him that my knee is painful, trying up to come up with a plan to escape from him. He then walked in front of me and I immediately turn to those men. I did not make noise and I told them that Tebogo* stabbed me with a knife and he promised to throw me in the river. They then called him and he ran away.They ran after and grabbed him, took him to the police station. When we get at the police station, parents were already there".*

Another participant expressed her ordeal as follows:

"I heard someone coming from behind, when I turn, he said hey yo. He grabbed me from behind and we both fell down...Ruthu! [Sound from falling], we fought and fought for a long time with this person. I bit him with my teeth somewhere on the hands. When he realized that I am fighting back, he grabbed me by the neck and throttles me. So, I don't know as to whether I ended up having a black out because when I wake up, he was already on top of me and he said: hey!, what's wrong with you, don't you see that I want to sperm. I tried fighting him again and he grabbed me and held my hands down, had sex with me and finish".

Another participant said:

"He was holding me by the neck and I fell back neh, he fell on top of me while holding my neck. I kicked him with my feet and tried to run into the village. While running he pushed me on the grass neh, throttling me, hitting me with fists, hitting me goed! [A lot]. I got loose and ran again. So as I was running, I was disturbed by spitting blood. He grabbed me again with the track suite that I was wearing and pulled me back. So, after pulling me back I fell and he immediately grabbed my neck. There, since I was praying. I was verbalizing the prayer: "Lord is my Shepherd", but everything went blank, I passed out". So, he was holding my hands like this [showing with her hands] on top of my chest and pressed them with his body. So, when I regain consciousness, he was on top of my lap. I was just lying like this, so he was on my thighs zipping his trousers you see".

Sugar, Fine and Eckert (2003: 73) conducted a study on sexually assaulted women. General body injury was found in 425 of 819 patients (52%). Serious injury requiring emergency medical intervention was uncommon. Bruises and abrasions were by far the most frequent injuries and were present in nearly all the patients who had identified general body trauma.

In another study conducted by Maguire, Goodall, Moore (2009:150) non-genital (body) injuries, were observed in 61.1% (99/162). There were 652 injuries, (55.7%) bruises, (40.5%) abrasions, 25 (3.8%) lacerations.

In Avengo, Mills and Mills (2009:330) physical trauma findings were fully documented for 1073 patients (91.6% of sample). About 460 (82.9%) were in non-genital areas (head/face, neck, torso/abdomen, extremity).

Participants in this study sustained physical injuries ranging from bruises, lacerations to stab wounds. From this data it is apparent that sexual assault victims are prone to bodily injuries. The most common strategy identified in this study was choking or holding of victims by the neck by perpetrators to gain cooperation. The resultant response from this action being the experience of fainting spells by victims and they could not account of what happen after that until they regain themselves from this blackout.

Alempijevic et al. (2007:268) posit that victims of sexual assault injuries are predominantly localized on the face, scalp and neck. Some of the participants in the study reported injuries mostly on their head and face.

- **Pain and injuries due to forced sexual assault by multiple perpetrators**

Some of the participants were subjected to forceful non consensual sex by more than one perpetrator.

This participant was subjected to sexual assault by more than one perpetrator. She expressed her ordeal as follows:

"I was about to climb the bridge when four boys approached me. They plugged my mouth. They undressed me. I was wearing a white short. They took it off. One boy said: I am the first one. It's

me who is coming first [started crying]. They were not even using condoms [becoming more agitated]. He came and the other one said to him: hey man, are you not through yet? They talked to each other. I was terrified and I was praying God to save me, to help me survive this. The other one said it's my turn. After finishing, the other came. After they have all finished, I put on my clothes. I said to them: I am not going to hand you to the police, I am going home. I went straight like this [showing direction followed with a finger]".

Another participant reported being sexually assaulted by two males. She puts it like this:

"I was raped by the first male, my ex school mate. I know him by name but I don't know his surname. Then his friend took his turn. His friend raped me once and left". I don't know how many times this one raped me because he [known perpetrator] kept repeating himself just like that. This guy raped me from half past seven in the evening until half past four in the morning [7:30 pm to 04:00 am]. He then let me go in the early hours and I went home".

Another participant was gang raped and she said:

"They entered into my dad's room, took off the bed mattress and put it on the floor. They threw me on the floor and started raping me. It was a group of people and the way they were so many, I thought they were nine... I could not even see their faces because it was dark in the house. I totally don't know them and how many they were at that time. The whole group raped me. I don't want to lie as to how many raped me. The whole lot was in the room, talking a language that I didn't understand. When the other finishes, the other one will come just like that".

This participant described her sexual assault ordeal as follows:

"They then raped me. I don't know how many they were because it was dark in the room, but I think I was raped by three. They were speaking an unfamiliar language and the other two were waiting for the one who was busy to finish so that they also take their turns".

This statement was uttered by a participant who was physically and sexually assaulted by two males. She said:

"From there now after raping me, it was evident that they were satisfied..., I remained lying there on the ground. They stood there asking each other what to do next? While thinking of what to do, I stood up and managed to run home".

According to McQuid-Mason, Pillermer, Friedman and Dada (2002:236) engaging in a sexual activity is a process which requires normal human response. This response occurs in four phases, whereby the first phase; the excitement phase, prepares the female genital tract to receive the penis by increasing lubricating secretions and muscle relaxation.

The researcher assumes that it was not the case in rape cases and therefore a great likelihood of friction occurred especially from more than one forceful vaginal penetration. Briggs, Stermac and Divinsky (1998:34) further affirm this assumption by stating that whether a person has consensual or non consensual sex, she still suffers genital injuries. The sexual intercourse that occurred in this study was not consensual therefore this finding strengthens the researcher' assumptions that participants sustained genital injuries due to forceful penetration they experienced.

In another comparative study by Anderson; Parker and Bourguignon (2009:237) women who were subjected to non consensual forceful intercourse experienced more genital injuries than those who consented. The nonconsensual group had more sites of tears, ecchymosis, abrasions

and swelling than the consensual group. The non consensual group had twelve sites of ecchymosis compared with no sites of ecchymosis in consensual group. From available literature, it is reasonable to conclude that participants who were exposed to multiple rapes in this study experienced severe pain and injuries.

The researcher believes that pain and some form of genital injuries were likely to be experienced by these participants given the number of forceful non consensual vaginal penetration and lack of physiological preparation as outlined by McQuid-Mason et al (2002:236).

3.2.2. Emotional/Psychological trauma

Sexual assault is not only a physical violence but also psychological. Literature indicates that the psychological health consequences of sexual assault are numerous and varied. These consequences may be experienced both in the short- term and in the long-term phases (Cook, Dickens & Thapa 2009:196; Campbell & Wasco, 2005:128; Murray, Stein & Barret- Connor 2000:838; Borja, Callahan & Long 2006:905; and Clemans 2005:59).

Participants shared emotional effects sexual assault had on them. Findings from the data showed some psychological trauma experienced by victims of sexual assault and discussed through victim's phrases as they unfold.

- **Suicidal ideation**

Individuals employ different coping mechanisms in the face of life challenges and may seek for solutions in different ways. During difficulty in dealing with the sexual assault incident, this participant reported to have thoughts of killing self.

This is how she puts it:

"I tried to kill myself at first. Like I was telling myself.., we are five girls at home neh, and this thing only happen to me among my mother's children... from five..., I asked myself the reason for living eintlik [in fact]"?

Studies have shown a link of rape, sexual abuse to suicide attempts. History of sexual assault is associated with both suicidal ideation and suicide attempts in the adult general population (Maguire, Goodall & Moore 2009:149 and Ullman 2004:333).

Vickerman and Mangolin (2009:432) state that 33% of rape victims have contemplated suicide and 13% have attempted suicide. Sexual assault is one of the traumatic experience that may lead a victim to resort to taking own life. Findings of this study are in line with other research findings (Maguire et al 2009:149 & Ullman 2004:333)

- **Sleeplessness**

During the interview, problem in sleeping was found to be more prevalent in sexually assaulted women. Participants reported having difficulty in falling asleep after the incident of rape.

One participant expressed her sleep disturbances in the following manner:

"I don't sleep at night. I fall asleep in the mornings; I have a problem of having nightmares. They would wake me up like... Tshogofatso, you have been screaming in your sleep. I will wake up and drink some water".*

Another participant expressed suffering from sleeplessness as a result of the sexual assault incident. This is how she puts it:

"At night I will wake up. It will be like someone is walking in the house. I will wake up and knock on my children's rooms. Hey! They [children] were experiencing some tough times. I really gave them a tough time. It will be like someone is entering the house. It took me some time to accept that this thing is not real. Since then, I don't go out at night, I am scared".

This participant had this to say:

"So, at times during the night., I can eat properly, I can do everything but my only problem is during the night when I have to sleep. I will start thinking about those guys. I end up asking myself what to do to let this off my mind; I know it is going to take some time".

Another one said:

"I can't even sleep. I am always having this thing in my mind".

Another participant with trouble in sleeping states:

"Ja, during the night I do not sleep. I keep waking up at times and the more I am awake, the more I think lot of these rape issues that have happened".

This participant reported experiencing problems in sleeping. She puts it like this:

"Hey, it has troubled me a lot; I don't sleep. At times I just wish that it becomes daylight for good, without the night setting in".

Another one says:

"I can't forget. I don't sleep at night".

According to Steine, Harvey, Krystal, Milde, Gronli, Nordhus, and Pallesen (2011:9), sleeplessness is reported to be more common among rape victims. Most frequently reported symptoms included nightmare related distress; sleep paralysis, nightly awakenings, restless sleep and tiredness. According to Steine et al. (2011:5), sleep is naturally restricted to times and places of safety, while feelings of threat and stress inhibits it.

Sleeplessness was found to be more common in sexual assault victims. Reports of sleep interruptions, screams during sleep, problems in falling asleep, frequent recall of the incident at night as well as obsessions in confirming if no one is in the house were deduced from the data. It is apparent from the data collected that participants were not at ease even in the comfort of their own homes as a result of being subjected to sexual assault.

- **Shame**

Feelings of shame were one of the psychological effects discovered from the data.

This participant expressed herself as follows:

“Heish, I felt down. I asked myself “why is this happening to me, how are people going to look at me, because most of the time when someone is raped people start talking about her saying hey, what..., and that will I be able to go out and face people?”

Another participant stated:

“It has happened obviously”. “I was thinking like.., when this thing happened to me, I don’t know what was happening. I was asking myself questions that I don’t have answers for even now. I was so hurt, to be raped by a child..., it hurts me a lot. “It didn’t go well with me because that boy is younger than me but I told myself that it is fine”.

According to Patterson, Greeson and Campbell (2009:130), feelings of shame are commonly experienced by rape survivors. From the discussions, participants reported feeling ashamed about the rape and did not want others to know what happened to them. It is also apparent that sexual assault by a younger perpetrator was embarrassing to participants.

- **Fear**

It was discovered during interviews that participants experience fears resulting from exposure to sexual assault. One participant reported to experience some fear post sexual assault.

This is how she puts it:

"I have this fear sham, even if I try to pray... uh! My heart will beat so fast. I get frightened a lot, and I will tell him [partner] that you know I am scared., I am getting scared you know. This rape has frightened me you know.

Another participant had this to say:

"When I am in the house neh, maybe when I am left alone, the toilet is in the house but if I had to go to toilet I got scared. After this thing, I wasn't eating even now; I started eating yesterday, a small amount of food".

One participant expressed fear this way:

"So, since after this incident ...I am still having this fear., I am still scared. I am asking myself what will happen should they [perpetrators] just emerge on my road".

Another participant said:

"Before sleeping, I think of these guys. I experience some fear you know".

Fear was further expressed like this:

"During the first month, the month of November and December I was not sharp. Even falling sick I felt sick, the time I was taking pills for that, even thinking I was... I was not feeling sharp. I was not feeling sharp, because mostly I was thinking about pregnancy and diseases."

Another participant said:

"I don't know, I was scared.., I was scared. Like I did not believe that something like this will ever happen to me. I was asleep and was not even at places of entertainment so, I don't know."

Fear of rejection was expressed by another participant. This is how she puts it:

"I was asking myself if my boyfriend will ever accept me again and all those things". The same participant expressed her fear for the welfare of her baby as follows: "And because my baby is still.., he is a year old now, I was asking myself that... because there is this thing that a child gets damaged [ngwana o a senyega] when a person sleeps with someone who is not the father of the baby while the child is still small, is mine also going to "senyega"

According to Campbell et al. (2009:226), fears and phobias are common psychological defenses. Some survivors may develop fear of crowds, of being alone, of having sex, or they may feel a general paranoia. Most victims of sexual assault develop fear and/or anxiety. The most persistent reactions following rape appear to be intense fears of rape related situations and general diffuse anxiety (Mezey 1997:198). Culbertson, Vik and Kooiman (2001:859) further indicate that victims of sexual assault reported intense fear of revictimization and feelings of violation, vulnerability, hopelessness shame and anxiety.

According to Du Mont, White and McGregor (2008:778), women often experience the anxiety over the possibility of contracting STI's including HIV post rape.

Findings from this study are consistent with other research findings. Fear of losing partner, contracting sexually transmitted infections, and the thought of rape incidence as well as that of being alone was deduced from the discussions with the participants.

- **Isolation/withdrawal**

During data collection, participants expressed their feelings with regard to interaction with other people post sexual assault.

One participant reported feeling like hiding from public after the rape incident. She expressed herself in the following manner:

"Sometimes I feel like I can just be alone in the house. Lock myself in the house where I will not be seen by anyone."

This participant reported not feeling comfortable when in company ever since she experienced sexual assault. She puts it like this:

"The in-laws will be home, visiting their mother in law. When they arrive I will leave them and go and climb the bed. They will be saying I am nasty to them and I said no...o, it is not like I don't want you but I am not sharp. I don't want some company now. I want to stay alone and it is like I am snaaks [acting weird] to them".

Many victims of rape experience temporary impairment of social functioning, in particular social withdrawal and avoidance, and restriction of former interests and activities (Mezey

1997:198). Findings from this study reveals that participants lost interests in activities which were enjoyed pre sexual assault incident.

- **Anger/hatred**

Strong feelings of anger and hatred against men were solicited from the interviews.

Hatred was expressed by one participant as follows:

"I don't feel comfortable, especially around guys. At school obviously as they pass they will want to talk to us. So I told my friend that I hate guys. For as long as you are a man, I hate you. And then she asked me why, I told her that this thing that has happened has made me to hate all of them. She told me that not all of them are like that. I told her that but according to me, for as long as you know you are a man I hate you because even a person you think can never do this thing is going to do it also".

Further hatred was expressed in this manner:

"I want nothing to do with men. Now I am asking myself if I will live like this my entire life., I don't want a man at all this moment in time".

The participant below reported having troubled feelings towards men, she said:

"This thing is troubling me, because even when I go out with males, I don't have feelings for them anymore. When I see a male person, I start thinking about or remembering those things".

Another participant said:

“Heh, I don’t feel anything anymore, I am always home sleeping”.

Problems in intimacy and trust, persisting anger and irritability were documented in research (Mezey, 1997:198). According to Orsillo (2008:2), social problems can sometimes arise following a sexual assault. A woman can experience problems in her marital relationship or in her friendships. Sometimes an assault survivor will be too anxious or depressed to want to participate in social activities. Many women report difficulty trusting others after the assault, so it can be difficult to develop new relationships. Sexual dysfunction is fairly common after rape, usually reported as decreased enjoyment, due to re-experiencing symptoms and flashbacks, rather than decreased frequency of the sexual act as indicated by Mezey (1997:198).

Sexual assault impacted negatively on the social functioning of participants. Participants reported hating men and not wanting anything to do with men, not having feelings for men, feelings of anger and hatred after the assault, and not wanting to think about the incident. Although this is a natural reaction to such a violating event, prolonged, intense anger can interfere with the recovery process and further disrupt a woman's life.

- **Worthlessness**

During interviews participants expressed feelings of having been violated of their sense of self. Being sexually assaulted made some participants feel like their bodily integrity has been shattered.

Another participant, reported feeling belittled as a result of the way she was perceived and treated. This is how she puts it:

"It didn't take me well in so much that when I am walking.., it is like...I am not a person. I am scared to walk in public. He has let my reputation down. He took off my dignity. When I pass in the village, it is like these small boys are saying hey! This is not a woman but a piece of trash. She easily got raped around".

This participant reported having bouts of crying as she thinks of the sexual assault incident that occurred to her. She expressed herself as follows:

"Sometimes neh, if I can think about it (rape) a lot.., I don't want to think about it a lot because if I think about it, I can stay for about two weeks crying"

To this participant, being sexually assaulted was as good as being dead. She stated:

"I used to hear stories about rape..; you know. The way I was raped, when I think of this thing! At night I will shake. It scared me; I didn't think it will happen to me. To me it is like a matter of life and death". Yes, it is said about me.., like I am being tortured you see. I am being tortured, even when I am looked at, they take me like .., I am a piece of trash and when I think that I used to work in Gauteng, I worked in Gauteng and in Pretoria.

Sexual violation is often associated with a sense of loss, as if a part of one-self, real or symbolic has been destroyed (Mezey, 1997:198). Participants expressed feelings of belittlement from both the community and the perpetrators.

A range of emotional trauma was experienced by participants. Some contemplated to attempt suicide, others relived the experiences and had fear, others could not sleep as before, some became withdrawn and reported not wanting to think about the incident and some feeling dirt and like a piece of trash. Although many victims report distinctive psychological post-rape responses, the frequency and duration of these reactions vary considerably from victim to victim according to Franklin (2007:13).

Findings in this study reveal different emotions experienced by individual participants which are consistent with other research findings.

3.2.3. Social trauma

During the discussions with the participants, it was discovered that sexual assault impacted negatively on the social being of individual women. Social trauma experienced by participants was discussed under change in lifestyle/habits as follows:

- **Change in lifestyle/habits**

Participants' experienced changes in their normal social life and the activities of daily living. Some participants left their jobs, refrained from their normal social life and some are no longer socializing like they used to.

A participant expressed social withdrawal as follows:

"Before, I used not to stay in the yard. I will do the household chores and after that I will go and hang out with my friends. So, since after this incident I don't feel anything anymore".

Another participant said:

"I moved in with my In-laws. I don't live nice because they [the in-laws] have these tendencies of shouting at me. It is this type..., like when they have some differences with my boyfriend; they include me [ba ntlhakatlhakanyetsa]".

This participant has this to say:

"It does not take me well because I was working at Danville and then I left my job because I was not able to work like I used to".

After being assaulted at the place of work, this is how this participant feels:

"Even now, if I had to look for a job.., I am scared to have the type of job that will require me to sleep out. I don't want it."

This participant expressed how the sexual assault ordeal affected her 14 year old daughter. She puts it like this:

"She is always sad; she asks me now and then saying: mommy, let us move from Matshepe, let us go and stay where my dad works in Lichtenburg". It is like there are some rumours that she hears even at school, other children telling her about her mother's rape".*

Many victims of rape experience temporary impairment of social functioning, in particular social withdrawal and avoidance, and restriction of former interests and activities (Mezey 1997:198; Culbertson et al. 2001: 859).

Culbertson et al. (2001: 859) further indicate that sexual assault can trigger radical lifestyle changes for victims (e.g. moving, changing jobs, screening phone calls, living with family members and refusing to go to certain locations).

Research indicates that coping with the aftermath of rape can cause significant stress for the family, friends, and significant others of sexual assault survivors (Campbell & Wasco, 2005:128; Chivers- Wilson 2006:116).

Participants reported leaving their jobs and moving out of their residential areas after sexual assault incident. Members of the family also were reportedly affected. These findings implies that sexual assault have negative impact on the social being of a victim.

- **Participants expressed different views related to their safety and support they received from different stakeholder.**

Participants had different views regarding support, safety and security post sexual assault. Experiences of both positive and negative perceived support were expressed by victims. Feelings of compromised safety due to being invaded in own homes as well as attacks in public places were elicited during conversation with participants.

3.3.1. Views related to support received.

Participants indicated their need for support post sexual assault. This need was expressed in different views.

This is how one participant expressed her need for support:

"I just need...that maybe if I want to talk about this issue so that it fades because it doesn't; it is not easy to let it off my mind, I wish that there be someone that I can share this with. Maybe they can give a little advice, do like this or something.., you understand".

Another participant said:

"If only there was someone who can tell me that I am not the only one..."

Literature reviewed emphasizes the significance of support. As a result of widespread effects of sexual assault on the psychological and physical health, victims may contact several community

agencies such as legal, medical and mental health systems (Patterson, Greeson & Campbell 2009:127; Campbell, Sefl, Barnes, Ahrens, Wasco & Zaragoza-Diesfeld 1999:847) for assistance. However, it seems reasonable to assume that victims' perceptions are affected to some extent by how they are actually treated.

Victims are faced with negotiating help seeking post assault and ultimately their pathway toward recovery. If survivors turn to their family and friends for social support, how will they react, if they turn to formal social support such as the legal, medical and mental health systems, they may face blame and refusal of help instead of assistance. Different stakeholders were identified by participants as areas they received support; namely: The Thuthuzela Care Centre; Police and Informal social systems, these will be discussed in detail.

- **Thuthuzela Care Centre**

Thuthuzela Care Centre offers comprehensive management of sexual assault that include counseling, screening for pregnancy, Human Immune Virus (HIV), provision of post exposure prophylaxis (PEP), evidentiary matter collection for prosecution purposes, assistance with case opening and follow- ups. Support received from TCC was reportedly characterized with positive and negative reactions however, most participants' viewed support received from the TCC positively.

One participant expressed her views as follows:

"Ja, well, they have really helped me. Phela eish, after talking to them, I felt sharp. Even the story about this incident.., I don't think about it a lot, I only think about it like now after receiving a phone saying I must come to the hospital about the rape issue. It is then that my mind starts thinking of it. Up to so far, eish, they have done everything".

Another participant said:

"I think I got everything that I needed. Counseling, testing, support, everything. Even the counselor here told me that I can come to the centre anytime I feel I need help".

One participant expressed the sympathy displayed by the doctor during the examination. The statement below illustrates how she thinks she was supported:

"Yes, he [doctor] was sympathetic. He was having sympathy to show that he is at least supporting me, after that I met with the sister [nurse] and we talked for a long time with the sister. At least we talked., talked and she took me to the social worker. I talked for a long time again with the social worker and I felt that maar [but] at least I am becoming fine".

Another participant said:

"We are happy about the services we received in the centre"

Another participant appreciated the service she received as follows:

"It was very useful and I did not come to the centre alone. I came with my aunt and they tried to talk to her that they support me at home. She is supporting me and at least I will forget about this issue". They are supportive. It is unlike receiving nothing all".

One participant explained help received as follows:

"So, when we entered in Thuthuzela, the doctor checked on me and after that he took dirt from the nails and the whole body. I then took a shower after they were done checking on me. They gave me some clothes and a new panty. I put on the clothes and they gave some food to eat. I waited for the police and we went to look for that person [perpetrator]".

Another participant said:

"They helped me as they could. The doctor came and did his work and after that I bathed. They gave me a clean panty. I was then seen by a social worker and policewoman. They gave me some food. It was bread with peanut butter and tea. At least [darem] the people there were happy for us".

Satisfaction was expressed by another participant as follows:

"I am satisfied with the way they have helped me. They have assisted me so well and no one spoke to me in an unacceptable way".

Another participant reported not being awarded an opportunity to shower after all procedures were finished. She said she felt embarrassed as she smelled bad from being gang raped by four males. She narrates her ordeal as follows:

"One thing that has made me sick was going just like that without bathing, you see? Going like that with police without taking a bath..., the policewoman was there waiting for me., they did not give me the love like other people. I wasn't asking for anything., at least to bath. I smelled bad"

Another participant states behaviors of unsupportive health workers as follows:

"In the morning I went to the clinic. They called the police to bring me here [TCC]. Here they called the doctor who checked on me. They checked me well and I was satisfied. They took me to the other area to be sutured, I stayed long there. But then when you need help you have to be patient. I was told to wait for another woman [the nurse] and she showed me into a room. Ever since she left., I was hungry and felt like sleeping. I slept. She came back after a long time but they ended up helping me".

These findings are in line with available literature. According to Anderson, Parker and Bourguignon (2009:236), recovery from sexual assault can be difficult and is often prolonged by limited social support and unsupportive behaviors. It is clear from the narrations that positive support provided to sexual assault victims by health workers did make a difference in their life after this traumatic experience. Support typically considered positive consists of the reactions one would expect to receive in the wake of trauma (e.g. being believed, being absolved of blame receiving information or tangible aid. Perceived positive regard and support has also been shown to be important to recovery as according to Borja, Callahan and Long (2006:906).

Data on this aspect indicates that attitudes and behaviors of health workers comprised both positive and negative reactions. Most participants were satisfied with the support they received when dealing with health workers and reported feeling better.

Some participants displayed dissatisfaction with services they received from TCC. Such negative reactions following sexual assault according to Borja et al (2006:906) has been associated with greater psychological distress and are predictive of poor adjustment. Research suggests that the impact of responses may be a function of the source's importance to the survivor or the frequency of disclosure and the opportunity for support.

- **Police**

During interviews, most participants expressed dissatisfaction and disappointments with their interactions with the police.

One participant expressed her disappointment with the police. This is how she puts it:

"I feel disappointed on the police to be honest. These [perpetrators] people are there and they don't stay in one place, you understand. Today they are there, the following day there, next week there and people are reporting and there is nothing happening. We tried to., there are

people who have formed a group and are patrolling there [their area] at night. They have written a police station a letter to say, because you guys failed to take responsibility, we in the village saw it fit to stand on our feet".

An 18 year old reported her dissatisfaction with the police as follows:

*"We were at the care centre in Mafikeng and they [police] asked me why I am doing that. They told me that *Sydney [perpetrator] is an innocent person. They said they heard from my granny. They went to obtain statement in my absence. It does not sink well on me because they were not there. They even obtained the statement from my granny in my absence".*

Another participant said:

"And then I asked them if it is possible, because they are police officers, to communicate with the police at Taung [where this guy has hidden] so that they can be able to proceed with the case. And then they said: hey, we will wait for that guy until he comes from Taung. So, I asked them: when is he going to come? They said: no., we are not sure but as soon as he comes, even you, when you see him, you can come and tell us. Hey! Fine, I left the police and continue with my life. Then sooner, it occurred that there is a funeral at this guy's place, I think a month later "So, that boy's friend sends me a sms, telling me that: you know what, that guy is around, inform the police. I told them you know what., he was around Thursday .., Friday and left on Sunday. The police came on Monday. When they come on Monday, they reported that they don't get that person and they will wait for him until he comes again.

The same participant continues:

"Because, you see if you don't know a person, I think it is difficult to go and look for that person , but at least I gave them [police] some little light that this person is like so..so [perpetrator description] and where he stays, so at least they were supposed to go there at the time that I

was telling them, and to at least communicate with other police where he ran to, it is their duty a kere...: "Azange [never]..., they came at their own time telling me that that person has gone and that they will wait for him until the time he is around.

She continues:

"The other thing that has hurt me most..., there were two policemen and a policewoman. So, this lady was like..., she was not interested niks [not at all] in the case. It was issues of hey man, hey let us... we will see that person; hey they are wasting our time. Heh! This ..., this and that. So, I was asking myself, because she is a woman, she was supposed to at least exert more efforts in this case, but she was the one who was saying hey, let us go, we won't get this person, this case is difficult, such things".

Same participant expressed her hopelessness in the police service by saying:

"So, when I realize that the police are dragging their feet, I told myself that you know what, it's fine, if it has happened, it has happened. One thing that I have to do is just to move on with my life. They never said anything, since that day, since last month. They are not saying anything. They kept saying that they will come and tell me what is happening, they never said anything even now".

Another participant reported having not heard from the police ever since she returned from the centre. This how she relates her story:

"I phoned those [police]. I phoned the other man who left his document here, called Mr. Mokgalagadi. It was then answered by another lady who told me that my case is not held by..., she called another police woman who told me that my case is not held by Mr. Mokgalagadi*, the person who is responsible for it is in Potchefstroom. I said to them: there is something that I have heard about the whereabouts of the perpetrator. They told me that they will send the*

person who went to Potchefstroom to come and hear my story, since I left it like that, I never heard anything”.

Same participant continues as follows:

“They never arrested him. It was said he is at the farms, now because I worked at Gauteng most of the time, I don’t know the farms around here but it is said he is at Dion Botman’s farm”.

One participant reported to have successfully identified her perpetrator said:

“They had that person arrested, they released him within 48hrs, saying they have not obtained his fingerprints. They also changed the initial person who was investigating my case and I was told through a sms”.

Another participant said:

“I told myself like.., the way I was assisted in opening the statement here [Thuthuzela], police will make some effort to come to me then go and look for those people. Since they came at my home once and they are no longer coming. They promised me that they will come”.

Further dissatisfaction was expressed by same participant as follows:

“When you handle the matter this side they must handle it the other side. They were supposed to advice me because I know the other guy, we attended school together. We do have some forms at school maybe if we go through those forms, I will see his photo and his surname. Now the police are not coming”. Here in Thuthuzela I am satisfied with the way they worked with me although I currently have a problem with the police. Look, it has been long since this thing has occurred. Maybe we would have caught those guys. They [police] don’t have team spirit. They don’t attend to me, they don’t come to me”.

This participant expresses her anger towards the police for not updating her on case. She stated:

"Eh, the problem I am having.., I am dissatisfied because this man when I look at him like this, I don't become happy. He is teasing me now and where he is staying, the people there tell me that because my case is..., the case can be withdrawn without me attending court and that the guy can also make an appeal. The CID's have not been able to give me the date as to when to attend, they are teasing me. So, I am asking myself if it is possible that...that the case can be withdrawn without me, the complainant going into the box to hear how it is processing".

The same participant expressed her wish for the perpetrator to be arrested as follows:

"So, if he can eventually be arrested, I will be satisfied. Like, when he is sentenced. You see even if the sentencing is not that severe, but if he can be sentenced, there I will be satisfied, that is something that will make me happy".

The participant below revealed her dissatisfaction with the police as follows:

"The police were the least helpful to me. From Molemane police station, they dropped me at Slurry and I don't stay there. And I was told not to bath before seeing the doctor. So, I stayed at Slurry for a long time experiencing some pains, waiting for the police for a long time. They only showed up late around 08:00 in the morning since they were phoned the previous night". ?".

Most participants were not happy with the way police responded or acted to their victimization. According to Chivers- Wilson (2006:116), less than half of individuals who have been sexually assaulted disclose the assault to others and it is clear that many are not getting the support they require.

Attitudes and behaviors of the agents of the criminal justice system are often harmful and demoralizing to victims and may cause women a deeper despair than the abuse itself as indicated in Felson and Pare (2008: 203). Criminal justice system was accused of negative attitudes towards female victims, victim blaming, insensitivity to victims' needs and unjustified skepticism about charges.

Reports of victims accounts have indicated that a substantial number of survivors have been directly told by the service providers that they were not believable or credible, and even in the absence of such direct communication, many women still felt doubted in their interactions with system personnel Campbell et al. (2001:1241). According to Campbell (2008:703), law enforcement personnel actively discouraged the victims from reporting. Jewkes and Abrahams (2002:1232) cite rudeness and poor treatment by the police as some of the barriers to reporting rape incidents.

According to Campbell; Ahrens; Sefl; Wasco and Barnes (2001:288) police were found to engage in more negative reactions than other sources. This was reflected through low legal actions that they were supposed to take i.e. instances where the case did not progress.

These negative reactions according to Borja et al. (2009:906) include reactions that, although perhaps well intentioned, are unresponsive to the victims' needs or may even be overtly harmful (e.g. telling the victim to move on, forget about it, blaming the victim, or taking control). Victim's well-being may be affected not only by the violence itself, but also by their help seeking interactions post-assault.

Reviewed literature suggests that rape survivors are often denied help by their communities, and what help they receive often leaves them feeling blamed, doubted and revictimized. These negative experiences have been termed secondary victimization which further exacerbates the rape event, resulting in additional trauma for rape survivors (Campbell, 2009:1240).

Most participants in this study expressed more dissatisfaction towards services rendered and reactions expected from the police. Available literature also reveals poor services from the police which validate findings of this study. It should be noted that the police under discussions are not the one based at the TCC but those at different stations in Mafikeng, who have to further the investigations, taking over from those at the centre.

- **Informal social support systems**

Informal social support in this context refers to support from families, friends, partners and significant others. Participants expressed their feelings regarding positive and negative response from the informal social support systems.

One participant said:

“So sometimes when I spend some time with my friends and my boyfriend, I can feel sharp, but when I am alone, maybe reading a book or something, and this story comes, this rape, what... what..., my heart becomes so sore, I experience some stress, I feel like talking to someone. “Ae, I don’t want to recall it.”

Another participant related her experience as follows:

“I requested my granny to accompany me to police station to open a case and she refused. I took the money I had, climb a taxi and went to police station. After leaving for the police station, he (perpetrator) remained behind and told granny a false statement”.

The same participant' continued relating her experience in this manner:

"I don't like talking to her about it because they [granny and the police] were saying I must think straight and let the poor kid out of prison [referring to the perpetrator]. They don't treat me well. They take it that I am a sleg [cruel] person".

This participant expresses the insensitivity displayed by her neighbours after running to them for help. She said:

"That lady [neighbour] came out of the room and said: if only you can take your panty and wipe that blood of yours because now it is drying up. Tie your leg [which was bleeding] with your panty, she said. Okay I wiped that blood; on the other hand I wasn't clothed. I sat on the sofa and they did not give me anything. They just took a dirty blanket and put it on my shoulders. They told me that they are going to sleep and off they went to their beds. 'Poor thing', I just sat on the couch (sofa) praying for dawn to set in. I was crying and crying, and I stayed just like that without bathing the whole night".

The same participant was reportedly stigmatized by her neighbour about her ordeal. She states:

"Now my neighbors here you know.., this thing has spread around the whole of Madibe [village]. I am laughed at 'poor thing'. They are talking about it everywhere. They [neighbors] are so excited. They look down on me".

A woman who was raped at a place of work has this to say:

"Now, if they have given me a little support, I will still be working for them. Now they didn't. Have you seen been hurt today on Tuesday, Wednesday you are expected to work? Even today you are still hurt and dizzy and you are told to go and bath the child. I didn't like that man! I was hurt. I was mixed up and she told me to go and bath her child. The following day on

Thursday I did the washing. On Friday I went home. She told me to come on Sunday. Instead of giving me 10 days so that I can feel better; she says I come back on Sunday. I said I won't come back on Sunday rather I will come on Monday. She said: Monday morning, catch a taxi. I said to myself this woman, this thing that I am feeling she doesn't feel it".

She continues...

They were supposed to think for me, not that I think for myself. If something like this has happened to me and I am working for you, maybe if it was a white person maybe she could have thought better for me than them. She was supposed to support me like a woman who has been hurt. She did not support me. I take it that I don't have money and she does have. She is working for money and I am not. She doesn't care about me you see. If you are a woman and something like this happen to you..., her colleagues came, one of them held me like this [showing by extending her arms]. Some of them were sympathetic but her, she did not show. I think she took it that..., She will say: as for my children to come and see such a terrible thing in front of them with lights on. That is what she likes to say. Now it was like I called that man. It was like I ushered him in. Even now my jersey is still there, I have not fetched it yet. It was like I have let that man in, now he is mine. I also don't know how he accessed entry into the house too".

One participant expressed lack of support as follows:

"You understand I don't have a mother or a father. I stay with my aunt and we live with her husband. You know sometimes you wish to discuss these things with a female person, so there is no one to speak to. My aunt and her husband are always sitting together and at times I feel like I am disturbing them when I talk to them. My aunt is also not factual and she is at times too quiet".

Positive reactions from family and friends as informal support providers were associated with benefits in the aftermath of trauma according to (Callahan et.al 2006:911 & Campbell et.al, 2009:223). Living with family and feeling close to family members are related to better adjustment.

Having a strong social support network could decrease the likelihood that victims experience negative sequelae following sexual assault. An adequate support network could act as a buffer to changes to aspects of victims' worldwide view that are common following rape, such as loss of belief in the benevolence of others or one's own worth (Littleton & Breitkopf 2006: 107). Littleton and Breitkopf (2006: 107) emphasized that having satisfying interpersonal relationships could serve to reassure the victim that she has value as an individual and that there is some good in the world.

According to Chivers-Wilson (2006:114), feelings of shame, guilt, anxiety or depression may be even stronger and more harmful if the survivor does not receive support from their family, friends or authorities. Negative cognitions foster self blame and increase the risk of post-assault psychopathologies. Negative social reactions to initial disclosure may discourage subsequent disclosures and further traumatize the survivor.

According to Littleton and Breitkopf (2006: 107), victims may receive hurtful instead of healing responses from others after being raped. As a result of this experience, Littleton and Breitkopf (2006: 107) further state that victims may experience changes in aspects of their worldview such as loss of belief in the trustworthiness of others and own worth. Response to sexual assault by community members is very crucial to some victims. Being perceived differently by your community as a result of sexual assault may have a great impact on the integrity and emotions of other victims.

Opening up and talking about the incident of sexual assault and just being listened to was elicited as a valuable need by the participants. Some participants were reportedly not believed

by their family members. Other participants reported to have received unexpected negative reactions from their neighbours.

3.3.2. Views related to safety and security.

The discussion that will follow indicates participants' views related to their safety and security.

- **Threats**

During the interview it was discovered that participants were exposed to various forms of threats from their perpetrators. These threats ranged from swearing, threatening to kill and name calling.

One participant who was raped at home had this to say:

"This person told me not to scream and that I am making noise. He said: "if ever you scream, I am going to kill you because where I am standing; I am having a gun and a knife". I said to him, you can do anything but don't kill me. I asked him who he was, and said he is Maphatsi. I pleaded with him not to kill me because I lost my dad not long ago in a senseless car accident. Even now I am struggling to understand how my dad died? How it happened? You can do anything but please don't kill me. He said to me eintlik, you think you are clever and I am going to deal with you, you don't know how to live with people. I stood behind the door trying to hide and he said, why are you hiding, open that door".*

The same participant continued her discourse in this manner:

"He asked us who wants to be his girlfriend. No one responded and he said: or should I choose for myself, we kept quiet and he said he chooses me and then I said me?! And he said yes, and I kept quiet. He said if you don't agree I am going to kill you, I stab you now and you die. I said

yes, okay gee, at first I was refusing, I told him that we become friends first and maybe if he is sharp we can date. Ae, he did not buy that, he was already promising to kill us. That person said: come before I kill you, and then I went. While on top of me, I put my hands on my front and kept saying that I open my thighs. I refused, later he said he is tired and he urinated on me. I pushed him and said: hey don't you see that you are urinating on me “.

One participant said:

“I screamed they plugged my mouth and said: “voetsek” just make a noise...! They dragged me to a secluded area... When we approached the railway and they said “take off your clothes”, otherwise we are killing you [crying]. “I said to them don't kill me, they were four.”

The same participant continued like this:

While walking behind Native Affairs, the other one said: let us go and repeat ourselves with that kid again or let's kill her, she is going to hand us over to the police. The other boy said ae [no], don't kill her. Let us not do that to her. Let's allow her to go to her home”.

Another participant who was threatened to be killed relates her story in this manner:

“And then he said to me eish, today you know my blood is boiling. I wish to kill a person, I don't know as to whether I am going to kill you or what. Eish, I started pleading: I am pleading with you [tlhe] please. Phela I was scared when he told me that he wants to kill me because he was having a long knife.



She continued as follows:

"I asked him who he was and he said: you cannot ask me that, undress or else I will kill you with this thing that I am holding [he was holding a long steel rod he used to force open the door. I said to him: okay fine let me undress and I undressed myself".

A participant whose room was invaded unaware said:

"So, I was just surprised to realize that there was a person next to me. So, when I was about to scream, he held me, and told me that.., swearing at me a lot. He said: don't mess with me you whore! So I tried to scream. He said he will stab me with a knife. He ordered me to face the other side towards the wall, took a pillow and placed it on my head so that I should not be able to see who he was". He then ...he pulled me, like telling me to open my thighs so that he can remove my short pants. And then I said to him: okay fine gee, okay it is fine. I asked him if he have some condoms. He said I don't have condoms. I said okay gee, let me go and fetch them you see".

The participant who was raped by her ex-partner had this to say:

*"He took me by force without shoes on, taking me through the bushes to where we stay. When we arrive there he said: *Kelebeletse, the only thing that has remained for you is for me to rape and kill you. Only two things left for you".*

Another participant said:

"He knocked on the door and I didn't open for him, I didn't answer him, I said nothing at all. He now came to knock on the window and said to me: open, I know you, and I know that you are staying alone. Then I shouted.., brother, brother...brother, and he said: hey, you are lying; your brother is not there. You are just staying alone and you are crippled. I know that you chased

your partner. There is nothing that you can do for yourself. He said, open so that I rape you, sleep with you and kill you inside that house. Hey! That scared me. I took a phone trying to phone the police, I tried to phone 112, the person responding in 112 was talking for long time and he said to me:, you know what, that phone of yours, I am going to kill you together with it. He went to the other side of the window. I screamed trying to call for help from next door. When I tried to scream, he came to the other window, opened it because it was a (lesenke).When I tried to reach for the stick that I use for walking, it fell down and he entered the house. I went out through the other window and I met him outside the house. Then, we fought, fought and fought with that guy, we fought, I tried to scream, then when he threatened me with a knife I then kept quiet I got raped here behind my house.”

Another participant said:

“When I woke up, he was already here. I did not hear him when he opened the door. He held me down and said: come! I am going to have sex with you, if you scream, I will kill you”. When I try screaming he says, I am going to kill you”.

This participant was threatened with a broken Savanna bottle. She states:

“He took me to the toilet and held my head like this [demonstrating- held by the neck] in the toilet opening. He was holding a broken Savanna bottle, pulled off my panty and raped me”.

Another participant said:

“He requested me to have sex with him and I refused, he said to me, you don’t’ want to try me. You want me to show you how strong I am. He started holding me down and ended up raping me by force”.

This statement is from a participant who was sexually assaulted by her neighbor. She said:

"He told me that he wants a vagina, and he wants it also anally [A ba a mpolelela gore e bile ke batla nnyo, ene ke e batla le mo sebonong]. He was calling me all sorts of bad names. [Hey, a nthoga ditlhapa tse di maswe jang ijoo!], [tears coming down her cheeks]".

Another participant narrates her story as follows:

"I was praying by that time. Since he has entered the house around 3am, he has left at 6am. Telling us that if ever we tell anyone, he will kill us because he obviously knows our ins-and outs. He always sits under the tree and watches us. Later he left".

Another participant reported to have been threatened by her perpetrator because of not being cooperative. She puts it like this:

"He pulled..., he was swearing at me. Swearing at me so badly [change in the tone of the voice]. He held me down on the blankets, threw the blankets away and took my panty off and slept with me with force".

According to Avengo, Mills, Lisa and Mills (2009:330), threats of force- either physical (fists or choking, knife, gun or other means commonly occurred during sexual assault. These threatening behaviors included more than one type against the victim.

Phipps (2009:672) confirms that being verbally pressured into sex is a common experience for young women, part of a pattern in which young men are expected to work at sexual access and young women slowly surrender bodily territory. Due to fear of harm, women often fail to make use of their bodily potential.

Participants in this study were threatened verbally, promised to be killed or called with degrading names. As a result they gave up and were forced into sexual activities against their

will. Those who tried to fight their perpetrators were overpowered and were subjected to forceful sexual penetration as well as use of physical power which led to bodily physical injuries.

- **Safety and security**

Participants shared their experiences of their houses being broken into and sexual assaulted. These experiences shattered their assumptions about homes being safe and protected places.

One participant said:

"We were sleeping. It was my boyfriend, my sister who was sleeping on the floor and I. We were three. While sleeping we heard people's sounds. They [these people] started breaking in my room; they broke .., like they were breaking. We then fled to the Spence. We [my sister and I] then moved out of the Spence and ran to my dad. My boyfriend was busy fighting them. They went outside still fighting and they were so determined that they ended breaking into my dad's room".

She continued:

"I no longer want to stay there, it is not safe. I wish that we get ourselves a stand you know. You see my other siblings are scared to come here because of this incident. My younger sisters and even my mother.., she doesn't want to come here in Mafikeng... She is also scared".

Another participant

"The time these people broke into our house; they started by breaking the window, and then broke the door. They then entered the house through the door. They found the three of us in the room".

One participant said:

"He broke the kitchen window. So, the time he breaks the window, I was shivering and very scared. I didn't know that..., I couldn't even scream...I was asking myself, eish, what if he is not alone. I will scream only to find that his friends are hearing my voice the other side. I was so scared and shaking".

She continues:

"I hid myself. He went to Kgomotso's [sister] room first, searched and searched, and came to my room. I was shaking and not able to stand still at that time. The curtain I was hiding behind was also moving. It was of this length [showing with hands].He finds me. So, there was some condoms in my room, I requested him to use them and he only used them for some time and removed it and later slept with me without it three times. Every time after "sperming", he will say he is leaving but he will return and sleep have sex with me again. I pleaded with him, crying. "Why are you doing this to me"? While on top of me, I realized that his face is familiar. I called him by name and he responded. I said why don't' you talk to me nicely and tell me that you love me, and instead you come and break into the house. He said no...o, I was afraid that you will turn my proposal down".

Another participant explained her ordeal in the following manner:

"I wasn't thinking about this because I was asleep the next thing, there were people next to my bed. Then one of them decided to say: hey gents, it has been long time without seeing "that thing", so nna ke ja nnyo (I am having sex with her)". "Then he started telling me to undress and turn the other side. He ordered me to get off the bed, then turn and hold it. He raped me by entering me from behind".

During data collection, it was noticed that women were also attacked in public places. One participant shared her experience regarding the attack in the following manner:

“When I come back from the shop around seven, I met two guys. My phone rang from my pocket then they started holding me by the neck asking for it. I threw it on the grass. After throwing it away, they ran after the child that I was walking with. I advised her to cross the tar road and run and she managed to run home. I remained with them and bite the other on the arm”.

Another participant explains her ordeal as follows:

“So, I met with two boys. They caught me when I was nearing my home. When they approach me, I told myself that its people I know as I was near home. They were not far from where I stay. So, they came to me and said: where are you from? I said: from the jazz club. They told me that they want my phone and money. I gave them my handbag. They never took that handbag, it showed that they had the intention to ..; they took the handbag and throw it there”.

According to Culbertson, Vik and Kooiman (2001:859), sexual assault upsets perceptions of safety and may significantly affect a victim’s future ability to feel safe. Victims’ pre-assault beliefs about their safety of the world diminish following sexual assault event. The occurrence of sexual assault is incompatible with a victim’s pre-trauma beliefs and that the world is safe. The impact of sexual assault on perceived safety depends to a large degree on the situation in which the attack took place. Culbertson et al. (2001: 860) states that sexual assault affects a person’s perceived safety in a variety of ways. Women who were sexually assaulted in their own homes felt less safe at home, whereas women assaulted outside their homes felt less safe in isolated public settings.

From the discussions with the participants, it was clear that some were scared within their own houses after sexual assault incident. Those who were assaulted in public places reported limitation in their movements.

Culbertson et al. (2001: 860) further state the possibility of victims who are less closely related to their perpetrators to be sexually assaulted in their core home environments being higher. From all the participants interviewed, only two knew their perpetrators.

For most women, the rape and its aftermath shatters previously held assumptions about safety and trust (Mezey, 1997:199). It was discovered from these findings that women's safety, security and social freedom rights were violated. During the interviews participants reported to have been invaded and attacked in their own homes while sleeping which threaten their safety. Some of the participants were attacked while on their way from entertainments and while going or coming back from running errands. It is apparent from the discussions that most of the attacks occurred within participants' own homes.

3.5 Summary

This study explored and described the experiences of sexually assaulted women in Mafikeng area, North West Province. Participants expressed various experiences with their sexual assault ordeal. It was discovered that some participants were assaulted by strangers, people familiar to them and in one case by a partner. Most of the sexual assault incidences occurred during the night. Five assaults occurred in public places while thirteen took place in either the victim's home or the perpetrators' home.

Physical, emotional/psychological and social being of participants was affected by this incidence. Participants sustained physical injuries that included bruises, lacerations, swelling as well as slightly deep wounds resulting from stab wounds. Various emotions such as suicidal ideation, sleeplessness, fear, isolation/withdrawal, shame, anger/hatred and

worthlessness/hopelessness were prevalent among victims. Findings indicated that participants' social life altered after being sexually assaulted. Some participants started withdrawing from the social activities they used to engage in while others have left their jobs. Other participants lost interest in relationships.

Participants also indicated a need for support post sexual assault. All interviewed participants sought social support from police, medical staff and counseling systems. Both positive and negative attitudes were experienced from these social support systems. Most participants were happy with the services received from the health workers. Dissatisfactions were displayed especially against services expected from the police. Participants appreciated support received from family, partners and friends while others were unhappy as a result of negative responses displayed by employers, community as well as from family members.

Findings from data collected also indicated that participants were exposed to different forms of threats from their perpetrators. Threats ranged from verbal, use of weapons and name calling. As a result participants became submissive to avoid more harm. These findings are consistent with available literature. Security, safety and social freedom of participants were also invaded as evidenced by perpetrators breaking into their homes while asleep and attacks in public places.

CHAPTER FOUR

Conclusions, recommendations and limitations of the study

4.1 Introduction

In chapter one of this study, the background, the problem statement, purpose, objectives as well as the significance of the study were discussed. Research methods are also briefly discussed in this chapter.

Chapter two explained the research design and methods and procedures used in detail. The study used Qualitative, phenomenological, explorative, descriptive and contextual design. Trustworthiness and ethical measures are also included in this chapter.

In Chapter three data collection and research findings are discussed. Field notes and individual in-depth interviews were conducted to collect data from the participants. Participants were requested to respond to the the following central question: May you please tell me your experiences of the sexual assault incident that happened to you? Follow up question were made based on the response from the individual participant.

The following two broad themes were discussed from the findings:

- Victims shared their lived experiences regarding sexual assault characterized by different forms of trauma. This theme led to the development of three categories: physical, emotional and social traumas which were further discussed into subcategories.

- Participants expressed different views relating to their safety and support received from different stakeholders. Two categories emerged from this theme. Literature was used to control the findings throughout the discussions..

This chapter discusses the conclusions, limitations and recommendations drawn from the findings.

4.2. Study overview

The purpose of this study was to develop recommendations that will provide an individual support and care to sexually assaulted women in Mafikeng area, North West Province. Participants were purposively selected to take part in this study, with ages ranging from 18- 55 years.

Research questions for the study were:

- What are the lived experiences of sexually assaulted women in Mafikeng TCC, of the NWP?
- What kind of support would sexually assaulted women prefer in order to recover?

This study hoped to achieve the following research objectives:

- To explore and describe the experiences of sexually assaulted women at Mafikeng TCC.
- To develop recommendations that will enhance support given to sexually assaulted women.

4.3 Conclusions drawn from the findings.

The results of this study indicated that victims of sexual assault experienced some challenges such as physical, emotional/psychological and social traumas post sexual assault incident. It was discovered that participants sustained extra- genital injuries resulting from physical force

used against them or use of weapons by perpetrators to gain cooperation from them. Findings also revealed that participants suffered various forms of psychological trauma including suicidal ideation, sleeplessness, shame, fear, withdrawal, anger/hatred as well as worthlessness. Participants reported change in their lifestyle as a result of the experience of sexual assault and had to refrain from the social activities they used to engage in before, leave jobs as well as change places of residence.

Support was viewed to be very crucial to victims of sexual assault for recovery purposes. After being sexually assaulted, participants sought assistance from medical and legal personnel from the TCC. Feelings of appreciation and dissatisfaction were expressed by participants towards responses viewed positive and negative from these service providers. Participants also indicated the impact of lack of support from family, friends as well as community members on their recovery process.

Large proportion of participants were satisfied with the services received from health care workers except in instances where victims had to wait for the doctor or go to emergency department as the doctor was busy attending casualties. This led to prolonged hours of waiting as victims of sexual assault receives less priority on emergency patients. From the data collected from the participants, it was clear that services by nurses may be beneficial to the victims of sexual assault, but quality care was limited due to nurses' lack of skills in forensic nursing.

Most of the dissatisfactions from the findings were on the services from the police. Participants felt that there were inadequate efforts exerted in arresting perpetrators, lack of communication pertaining to the process of investigation as well as blaming, discouraging and disbelieving attitudes.

Findings of this study are consistent with Campbell et al. (2009: 233)'s ecological model of the impact of sexual assault on women's mental health. The meso/exosystem factor of this

model states that if victims receive the services they need, and are treated empathetically, their recovery may be facilitated. This means that if not all stakeholders involved in the management of sexual assault are sensitive; the psychological condition of the individual may worsen.

It is also evident from the findings that support from the family; friends and partners played an important role in the recovery process of victims of sexual assault. Some participants reported feeling better in the company of their families and support received. However, there were participants who reported not receiving any assistance from their families and that they don't even want to discuss the issue with them. This finding was affirmed by Cabral et al. (2009: 233)'s ecological model of the impact of sexual assault on women's mental health. The microsystem factor of this model posits social support from family, friends and intimate partners as facilitating sexual assault recovery. It means that a victim who is supported by significant others recover faster than the one who is not. Participants in this study expressed the need for support from families, friends and partners.

Another interesting finding from the study was the participants' concerns for their safety. This resulted from the attacks and sexual assaults of participants in public places as well in their own homes during sleeping times. This finding holds significance to legislation/policy makers as freedom and security of a person is one of the rights inherent to all South Africans as stipulated in the bill of rights chapter two of Act 108 of 1996 of the constitution of the Republic of South Africa.

4.4. Recommendations

Recommendations were made based on the findings from the participants as follows:

4.4.1. Support of victims post sexual assault

Findings indicated that participants need support for their recovery after sexual assault. Support should be displayed by all officials (police, doctors, nurses, NGO's and prosecutors) who have contact with the victims to facilitate speedy recovery from the trauma. Service providers should show empathy, sensitivity and respect for victims while giving them relevant information regarding services they render. This can be achieved by:

- Follow- up programs to be closely monitored to assess victims' recovery process.
- Home visits should be done to victims distanced from the centre.
- The NGO's involved in the care of the victims should do home visits to trace those victims that might be lost from the system while still under treatment.
- During follow-ups and home visits victims to be provided with information that aims to convey the following:
 - Acceptance
 - Respect
 - Encourage ventilation of feelings
 - Support
 - Reassurance
 - Preserve victims' dignity and
 - Provide anticipatory guidance.

The NGO's providing the centre with lay counselors should also ensure that the counselors undergo a trauma counselling course so to enable them to properly deal with victims of sexual assault.

The study also recommends development of Sexual Assault Response Team (SART) that will support the victim from trauma to trial. SART should include all members taking part in the management of sexually assaulted victims. This team can be established based on individual community needs. The team may comprise nurses, religious support, police, prosecutors, victim assistance officers, social workers/psychologists, higher education as well as health department.

4.4.2. Practice

Management of sexual assault in clinical setting is compromised. This is evidenced by the current practice whereby clinical forensic examination is only done by medical practitioners. These practitioners are allocated in casualty departments and are only called when there is a victim at the centre. This may lead to long waiting hours as the doctor's availability for the victim will be determined by the situation in the emergency department. This response becomes secondary trauma to the victim who is not supposed to eat or bath before evidence collection.

4.4.3. Education

Formal training of the SART team- thus Forensic Health programme should be offered at institutions of higher learning. Currently forensic nursing course is offered at only two universities countrywide. This study therefore recommends recruitment of nurses for clinical forensic nursing training courses. Training of nurses in this field may play dual purposes, thus to close the gap in managing victims as well as provision of quality care by both forensic nurses as well as doctors in casualty department as all practitioners will have a specific area to focus on.

Institutions of higher learning especially the North West University in the province should develop a curriculum for forensic health as a post basic course. The team could take common modules and then electives according to their area of specialization. Universities should use

Interprofessional Education (IPE) that will enhance an understanding of each team member's role in dealing with victims of Sexual Assault. The course should be facilitated in a classroom setting.

4.4.3.1. Common courses for the team

- Negative effects of sexual assault on victims.
- Rape trauma syndrome
- Trauma counseling
- Ethical issues such as
- Informed consent
- Confidentiality
- Reporting issues
- Laws regarding sexual assault and violence.

Mock Trials

- Management of sexual assault involves many members from various departments. This may lead to role confusion as far as execution of roles is concerned. It is recommended that mock trials be carried frequently for all those involved to clarify roles.

4.4.3.2. Inservice training for nurses and doctors

- **Sexual assault forensic examination**
 - Normal anatomy and physiology
 - Normal human sexual response

- Principles of injury assessment (including use of colposcope and toluidine blue if available).
- Patterns of injury with forensic implications.
- Collection of evidence required by legal counsel.
- Documentation of medico- legal findings.
- Credible Expert witness testimony.
- Preservation and chain of custody of evidentiary matter.

- **Patient management**

- Injury treatment
- Crisis intervention
- Screening for, and treatment of sexually transmitted infections.
- Pregnancy screening and prophylaxis.
- Referrals

After theoretical exposure, the team should be awarded an opportunity to observe a number of sexual assault cases in a clinical setting and perform others under supervision. The theoretical and practical practice should be evaluated formatively and summatively.

4.4.4. Police

Police were found to be more insensitive to victims of sexual assault. Seminars and workshops that outline the impact of sexual assault on victims should be organized for the police. The workshops should emphasize the secondary trauma caused by the police through their attitudes towards the victims.

Presentation of evidence based research conducted on this aspect should be shared with the minister and managers in the police sector so as to give them an insight to come up with other

measures that can modify the behaviours of their members. Training of the police should include:

- Obtaining statement from the victim.
- Handling the crime scene, including the victim.
- Recognise, collect and preserve vidence
- Maintain chain of custody of evidence
- Prepare a case for possible prosecution
- Provide evidence in court.

4.4.5. South African Nursing Council

The South African Nursing Council (SANC) is the statutory body regulating the nursing profession in South Africa. All qualifications obtained by nurses are registered by this authority. Currently few nurses who have completed one year university diploma in forensic nursing are not registered as forensic nurses. This has a negative impact on the credibility of the skills obtained by these of nurses on the course.

The study recommends recognition of forensic nurses and that can be accomplished through formal registration of forensic nursing as a post basic qualification.

4.4.6. Safety and security

Findings deduced safety of participants as a concern. Participants reported having formed groups that patrol their areas during the night. Taking responsibility of safety on own hands is an implication of hopelessness towards the available structures aiming at protecting societies by the police. Working together of the community and police can be beneficial in maintaining and assisting in identifying perpetrators as they are also members of such the communities.

Chapter 7 of the South African Police Service Act makes a provision for establishment of forums such as the community policing forums. It is clear that participants are willing to take part in measures available for their safety. Since these structures are already in place, the study recommends for evaluation for their effectiveness and close working with communities by the police in this regard.

4.4.7. Policy makers

The management of sexual assault is multi- departmental. This leads to each department trying to implement piece of legislation specific to their department. It is recommended that the Criminal Law (Sexual Offenses and Related matters) act no 32 of 2007 incorporate all the legal obligations of stakeholders to enable easy use. This may alleviate confusion in role execution of different members.

4.4.8. Research

Findings indicate that most complaints or dissatisfaction against the police. Further research need to be conducted on the attitudes of police towards victims of sexual assault. Police's knowledge on available legislation guiding their responsibilities in handling victims of sexual assault should also be evaluated. Same research may be replicated in other setting to validate these findings.

4.5. Limitations of the study

This study has several limitations. Firstly, it was conducted in Mafikeng and the neighbouring villages in the North West Province. The findings of this study are contextualized to this setting and may therefore not be generalized to other settings.

4.6. Summary

The study was undertaken to explore and describe the experiences of sexually assaulted women who seek help from the Thuthuzela Care Centre within the provincial hospital in Mafikeng. The study made some recommendations based on the findings. Support was recommended for the victims. Development of Sexual assault response teams that will be there for the victim after the trauma until trial was recommended. Training of nurses was found to be vital in the management of victims of sexual assault. The study also suggests workshops and seminars for service providers involved. It was recommended to institutions of higher learning to develop curriculum that will equip nurses with skills that will enable comprehensive care to victims of sexual assault. Victims also indicated the need for support in order to recover from the sexual assault ordeal. It was revealed that challenges were met by these victims during the support seeking attempts from various formal and informal social support services.

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ANNEXURE A: REQUEST FOR PERMISSION FROM PROVINCIAL

North-West University (Mafikeng Campus)

P/Bag X2046

Mmabatho

2735

HEAD OF DEPARTMENT

NW PROVINCIAL DEPARTMENT OF HEALTH

MMABATHO

2735

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am presently doing my master's degree at the North-West University. My research study is titled: *Experiences of Women who reported Sexual Assault in a Provincial Hospital, North West Province*

The study will be conducted at Mafikeng Provincial Hospital in the North West Province.

This study is conducted under the supervision of Prof M Davhana-Maselesele and Dr E Manyedi of the Department of Nursing Science in the faculty of Agriculture Science and Technology.

The objectives of the study are:

- To explore and describe the experiences of sexually assaulted women in the Mafikeng area, North West Province.
- To develop some recommendations that will enhance support of the sexually assaulted women in the Mafikeng area.

I need to conduct interviews with female sexual assault victims. The interviews will be conducted within one to two hours, will be audio taped for verification of the findings by my supervisors and an independent coder.

The name and dignity of each participant will be preserved by observing the following ethical standards throughout the research process:

- Voluntary participation and freedom to withdraw without a penalty,
- informed consent,
- Names of participants and their community will not be mentioned during discussions,
- Raw materials will be kept under lock and key to ensure confidentiality,
- information related to the interviews will only be accessible to my supervisors and the independent coder,
- Field notes will be destroyed and audio tapes will be erased as soon as possible, and
- The summary of the research study will be made available to participants if they so wish.

Their participation in this study will benefit potential sexual assault victims and the policy makers. The recommendations will be beneficial to others who are experiencing similar problems.

Thank you.

Researcher



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

ETHICS APPROVAL OF PROJECT

Ethics Committee

Tel +27 18 299 4850
Fax +27 18 293 5329
Email Ethics@nwu.ac.za

2010-11-19

This is to certify that the next project was approved by the NWU Ethics Committee:

<p>Project title : Experiences of women who reported sexual assault at a provincial hospital, Mafikeng area.</p> <p>Project leader: Prof M Maselesele</p> <p>Ethics number: NWU-00108-10-A2</p> <p><small>Status. S = Submission, R = Re-Submission, P = Provisional Authorisation, A = Authorisation</small></p> <p>Expiry date: 2015/11/17</p>

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

The formal Ethics approval certificate will be sent to you as soon as possible.

Yours sincerely

Me. Marietjie Halgryn
NWU Ethics Secretariate



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

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POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : Ms J.M Sebaeng
North West University- Mafikeng Campus

From : Directorate: Policy, Planning & Research

Date : 02 Dec 2010

Subject: Request for Approval- Experiences of women who reported sexual assault at Provincial Hospital Mafikeng Area

Purpose

To inform your good selves that permission to undertake the above mentioned study has been granted by the North West Department of Health.

Arrangements with managers at district level shall be facilitated by the researcher. We shall be delighted to receive a final report in this regard.

Yours truly

M. K. Rabanye 21/12/2010

Mr. K. Rabanye
Chairperson- PHRC-Health Branch
North West Department of Health



ANNEXURE C: REQUEST TO CONDUCT A STUDY IN A HOSPITAL

J.M. Sebaeng

P.O.Box 3447

MMABATHO

2735

Mafikeng/Bophelong Hospital Complex

P/Bag X2031

Mahikeng

2745

REQUEST FOR PERMISSION TO CONDUCT RESEARCH FROM A PROVINCIAL HOSPITAL

I am a Masters student enrolled with the University of North West Mafikeng campus). I need permission to conduct a study with female sexual assault victims within your hospital. My topic is titled: **Experiences of Women who reported Sexual Assault in a Provincial Hospital, North West Province.**

I have followed all the procedures and the project is already been approved by the Provincial department.

Hope you find this in order.

Thank you

Researcher

ANNEXURE D: APPROVAL LETTER FROM THE HOSPITAL



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA



MAFIKENG/BOPHELONG
Hospital Complex

Care and Efficiency

TO : JEANETTE M. SEBAENG

FROM : MS. MOROMANE MJ

DATE : 22 FEBRUARY 2011

RE : REQUEST FOR PERMISSION TO CONDUCT RESEARCH

This communiqué serves to inform you that your request for permission to conduct research on the topic: **Experiences of Women who reported Sexual Assault in a Provincial Hospital, North West Province** has been granted.

Hope you find the above in order.

MS. MJ MOROMANE

DEPUTY DIRECTOR NURSING

MAFIKENG PROVINCIAL HOSPITAL

ANNEXURE E: INFORMED CONSENT

Title

I _____ (name of participant) on this day of _____ (date) of _____ (month) 20__

hereby consent to:

1. Being interviewed byon the topic: **Experiences of Women who reported Sexual Assault in a Provincial Hospital, North West Province**
2. Follow-up interviews if necessary.
3. The interviews being audio taped.
4. The use of data derived from these interviews by the interviewer in a research report as he deems appropriate.

I also understand that:

1. I am free to end my involvement or to recall my consent to participate in this research at any stage.
2. Information given up to the point of my termination of participation could, however, still be used by the researcher.
3. Anonymity is granted by the researcher and that data will under no circumstances be reported in such a way as to reveal my identity.
4. More than one interview might be necessary.
5. No reimbursement will be made by the researcher for information given on my participation in this study.
6. I may refrain from answering questions should I feel these are an invasion of my privacy.
7. I will be given the original copy of this agreement on me having

signed it.

I hereby acknowledge that the research interviewer has:

1. Discussed the aim and objectives of this research project with me.
2. Informed me about the content of this agreement.
3. Pointed out the implications of signing this agreement.

In co-signing this agreement I, the researcher, undertake to:

1. Maintain confidentiality, anonymity and privacy recoding the interviewee's identity and information given by the interviewee.
2. Arrange in advance a suitable time and place for an interview to take place.
3. Safeguard the duplicate of this agreement.

Interviewee..... Interviewer.....

Date.....

ANNEXURE F: INTERVIEW SAMPLE

PARTICIPANT ID : 15TCCJ

DATE:

INTERVIEWER ID : TCCJ01

You are welcome mam. Thank you for taking part in this study and for honouring our appointment. As discussed in our previous conversation, I would like to ask you some questions regarding the sexual assault experience that happened to you. You are at liberty to stop the conversations and ask questions where you need clarity. Thank you once more for this opportunity.

Interviewer: May you please tell me your experience of the sexual assault incident that happened to you.

Interviewee: It was on Sunday. My brother came, his name is Big Phiri* and his son Goitseone Phiri* from Carltonville. They went down there to Bantsijang*'s area. They came to my house. I did not go to church that day. They find me busy cleaning and I said to them, because it is raining, I will not go to church now it is December people are raping others. It means you my brother must come and accompany me tonight because you know that I am staying alone. Then my brother and his son left promising me that he will come back, and he did not come back. Then during the night, someone came and started fiddling with the door around eleven.

Interviewer: During the night?

Interviewee: Yes, during the night, he fiddled with the door. I was asleep and I went for urine elimination. After that I put the candle on because it was raining and there were cows moving in the yard outside. I could see the light through the window and I thought it was the cows only to find that it's a man. He knocked on the door. I remained still and did not open for him. I did not answer him, I was just quite. He then knocked on the window and said: "open, I know you; I stay at Makhubung [a village around Mafikeng].

Interviewer: Mm..,

Interviewee: And I know that you stay alone. Say, at first I screamed and said: brother, brother and he said hey, you are lying, you are lying. Your brother is not there. I saw your brother during the day; he was here with his son. You are alone in there and I know that you are

crippled and helpless. [I used to stay with the other man called Stephen, a shepherd...] I know that you chased the man who was staying with you. We had some differences and fought with this man, so this stranger said: I know that you chased the man who stayed with you. You stay alone. I say open so that I rape you, have sex with you and kill you in that house. Hey, that scared me a lot, I took a phone and tried to call the police, I tried 112, and they took some time to respond only to find that he was peeping through. He said you know what, that phone of yours; I am going to kill you together with it. He started swearing at me, swearing at me so badly, swearing, swearing and swearing. He moved to the other window. I screamed, trying to seek help from the people next door. When I tried to scream, he came to the other window, opened it easily because it was just a steel sink. I tried to grab a stick I use for walking and it fell down. He entered through the window and said I want to kill you inside this house, in fact rape you and kill you here inside the house. Your family is not taking care of you. They don't care about you. Why are you staying alone? I went out through the other window.

Interviewer: Mm...

Interviewee: When I got out through the window, we met outside, ma...n, we fought, I screamed!

Interviewer: That's when you are already outside?

Interviewee: Yes, we now met outside. I was wearing a night dress and a panty only because it was summer.

Interviewer: Mm...,

Interviewee: We fought and fought. I balanced with one leg because the other one is not functioning properly. ...I once fell on this side [pointing the side reported to be weak]. We fought and fought and he said heish, this crippled woman is strong man. He choked me and he.., he did not want me to see his face. He had dreadlocks and was wearing a yellow T-shirt and a jean. He had blue tekkies on, the one like that of Jam Alley guys.

Interviewer: Mm..,

Interviewee: When I looked at him properly, I realise that it was a boy who was staying next door, I was just comparing him with he one next door. He was not light in colour, but coffee colour. Now he did not want me to see his face.

Interviewer: Mm..,

Interviewee: From there he closed my throat. Like when I got through the window, I left with the phone and it fell next to the fence. He did not care about the phone and we became busy. He said hey this cripple is strong man! He closed my throat, I was heard by my sister' daughter across the tarven down there...

Interviewer: Mm..,

Interviewee: She heard me from that side. The neighbours here were just sleeping. He choked me and plugged my mouth. I was raped behind my house here. He took out a press button knife, hit me on the head. He told me that he wants sex, and that he also wants it from behind. He was swearing at me so badly ijoo!

Interviewer: Mh..,

Interviewee: He didn't want me to see his face. My intention was.., because he told me that he wants me to be on top of him, my intention was only to get hold of his manhood....,

Interviewer: Mm..,

Interviewee: I will defeat him. He then.., he raped me for the first and second time, saying he wants it from behind. Telling me that he enjoy it from behind. Still he doesn't want me to see his face but I had already identified him.

Interviewer: Mm..,

Interviewee: Third time I released myself. He already had my panty off. I ran next to the fence, you see that fence they have hanged the clothes on?

Interviewer: Mm.., I can see it.

Interviewee: You see there, there was an opening but it is closed now.

Interviewer: Mm..,

Interviewee: I was torn up. The fence scratched me and they [scratches] were all over my legs. He turned back there. I ran to the neighbours, hit the door and there were some sofas behind the door. I hit the door holding my panty on my hand, pouring with blood, my night dress also soiled with blood. The door went open and I said to them, people I have been screaming to the top of my voice, didn't you hear me?

Interviewer: Mm..,

Interviewee: They let me sit on the sofa, with a very light night dress on. Another woman came out of the room and said: if only you can take that panty of yours, wipe your blood off because it is clotting and tie your bleeding leg with it. I did as she says.

I requested the girl there to call my sister's daughter and she said her battery phone is dead. I said to her: why don't you wake the boys in that shack? She said I can't wake those people up, they are drunk. Before she sleeps, she took a dirty blanket and put it on my shoulders. I was on the sofa poor thing, praying for the dawn to set in. I was just crying, sitting there without bathing. In the morning we continue talking with that girl about the incident. The boys who slept in the shack were also up; they came to stare at me with faces down. They couldn't maintain direct eye contact with me.

Finally, I made a call back to my brother because I did not have money. His phone was off. The girl I spent the night with went to fetch my sister's daughter from her house. They came together. Immediately when I saw her, I cried. She found me with blood all over. Those boys, now when they see my sister's daughter,

Interviewer: Mm..,

Interviewee: they said we saw that person standing at your doorstep, we thought it was your brother and we went to sleep.

Interviewer: Was it the boys speaking?

Interviewee: Yes, those boys. There was a girl who came with them from the tarven that night and she said: that person could have raped me. The husband to my sister's daughter phoned the police. They also phoned my other relatives in Carltonville and they advised me not to bath.

Interviewer: Mm..,

Interviewee: I stayed like that without bathing. The police came on Monday and took me to Vuvuzela [referring to Thuthuzela].

Interviewer: When did the whole incident happen?

Interviewee: It occurred on Sunday, I am not sure as to whether it was on the 12th but it was on Sunday.

Interviewer: Oh.., the incident happened on Sunday and they came to fetch you on Monday?

Interviewee: Yes, and they [police] came on Monday.

Interviewer: Ok,

Interviewee: .., they brought me to Vuvuzela [Thuthuzela], without bathing. The doctor asked me some questions.

Interviewer: Mm..,

Interviewee: They [at the centre] assisted me where they can. The doctor did his work. They gave me water and I bathed, gave me a new panty and soap and the body lotion. My sister's daughter assisted me with the bathing and they took the soap and the lotion back. From there I was seen by the social worker and then came another woman, I am not sure as to whether it was a police woman.

Interviewer: Have all these people seen you at Thuthuzela?

Interviewee: Yes, it was the doctor who started first, asked me questions as to how many times I was raped. He then cleaned me underneath with my thighs opened. He did everything and I told him that I was raped twice.

Interviewer: And then after the doctor has left, you said he was the first one to see you okay?

Interviewee: Yes, the doctor was the first one.

Interviewer: And ...,

Interviewee: The social worker came.

Interviewer: Mm..,

Interviewee: After seeing the social worker then I gave the statement to the police there at Vuvuzela.

Interviewer: To the police?

Interviewee: Mm.., a policewoman.

Interviewer: Mm

Interviewee: We arrived here Monday around six in the morning and they took us back here [home].

Interviewer: Now tell me, how you felt about everything that happened at Thuthuzela. Do you think there is something that can be added or changed there?

Interviewee: Ae, ga ke bone ba ka fokotsa sepe. [No, I don't see a need for anything to be changed]. Nothing should be changed because they even gave us some food while waiting for

the police to come and fetch us. I told them we never had anything since in the morning. They gave us tea, bread and peanut butter and we ate.

Interviewer: Mm

Interviewee: At least they were happy for us. And then the police phoned to say they will come on Wednesday and they never showed up. I phoned the other man. This man's papers are here because he came to take the statement in my home. They said he is in Potchefstroom.

Interviewer: Mm

Interviewer: So, what happened to this person [perpetrator] that you have identified is he arrested?

Interviewee: He is not arrested. It is said he is somewhere in the farms. Now that I worked in Gauteng, I don't know the farms around here. It is said he is at *Dion Botman's farms.

Interviewer: Mm

Interviewee: Now here [pointing the neighbour's house], they have spread the news all over Madibe [her village] about this issue. I am laughed at 'poor thing'. They are talking about it everywhere. It has excited them. They see me differently.

Interviewer: Mm., I want to understand, now that it is said that this person [perpetrator] is at Dion Botman, it is now known, what did the police say about arresting him?

Interviewee: I phoned them [police]. I phoned the other man called Mr Mokgalagadi.

Interviewer: Mm

Interviewee: It was answered by another woman who told me that my case is not with Mr Mokgalagadi, and that the person who is in charge of it is in Potchefstroom. I said to them I have heard something about the whereabouts of the perpetrator. They told me that they will inform that man in Potchefstroom so that he come and hear me out. Since then, it went just like that.

Interviewer: The incident occurred in December?

Interviewee: Yes, December?

Interviewer: Now from December to date, what did the police say to you?

Interviewee: I have never heard anything from them.

Interviewee: How do you feel about this whole thing?

Interviewee: Hey, it troubled me a lot. I can't sleep during the night. I just wish that it be daylight like this throughout.

Interviewer: Mm

Interviewee: I am scared.

Interviewer: Are you okay now?

Interviewee: Yes, but I get scared at times.

Interviewer: Mm.., mm.

Interviewee: Now, my sister's daughter looked for someone who can come and stay with me from the relatives during December, and you can't believe how many children are there in my family, you know it's a pity with me people.

Interviewer: mm.

Interviewee: Ijoo...ooo! Even here in Madibe I am laughed at.

Interviewer: They laugh at you when you are aware or..,?

Interviewee: Yes, I will hear.., there are at times people who come here giving villagers chickens and atchaar for small projects. Some were told they will be given some cows. They talk about this incident at gatherings like that. It is all over; people are laughing at me.

Interviewer: Mm

Interviewee: Some received atchaars; there are some who received chickens.

Interviewer: mm

Interviewer: They talk about it where they got these things?

Interviewee: Yes, now I am being tortured. Even when they look at me, they take me like a..,

Interviewer: Mm

Interviewee: a piece of trash. And when I think that I used to work in Gauteng. I even worked in Pretoria. I used to hear people talking about rape. You know the way I was raped.., when I think about the way I was raped... I will tremble with fear during the night. I used to listen being told about it but I have witnessed it. Rape! It is like a matter of life and death.

Interviewer: Mm..,

Interviewee: You know he had a press button knife. He gave me instructions as he pleases holding that knife.

Interviewer: Did he hurt you with it?

Interviewee: He did not hurt me; he only hit me with it on the head here [pointing].

Interviewer: mm

Interviewee: I was..; it was a bit swollen here.

Interviewer: mh..,

Interviewee: But it scared me you know,

Interviewer: mm

Interviewee: You know after this thing, Stephen came back. When he has gone to his home I will request him to come before sunset because they [some villagers] are doing nasty things now. They will move around my house at night on Saturdays when they come from the tarvens.

Interviewer: Mm

Interviewee: When he [Stephen] is not in, you will hear someone trying to open the door handle. They have a tendency of checking if I have company you see?

Interviewer: Mm,

Interviewee: Now I have turned into a playground for Madibe.

Interviewer: Now tell me, what do you think can be done to help reduce the fear that you experience at night?

Interviewee: I don't know what can be done, because even this one, if he comes late I experience this shock, even when I try to pray uhh...h.

Interviewer: Mm..,

Interviewee: My heart will be pounding...,

Interviewer: But you feel better when he is around?

Interviewee: Yes, I feel better. At times even when he is around, I will.., and he will say hi, sleep man!

Interviewer: What will be happening?

Interviewee: My heart will be beating fast. I will be scared, very scared and I will tell him: you know I am scared. This rape thing has really scared me.

Interviewer: Mm

Interviewee: He will say: "sleep, nothing will happen in my presence".

Interviewer: Mm

Interviewee: "If it happens that someone comes here, I will see to finish about him". But I have this fear at times even when he is there.

Interviewer: Mm

Interviewee: I get easily startled.

Interviewer: So, basically what is happening here is that people have spread the news about this incident all over the village, the whole village knows,

Interviewee: Yes, everyone knows and they are talking about me.

Interviewer: When you are alone you experience some fear, your heart pounce?

Interviewee: Yes

Interviewer: Is that all those factors that bothers you so far?

Interviewee: Yes, that is all that bothers me but I am also on high blood treatment. I get scared, a lot.

Interviewer: You got scared when in the closed house, or when from the village, like if you can just go somewhere, when you come back you get scared.

Interviewee: I normally don't travel around. When some people see me, they just see someone very simple you see. I most of the time go to families only, it is that house there. Here [pointing at the neighbours], I don't go there.

Interviewer: Mm..., now I have heard at the beginning of our conversation you pointed out that you broke up with your partner. Was it because of the rape that happened to you or what was the reason?

Interviewee: You mean my man?

Interviewer: Mm, the one you had an affair with?

Interviewee: He came because of this rape incident. He came back because I don't have anyone. My family and relative are not giving me any child to accompany me.

Interviewer: Mm

Interviewee: You see?

Interviewer: Mm

Interviewee: We broke up because of our issues. He used to always fight me you see.

Interviewer: Mm

Interviewee: Yes, then I chased him out.

Interviewer: Okay, so he came back after the rape incident?

Interviewee: Yes, he came back.

Interviewer: You stay together now?

Interviewee: Yes.

Interviewer: Even at night

Interviewee: Yes

Interviewer: Thank you mam for having this conversation with me. You can always phone me on the number I have given you if you need to talk.



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17 January 2012

This serves to prove that I have read and edited Ms J.M. Sebaeng's dissertation titled: Experiences of Women who reported Sexual Assault in a Provincial Hospital, North West Province. The candidate corrected all language errors identified.

The document presentation is of an acceptable academic ^{and} linguistic standard.
A

Thank you

J.R. Moletsane (English lecturer)