

Women Rape Survivors' Narratives of Psychological Support and Counselling Experiences

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VWGMAR001

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award of the degree of Master of Arts in Psychological Research

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Declaration

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Maria Vieweger

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Abstract

South Africa has one of the highest rates of rape in the world. Experiencing rape frequently proposes substantial consequences on survivors' physical, psychological and social wellbeing, which accentuates the importance of providing survivors with help, support, and protection. However, the scarce studies examining survivors' experiences with the support system indicate many flaws within the system, sometimes even resulting in further harm. This failure of governmental support systems stimulated an increasing manifestation of NGOs as providers of survivor support. It is consequently crucial to understand and evaluate the success of these services to fully understand the quality of available support.

The objective of this study was to investigate women rape survivors' post rape experiences and their journey and subsequent experiences with the counselling provided to them by the Cape Town based NGO *Rape Crisis*. Fifteen adult rape survivors were recruited via opportunity sampling and asked to participate in one hour long unstructured interviews. In line with the research topic and the research questions, an intersectional feminist paradigm was chosen for the theoretical framework and thematic narrative analysis was applied as the analytic approach. The analysis showed four themes relating to rape survivors' narratives on post-rape challenges, namely; the silence and stigma that victimises survivors, the psychological effects of rape, help seeking as a last resort, and demystifying counselling. Additionally, five themes around survivors' experiences of *Rape Crisis* counselling were established, namely; the value of a professional safe space, building a counsellor relationship, talking and listening, a collaborative effort to finding oneself, and sharing collective stories of pain. The findings highlight the need for more outreach and education efforts around rape, as well the importance for professional yet not too clinical psychological support which incorporates empowerment principles and focuses on help to self-help.

Key words: gender based violence, rape trauma, psychological support, counselling, narrative thematic analysis, feminist research

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Chapter One: South African Women and Rape

1.1. Introduction

This introductory chapter is intended to contextualise this study which is exploring women rape survivors' journeys towards and experiences with the South African survivor support system, in particular the psychological counselling provided by the NGO *Rape Crisis Cape Town Trust*. I will start by discussing the types and definition of gender based violence against women and outline the problem of rape in the South African context. This leads me to a discussion about the available support systems for rape survivors in South Africa. Subsequently, I will introduce *Rape Crisis Cape Town Trust* as one of the key organisations providing survivor support. Once the base for this study and the urgent need for research on rape survivors' experiences in South Africa has been established, the significance of this research will have been highlighted and I will provide an outline of the structure of this thesis.

1.2. Defining Rape

Exploring experiences of women rape survivors in South Africa involves an in-depth discussion of types and definitions, including terms such as violence, gender-based violence, and rape. This is needed as a base of the conceptual framework for this study, as experiences of rape survivors can only be understood if the bigger picture of violence against women is considered. The World Health Organization (World Health Organization, 2002) defines violence as: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." The current research explores gender based violence, in particular violence against women which is understood as "a violation of human rights and a form of discrimination against women and shall mean all acts of gender based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations General Assembly, 1993). The UN declaration further includes violence occurring within the family, including battering, sexual abuse of female children in

the household, marital rape, female genital mutilation, traditional practices harmful to women, non-spousal violence and violence related to exploitation, into their definition. It also includes violence against women occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking of women, and forced prostitution (ibid). Thus, the definition of violence against women is broad in terms of what constitutes as violence, who perpetrates the violence and in which situations violence can arise. While it can be argued that such broadness invites for ambiguity, it also reflects the wide-ranging circumstances in which women can be at risk of experiencing gender-based violence.

In South Africa, prior to the new Sexual Offences Bill, rape was defined as a man having (vaginal) sexual intercourse with a woman without her consent. However, the new Sexual Offences Act of 2007 broadened the definition of rape to include forced anal, oral and vaginal sex, irrespective of the gender of either the victim or perpetrator and the method of penetration. Rape is now defined, as “Any person (‘A’) who unlawfully and intentionally commits an act of sexual penetration with a complainant (‘B’), without the consent of B” (The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32, 2007). The new amendment act further equalised the age of consent for heterosexual as well as homosexual sex at 16 years of age and includes a “close-in-age exception”. Therefore, sexual acts between two children between 12 and 16 years , or where one child is under 16 and the other is less than two years older, are not criminalised. Furthermore, consent constitutes a central element in the legislation, by stating that “any sexual act without consent is an offense”. Consent is thereby defined as a “voluntary or uncoerced agreement” and must be given informed, rational, and willing and may be withdrawn at any point. While the inclusion of consent is seen as of major importance in distinguishing between sex and rape, the terminology is open to ambiguity when it comes to what constitutes ongoing consent as well as the reality of how consent is communicated, verbally and nonverbally.

Thus, rape has been established as a form of sexual violence which occurs when an individual is forced, and/or manipulated into unwanted sexual intercourse, including when the individual is unable to consent due to age, illness, disability, or the influence of alcohol or other drugs. Rape can happen in any setting and perpetrators can be anybody regardless of their relationship to the survivor (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Marital rape was also legally recognised in 1993 in South Africa (Britton, 2006). Another common form of rape, in South Africa, is gang rape which refers to the rape of one woman by a group

of men and represents an expression of anger, violence and domination (Seifert, 1992). Homophobic rape has also found increased attention over the past 10 years and refers to an instance when a woman is raped because of her same-sex sexual orientation (Koraan & Geduld, 2015).

1.3. Rape Prevalence in South Africa

The high prevalence of gender based violence in South Africa is paradoxical in nature as there is extensive legislation which attempts to address the subordination of women in South Africa since 1994 (Walker, 2005). The South African Constitution of 1996, which advocates for the rights of freedom and security of any individual, irrespective of their gender or sexuality or race, is one of the most progressive constitutions in the world (Human Rights Watch, 2010). However, despite extensive legal discourse and political reform, violence against women in South Africa is still prevalent and legal reforms were insufficient to impact the lived realities of most South African women, especially in relation to their experiences of gender based violence.

In fact, South Africa has one of the highest rates of sexual violence against women in the world (Human Rights Watch, 2001; Jewkes & Abrahams, 2002; Vetten, 2014). Thus, bearing the label of the rape capital of the world (Human Rights Watch, 2010; Institute for Security Studies, 2012; StatsSA, 2012). The prevalence of rape in South Africa is four times higher than the prevalence of rape in the United States for example (Jewkes, Sikweyiya, Morrell, & Dunkle, 2011; StatsSA, 2012). In a study by Jewkes, Sikweyiya, Morrell, and Dunkle (2010b) conducted in three districts of the Western Cape and KwaZulu-Natal, drawing its sample from the 2001 census, in which 1686 men between the ages of 18 and 49 years were interviewed, 27% of the sample had raped a woman before, whilst 3% disclosed raping a man. If this statistic was to be applied to the general population of South Africa, roughly one in four men would perpetrate rape. Subsequent research with 1147 male youths in the Eastern Cape also found that 25% had perpetrated or attempted to perpetrate rape (Jewkes, Nduna, Shai, & Dunkle, 2012). Additionally, Jewkes, Dunkle, Nduna, and Shai (2010a) found that “men who rape commonly rape multiple women, on multiple occasions and have different type of victims” (p. 30) which might suggest that actual rape cases are even higher (Jewkes et al., 2011).

At an average of 110 rapes recorded each day and a total of 40,035 rape cases reported in the 2017/18 South African Police Service (SAPS) statistics, the official numbers are alarming, yet often understate the degree of the problem as incidents frequently go unreported due to the stigma and silence surrounding rape (SAPS, 2015). SAPS estimates that only one in 36 rapes are reported, while the National Institute for Crime Prevention and Rehabilitation (NICRO) estimates that one in 20 rapes are reported (Vetten, 2000). Altbeker (2005) also acknowledged the difficulties in estimating the prevalence of rape in South Africa, especially in a context of gross underreporting and the government's reluctance to acknowledge the rape epidemic.

Meanwhile, research shows that only one out of eight men who had perpetrated rape received legal sanctions, with only half of those men being imprisoned because of their offence (Jewkes et al., 2010b). Consequently, it has been suggested that the SAPS and criminal justice system are perceived as ineffective by many South Africans and it appears to be of no surprise that women in South Africa are becoming disillusioned with the government's response to rape as many believe the issue of rape is not been taken seriously (Du Toit, 2005; Knox & Monaghan, 2003). The high rape prevalence in South Africa coupled with the slow response from the SAPS and criminal justice system to act, paint a picture of a culture where violence against women and subsequently the lives of women, are seen as unimportant or a lesser priority. Accordingly, and partly due to the distrust in the justice system it can be estimated that rape is far more prevalent in South Africa than most reports suggest.

Another crucial factor that needs to be recognised when looking at rape statistics is that women commonly construct strangers as the perpetrators of rape and acts outside of this 'stranger rape script' are frequently not labelled as rape (Collins, 2013; Dosekun, 2013; Gavey, 2005). Thus, a rape may only be labelled and perceived as such if perpetrated by a stranger at for example a dark street at night, as opposed to a family member at home. Extensive research however, shows that women are in fact more likely to be raped by someone they know than by a stranger (Jewkes, Levin, Mbananga, & Bradshaw, 2002a; StatsSA, 2012; Vetten, 1997). Thus, many rape cases may not be labelled as such by the survivor and consequently go underreported since they do not fit the construct of the "ideal rape scenario".

Thus, rape is shown to be a significant and shockingly frequent crime in South Africa that often goes unreported. Alongside with the lack of reporting goes a vast majority of survivors who may consequently never receive support for what they experienced, in turn proposing an additional threat to the women's wellbeing due to the major consequences of experiencing rape, which will be discussed in detail in the next chapter.

1.4. The South African Support System for Rape Survivors

Once a rape takes place, ideally rape survivors should be able to rely on police services to ensure their prompt protection and to connect them with the services they may require. Hospital settings should then help survivors with the possible physical consequences of the assault as well as the securement of evidence if the rape survivor wishes to do so. Referral and sufficient information about psychological support should be made available to the survivor to ensure social wellbeing and to deal with possible psychological consequences. If the survivor wishes to press charges the legal system should be accommodating to the trauma of the survivor and allow for special arrangements and address the case efficiently and discreetly to avoid inflicting further harm. Accordingly, multiple support providers are involved in the care, support and protection of survivors, all of which have different focuses and goals but should nevertheless keep the survivors physical, psychological and social wellbeing as their central priority.

Unfortunately, research into South African survivor support systems has shown that this frequently is not the case, in fact oftentimes when survivors speak out and seek help and support, they end up feeling disappointed with the options available to them as well as with the quality of help they receive (Fry, 2007). This failure of the support system to provide help to rape survivors reinforces the vicious cycle of non-reporting and non-support seeking. Thus, the high levels of underreporting, have along with other factors been associated with an unavailability of or distrust in the support system for survivors, and in turn lead to a situation where survivors are dealing with the effects of their experiences by themselves (Lievore, 2003; Sable, Danis, Mauzy, & Gallagher, 2006; Vetten, 2014).

Consequently, and in response to survivors' understandable hesitation to trust governmental led support systems, many NGO's have started to advocate and care for rape survivors to ensure that sufficient help, support and protection is delivered to individuals who have already been subjected to significant harm.

1.4.1. Rape Crisis Cape Town Trust

Rape Crisis Cape Town Trust (from now on referred to as *Rape Crisis*) is a non-profit, social impact organisation whose goal is to promote an end to gender based violence, specifically rape. Anne Mayne, the founder of *Rape Crisis* had personally experienced domestic abuse and gang rape and chose to take action after attending a UN Women conference. Consequently, *Rape Crisis* was established in 1976, as the oldest organisation in South Africa supporting the recovery of survivors, seeking justice and making change in communities. The NGO was born out of radical feminist activism and focuses on patriarchy as a crucial factor influencing violence against women and thus aims to empower and uplift women. To date, this feminist approach is still present across their staff, their mission statement and through their programmes. Soon after being called into existence, the organisation furthermore adopted an anti-apartheid stance to provide support irrespective of skin colour and thus did not seek state funding but relied on donations. After apartheid formally ended inclusion and accessibility remain priorities for the organisation and its activist stance has still been retained.

Today, *Rape Crisis*'s mission is set to promote safety in communities, reduce the trauma experienced by rape survivors, empower women, promote gender equality, strengthen the criminal justice system and work actively to address flaws in legislation. This is addressed through three main programmes they have implemented. Their "Making Change" programme is set to encourage communities to devise innovative prevention strategies, and to build safe spaces. Additionally, through campaigns, training and education Rape Crisis strives to provide education and change attitudes about rape and create a culture of respect for women and girls in South Africa. Their "Road to Justice" programme has its emphasis on providing better support services for rape survivors, both prior to entering, and within, the criminal justice system, through criminal justice system training and court support. Finally, being the central programme for this study, their "Road to Recovery" programme encourages rape survivors to speak out about their experience, for psychological healing to begin. This can be done through face-to-face counselling, offered free of charge to survivors above the age of 14 years as well as their families.

1.5. Outline of the Thesis

This first chapter has framed and situated gender-based violence against women, particularly rape, in the South African context and provided a brief overview of the support system for rape survivors, making a case for why this research is important. Chapter Two reviews literature pertinent to women rape survivor's experiences with support systems. The first half of the chapter reviews literature on women's post rape experiences and their journeys towards seeking help. The second half reviews the body of literature on South Africa's survivor support system, both in theory and reality, and the consequent rise of and quality of NGO support, including that of *Rape Crisis*. Chapter Three provides an outline of the research methodology employed in this thesis, providing a detailed introduction about qualitative research and the feminist framework of the study. The chapter also elaborates on information about participants, the data collection and analysis procedures and concludes with a discussion of the ethical considerations of the study. Chapter Four presents the findings of this study. It identifies and discusses the nine main themes that emerged from the data regarding survivors' post rape experiences and journey towards support as well as their experiences with the support they received at *Rape Crisis*. Additionally, reflections will be made on the ways in which the researcher-participant relationship influenced the findings that emerged from the interviews. Finally, in Chapter Five, the findings of the study are summarised, the contributions of the research project are assessed and recommendations for improving support for rape survivors are made. The thesis ends with a discussion on the challenges and limitations of this study and suggestions for future research.

Chapter Two: A Review of Women's Post-Rape Experiences

2.1. Introduction

This chapter reviews the literature on women's post-rape experiences. This will include literature on rape survivors' journey's towards and reasoning behind seeking help and their experiences with the support they subsequently receive. In this context it is also important to analyse the availability and quality of support systems for survivors. Subsequently, the rise of non-governmental support services is reviewed and literature on *Rape Crisis*, as the organisation of this study, will be discussed. This chapter favours literature and research from within the Sub-Saharan continent to provide a realistic and representative picture of the topic in the context of the study. Finally, the chapter concludes with an outline and the significance of this study as justified by the available research.

2.2. A Feminist Approach to Understanding Rape

Feminism is broadly defined as "a movement to end sexism, sexist exploitation, and oppression" (Hookes, 2000). Social inequalities which exist between men and women are seen as central to understanding women's marginalisation, oppression and disadvantages within a patriarchal society (Agger, 2006; DeVoe, 1990). Thus, while liberal feminists focus primarily on the harm that rape inflicts to the individual survivor and view it as a gender-neutral assault on individual autonomy; more radical stances, like the one applied in this study, insist that rape arises from patriarchal constructions within the context of broader systems of male power in society, and stress the harm that rape does to women as a group (Whisnant, 2009). Radical feminists argue that any form of violence against women is a manifestation and expression of male dominance, unequal power relations, and patriarchy in society (Herman, 2001; Kalra & Bhugra, 2013). Consequently, rape is understood as one of the most drastic expressions of the unequal power relations between the sexes, with 91% of rape survivors being women, whereas almost 99% of perpetrators are men (Greenfield, 1997; Primorac, 1998). Thus, feminists have challenged the myth that rape is rare and exceptional or simply a sporadic deviation, but instead define it as a deeply rooted social practice which expresses as well as reinforces the inequality, degradation, and oppression of women by men. I believe that it is furthermore important to apply an intersectional stance to this feminist

approach, which considers how some women experience multiple oppressions which influence and shape their experiences (Crenshaw, 1989). This means gender and sex often intersect with factors such as race and class to create unique and varied experiences which should be considered when analysing research findings, especially when conducting research in the South African context.

The feminist approach of this study also meant that I was mindful of the language used to describe women and their experiences. One such example surrounds the debate around the terminologies 'rape victim' or 'rape survivor'. Many of the referenced policy documents and articles use the terms interchangeably and I acknowledge that both terms can be applicable depending on the contexts in which they are used. This study purposefully chose to use the term 'rape survivors', firstly because the women in this study have already gone through the recovery processes and, I would argue, transitioned from being a victim to becoming a survivor. Furthermore, given the narrative focus of this research, it is crucial to acknowledge the associations that accompany wordings, while the word victim is generally associated with weakness or passivity, the word survivor implies strength, bravery and activeness, which I believe to be more suitable to describe the women I interviewed for this study (Papendick & Bohner, 2017).

2.3. Women's Post-Rape Experiences

The experience of rape frequently results in substantial consequences on the survivor's physical, psychological and social wellbeing (Campbell, Dworkin, & Cabral, 2009; Jewkes, Sen, & Garcia-Moreno, 2002b). Regardless of whether the incident happened recently or several years ago, it may impact on the daily functioning of survivors.

Physical consequences of rape can include physical injuries (such as bruising, bleeding, soreness, or even broken bones/joints etc.), chronic pain, pregnancy, and sexually transmitted infections and diseases (Campbell, 2002; Jewkes et al., 2002b). Additionally, the survivor often suffers intense emotional consequences after the rape, where they relive the fear, agony or anxiety, mixed with emotional numbness. These emotional responses can last several days, months, or even years after the rape, depending on the individual. The most frequent emotional responses include shock, disbelief, confusion, anger, guilt, embarrassment, self-blame, and sadness (Bletzer & Koss, 2006; Campbell et al., 2009; Yuan, Koss, & Stone, 2006). Consequently, defence mechanisms such as denial, suppression and

dissociation are common among rape survivors. In return, a strong association with psychological disorders such as depression, anxiety, post-traumatic stress, eating- and sleeping disorders, substance abuse and suicidal behaviour has been found (Basile & Smith, 2011; Chen et al., 2010; Weaver, 2009). In fact, it has been suggested that rape survivors are three times more likely to suffer from depression, four times more likely to contemplate suicide, six times more likely to suffer from post-traumatic stress disorder, 13 times more likely to abuse alcohol, and up to 26 times more likely to abuse drugs (World Health Organization, 2002). Moreover, experiencing sexual violence frequently inflicts critical social lifestyle changes on survivors, leading to strained relationships with family, friends, and intimate partners resulting in less frequent and less emotional connections and subsequent isolation of the survivor (Golding, Wilsnack, & Cooper, 2002; Jewkes et al., 2002a). Similarly, survivors frequently voice feelings of anger and fear directed towards the perpetrator as well as feeling fearful around men after the rape, even men which were previously trusted (Bletzer & Koss, 2006).

After researching rape survivors' responses to experiencing rape, Burgess and Holmstrom (1974) first described what they termed rape trauma syndrome (RTS). RTS is the medical term given to the group of reactions – physical, emotional, and behavioural – reported by rape survivors. Reactions were originally clustered into two main stages, first comes the acute, immediate phase of disruption and disorganization, which occurs immediately after the rape and may last a few days or several weeks. During this stage the survivor feels violated, fearful and may be depressed, and even suicidal. The survivor frequently struggles with feelings of loss of control and there will be changes in appetite, sleep habits and/or social function. This phase was thought to be followed by the long-term process of reorganization and resolution, during which the rape is no longer the central focus in the survivor's life. The survivor begins to recognize that while she will never forget the rape, the pain and memories associated with it are decreasing, the rape is accepted as part of one's life experience, but the survivor is choosing to move forward from it. This is the phase in which the individual who has survived is moving away from being a "victim" defined by the assault and turns into the active role of a "survivor". Practitioners working with survivors, later added another phase that connects the acute and reorganisation phase, this phase has come to be known as the underground or the outward adjustment phase. In this phase, it appears that the survivor begins to resolve their issues but in reality, denial frequently disguises underlying problems as survivors make an effort to re-establish the routines of their

lives and bring back some to resemble feelings of control. These phases are however not linear, depending on the individual and their circumstances, the length of each phase can vary, and people may move back and forth between stages. It is furthermore important to note that RTS is the natural response of a psychologically healthy person to the trauma of rape, so these symptoms do not constitute a mental disorder or illness and are not included in the DSM as a psychological disorder. RTS has however not undergone scientific evaluation since its 1974 Burgess and Holstrom study and is criticised for being too vague and imprecise, having a questionable evidential status and being inconsistent with common sequelae of trauma, as well as ignoring important mediating variables and being culturally insensitive (O'Donohuea, Carlsona, Benutoa, & Bennetta, 2004). Consequently, due to its extensive conceptual and empirical examination “Post Traumatic Stress Disorder” (PTSD) has been described as a superior model to RTS when it comes to explaining the multiple traits that characterise many survivors’ experiences post rape.

Challenging this common notion about the aftermath of rape bearing nothing but negative life changes, it has however also been theorised that the negative experiences are not always all-consuming for women and that women who experience or focus less on these negative experiences show lower levels of distress (Frazier, Tashiro, Berman, Steger, & Long, 2004). Thus, when factors associated with experiencing encouraging life changes after rape were examined, it was found that good social support, the use of approach-oriented coping strategies, religious coping, and perceived control over the recovery process had the most positive effect on survivors reported positive life changes which in turn increased better coping at the early stages after experiencing rape. Thus, women’s post rape experiences are considered critical in determining what path their recovery journey will take.

While individual experiences differ from person to person, rape survivors are generally found to experience significant negative effects on multiple aspects of their lives, which accentuates the importance of providing them with adequate and appropriate support and protection. Consequently, rape survivors’ help-seeking behaviours are an important aspect shaping post-rape recovery and are therefore explored in the following section.

2.4. The Reasons for and Journey towards Receiving Support

In order to understand the reasons for seeking help, it is beneficial if not crucial to understand the reasons for why some survivors do not seek help. While distrust into the

governmental support system has been established as a major hinderer in the previous chapter, various other internal factors have been found to influence whether a survivor seeks support following the experience of rape.

A study asking American college student survivors to rate the impact of different barriers on their reporting and help seeking behaviours found that the same barriers prevalent 30 years ago, continue to be considered important today (Sable et al., 2006). The barriers rated as having the biggest negative impact on speaking out were feelings of embarrassment, shame, and guilt, not wanting friends or family to know; concerns about confidentiality; and a fear of not being believed. Similarly, another study across multiple American universities also revealed a plurality of reasons for why students did not access support services for sexual violence (Holland & Cortina, 2017). The four overarching themes that emerged from the qualitative study were accessibility, which referred to the lack of knowledge about or time to access services. Acceptability, which was influenced by various factors, for example the experience of negative emotions, the anticipation of negative consequences for either themselves or their perpetrator, contextual circumstances and characteristics of the assault. Beliefs that their reaction to the assault was not severe enough to justify seeking support and the normalization of sexual violence or the comparison to more “severe” cases were found as a major hinderer in judging it acceptable to seek help. Appropriateness of the services was another major concern, thus survivors judged services on their anticipated usefulness or helpfulness, those seen as lacking efficacy, familiarity, or confidentiality were deemed undesirable. Finally, the availability of alternative methods for coping determined whether survivors would seek professional support, alternatively survivors choose to talk to informal supports or used passive coping strategies. Thus, a wide range of reasons for non-disclosure was found and characterised through interactions between the survivor, the support system itself, and the larger social contexts of the situation.

Corresponding to the findings that the availability of alternative methods for coping hindered survivors to seek formal support, an interview study with 102 women rape survivors about their first post-rape disclosure found that nearly 75% of first disclosures were made to informal support providers (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007). Accordingly, multiple studies have shown that between 64 and 92 % of rape survivors disclosed to family or friends first and that these relationships provide a crucial context for decision making about formal support seeking (Ahrens, Cabral, & Abeling, 2009; Dworkin, Pittenger, & Allen, 2016; Krebs, Lindquist, Berzofsky, Shook-Sa, & Peterson, 2016).

Research by Ullman and Filipas (2001) furthermore revealed that survivors of stereotypical stranger rape scenarios, and survivors with more severe physical injuries were more likely to seek formal support than those raped by acquaintances and with less injury. This finding correlates with Holland and Cortina's (2017) acceptability theme in the way that rape needed to be legitimated in order for the survivor to justify seeking formal support.

While the majority of studies mentioned in this section were conducted in the US with, predominantly white, college students Duma, Mekwa, and Denny (2007) explored the recovery journey of South African women rape survivors within the first six months following the rape. Findings showed that women's recovery journey was influenced by various factors such as their personal biographies, relationships, and their individual, family, community and societal environment's supportiveness. Eight stages were found to govern the women's recovery journey, namely their sexual assault trauma, awakening, pragmatic acceptance, followed by a turning point, reclaiming what was lost, defining their own landmarks of healing, readiness for closure, and finally a return to self. Although findings revealed returning to self as the ultimate goal, the women acknowledged that their recovery journey would not lead to the same self that one was before the rape, but instead a new self.

DeLoveh and Cattaneo (2017) also provided a closer examination of rape survivors' help seeking decision making and developed a theoretical model based on their experiences. The resulting model, *Deciding Where to Turn*, showed three key decision points that survivors apply, the first one relates to the question, "do I need help?" thus determining if a problem related to the sexual assault exists. At this point, the survivors' perceptions of severity and attribution of blame are salient in terms of what happened as well as how it affects them. Survivors who labelled their experiences as rape early on tended to disclose and seek formal help quicker. The second key point related to the question "what can I do?", thus survivors considered their available options. Finally, "what will I do?" consisted of weighing the consequences of accessing these options and it was again highlighted how shame and the anticipation of negative reactions by support services acted as barrier to seeking help. Following this process one of four actions was taken, either to cope on one's own, seek support from family or friends, seek formal support, or seek covert help which refers to help seeking behaviour that do not require full disclosure.

Finally, it is worth noting that the study also highlighted how multiple participants described feeling fine when coping on their own for some period of time, though eventually

accessing additional support. This emphasized the cyclical nature of support seeking behaviour and related well with Burgess and Holmstrom (1974) revised theory on the stages of dealing with *Rape Trauma Syndrome*, implying that once survivors pass through the acute immediate phase and proceed through the outward adjustment phase during which denial is overpowering efforts of psychological healing, the survivor is then ready to work through and eventually move past the experience during the final reorganisation phase. Therefore, this theory, in line with much of the research in this area suggests that survivors do need to be ready for psychological interventions, and this might be at different times depending on the individual themselves. Similarly, Gilbert and Cunningham (1986) also suggested that post rape counselling is most likely to happen and be effective only once the survivor sees herself in need of and the right position for help in dealing with and addressing the consequences of their experience. Rape survivors help-seeking reasoning and their subsequent journey towards receiving support is however significantly shaped by the support available to them, as is discussed in the next section.

2.5. Rape Survivor Support Systems in South Africa: In Theory

The *Department of Health, SAPS* and the *National Prosecuting Authority (NPA)* play interlinked roles in providing post-rape services and have outlined numerous interventions aimed at reducing the incidence of rape, increasing the reporting of rape, and improving the accessibility and uptake of post-rape services by survivors. In line with South Africa's extensive and progressive legislation, which has been outlined in Chapter One, these government departments each adheres to policy guidelines setting out the duties of police, prosecutors, and health workers in order to ensure high quality support services meet survivors' safety needs, their physical and psychological health, as well as upholding and informing them about their legal rights. According to these guidelines governmental service providers are obliged to: treat survivors in a sensitive manner and with urgency and dignity; assume that the survivor's allegation is true; explain the procedures and the survivor's rights; and avoid delays for medical examination and psychological support as well as ensure prompt access to HIV preventative medicines, and sexually transmitted infections and pregnancy testing, as well as attending to any other medical care needs (Johnson, Mahlalela, & Mills, 2017). Moreover, health care and psychosocial support services are not only seen as crucial in offering survivor support but are also thought to play an important role in

promoting survivors' engagement with the criminal justice system, by encouraging survivors to report sexual assault to the police (National Maternal Child Women's Health and Nutrition Cluster, 2003). In response to the specialised needs of rape survivors and in order to improve access to more sensitive support service providers, the South African government has increased the number of clinical medical forensic centres, sexual offences courts and the access to specialised police services through Family Violence, Child Protection and Sexual Offences Investigations units.

2.6. South African Rape Survivor's' Experiences with Support Systems: The Reality

Unfortunately, research into survivor support systems, in South Africa as well as globally, suggests that although sufficient policies and guidelines are in place, when survivors speak out and seek help and support, they are frequently left feeling disappointed with the options available to them as well as the quality of support they receive (Fry, 2007). Civil society watchdogs in South Africa consistently highlight significant gaps in rape survivor support services, including deviation from guidelines, poor quality of care, and substantial variations in practice between different service providers (SANAC, 2015). This inconsistent implementation of guidelines and policies, combined with inadequate oversight and accountability of support service providers, and insufficient funding for gender based violence responses, contributes to a poor standard of quality of some post-rape services. It can consequently inhibit survivors' access to recovery and justice and results in a distrust in the support system for survivors which further fosters the high levels of underreporting (Lievore, 2003; Sable et al., 2006; Vetten, 2014). It has consequently been suggested that there is an urgent need for feedback mechanisms to be implemented through which rape survivors can hold the government accountable for the quality of post-rape support service delivery they received (Johnson et al., 2017). In an attempt to provide such feedback, rape survivors' experiences with accessing governmental support services in South Africa were studied. Findings showed that the main dissatisfaction of survivors' related to extensive waiting times and subsequent feelings of physical discomfort such as exhaustion, pain, hunger or dirtiness, as well as the provision of inadequate information. Counselling services were generally praised but also criticised for not being universally or comprehensively accessible, due to passive referrals, lack of counsellor availability, and limited follow-ups. Furthermore, distance to services and associated transport costs acted as barriers to counselling, all leading to insufficient ongoing counselling. Thus, unsurprisingly, survivors

frequently articulated a need for more counselling services, as well as a desire for peer support networks within their own communities. Many survivors expressed how well they were treated by the health-care and psychosocial workers at the care centres as a pleasant surprise. Service providers were described as welcoming, friendly, patient, empathetic, non-judgemental and professional, as well as easy to talk to, thus contradicting their preconceived notions that the health-care staff would be rude, or that they would be judged or blamed. In contrast, survivors' experiences with the police were largely portrayed as negative with providers being described as insensitive, blaming, judgemental, threatening, and at times even actively discouraging survivors from opening cases. Therefore, the interpersonal relationship between survivors and service providers proved to be a main driver predicting satisfaction or dissatisfaction with services.

From the few studies directly asking for feedback from rape survivors who have been through the services, some rape survivors have found the available support services, especially the health care and psycho-social support, helpful, yet many mentioned an exposure to secondary victimisation (Campbell, 2008; Fry, 2007). Secondary victimisation is presenting itself in terms of a distrust and insensitive management of survivors' reporting rape; the failure to provide a private and safe space for survivor management, inappropriate and demeaning medical and legal management of reported cases, as well as flaws in information collection and lack of updates on survivors' trial and case progression (Vetten, 2001). Examples of secondary victimization furthermore include victim-blaming attitudes and behaviours such as questioning survivors about their sexual histories, their clothes, their alcohol and drug consumption, and whether they were sexually turned on by the attack or to even encourage them not to prosecute for any of these reasons (Campbell, 2006). Experiencing secondary victimisation from the people that the survivor approached for help and support may not only increase feelings of trauma, stress, guilt and depression, but also lead to individuals withdrawing charges and act as a barrier to accessing further services (Fry, 2007; Naidoo, 2013; Sable et al., 2006; Vetten, 2001).

Campbell (2005) also found that professionals within the sexual violence support systems significantly underestimated the impact they were having on survivors, with survivors reporting much higher levels of post-system-contact distress than predicted by service providers. This indicates a lack of understanding of the feelings and needs of survivors from the service provider's side, which may in turn cause misunderstandings and dissatisfactory service provision. Similarly, the *2013/2014 Shukumisa* report highlighted

inefficiency, unfriendliness and a lack of professionalism as key reasons of dissatisfaction among survivors reporting rape. It also identified poor availability and low levels of knowledge on key policy documents, guidelines and forms by reporting officers; inadequate access to specialised support services for survivors and general lack of safe spaces suitable to survivors of rape (Shukumisa, 2014). Another study also highlighted that 59% of service providers had no protocols for care and management of rape survivors and that only 30% of clinical staff had been trained on how to care for rape survivors (Christofides, Jewkes, Webster, Penn- Kekana, Abrahams, & Martin; 2005). The study furthermore reported that nearly one third of interviewed practitioners did not consider rape to be a serious medical condition. This failure to take rape seriously may partly be responsible for support systems frequently focusing mainly on immediate clinical care while failing to provide sufficient psychological support and legal services (Astbury & Jewkes, 2011; Kilonzo, NdungGÇÖu, Nthamburi, Ajema, Taegtmeier, & Theobald, 2009). In fact, some survivors even reported that support service providers actively discouraged them from reporting incidents of sexual violence, conducted humiliating and/or traumatising cross-examination, and threatened to charge the survivors themselves if the accuracy of their claims came into doubt (Campbell 2006).

Thus, it has been shown repeatedly that rape survivors who sought support did frequently not receive the help they needed. This failure of the support system has been associated with significant negative health outcomes and elevated distress, increasing vulnerability and extending the trauma of rape beyond the assault itself (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). Consequently, NGOs presence to increase service quality has increased, as is discussed in the next section.

2.7. NGOs as Providers of Rape Survivor Support

As a consequence to the shortcomings of governmental implemented support systems for rape survivors, NGOs have taken on the challenge to advocate and care for rape survivors to ensure that these women, who have already been subjected to significant harm, are not only provided with sufficient help, support and protection but that the help, support and protection provided to them actually suits their needs, thus NGOs frequently use more community centred approaches. As a result, the World Health Organisation (2007) also suggested that civil society organisations are essential in filling the gaps in advocacy,

education, service provision and survivor support, especially when government services are inadequate or absent. Consequently, there has been a trend within the gender based violence sector towards NGO-isation of services, with extensive partnerships between governments and NGOs in which NGOs are acting as the main providers for government departments in terms of awareness education, violence prevention programmes, empowerment projects, counselling, and one-stop crisis clinics (Britton, 2006).

In fact, specialised rape survivor support services were established by women's rights organisations in South Africa nearly 20 years before governmental responses followed in 1992 (Vetten, 2015). In 2000, in an effort to promote coordination between the different post-rape services and to ease access for survivors, the *NPA's Sexual Offences and Community Affairs (SOCA)* unit created the most prominent and enduring governmental response; the *Thuthuzela care centres (TCC)* which are thought to provide one-stop facilities offering medical, psychosocial, police and legal services in one place while incorporating the support of local NGOs (National Prosecuting Authority, 2009). The *TCCs* were designed to be survivor-centred and to further facilitate survivors' engagement with the criminal justice system while similarly preventing secondary victimisation, reducing the time investment to pursue prosecution, and increasing conviction rates for sexual offences. Thus, they are linked to courts, magistrates, social workers, NGOs (such as *Rape Crisis*) and police located in close proximity to the centres (ibid).

Generally, research carried out across *TCCs* shows them as superior compared to standard governmental support services which were discussed and criticised in an earlier section of this theses. Yet, while *TCCs* and sexual offences courts are envisioned to be the gold standard of rape survivor support, nationally, at the date of writing, only 55 care centres and 43 sexual offences courts have been established. Consequently, many rape survivors accessing post-rape support services are served through the rape crisis centres instead, which while frequently situated at a hospital or community health centre, do not have as direct links to the NPA, court support services or other service providers. Furthermore, with the *TCCs* being partly under governmental control and partly in the hand of NGOs it is beneficial for service delivery to establish the impact of these NGOs. An in-depth assessment of NGO service delivery of the *TCCs* showed a strong community presence, resulting in strengthened relationships, trust and reputation which in turn were thought to be expressed by an increase in the number of cases reported to them (Ndondo, 2017). Furthermore, there was cause to believe that the psychosocial support, particularly regarding court preparation facilitated

quicker trial times and increased conviction rates for the cases that went to court. Through successfully addressing trauma by collaboratively developing norms and standards for acute rape survivors care, transition from being a victim to becoming a survivor was thought to be aided. Furthermore, the reintegration into school, work and society was supported and poverty within the communities was alleviated through the contributing to employment and poverty reduction initiatives. However, a major issue hindering optimal service provision is the lack of governmental funding and the subsequent reliance on international donors who often impose conditions on their financial support that affect service provision. Further issues related to long waiting times and insufficient long-term support for survivors due to staff unavailability and inadequate or limited working space. Another criticism was the lack of uniformity and standardisation of services, coupled with a deficiency of accountability monitoring which may in turn lead to inconsistent service provision. Vetten (2015) further noticed how the inclusion of NGOs into the governmental support services adds an extra layer of complication as different NGOs are working at the different *TCCs* which is making services harder to evaluate and compare. Additionally, micropolitics and internal competition between governmental bodies and NGO providers have been found to result in hierarchical relationships adding to the complexity. Another issue of criticism was that while lay counsellors at NGOs provide the bulk of rape survivor support services, they are seldom trained professional psychologists, which means that many of the therapeutic interventions developed to deal with rape trauma fall outside their scope of practice. With limited information existing to guide community-based services for rape survivors and insufficient research being undertaken documenting local post rape services this appears as a serious research gap which the present study is looking to address.

On an international level of rape survivor support, indigenous women worldwide have also been advocating for better and more culturally appropriate services to help survivors of violence (Stop violence against women, 2019). A significant barrier for survivors is the long history of violence perpetrated from governments and majority culture, thus many indigenous women do not trust governmental organisation for support. This consequently lead to the formation of NGOs who now provide the significant scope of prevention and support services specifically designed for the needs of indigenous women. Similarly, survivor support mapping in Kosovo showed that the overwhelming majority of specialist rape support services was provided by NGOs trying to battle the lack of counselling services available to survivors across the country (Krol, 2017). Thus, showing how insufficient governmental

support prompts NGOs to step up to advocate and support survivors. One of such NGOs is the central point for this thesis and will be further evaluated in the next section.

2.7.1. Rape Crisis Cape Town Trust

With the particular research focus of this thesis being on *Rape Crisis* taking into consideration any previous research of the NGO is crucial. Although not much research has been set to evaluate the work done by *Rape Crisis*, some of *Rape Crisis*'s programmes have previously been evaluated in a few studies. Strydom (2014), for example, conducted a theory, process and outcome evaluation of *Rape Crisis*'s "Birds and Bees" peer education programme in Khayelitsha. Findings were generally positive, but flaws were found in regard to an underutilised programme theory, absent programme monitoring and organisational funding challenges and consequently a revised programme theory and monitoring framework was recommended. Furthermore, Goldman (2001) conducted a more general evaluation looking at the impact of *Rape Crisis* using a variety of data sources she analysed programme documents and publications of *Rape Crisis*, conducted focus groups with volunteers, as well as interviews with *Rape Crisis* management, staff, the chairman of the board of trustees, representatives of other organisations dealing with rape and/or referring cases to *Rape Crisis*, and clients of the different programmes. Overall, the organisation was found to be aligned with its mission and achieving its aims. Regarding the counselling programme, clients reported that the counsellors were patient, warm, caring and friendly and indicated that they appreciated their approach. The value of *Rape Crisis*'s counselling service was also highlighted by several community informants' stories of how survivors had been inappropriately treated by government social workers but received the help they needed from the organisation. Counsellor volunteers in Khayelitsha however indicated that without enabling women to address other areas of their lives where they may feel powerless (e.g. housing, food, HIV), counselling could be experienced as meaningless. Another evaluation of *Rape Crisis* explored the experiences of the counselling co-ordinator and six counsellors with the training provided by the personal growth and counselling skills course and whether training is adequate for dealing with the complexities of rape (Van Niekerk, 2006). The qualitative study indicated that the course is a good starting point for the counselling of rape survivors with distinct strengths in the theory and medical and legal aspects. It was however suggested that the structure of the course should be revisited and a more in-depth practical

component of practicing skills with possible follow sessions should be implemented. Gregorowski (2010) conducted an exploratory qualitative study with eight counsellors and three counselling co-ordinators focused on counsellors' experiences of working at *Rape Crisis*. The findings showed that many of the clients experienced multiple traumatisation and chronic stressors in addition to dealing with the impact of rape. Consequently, the most commonly reported barriers mentioned by counsellors was clients' conditions of poverty and the limited amount of sessions participants are able to offer due to limited resources. Overall, positive change in the majority of their clients following treatment were reported. Furthermore, while counsellors' passion and investment in their work with rape survivors was evident, secondary trauma was mentioned by many as a continuous struggle.

Thus, *Rape Crisis*'s service provision has been evaluated several times leading to improvement suggestions. While the above-mentioned studies allowed for continuous quality assurance and improvement provision, the focus of all of the studies relied on secondary data or the experiences of counsellors and *Rape Crisis* staff. Thus, to date, to the best of the researcher's knowledge, no study has concentrated on rape survivors' experiences with and perceptions of the counselling services by directly interviewing the rape survivors themselves. Researching survivors' views of the support they receive could give more insights into the programme's success and indicate ways of further improving survivors' experiences from the people who are supposed to benefit from the services.

2.8. Outline and Significance of the Study

Globally, there is a scarcity of evaluative research on sexual violence support services, and of the studies conducted within this area, the majority is set in the Western world, in particular North America. A review of the available literature on evidence-based research into sexual violence against women by Schopper (2014) also highlighted the significant lack of such research and the consequent inability to determine how sufficient the current quality as well as how suitable current interventions actually are, thus stressing the need for research in the area. Therefore, although the literature on sexual violence against women is increasing, not enough research has been done on the effectiveness of and survivors' experiences with the services provided to them. The few studies which examined survivors' experiences with the support systems indicated many flaws within the system and a general dissatisfaction of survivors sometimes even proposing further harm on them (Astbury & Jewkes, 2011; Campbell et al., 2001; Fry, 2007; Kilonzo et al., 2009). An

increase in NGOs providing survivor support has been noticeable within the last decades. It is therefore crucial to evaluate these new and fast-growing support services in order to fully understand the support available to survivors and how to optimise their experiences and minimise trauma. This research study will therefore add to the literature by analysing the unique experiences of rape survivors who receive counselling from the organisation *Rape Crisis*. Due to the lack of evaluative research on rape survivors' experiences and satisfaction with its counselling programme, *Rape Crisis* communicated a need for and interest in said research. Insights into and increased knowledge about survivor's experiences with counselling are expected to highlight the effectiveness as well as possible shortcomings and accordingly give rise to ways to further improve services, in the case of the present study those provided by *Rape Crisis*. Nevertheless, depending on the findings, implications may be generalised and thus help to improve support to sexual violence victims across organisations.

2.9. The Research Questions

The following research questions were asked: (1) What stories do women rape survivors tell about the challenges they experience after an incident of rape? (2) What are their narratives about their journeys of seeking help from *Rape Crisis*? (3) What stories do women survivors tell about their experience of the counselling programme at *Rape Crisis*? (4) What aspects of counselling do survivors perceive as most valuable? (5) Which aspects of the counselling programme are perceived as open for improvement or change? Exploring each of these questions helps to broaden our understanding of women rape survivor's' experiences and how counselling support is perceived, enabling improved service provision in the future.

Chapter Three: Research Methodology

3.1. Introduction

This chapter will outline the methodology employed in this study. It will begin with an overview of the qualitative methodology applied and the principles of feminist and narrative research which shaped this thesis. This will be followed by an outline of the participants' characteristics, as well as the data collection and analysis procedures. Thereafter the researcher's research journey is discussed, and issues of reflexivity are addressed. Finally, an examination of ethical considerations will be presented.

3.2. Qualitative Research

A qualitative research design was most appropriate for this study as it focuses on understanding the subjective experiences of real-world social situations, problems and interactions (Babbie & Mouton, 2001; Durrheim, 1999; Willig, 2013). It allows for first-person accounts and the exploration of how experiences are shaped socially, historically and culturally and is therefore consistent with the aim of the study in attempting to give rape survivors a platform to voice their experiences. Thus, by using qualitative research a rounded understanding of each participant and their individual story can be obtained (Ritchie, Lewis, Nicholls, & Ormston, 2013). Critical qualitative research furthermore does not adhere to one absolute truth but seeks to construct knowledge and acknowledges that each story may have multiple, sometimes contradictory, truths (Arminio & Hultgren, 2002). Qualitative research therefore enables us to explore the stories participants construct, and how the social world the participant lives in, influence their beliefs and experiences and thus creates those multiple truths (Ritchie et al., 2013).

The present study therefore employs a narrative approach. Narrative research is a type of qualitative design that is concerned with narratives - stories told about the self, others and the world as a means of making sense of them (Parker, 2005). While narratives are thought to be products of unique experiences, they are also socially guided and shaped, thus well-fitting with the feminist research paradigm (Ochs & Capps, 1996; Parker, 2005). By using a narrative approach and studying the stories of individuals, one can explore the ways in which individuals make sense of their realities and the contexts that motivate such understandings.

Consequently, a qualitative narrative research design is suitable for this study as it equips the researcher with tools to explore the subjective worlds of the participants and learn about and understand how they narrate their experiences of post-rape counselling. It furthermore facilitates bridging the gap between marginalised groups and the normative society, by giving participants the space to voice their side of the story and challenge harmful assumptions and misconceptions about their experiences. Thus, narrative research on trauma and gender based violence has been found to enable women to construct an identity, that allows for agency in authoring their own stories and experiences according to their personal frames of meaning and informed by their sociocultural positions (Boonzaier & van Schalkwyk, 2011; Brown, 2013). This is achieved through stories of resistance, empowerment and self-growth in contrast to dominant narratives of victimhood.

The aim of narrative research is to explore human actions, thoughts and feelings from the perspectives of the social actors themselves (Babbie & Mouton, 2007; Bowen, Bahrlick, & Enns, 1991). Participants have control by deciding which information they chose to provide and how to frame this information, and thus are viewed as the experts of their own lives (England, 1994; Watts, 2006). Narrative research is therefore consistent with the feminist paradigm of the study by acknowledging the existing traditional hierarchy between the researcher and those being researched and working towards an interactive researcher participant relationship that provides more agency to the participant.

3.3. A Feminist Theoretical Framework

While this research takes on a qualitative narrative approach to the overall design of the study, based on the research topic as well as the research questions, feminist principles guided this research. Feminism, as discussed in the previous chapter, inspired the rise of critical feminist research which the current study hopes to extend on. Feminist researchers view reality as a social construct and emphasise gender and power as integral influences in shaping realities (Locher & Prügl, 2001). Consequently, the framework surrounding this study is based on relativism, which emphasises that the meaning of people's experiences, knowledges and truths exist only in relation to individual's culture, society, or historical context, and are not absolute realities (Babbie & Mouton, 2007). Moreover, a critical point of feminist research is the concern about who constructs knowledge and how this knowledge is used. Research findings are viewed as the result of a co-construction of knowledge between

the researcher and the participant (Watts, 2006). It is therefore crucial to carefully observe the social identities of both the participant and the researcher to notice how they influence the research process. Thus, remaining reflective throughout the research process is a vital aspect of conducting feminist research. Knowledge construction as such is never seen as neutral, the generated findings should therefore have practical implications and meaningful impacts on women's personal lives as well as for the broader feminist agenda. Accordingly, the research outcome must form a contribution towards political activism, by helping to make the personal political and being applicable and useful beyond the study itself. The present study is hoping to achieve this firstly by giving a platform to rape survivors to tell their own stories and experiences with the support system, and secondly by using these stories to better understand and consequently improve upon current services, thus creating an impact beyond this study.

3.4. Study Context and Participants

Semi-structured interviews were conducted with 15 women rape survivors, between the ages of 19 and 63 years. The sample represented a broad age range of women and reflects the vast variety of age groups that seek support from *Rape Crisis*. Although *Rape Crisis* provides counselling to girls from the age of 14 years, minors were not included in this study due to extra caution around ethical concerns. While men can also be victims of rape, the present research focused on women rape survivors, including any person that identifies as such, regardless of biological sex. The focus of researching women rape survivors was due to the collaboration with *Rape Crisis* as the vast majority of their clients are women and they were interested specifically in this sample. Furthermore, the racial composition of women in this study reflected the diversity of South African, and particularly Capetonian, society in general. One woman identified as white, eight as coloured, and six as black. These racial categorisations between, white, coloured and black stem from Apartheid times in South Africa and although discrimination basis on these categorisations is no longer legal, being part of one these categories still governs treatment from others based on stigma and stereotyping, thus these categories are thought to be useful distinctions in this research. All but three of the participants were from South Africa, while these three women migrated from other parts of the African continent. Ten women identified as being Christian, three as Muslim, and two did not disclose their religious beliefs. Furthermore, the sample represents participants from a variety of social backgrounds, with 11 participants residing in the Cape

Flats, a name given to different areas of Cape Town, geographically grouped together, that became home to black people that were forced out of more central urban areas under the apartheid government's *Group Areas Act*. While the sample included two university students and 2 full-time employees, most participants identified as performing informal labour, being housewives or currently being unemployed. Consequently, women in the study represented a variety of different age groups, races, religions, and socio-economic classes. Like previously noted by Hooks (1989, p.21) "interlocking systems of domination- sex, race and class" inform experiences, yet the experience and trauma of rape itself appeared to overwhelm these categories. This research sample demonstrates the pervasive nature of sexual violence against women in South Africa and how it does not discriminate based on age, race, religion, or socio-economic class.

Table 1: Participant Overview (note that participants were free to give as many or little information as they wished and thus the scope of information available differs across participants)

Name	Age	Race	Rape	Other Info
Sarah	22	White	Raped in 2013 + history of sexual violence during teenage years	Lives in central Cape Town, University student, identifies as non-binary Lesbian
Yana	51	Coloured	Raped and abused in 2014 by a friend while living on the streets	Now living in a shelter in Cape Town, has three children living overseas, Christian
Anneline	28	Black	Gang-raped in 2015 in Cape Town home + raped as a teenager in Burundi resulting in pregnancy	Lives in township with husband & three children, college student, Muslim, from Burundi
Zara	27	Coloured	Raped in 2013 + molested as a child	Lives in a township, former Police officer, with a four-year ongoing court case
Bukiwe	30	Black	Raped in 2006 by an acquaintance	Lives in a township with husband & child, nurse, Christian

Sameera	20	Coloured	Drugged and raped in 2016 + molested as a child	Lives in a township with parents, University student, Muslim
Elisabeth	57	Black	Raped in 2015 at knife point in a township street	Lives in suburb of Cape Town with disabled husband & five kids, does informal work, Christian, from Congo
Rose	63	Coloured	Likely drugged and raped in 2016 sleeping over at a friend's house	Lives in a township with adult daughter, does informal work & gets a pension, Christian
Anathi	54	Black	Raped in 2016 during a house break-in	Lives in township with partner & two kids, does informal work, Christian, from Congo
Donna	59	Coloured	Raped and abused in 2016 by (then) husband	Now living in a shelter in Cape Town, widow with six kids, Christian
Thembi	26	Black	Raped in 2017 by boyfriend while sleeping	Lives in township, does volunteer work, Christian
Mishkah	19	Coloured	Raped as a child in 2004 by uncle & abused by step dad	Lives in township with family, goes to school, Christian
Kelly	40	Coloured	Raped in 2016 by husband in their home	Lives in township, single mom of three, unemployed, Muslim
Avril	37	Coloured	Raped and harassed in 2016 by manager at work	Lives in township with three kids, unemployed, Christian
Maggie	37	Black	Raped at work + abused as a child	Lives in township with sister, is physically disabled, Christian

Participants were recruited via purposive sampling through *Rape Crisis*; contact was made with the operations manager and the counselling co-ordinators of all three *Rape Crisis* centres in Cape Town – located in Observatory, Athlone, and Khayelitsha. After initial meetings and introduction to the research, the counselling co-ordinators in Observatory and Athlone agreed to assist with recruitment of participants. Clients who recently completed counselling or were in their final sessions of counselling were identified by the counselling

co-ordinators and asked by their counsellor if they were willing to participate in the study. If the women were interested, a time and date that suited their schedule was arranged to conduct the interview at the *Rape Crisis* office of their choice. The women were not paid to participate in the research but were reimbursed for their travel costs to and from the interview. Only women who either concluded or were in their finale sessions of counselling were asked to participate, to minimise potential harm to the survivor by asking sensitive questions too soon in their recovery. Thus, the only recruitment criteria for participation was to be a woman who has been raped above the age of 18 and in the final stages of psychological counselling. The final sample consisted of women who received anywhere from five to 24 counselling sessions, this significant disparity is based on the individual variations between women and how many sessions they attend before feeling confident to conclude counselling. The full *Rape Crisis* counselling programme consists of 12 sessions, but women can stop the counselling as they feel comfortable to do so and can return if they feel the need for further support.

3.5. The Data Collection Process

Data was collected through once-off, face-to-face interviews in November and December 2016 in the Observatory office, and March, April, and August 2017 in the Athlone office. The method of unstructured interviews with some areas of focus was chosen as it allows for a rich, in-depth, holistic understanding and thick descriptions of the participants' experiences (Smith, 2000). This has been found to be particularly useful for gaining an understanding of the success or failure of interventions and in identifying aspects requiring change (Palinkas, Aarons, Horwitz, Chamberlain, Hurlburt, & Landsverk, 2011). My ambition for the data collection process was to keep interviews open-ended and relatively unstructured. This type of interview achieves a format closer to a conversation, a discourse between two speakers who are co-constructors of a narrative (Langellier, 1989; Riessman, 2008) as opposed to the classic interviewer – interviewee question and answer format. Thus, rather than being guided by a predetermined interview schedule, I began the interview by introducing myself and allowing the participant to ask questions about myself and the interview process. I then asked the participant to introduce herself and started the interview by asking “Can you tell me about your journey towards obtaining counselling from *Rape Crisis*?”, letting the interview evolve naturally from there and only interfering to probe question such as “Which aspects of the counselling programme do you feel have been most

beneficial to you and why?” and “What, if any, challenges have you experienced with the counselling you received?”

The interviews lasted between 45 and 70 minutes and were recorded, with participants’ permission, using a digital voice recorder. Interviews were later transcribed by a transcription service, a Cape Town based company that prides itself on confidential and accurate transcriptions. Transcriptions were then doublechecked by me for reliability.

3.6. The Data Analysis Process: Thematic Narrative Analysis

Narratives do not speak for themselves but need to be analysed. There are several types or methods of narrative analysis, each focusing on different aspects of the narrative (ibid). Thematic narrative analysis as described by Riessman (2008) was used as the method of data analysis in this study. Thematic narrative analysis is a categorising strategy for qualitative data; the researcher reviews the transcripts, makes notes and starts to code sentences, sections or paragraphs, similar codes are then grouped together, and main themes are developed (Boyatzis, 1998). Thus, data is interpreted by identifying common stories and themes across research participants. The individual narratives within and across participants’ accounts are thereby analysed as a whole and are not fragmented as in other content-driven forms of qualitative analysis. This approach was most appropriate for the present research as it allows for themes to emerge from within the data and enables the researcher to find similarities and shared experiences between participants by comparing the emerging themes within each interview (Braun & Clarke, 2006). Consequently, this type of analysis focuses on the content of narratives rather than the “local context” such as the structure or language of these narratives (Riessman, 2008). The key objective of the thematic narrative analysis is to explore what the participants’ say about their experiences with counselling, rather than how they say it in terms its structure or linguistic features.

The feminist framework of this study however calls for the consideration of the relationship between the researcher and the participant and the acknowledgment that research findings are a result of the joint construction of knowledge and meaning between the researcher and the participants (Watts, 2006). It is important for me as the researcher to reflect and comment on my influence over the research process and the data produced. By researching the experiences of women rape survivors in South Africa as a white, middle class, foreign woman, my presence will have impacted on what narratives were told to me

and which narratives went untold. I therefore believe it is important for me to pay attention to this relationship. Consequently, elements of dialogical narrative analysis were incorporated to supplement the thematic narrative data analysis process. Unlike thematic narrative analysis, dialogical narrative analysis pays close attention to the context within which narratives are produced. Dialogical narrative analysis acknowledges that stories are produced within a certain interactional, historical and discursive context (Riessman, 2008). The narrator chooses to tell certain stories, while omitting others, depending on who the perceived audiences are. The audience therefore becomes a significant contributor to the narratives told as they help construct and give meaning to the story (Langellier, 1989; Riessman, 2008). While the audience to the narrative may vary, be either real or imagined, this type of analysis focuses on the interaction between the researcher and participant. Researchers not only help constructing the narrative by being the audience, they also play an active part in creating the narrative told (ibid). Due to the unstructured, conversational nature of narrative interviews, the telling of personal narratives is heavily influenced by normal conversational structures such as the amount of eye contact that is made, the body language and turns taken to talk between the narrator and audience member. Therefore, in dialogic narrative analysis, narratives arising from the research interviews are analysed as a product of the joint construction of knowledge and meaning between the researcher and the participant (Langellier, 1989; Watts, 2006). The researcher may choose to pay attention to different features of the story from how narrators are positioned in the story, the settings that produce the conditions of performance, the dialogue between the interviewer and interviewee and the reaction of the interviewer (Riessman, 2008). This analysis is useful in studies on identity construction; how the narrator portrays themselves and wants to be seen. It allows one to analyse how the interviewer is involved in the narrative process too (ibid).

In summary, data was analysed using a thematic narrative analysis, which has a strong focus on the content of the narratives. Commonalities and difference between the narratives were identified and put into themes. This was thought to be the most beneficial way of data analysis to answer this study's research questions as it enables the creation of overarching themes common between participants and thus allows to show trends that can be taken into consideration when revising current service provision.

3.7. Researcher Reflexivity

Qualitative research does not claim to be objective, instead it calls for reflexive researchers who are aware of the effects of differences and similarities and acknowledge their own influence over the research process (Babbie & Mouton, 2007; Banister, 2011). Thus, while I aimed not to actively interfere and control the research, it is crucial to acknowledge the inevitable impact that my presence has on the research process. Reflexivity refers to the belief that the researcher's historical and personal position will affect what topic to investigate, which angle to investigate from, which methods to use and how to interpret and communicate findings (Malterud, 2001; Mruck & Breuer, 2003). It is therefore crucial to be aware of the effects that the researchers' subjective understanding of the research, her position in society and individual ideas and biases influence the outcome of the research (England, 1994; Willig, 2013). Both qualitative research and feminist research argue that the researcher is not neutral but is instead central to the research process (ibid). Thus, the researcher's demographics such as race, gender, and class influence the types of stories that are shared by the participants (Eagle, Hayes, & Sibanda, 2006). As has been discussed in the previous section, narratives are actively constructed in interaction, and participants may alter or change their narratives to fit the expectation of the researcher, or even omit certain stories out of fear of being judged (Grenz, 2005). Being a reflexive researcher throughout the whole research process is crucial to produce good qualitative research and I believe reflecting on the complex relationship between myself, participants and the research output needs to be unpacked. Doing so in one paragraph does not seem enough, I will therefore incorporate my reflections throughout the discussion of the research findings.

However, I believe a brief description of myself is needed to frame the relationship between my participants and I and give more context to the study. I am a 26-year-old, white cisgender heterosexual woman of German descent. I grew up in a middle-class environment and as a master's university student enjoy a position of privilege. My personal value system is influenced by liberal-progressive political views and agnostic religious beliefs. As a researcher of experiences with gender based violence from a broad spectrum of women, of different age groups, races religions and social classes my role as either an "insider" or an "outsider" in the research process was different in almost all the interviews. Collins (1990) argued that being an 'insider' is more of an advantage because the researcher can use their insight of the group to gain more trust and thus more intimate knowledge from them. Fanow and Cook (1991) however contended that it is better to be an 'outsider' as one is perceived to be neutral and thus participants would share more information.

Differences between me and the participants were further amplified by having to conduct most interviews in English, which frequently was the second or even third language of participants. While South Africa has 11 official languages, I only speak English and have a limited understanding of Afrikaans and isiXhosa. Consultation with *Rape Crisis* implied that most participants are comfortable to communicate in English, Afrikaans and isiXhosa, thus for the latter two I organised and trained translators to conduct the interviews for me. Although this option was offered to participants only one woman requested to be interviewed in isiXhosa, with the rest being conducted in English. While it was participants' choice to conduct the interviews in English, using a second or third language as the base of this narrative study may have led to a loss of language cues and context of language, leaving participants less able to express themselves to the extent they would in their native language. Thus, while I only interviewed participants who were comfortable talking to me in English, it not being their first language might have shaped the ways in which they were able to talk about their experiences. Additionally, this could have symbolised my power as a researcher in the interview context and created a hierarchy between me and the participants.

Consequently, as the researcher I must remain reflexive during all stages of the research process, negotiating between arguments, interpretations, and the available data to provide a careful and reflexive study which will not distort the realities of the stories to be analysed. I was aware of the effect I might have on the direction of discussion during the interview and my own pre-disposed ideas of the information that is presented by the participants.

3.7.1. Researching Sensitive Material

Social science researchers are expected to be removed from their research and occupy the role of the dispassionate researcher. Western philosophy places knowledge and emotion on opposite sides of the spectrum, yet the concept of 'dispassionate research', free from the researcher's emotions or values seems impossible (Jaggar, 1996). Instead, research motivated by positive emotions such as passion, compassion, and dedication represent a better chance for transformations and social change than detached, positivist research, which operates in a vacuum from the researcher's emotions (Jaggar, 1996; Malacrida, 2007). This is furthermore more appropriate for feminist forms of research that aim to advance social justice. It is consequently, important to acknowledge the passion, anger and sorrow of the researcher

while researching sensitive subjects such as rape. I found it impossible to remove myself from this research as violence against women is an issue that is so closely connected with my own life as a woman living in South Africa with the potential of sexual violence always on my mind.

Researching emotional topics, such as rape, can be a challenging and emotionally demanding task. Yet, there is only very limited literature documenting how researchers cope with this emotionally upsetting experience. Outside of critical psychological research, discussions about the emotional impact of the research on the researcher are often silenced and minimised to conversations between supervisors, colleagues, and other students. Emphasis lies starkly on the importance of avoiding inflicting harm on participants but pay little attention to the emotional well-being of the researchers involved in this challenging work (Campbell, 2002). Remaining self-aware, reflective and practising good self-care have been found to be significant when researching sensitive material (Dickson-Swift, James, Kippen, & Liamputtong, 2008; Malacrida, 2007). To protect my own emotional well-being while conducting this research, interviews were spaced out over multiple months, I had the opportunity for debriefing counselling sessions at *Rape Crisis* and when necessary accessed informal support from colleagues and friends. Having access to regular meetings and discussion with my supervisor furthermore provided me with crucial support. Additionally, I participated in mindfulness classes and regular yoga sessions which helped to prevent emotional distress or burn-out (Campbell, 2002; Dickson-Swift, James, Kippen, & Liamputtong, 2007).

3.8. Ethical Considerations

Participation in this study was voluntary and participants were given ample information about the purpose and procedure of the research before data collection took place. Consent forms informed participants of the details of the researcher; the purpose of the research; research process; and confidentiality issues and instructed them of their right to leave the interview at any point should they wish to do so, as well as to refrain from talking about anything they were uncomfortable with. Participants were also notified that their decision to partake in the study would not influence their relationship with *Rape Crisis* in any way. Those who agreed to partake in the study were then required to sign the consent form (see Appendix A) which also indicated their permission for the gathered interview data to be

recorded and used for research purposes, in this case formulating a Master's thesis which may be published and presented at conferences as well as to *Rape Crisis* itself. Participants were guaranteed anonymity and confidentiality. All information shared by the participants during the interviews are kept confidential and participant's identities are safeguarded by using pseudonyms in the reporting of the research findings. Furthermore, a confidentiality agreement was signed by the transcriber of the interviews (see Appendix B). The collected data is stored in a password protected electronic file which is only accessible to myself and my supervisor and will be destroyed after five years.

Avoidance of potential harm to participants is a central ethical consideration in qualitative research, not only in terms of physical harm, but also in terms of emotional harm (Guillemin & Gillam, 2004; Hewitt, 2007). As the researcher, I took the highest care to respect the participants and the stories they shared and allowed for the interviews to proceed at the comfort of the participants. There was however the possibility that participants would experience emotional discomfort or become distressed when talking about and revisiting some of the traumatic experiences that came up during interviews. Therefore, following the interview, participants were debriefed and informed about their option to receive additional counselling from *Rape Crisis* should they require it. They were also given pamphlets containing further resources about survivor support and identifying alternative support organisations which would be available to participants should they prefer to use them (see Appendix C). However, none of the participants indicated that they felt they required additional support following the interview. Furthermore, each participant was debriefed directly following the interview and I provided participants with any necessary information to complete their understanding of the research and addressed any questions and misconceptions arising from the interview. Participants were asked to comment on how they felt during the interview and provide feedback on the interview process, allowing me to identify and if necessary, manage any distress provoked through the interview.

3.9. Summary

This chapter outlined the theoretical framework surrounding this research, while also detailing the research process and introducing the participants who helped to shed light on women's experiences with rape trauma counselling and how it has shaped their lives. The

next chapter will explore the themes that emerged from the research interviews regarding the research questions, while linking the findings back to the available literature.

Chapter Four: Rape Survivors' Journeys to *Rape Crisis*

4.1. Introduction

This chapter will outline the most prominent themes that emerged from the analysis. It begins with an overview and discussion of the narratives related to the research questions about the challenges after experiencing rape as well as survivors' journeys to *Rape Crisis*. This will be followed by an overview and discussion of the narratives connected to the research questions about women's experiences with counselling, the value survivors' see in counselling, and what can be done to improve the support structure. Finally, the topic of reflexivity and the researcher's research journey is explored in more detail.

4.2. Rape Survivors Narratives on Post-Rape Challenges

The Silence and Stigma that Victimises Survivors

This theme was raised in one way or another by all the 15 interviewed women. Over and over women talked about how the silence surrounding discussions of rape, the stereotypical notion of what constitutes as rape and the subsequent shaming from outsiders towards rape survivors accentuated their struggles.

Corresponding with the degree of vast underreporting of rape as discussed in chapter one, the issue of rape is not perceived as one that can easily be discussed, even amongst family or close peers. Previous research suggests that this is due to a vicious cycle of individual's speaking out but receiving negative feedback which then further pushes them to instead remain silent (Ahrens, 2006). Feminists also emphasise how social power structures privilege some voices over others, associating silence with powerlessness in society (Reinharz, 1994). This power imbalance which also exists during the experience of rape makes it unsurprising that rape survivors frequently remain silent. Similarly, in the quotes below, the women in this study recalled how rape was simply never a topic that was open for conversation and how even when it happened it was brushed away and dealt with as quickly as possible, involving as few people as possible.

Annelie: Growing up, we saw a lot of blood and we saw people they were dying, but when rape happened we don't talk about it. It stays silent.

Kelly: I got two, we are seven sisters. So out of the seven, two of my sisters got raped years ago and the way we handled it that time was we weren't made aware of things like this, counselling and stuff like that. We dealt with it at home and there wasn't a court case, there was nothing.

This silence surrounding the issue of rape consequently aggravates women's lack of knowledge on what constitutes rape and leads to a very one-sided narrative of what the "ideal rape" looks like and who it happens to (Collins, 2013; Dosekun, 2013; Gavey, 2005). While this idealised construction of rape does not correspond with the realities of most rapes, it nonetheless fosters doubts surrounding one's experiences and how to label them. This, in turn is making it even harder for the women whose experiences do not match this narrative to identify and legitimise their experience as rape, which was also reiterated in the narratives of the participants in this study.

Sameera: When I came in here, I had a problem with understanding if it was rape or if it was not rape. I was confused.

Kelly: But knowing who I'm, I never thought that it would happen to me, to be honest. I just didn't seem like the type for it to happen to.

Furthermore, by acknowledging what happened as rape, women had to take on the associated identity change of being a rape victim/survivor which can be perceived as an additional burden that is too much to handle, especially shortly after the rape happened. Consistently, research has found that half or more of all women who experienced rape did not apply that label to their experiences (Bondurant, 2001; Kahn & Mathie, 2000; Koss, 1985). It was consequently found that those women whose rape cases matched the "ideal rape scenario" were more likely to label their experience as such, and vice versa (Bondurant, 2001). Furthermore, women who labelled their experience as rape were more likely to be older, less familiar with their perpetrator, and experienced more force, as well as consequent stronger negative effects following the rape (Kahn, Jackson, Kully, Badger, & Halvorsen, 2003). Another study with college students found that students have solid reasons for labelling their experiences as something other than rape (Khan, Hirsch, Wamboldt, & Mellins, 2018). Labelling was perceived as an actualization of survivors to formalize a previous ambiguous experience, which in turn makes the experience concrete and "real". The

students believed, labelling would have negative effects on their current identity and limit access to current or future opportunity structures, as well having harmful consequences for their social relationships and group affiliations. Sarah's narrative below also highlights her struggle with defining and labelling what she had experienced as rape due to her experience not matching that of the "ideal rape scenario". Meanwhile, she also acknowledged her fear of being associated or defined by what has happened to her and thus does not feel ready to call herself a rape survivor.

Sarah: In my first year of university I was raped, and I didn't acknowledge that or realise or process that it was rape until this year, so it is only three years later when there was an anti-rape protest at university that I actually acknowledged it as rape. I think rape culture is so inherent and entrenched in society it makes it very difficult to acknowledge when rape has happened, it is hard to use the word "rape". It took me so long to acknowledge that what happened was real, because I think there are a lot of narratives around rape that are still quite harmful and when I was raped, I was drunk and a lot of my memories were confused and a lot of my memories only returned to me this year as well, so it felt like somehow it was less legitimate that I could only acknowledge something after so much after it had happened. And I think there are a lot of narratives around victimhood and survivor hood that are connected to rape that are full of sometimes romanticised stereotypes or these identities before it, that I did not feel ready, still not ready to take on an identity of a survivor or a victim as opposed to just being a person who has been victimised and who has survived. I think there is a shift somewhere, so I think I was afraid of those things in coming here. Afraid of having those identities projected onto me.

Once the women moved past their struggle to identify what had happened as rape and took on the label of being a rape survivor, their stories consistently showed how the people surrounding them, even their most loved ones, failed to understand them or did not know how to respond or support them according to their needs. This is an important finding given that most survivors first disclose their rape to friends or family (Ahrens et al., 2009; Dworkin et al., 2016; Krebs et al., 2016). Similarly, negative reactions from the people the survivor trusts the most and discloses to first can have a negative impact on further help seeking behaviour and thus amplify the negative consequences felt by the survivor (ibid). This lack of

understanding and appropriateness of response was also experienced by Avril when disclosing to her husband, as can be seen in the quote below.

Avril: I have spoken to my husband now. But I didn't feel like I can speak to him, tell him everything. He is going to look at me and think, he is going to judge me. He actually said, he doesn't know how to deal with me, with this situation, he can't help me with that.

While this lack of understanding and support from friends and family following their disclosure has been theorised as potentially harmful, survivors also noted how bearing the label of being a rape survivor changed how other people reacted to and perceived them. This frequently resulted in overtly harmful responses from outsiders, such as victim-blaming or at least the expectation thereof. The consistent experience of victim blaming of rape survivors has also been established in previous research, which emphasised how survivors although being the victims of the crime are nonetheless denigrated and blamed for their role in the rape, or held responsible for the rape, as demonstrated in Yana's narrative below (Calhoun, Selby, & Warring, 1976; Janoff-Bulman, Timko, & Carli, 1985).

Yana: And some (people) want to tell me it is my fault I got raped. And I said, "No, it's not. It is not my fault. I was just with the wrong guy.

Interestingly, while victim blaming has been established as causing negative emotions and responses in survivors, women in this study also noted how patronizing and pitiful responses felt just as unhelpful or potentially hurtful. Unfortunately, there seems to be a scarcity in literature assessing the effect of these overly sympathetic responses to rape survivors and how, while possibly not intentional, they may be just as problematic. An example of that is shown by Thembi's story below.

Thembi: People when you tell someone else that is not trained, the difference is you become that someone that is like arggh shame, they are always giving you that shame. Or they maybe feel sympathy for you all the time.

Receiving these overly sympathetic and/or negative and victim blaming responses, combined with the realisation that even the women's most loved and trusted ones are unable

to understand or to provide support fostered the continuous silencing around the women's experience of rape. Consequently, many of the women's stories reflected how survivor's felt reassured into staying silent in order to not have to deal with the stigma and shame from other people, which was anticipated to happen. Similarly, below Bukiwe is describing how her experience of being blamed and misunderstood lead her to not wanting to talk about or have other people talk about rape in her presence. Annelie's narrative shows how the anticipation of other people's reactions combined with the lack of understanding from her husband reassured her into not telling anyone else in order to protect herself against more negative judgement.

Bukiwe: I didn't want anyone to speak about my rape when I'm around. I will become angry to feel like this person doesn't understand what this means, because she or he didn't went through it. It is like they don't understand. They understand, some. The others they don't. What I can say is some of the women they blame, they blame you. They will blame you for what happened. For instance, you will hear what they say especially, like the old people, about dressing in short skirts and like to be out, like to head out there, but it doesn't mean she must be raped because of that. And they will say haai, she wanted it, she deserves it.

Annelie: It was difficult, I don't know. I was thinking maybe when I talk, maybe they are going to laugh. She was raped? How? And then they will think, three men? Maybe she was a prostitute. How can three men rape you? Maybe they are not going to understand me. Even my husband sometimes I didn't believe he understand me. So that is my life, and that is my story and I do not want to share with anyone if they judge.

The silencing surrounding the issue of rape, combined with the stigmatisation of being a rape survivor fostered a vicious cycle leading towards the isolation of the women. Thus, the participants frequently told stories about not wanting to even go outside anymore, in order to avoid any unwanted reactions or judgment. This withdrawal from the social square and the subsequent isolation of survivors has been discussed as a critical negative consequence of rape in previous research (Golding et al., 2002; Jewkes, et al., 2002b). Below, Anathi recalls how the fear of people's reactions towards her isolated her to the extent of not

wanting to leave the house in order to not have to face people who could potentially judge her.

Anathi: I was afraid to go outside and to look at people thinking that they will look at me and judge me because of my situation. I was afraid thinking that people will look at me because of my experience and also think that everyone is talking about me.

To summarize, narratives surrounding the silence and stigma that victimises survivors were commonly found in all the women's accounts and manifested themselves throughout multiple subthemes. Firstly, the silencing around rape as a topic left women with very limited, specific and unrealistic definitions of rape which did not correspond with their experiences and consequently created an additional struggle to define their experiences as rape. Once women labelled their experiences as rape, they had difficulties attaching the label of being a rape survivor to themselves due to the associated stigma. Furthermore, when women disclosed their experiences to trusted ones they were frequently met with a lack of understanding or even blamed or patronised which strengthened their beliefs that staying silent was their best option. This often led to further isolation as a guarantee to not have to be exposed to negative reactions or judgment from others. Thus, survivors' narratives portrayed the experience of multiple negative effects due to the silence and stigma surrounding rape and it can in turn be expected that these effects did further intensify their psychological burden.

The Psychological Effects of Rape

Consistent with previous research, this study found that stories about the experience of self-blame were incredibly common amongst rape survivors (Campbell et al., 2009; Yuan et al., 2006). In fact, previous research estimated over 50% of rape survivors to suffer from self-blame and associated it with elevated symptoms of PTSD, depression, and anxiety, as well as lowered self-esteem and perceived control, and increased revictimization (Arata, 1999; Branscombe, Wohl, Owen, Allison, & N'gbala, 2003; Miller, Markman, & Handley, 2007; Moor & Farchi, 2011). Given the pervasiveness of women's accounts of being blamed and judged from the people they turned to for help and support in this study, I theorise that the shaming that was experienced from outside manifested into self-blame which was commonly mentioned across nearly all of the interview narratives. This can be seen in the two examples below, with Avril mentioning how the feeling of responsibility and self-blame for the rape hindered her to seek help at first.

Elisabeth: I was feeling very, very bad and I was blaming myself. I didn't call for help. I didn't do anything. You see, joh, why this situation happened to me? Sometimes the load is very much.

Avril: I was a bit scared of reaching out to people because I felt what I went through was my own fault.

A frequent coping mechanism, to escape or numb the unpleasant psychological effects associate with self-blame that followed their experience of rape, was the use of alcohol or other drugs. Numerous studies have previously highlighted the correlation between the experience of rape and an increase in alcohol, tobacco and illegal drug consumption (Kilpatrick, Ruggiero, Acierno, Saunders, Resnick, & Best, 2003; Miranda, Meyerson, Long, Marx, & Simpson, 2002; Ullman, Filipas, Townsend, & Starzynski, 2005). In fact, a WHO report (2002) showed rape survivors to be 13 times more likely to abuse alcohol, and up to 26 times more likely to abuse drugs, highlighting the weight of the issue at hand. Consequently, and aligned to the narratives from this study I theorise that survivors use drugs as a coping mechanism to self-medicate the pain away or to numb their negative feelings, as is illustrated by Zara and Sameera below.

Zara: For the time being I've been holding onto my own things, never spoke about it, because even in my house it's just a matter of it happened, we don't speak about it. I dealt with it in a different way, I went to drugs, I did all those things just to numb whatever I was feeling.

Sameera: I just wanted to be alone at home, I smoked like four bongos to get rid of the way I felt and started acting as if nothing happened. I just cut out whatever happened. Fuck yes, I was raped but I don't actually give a fuck about that because I need to move on with my life actually. So, I'm just going to run as fast as I can away from whatever I'm feeling and just like make sure that I just move on with my life.

Similarly, nearly all the women reported symptoms of depression, most frequently presenting itself in a desire to remain alone and withdraw from social life, and as strong emotions of sadness and anger, as well as changes in eating- and sleeping patterns. This

finding is very much aligned with previous research that consistently showed heightened symptoms of depression, including anxiety, eating- and sleeping disorders amongst rape survivors (Basile & Smith, 2011; Chen et al., 2010; Weaver, 2009). Depression has thus been established as a natural reaction to traumatic events or situations, including rape and includes multiple symptoms, whose severity may differ according to the individual and their circumstances. Below the stories of Maggie and Annelie show their various depressive symptoms and how they hindered their daily functioning.

Maggie: I can't greet, I can't say help. I can't say anything. Don't want to talk to anyone. I went to the bedroom, I cry inside, because I can't cry outside. I didn't sleep fine, deep. I was always waking midnight and then cry and cry. Too much tears.

Annelie: I wanted to stay in the room alone. I didn't want to see my children. I don't want to see anybody, even not to bath. I don't eat anything. Nothing. I didn't have even sleep and if I was trying to sleep I would dream about what has happened. I didn't have any feelings. And I was like to get angry quickly. I was just feeling helpless, yes, I was just feeling very, very bad.

In line with these recurrent accounts of symptoms of depression, thoughts of, as well as active plans and failed attempt of suicide were common in nearly two thirds of the participant's narratives. While shocking, this is in line with past research that suggests an up to four times higher likelihood of rape survivors to contemplate suicide (World Health Organization, 2002). Previous research also repeatedly linked the experience of rape with increased suicidal thoughts and attempts, which are seen as a last resort of dealing with the desperation and pain left behind by the experience and subsequent burden of rape (Ackard & Neumark-Sztainer, 2002; van Egmond, Garnefski, Jonker, & Kerkhof, 1993; Segal, 2009). Similarly, and as shown in the quote by Rose and Avril the overwhelming feelings of sadness and anger combined with shame and embarrassment and the burden of the silence surrounding their experiences fostered thoughts and attempts of suicide.

Rose: I didn't want no one to see me, I was just locked up in my room. And it was so horrible. And I said "god, why did you do this to me". Why did you allow this to happen to me? What did I do wrong?" I was so angry. I felt like that. And there was a time that I wanted to jump down the building. I wanted to kill myself. I couldn't take

it anymore. It's not nice to be alive when you are raped. It's not a nice feeling. You cry day and night. You will wake up with tears in your eyes. It feels horrible.

Avril: I blamed myself for what I went through, I didn't feel like reaching out to anyone. I actually ended up twice in hospital. I just felt no, today's the day. Let's just end my life because my family didn't know what I was going through. My husband didn't know. I felt, I didn't want them to know what I was going through. So, I thought, maybe if I'm dead it's better if no one knew what I was going through. Spare them the embarrassment and all of that. But that didn't work as I had planned it to. So, I thought, no man, this is not the right way, there must be another way for me.

To summarize, this theme showed the most prominent psychological effects of rape that evolved from participant's narratives. Consistent with previous research, this study found that experiencing rape had long-term psychological effects on the survivors which were exceedingly present in all the women's stories. Most prominent were account of self-blame, subsequent substance abuse to numb feelings, strong but varied depressive symptoms, as well as thoughts and attempts of suicide. This again highlights the severity of the effects of rape on women's health and consequently amplifying the need for adequate survivor support.

Help Seeking as a last resort

For most of the women seeking outside help, or any help at all, was a last resort rather than a go-to response after experiencing rape. This can be partly attributed to the previous themes on the silence and stigma surrounding rape which in turn make it harder for survivors to speak out due to the anticipated lack of understanding or even shame and judgement from others. Thus, rape survivors were found to isolate themselves and resort to self-medicating substance abuse to numb their symptoms of depression. Consequently, nearly all the interviewed women described how they denied or ignored their experiences and the impact they had on them until they overwhelmed them to an extent where their reluctance to seek help was overpowered by it being their only remaining option of coping. Previous research also found that rape survivors frequently express a strong desire to forget the incident and move beyond it, and how while this might work to some extent, triggers would foster painful recalls as the issue was never fully addressed (Bletzer & Koss, 2006). In the narratives below, both Thembi and Sarah are talking about how they were not coping and eventually just felt overwhelmed to the extent of feeling a severe need to speak out.

Thembi: All my life I've been holding those things to myself, I thought I was strong, but I wasn't coping I was just trying to ignore it all, before I came here I felt all alone. I felt like I'm fighting my challenges alone. Whereas you couldn't fight it alone. I was tired, I felt like it's too much.

Sarah: I started having panic attacks and nightmares and became very desperate for help. So, a friend of mine suggested I come to Rape Crises, but it took me a very long time to be able to come here

Interviewer: Why do you think it took you such a long time?

Sarah: There was a lot of blaming myself and lot of being afraid that, I think being afraid that I didn't deserve help or, and then I guess I got to the point where it was quite urgent, and I was quite suicidal. I was like very ready to get help at this point I guess, I needed help, and I kind of had to get to that point where I was just really desperate, and I needed help desperately and I got help here.

Previous research also stressed the importance of readiness and motivation for counselling in order to benefit from it fully (Gilbert and Cunningham, 1986; Norcross, Krebs, & Prochaska, 2010; Ryan, Lynch, Vansteenkiste, & Deci, 2010). Thus, although the women waited to seek help until desperation overcame them, in the cases where they were aware of the support services, they indicated that they purposefully delayed reaching out in order to get to terms with what happened to them on a personal level first. Consequently, it appears that survivors feel the need to at first try to resolve and understand their experiences by themselves before being able and feeling ready to bring the issue to another person. This is also shown in the story told by Zara below.

Zara: I never heard of Rape Crisis. I just, in the evening, the day that I was at Groote Hospital after the rape, then they pointed me to Rape Crisis, but I didn't follow that

Interviewer: Why did you originally not want to come?

Zara: I felt it just happened, I'm not going to speak about it now. I first needed to come to terms with it. I need to accept that fact that it happened first.

Interviewer: How difficult was it to come to counselling the first time?

Zara: I didn't want to, it took me ages, they gave me the number at court and I had the number, but I just didn't do it, because it was letting someone else into my space

Interviewer: Why did you decide to call them eventually?

Zara: It was getting too much, my case is still running – its four years now and nothing has happened, so having to deal with that alone was a little too much. I didn't know how to deal with it.

However, as noted by Ellsberg and Heise (2005) women's responses to rape are often limited by the options available to them and it is critical to note that while many of the participants in this study mentioned waiting until feeling desperate and ready enough for support, knowing where to find and how to access support was the fundamental difference between the women who I was able to interview at *Rape Crisis* and those who may never access support. Not because other survivors do not feel the need for support but rather because they do not hold knowledge of its availability. Similarly, all the women in this study were told about *Rape Crisis* by police, or in the hospital while being previously unaware of the existence of *Rape Crisis*, or any other places they could turn to for support. Yet, as has been discussed in the introductory chapter in this thesis, many survivors do not report to the police or hospital and will therefore not be informed about additional services, and although the necessary information is available online, not all survivors have access to a safe internet connection and may consequently never be able to find centres such as *Rape Crisis*. This was reaffirmed by the stories of both Anathi and Sameera below, mentioning how while they appreciated the support received at *Rape Crisis*, they did not previously know about its existence and believe that neither do other people in their communities. This could also be relating back to the previous mentioned silencing of the topic of rape, thus even if people were aware, they would not talk about it openly to others. Consequently, this highlights the need for more outreach, presence and advertising of support structures to assure survivors are aware of their options so that they can access them once they feel ready to do so.

Anathi: *Rape Crisis* has helped me very much. If I have someone who is going through what I went through, I would refer them for help at *Rape Crisis* because I have been helped so much and I wish I would have come earlier but I didn't know.

Sameera: I didn't know that there was a *Rape Crisis* and stuff like this place, I didn't know. My mother googled it and that's how she got in touch with them. I wouldn't have known about them...like literally I think a lot of people don't know about it, I

think, I feel like the advertisement of this place should be more out there for people that have gone through this.

Furthermore, it is important to note that while the women in this study were aware and able to seek support, for many of them receiving counselling from *Rape Crisis* meant sacrificing time during working hours to travel to the centres which frequently were a significant journey away from their homes. Previous research also highlighted survivors' struggles surrounding the distance and transport time and cost incurred when visiting support services (Johnson et al., 2017). This can be seen as an additional hinderer to many survivors who may be working, have children at home or are unable to make the journey due to transportation issues. Research has however also shown that women do not make service preferences based on location and are willing to trade-off increased travel time for more sensitive healthcare providers (Christofides et al., 2005). Similarly, the women in this study, as seen in the quotes below, were able and willing to make the journey to *Rape Crisis* but voiced a strong preference for that to not be necessary.

Annelie: I still use the train to come here, but it is very far for me. I feel like maybe it can be good if on every ward there can a counsellor, like *Rape Crisis* here. And you don't need to move from (*the township on the outskirts of Cape Town*) to come here. Then it can be easy for me to go.

Avril: I just wish there was more places like this because we in (*a township on the outskirts of Cape Town*), we have to come all the way here.

In summary, this theme addressed survivors' narratives around their help seeking behaviour being a last resort rather than an automatic response following their experience of rape. Survivors described trying to cope by themselves as long as possible, until they did not manage to cope any longer and were desperate enough to reach out for help, in that respect the importance of motivation and readiness for help was discussed. Furthermore, the lack of knowledge surrounding the options of available survivor support were discussed as crucial in determining who will access services and hinderers such as distance and travel requirements in order to access support were highlighted.

Demystifying Counselling

Previous research emphasized the crucial role of expectations in influencing behaviour change and the impact of expectations on the counselling process and outcome. While there is a firm belief that positive emotions such as hope foster positive treatment outcomes, false expectations and unrealistic hope have been found to act as barriers for clients to fully understand the apparent reality of their situation and consequently hinder therapeutic progress (Larsen, Stege, Edey, & Ewasiw, 2014; Tinsley & Harris, 1976). Rather than false or heightened expectations towards counselling, a prominent and reoccurring theme in the present study was women's lack of conception about what counselling is and their consequent uncertainty about what to expect from it. There appears to be a lack of explanatory research into this finding, but I theorise that the concept of counselling, as well as the wording itself, is a predominantly western concept which may as such not translate well into the cultural framework of the participants. While, similar concepts are found on the African continent, these usually fall along the lines of traditional helpers or healers and practices differ to western models (Goss & Adebawale, 2014; Makinde, 1978). As such, while the women in this study understood and expected positive support from counselling their stories indicated a lack of understanding of what exactly counselling is, as can be seen in the quotes below which demonstrate the women's flawed expectations.

Rose: I didn't know the first time, when I were here. I was just sitting, I didn't know what they were going to do to me. I didn't actually know what is going to go on here. And then they started questioning me, and then, I thought this is counselling now?

Interviewer: What did you first expect when you came to *Rape Crisis*?

Yana: I thought it's a lot of people sitting in a group, you know like at Alcohol Anonymous? They sit in a group and they mention your name, and I said "I'm not going there. I can't sit in a whole group and tell people, 'I'm Yana, I got raped.'" But then my friend said, "No man, you're going to talk to one person, alone, in a room." I said, "Okay, then I'll go."

Interviewer: What did you think the counselling would do for you if you sit with one person?

Yana: No. I didn't know what it was, it was the first time. So, I didn't know what counselling really was.

Upon the realisation that counselling is a form of talking therapy many of the participants expressed scepticism about how “just talking” could help them. Yet, they choose to try it out as a last resort or sometimes did so in the hope that *Rape Crisis* would instead agree to help them, in a more practical manner, with other problems in their life as demonstrated in the quote by Anneline. I believe this to be a crucial theme in understanding survivors’ journey to support as it highlights that while survivors at first hesitated to seek support, once they surpassed a certain level of desperation, they were willing to opt for support options which they knew little about and/or were special. Such as shown in Avril’s narrative about her initial scepticism of how talking could help her, followed by her subsequent surprise that it did.

Annelie: The first time I come, I was thinking maybe if it’s not like medication, just talking and talking is not helping. So, I was hoping, maybe if I go here, maybe they will help with renting in safer area, or my husband finding work and stuff, but they don’t do that, they just talk, talking you do this and you must do that.

Avril: So, I thought whoever is going to speak to me is just going to sit here and listen to what I say and that’s it. But when I got here, she was speaking to me also and it was a conversation and I did never know that that could help.

In summary, demystifying counselling was a prominent and reoccurring theme across the women’s narratives in this study. My analysis has shown how the women lacked a clear conception about what counselling is and consequently were uncertain about their expectations of it. This was combined with scepticism on how just talking could help. Nevertheless, they eventually went for sessions regardless. I propose cultural factors can account for the lack of understanding of the concept of counselling and suggest that eventually women felt compelled to try counselling as their last resort due to the desperation for support. I believe that this is a crucial theme to understand rape survivors’ journeys toward psychological healing and it appears there is a significant scarcity of research addressing it, which highlights a need and opportunity for future studies. The next section of this chapter will discuss the theme that emerged from the stories told relating to the women’s experience with the counselling services they did know so little about.

4.3. Counselling Narratives: Experiences of *Rape Crisis* Counselling

The Value of a Professional Safe Space

The lack of conception of what counselling is and what to expect from the counselling sessions fostered worries in the women about sharing their personal stories and the subsequent reactions from the people they would share them with. As has been suggested in previous studies, the experience of victim blaming decreases the likelihood of speaking out and fosters distrust in the support system (Fry, 2007). Similarly, the women in this study expressed surprise to find that they were not judged but instead understood and supported in what they experienced. While many of the women's stories related to being nervous and a little scared the first time coming to *Rape Crisis*, they later expressed relief about finding it as a safe and supportive place for them to share their stories in, as is highlighted in the quotes below.

Thembi: The first time, I was thinking, I'm going to that place telling them about what happened to me, and to me it was like oh god! So how are they going to act? Are they going to judge me, or what? But actually it was a great feeling, you go into a room just like us now, the two of us, and then you close the door, so you feel safe that everything you tell that other person will stay there, its confidential, so I felt safe and I wanted to come back again because I knew they were helpers. It's all about the person who is talking to you, like you're sharing your problems with. You see that no, this person is well-trained or very confidential person, or very motivated. So, I felt relieved that I could come here.

Avril: I felt nervous at first. How is this people going to look at me, what I went through? Are they going to say it was my own fault and all that? But when I came here, I spoke to my counsellor. And she just knew. She knew how, what I was going through and how to help me. Here, it's like you're talking to someone who knows you. Who can relate to whatever you talk about. It's not someone that's going to sit here and look at you and you don't know what that person is thinking. We're having a conversation here like we are family who listens to one another. It's not someone that's just here to do their job. They love what they're doing. I can see they got passion to speak to people.

While Avril, in the above quote mentioned how talking to her counsellor felt as easy and comfortable as talking to family, the women also made a clear distinction in the dynamic

difference between talking to family or friends and the professionals, as can be seen in Bukiwe's narrative below. Thus, many of the women noted how it was important for them to be in a professional environment that would feel confident and trustworthy, which may contrast the experiences that women had when disclosing to family or friends as was discussed in previous themes.

Bukiwe: At least I'm more comfortable when I'm by the *Rape Crisis*, I'm more comfortable there because I can speak about it and then when I come there, I feel different. They are professional, they understand, not like others where I feel like this person doesn't know what I went through. Here at *Rape Crisis* the people are going through the similar situation, so they know.

Elisabeth, who is quoted below, described the professionalism and experience of counselling in a metaphor as medication for her head – meaning healing her thoughts, beliefs and behaviours. Yet, it is important to point out that the women also described not seeking a clinical setting where they were made to feel sick but rather a safe environment in which they could seek professional help without feeling alienated. Consequently, many participants noted how *Rape Crisis's* professionalism paired with their homely feel helped them open up without making them feel sick or abnormal. Both Sameera and Sarah narratives described how going to a therapist or clinic would expose them to an environment that would further stigmatise or label them as sick while seeing their counsellor in the safe space that *Rape Crisis* created felt more comfortable and normal to them. Previous research has also highlighted the importance of making rape survivors feel safe, supported and not further stigmatised as crucial for positive treatment outcomes (Shukumisa 2014).

Elisabeth: The counselling it was like I can't say what, the counselling it was like a doctor. You see the doctor, the same in hospital? They give you medication, ja. Counselling was also medication for the problem, the psychology for me in my head. So, this woman, my counsellor, she was like medicine for my head.

Sameera: Its cool, it's not our traditional type of psychologist thing that I normally saw. It's something much more comfortable and one that I really enjoy, I just don't feel abnormal here. Like, my counsellor, she wasn't being all psychologist with me, so that was cool, because it made me feel like meet her halfway, I could ask her for

advice and her opinion, and there was a clear communication. It was just very comforting. Being here makes it feel as if it's normal to go through something, because the moment someone tells you he is seeing a therapist, you think whoa okay, haha you are crazy but here I feel like it's so normal.

Sarah: It's just the environment I think is just like very, it is a very safe space, like just the setup of it being this house in Obz, with a kitchen and people walking around chatting and it doesn't feel like you're stepping into like a clinic or a very professional place where they're here to fix you kind of vibe, it's just a space for real people who have gone through real trauma and I think that's really incredible

Finally, the participants in this study also highlighted how the specific focus on rape rather than a more general type of counselling increased their trust into their counsellor's ability to deal with their specific experiences and consequently be able to support them accordingly, as was also mentioned by Sarah in the quote below. Yet, a criticism thereof can be that women need to have already or are willing to acknowledge the labelling of rape, which was discussed as a struggle to many, before approaching a service that is specifically aimed at rape survivors.

Sarah: I think that it was just like having this space where the setup of the space is already specifically, you know, it's called *Rape Crisis*. I kind of needed to acknowledge that word before coming here, or as a part of coming here, was that acknowledgement in itself and knowing that the purpose of being here is already kind of acknowledged and this person is here to hear that and listen to that, and I guess I found it helpful to just have someone and chat with me in a very gentle and without, it wasn't like patronising or overly sympathetic or anything, it was just like quite a sincere and honest exchange of acknowledging violence and within that acknowledgement I think it brought me a lot of relief and security and safety, because so much of living with that trauma was doubting myself and my own experiences and blaming and things like that and my counsellor helped a lot in hearing those doubts, but also validating the reality of things and I think it went from the beginning of like hearing a lot of the pain and holding it and holding it in a conversation that wasn't pressured to move anywhere too fast and then as I did move forward with things, I think it became, she helped me to I guess try to begin thinking outside of like the

habits of fear and panic that I had been in, so there was a kind of, it became more encouraging in terms of coming up with ideas and steps towards changing, moving from that space.

In summary, this theme highlighted the immense value of a professional safe space to survivors of rape. Participant's stories described their relief about experiencing *Rape Crisis* as a safe and comfortable space, free of judgment. Furthermore, they stressed the importance of professionalism and values such as confidentiality and trustworthiness, while simultaneously not feeling further stigmatised or treated as if sick or abnormal. Finally, the focus of rape was mentioned as being of importance, on the one hand as an indicator that the practitioners would be specialised and knowledgeable on the subject but on the other hand as a potential hinderer due to the necessity of acknowledging rape before accessing rape specific support services.

Building a Counsellor Relationship

Another narrative that was common across the interview analysis was the importance that survivors placed on the connection they shared with their counsellors. This has also been a topic in previous research which accentuated the counsellor relationship as crucial in providing the survivor with the necessary support, while also modelling a healthy, nonexploitive relationship (Johnson et al., 2017; Rockville, 2000). Furthermore, establishing a positive counsellor relationship has been highlighted as having the potential to fulfil the feminist counselling model by focusing on the creation of the establishment of an equal relationship, in which the survivor can feel empowered and understood (Green, Gaa, Mercado, Dawson-Fend, & Partin, 2014). From the narratives presented in this study, this appears to have been the case, as demonstrated in the accounts below, Bukiwe mentioned how her counsellor “gets her” and Donna confirmed that narrative by stating that she and her counsellor “just clicked”, thus implying a level of mutual understanding that goes beyond language itself.

Bukiwe: I'll tell her, and we will talk about everything and she will even notice when I'm not all right, she gets me.

Donna: I can speak openly to her, I can tell her everything, you know. No holding back. She was just a very nice person to me, really. I could feel she's a Christian also,

I have nothing to hold back, I open everything up to her. I really love her, I did really love her. We just clicked.

Similarly, to Donna's account and her mentioning of the shared religion with her counsellor it appears that by recruiting counsellors from within the local communities and matching them with survivors from similar backgrounds, with the same language and/or the same religions another level of trust and connection was established. Psychological research has long established the positive impact of similarities between individuals and found that people are inclined to favour those that they have more in common with, as has often been described as the *Similarity-Attraction Effect* (Kaptein, Castaneda, Fernandez, & Nass, 2014). Thus, it may not be surprising that this is also the case when it comes to counselling, where mutual trust and understanding are crucial principles (Vera, Speight, Mildner, & Carlson, 1999). Furthermore, having a counsellor that speaks the survivors first language may not only add comfort and increase similarities but also enable better communication and decrease the risk of misunderstandings. Shared cultural backgrounds and religions further strengthen the creation of a common ground with the counsellor and thus decrease the risk for a power dynamic that may feel threatening to survivors. Instead they allow women to talk with the knowledge that their counsellor would understand where they were coming from without the need for extensive explanations. Finally, by matching counsellors and survivors of similar ages the risk of feeling intimidated was decreased. Consequently, all these different factors together eased the survivor into an environment that made speaking up more comfortable by creating an environment of mutual understanding and commonalities, which alongside feminist theory of empowerment decreased power dynamics. The positive impact left by the counsellor-survivor matching done by *Rape Crisis* was common across participant's stories and is highlighted in the quotes below.

Sameera: I feel like she is young like in the twenties, yes. And there was this common ground man, you know? Something I never got with a therapist before. All my therapists was so old, so I'd feel like they are my parents when I'm talking to them, but with her it's like this common ground and very comfortable. So, I could say anything at any moment, it was chilled.

Kelly: Respect is a big thing with me and, ja, also the fact that my counsellor is the same religion as I, was a good thing for me, because she could relate the things that I could mention with regards to our religion and how we deal with things.

Furthermore, the women's narratives showed that the relationship they build with their counsellors were important to them to the extent of referring to their counsellors as close friends, or even family. Thus, while survivors frequently did not feel comfortable sharing their experiences with their actual friends or family, they build a relationship with their counsellors that imitated these structures but with the bonus of being understood and supported in a professional manner. Similarly, in Mishkah's account below she stresses how her and her counsellor had a natural understanding and connection that made her feel comfortable to be honest and talk freely, her narrative also indicates how sharing her experience with her counsellor created a special bond that connects them further, she consequently expresses a strong emotional relationship comparable to that of a best friends, sister or even a boyfriend. Meanwhile, Maggie calls *Rape Crisis* a home, implying associated feelings of comfort and safety and by referring to her counsellor as mother suggests that she sees her as a strong support figure she can trust and rely on for support and advice, such as a mother figure.

Mishkah: It's like feeling like I'm sharing a lot of stuff with a best friend of mine, you know, that helps a lot. We just, we have a kind of connection that I really do like. From the first day on.

Interviewer: What kind of connection, could you expand on that?

Mishkah; It's like she understands me and feels the way I feel, see. And yes, we just like were like cool, we click. (...) I feel like, you know, when I enter the room and we start talking, I just burst out with everything and she sits here, and she cries with me, sometimes. And we laugh sometimes together. And we just do lot of stuff together. And it's amazing, so. I just it's different, actually, for me, because like I have always been like smiling and hiding, but when I'm with my counsellor I don't hide. It's like she understands me a lot. And I just love her. And she became to me like my sister, my best friend, my boyfriend, but I just like her a lot.

Maggie: Every time when I came, I feel at home and I feel that I can share anything. I take her as a mother to me.

As the narratives above show, a very strong counsellor-survivor relationship was developed by most of the interviewed women and while this can be seen as positive since it eased comfort and allowed for the women to open up and share their stories and talk about their pain it also raises the issue of dependency. Thus, the depth of the relationship developed between the counsellor and survivor could amplify issues around finalising the counselling sessions and leaving *Rape Crisis* as it would also signify a break up with their counsellor and thus lead to additional feelings of pain and loss. This dependency on the counsellor and the counselling process itself has also been established in previous research and noted as a significant problem (Desai, n.d.). Yet, this tendency was present in several of the women's narratives, Annelie for example described how she believes that everything will be good in her life as long as her counsellor is around, suggesting that her counsellor will always be there implies that she is not considering a future without her. Similarly, Thembi stated that due to the strong relationship with *Rape Crisis* and her counsellor she is not sure if she could be without them.

Annelie: I feel like she can be part of me until I die I feel like everything is going to be okay about my life then. The one who I'm going to be telling my situation, I think will be her always.

Thembi: She's a god given person to me. I feel that she is more than just a counsellor to me, she's someone that I can speak to about anything. I think *Rape Crisis* is like my family now. I don't know, I'm not quite sure if I'll be fine without them.

In summary, this theme discussed survivors' narratives of their relationships with their counsellors and the implication of the impact thereof. The participant's accounts showed that a strong bond was created which fostered a relationship of trust and understanding. Shared language, culture and/or religion were thereby shown to be crucial factors for enabling this relationship. Survivors consequently went as far as to associate their counsellors as part of their most trusted circle, comparing them to family and close friends. This strong bond is however destined to be temporary and the prospect of concluding counselling and losing this relationship could propose further harm to the survivors which was noted as a significant disadvantage that should be focused on during counsellor training.

Talking and Listening

Most of the women reported experiencing an initial struggle to talk about their experiences, and feeling wary or even scared to do so at first, which links to the theme highlighting the importance of the counsellor relationship and is also in line with research proposing that the maltreatment of survivors leads to a hesitation to speak out (Fry, 2007). Over time, survivors noted a shift in who was talking during counselling sessions, while at first, they remained quite as their counsellor was mostly the one talking, these roles reversed with survivors' eventually claiming most of the talking time, this shift was attributed to an increase in trust and a consequent felt comfort to speak. Participants highlighted the importance of being able to speak their minds freely, without being shut down or silenced. This was crucial, as talking about their rape experience opened up a wound and was described as painful but as survivors started opening up, they also described feelings of relief which they could not otherwise find by keeping quiet and hiding their feelings. Thus, talking was narrated as a way to attack and eventually find solutions to deal better with their situation, which is well aligned with the core idea behind psychological talking therapies. Finally, many survivors described how once they started talking, they "burst out" with everything they had to hold in for so long. Now, that they had the space to talk and find relief they could no longer hold it inside and thus wanted to talk more to find relief and healing. These narratives can be seen in the quotes below, where the women discuss their initial struggle to talk as well as their consequent relieve upon feeling understood and listened to.

Zara: I think it was three months, I sat and listened until I could actually speak to her and open up about it, and now I talk, she listens, and she guides. So, the rules have changed now. In the beginning she used to speak, now I'm speaking because I have the confidence and the faith and the trust in her that whatever I say stays between the two of us, it doesn't travel. (...) It's the talking, it's the relief that I have somewhere, its off from my chest now. Whatever I'm feeling. It's not like I can go to my mom and say whatever. It's a different environment. I'm not afraid that I'm going to be judged or be judged because of it, so speaking to her its confidential. It just makes me happy. I can offload, I know that I have someone to offload on. If I can just have one moment where I'm heard. Where people hear what I'm saying, where someone heard what I'm saying, it doesn't fall on deaf ears.

Yana: The first appointment, I didn't know how to talk to my counsellor. Like, a little bit shy, and a little bit like scared, not scared, but wary, you know? Just thinking, but just now I say the wrong thing. Slowly but surely, she got me talking, and eventually I started talking everything. It all just came out, and since then I like coming here. And the more I talked, she let me and she just listened and it felt to great afterwards. The best part is just talking, you know? You just talking, but not that you're not getting shut down, or told to keep quiet, or told, "No, don't talk that." You talk from your free will you talk what is eating you inside. That is the best part of counselling. Talking. And understanding. She really helped me, I spoke everything to her and she listened. I enjoyed my time talking to her. Every time I come, I can't wait for next time to come for counselling.

As was already implied in the previous quotes, as survivors opened up and spoke about their experiences, they reported what helped the most was to simply have their counsellor listen to them, in an emphatic, none judgmental or blaming way that made them feel understood and supported. Having their counsellor listen first and foremost before speaking, also put the focus on feeling respected and empowered and thus helped to reinstall agency for the survivor to claim their own stories, which is in line with feminist approaches to empowerment (Watts, 2006). Both narratives below, highlight the importance of being listened to and the importance of doing so in a safe, supportive and respectful manner.

Annelie: They are good people, they are listening, and they are not blaming about what is happened to you, and they make you feel stronger.

Interviewer: How did they do that?

Annelie: The way they are talking with you kindly. They are so kind they listen to you and talk to you but always listen first. And they show you the way you are feeling is pain for them also. They show you, you are not alone. The best thing about it is the way they make you feel happy. They make you, they listen to you, they are not talking when you are talking. They just wait, until you finish

Sameera: And what I liked about her was when she looked at me and she was, I was talking to her and she was actually listening to me. And she would remember everything I always told her. I think she like actually understood me.

In summary, this theme discussed how survivors' interaction with their counsellors were categorised into two main processes, one was their need to talk about their experiences and the other one was their desire to have their experiences validated by another person who acts as an active listener. Survivors stated their initial struggles to open up followed by the relief that came with talking in a safe and supportive environment, and the importance of having an emphatic listener who validates their experiences. Thus, it is interesting to highlight that when women spoke about their perception of the most meaningful aspects of counselling, they pointed to the simple act of listening as crucial to their healing and empowerment.

A Collaborative Effort to Finding Oneself

One specific technique that was praised by many of the women was that rather than being told what to do or being given the answers to their questions their counsellors actively guided them and helped them to come up with solutions and ways forward by themselves. Multiple participants emphasised how talking to their counsellors enabled them to express what they already knew deep inside, the counsellor merely helped them to speak their minds and make sense of their thoughts. The women's realisation that they were capable and knowledgeable to support themselves was perceived as building confidence and strength into their own abilities and thus feed well into *Rape Crisis's* feminist counselling model which emphasises women empowerment as crucial for the healing process. Similar findings have previously been shown in regard to the positive impact of empowerment on psychological healing (Perez, Johnson, & Wright, 2013). The positive responses to this can also be seen in Yana's and Sameera's stories below, as both women describe how this counselling methods made them feel stronger, more confident and empowered.

Yana: Slowly but surely, you come all right. Like she talks, but she talks so that you don't even know you're talking your problem out, and it's like, it goes easier like that. Because it's what you don't know, you actually bring out. And you actually got the answers, but you don't know you got the answers. So, when I ask, "Is it the answer?" Then she asks me, "What do you think?" Then I say, "What do I think? I got it right." Then she says, "So there you go." So, it's, she like made me understand that not everything I do is wrong. Like, she'd ask me a question, and then I'll talk. Then I talk the whole question out. And I answer, in the question. So, I didn't know I was answering what she want to hear. And then she'd say, "You see? You got the

answer.” Just like building my strength up. I had the answer in me all the time, I just didn’t bring it out. Now she brought it out by getting me to talk about it. It’s actually amazing how somebody can help you. I never thought it can be there. Would you think somebody can you talk you into? Just talking and getting it out of your system, something is bugging you, just to make you talk it out. I think I can face the outside world now again, with counselling, I just feel stronger. I enjoy being, getting counselling, because it helps me to cope with a lot of things that I can’t, at the moment, it helps me to be strong. It helps me, gives me strength, gives me power, women power, that I don’t worry that it’s going to fade quickly.

Sameera: She made me find out, she made me realise it by myself and that is cool. So that’s one thing I actually really like she wasn’t telling me things, she made me actually realise things by myself. Which empowered me in a way and made me feel good, like I’m not stupid.

This collaborative effort of moving through trauma is by many of the women described as helping them to return to their previous selves. By empowering the women, they feel able to reclaim themselves, in a way that incorporates their experiences but does not define them by it. Thus, as women are healing from their pain as opposed to ignoring or burying it, they are reflecting on their experiences as a momentary stage that will pass rather than define them forever. This outlook consequently allows them to return to their previous selves and make plans for a more positive future. This return to self, came across as crucial in the participant’s narratives and was associated as a significant step for psychological healing and a life beyond being a rape survivor, which is in line by finding by Clarke (2008). Similarly, previous research on South African rape survivors’ recovery journey suggested eight stages that govern recovery, the finale stage being a return to self (Duma et al., 2007). This is also demonstrated in the narratives of Avril and Kelly below as they describe how they are on their way to reclaim their identity again as a result of the counselling they received.

Avril: When I’m finished, I will be myself again because I can see, I’ve been here only four times and there’s already a difference. I’m sure by the time I’m done here, I’ll be that person again that I used to be. Not completely but getting there. I can feel now already, I’m on my way there. Reclaiming my old self again.

Kelly: I actually realised that I have the strength inside of me to bring myself up again and to be me again. The counselling has helped me to pick myself up again and to say I'm standing up and to dust yourself off and try again, it's not that easy. But it made, the counselling had made it much easier for me.

This theme highlighted the importance of a focus on empowerment of rape survivors' as part of their psychological healing process. The women's ability to move on, reclaim themselves and have a positive outlook into the future was associated with the process of active and collaborative problem-solving during counselling which in turn boosted their confidence and strengthened their beliefs into themselves.

Sharing Collective Stories of Pain

In contrast to the earlier theme on the silence surrounding the issue of rape, this theme explores narratives on how the women found their voices by building feminist consciousness around sexual violence. Thus, the realisation that survivors were not alone in their experience, by knowing that they were not the only ones and that other women had similar experiences eased their shame and suffering. Emphasising this as part of the counselling process as a consciousness raising approach is aligned with the feminist counselling model applied by *Rape Crisis* and given the positive responses, as highlighted by Avril in particular, it can be suggested that it is being applied successfully and produces positive results.

Annelie: She was telling me "you are not alone, there are other people they are suffering just like you". Now I see there are a lot of girls, I see they are coming for the same things. I say "no, now I see it's not me only"

Avril: When I came here, it really helped. I realised I made the best decision ever because there is people that went through the same thing or similar thing that I went through and it really helps just knowing that.

As women highlighted the importance of knowing that they were not alone in their experiences it is no surprise that their stories demonstrated a strong desire for rape survivor support groups as a means to be able to meet fellow survivors, to exchange experiences and help and support each other. The desire for peer support networks as well as the positive

effect of support groups for survivors has also been highlighted in past research and noted helpful to raise self-esteem and promote independence (Bowker, 1988; Johnson et al., 2017). The introduction of survivor support groups and group counselling was suggested not as a replacement to the one-on-one counselling currently provided but rather to add onto it to strengthen the *Rape Crisis* counselling model. This desire is also noticeable voiced by Annelie and Sameera who highlighted how support groups would be a great way to connect, help and learn from each other and to serve as mutual encouragement and empowerment.

Annelie: I would like to do groups, like a supporting group. That would be good for them to do it. Because then you can question each other and learn about someone else, you can feel like yes we are in here together.

Sameera: I feel like what would be really cool if there was a group therapy session, to hear about someone else's experiences, because it can empower you as a person more. I'd like that, to hear where people came from and where they are now, inspires me a lot. That inspired me more than someone actually having to talk to me all the time. That's just my own preference, like it's, to hear someone else's story, to see what they've gone through, to see who they are first of all, very important. Like who are you? Wow, you're someone that's a doctor and you were raped? Really? And you got through it and you're here now. Wow. Compared to someone like me that is young, I can then think of that person and their struggles, I can see that they are human and look what they did. I'm human as well. I can be that person. I can also achieve things. So, I think group sessions, would be great because I really thought I as the only person like me to come to this place.

Furthermore, as a result of their experiences as rape survivors who had undergone counselling at *Rape Crisis* many of the women voiced a strong desire to help other survivors. Thus, it appears that women were particularly motivated by their negative post rape experiences of feeling alone and feeling shamed and blamed to support women in similar positions, as can be seen in the stories by Yana and Kelly below. The importance of creating a "culture of caring" was also highlighted as key theme in previous research which emphasised survivors desire to create a support network amongst survivors (Munro-Kramer, Dulin, & Gaither, 2017). Similarly, survivors desire to help others has been associated with aiding the healing process of the survivors themselves (Stidman, Draucker, & Martsolf,

2012). In response to the women's desire to speak up and support each other *Rape Crisis* also offers a speak out campaign in which many of the participants of this study already took part and which aims to aligns to the feminist paradigm emphasising mutual support and empowerment of women which in turn fosters feelings of agency and purpose.

Yana: And I just want to help, you know, women that go through this. I just want to help them, because it's not, some, women always think it's their fault. And I learned, it's not them, or my fault. And if I can do it, so can other women also do it. Must just give them the go-ahead. And I just show them that you can do it. So, I want to help a lot of women get over this rape, raping or abuse that they've been through. Because it's not, it's really not a nice thing, it's painful.

Kelly: In our community we don't speak out about such things. I wanted to hear from somebody out there who is going through the same experience because as we know many women out there is dependent perhaps on their spouse or that they feel shameful that it is their spouse, they shouldn't be talking and just keep quit. Now I want to be that voice, never mind what it took, what it takes from me. I want to be that voice to say, it's okay. You know what? I've been through it too.

This theme highlighted how the shared experience of rape unites women and strengthens their communal desire to support each other. Firstly, participant's narratives showed how crucial it is for the women to know that they are not alone in their experiences and that there are others who have similar experiences and who support and understand them. Consequently, the women stressed the importance of and desire for group counselling and support groups during which survivors can come together to be amongst one another and exchange experiences and support one another, as a space for mutual understanding and empowerment. Finally, the women's voiced a strong interest in speaking out about their experiences and helping others in outreach projects, to help others in a way that they possibly wish they would have been helped. This outcome can be seen an indicator that the feminist counselling model of *Rape Crisis* is fostering a women empowering space that is beneficial beyond the individual counselling itself.

4.4. Reflexivity – being both an Insider and Outsider

As previously emphasised, in chapter 3.8. *Researcher Reflexivity*, reflexivity is about unpacking the subjective perspectives the researcher brings to the research which often make it difficult to see alternative interpretations. Working through these complexities requires determination in reflexive questioning and dialogue with the research participants, academic colleagues and others who may see the world differently. This process facilitates questioning and thus moves the researcher beyond taken-for-granted assumptions and sense-making of the social world. This is done to ensure a careful and reflexive study without distortion of the realities of the shared stories (Lazard & McAvoy, 2017).

Throughout most of the interviews it appeared that the participating women saw and treated me like an insider - as someone who shares or at least understands their experiences. This was highlighted by the participants frequently following a statement, by saying “you know” or “you understand”, implying that I share their experience or point of view.

Yana: I couldn't stand looking at man, I just wanted to stab him or hurt him in any way, and things like that, you know.

Mishkah: I just want like to forget about everything, you know? Right.

By assuming a shared experience and mutual understanding it is likely that the women may not have felt the need to go into as much detail or thorough explanations around their experiences or feelings as they assumed it to be unnecessary, as can be seen in the next quote.

Rose: I can't explain it, how it feels, I don't know the right words, but you know.

This assumption of commonalities and familiarity became especially apparent by several of the women referring to me as their sister. As opposed to western countries, within (South) African communities women referring to one another as sister and men calling each other brother is common, and generally implies a social connection based on similarities rather than a literal shared family background. Thus, by referring to me as their sisters the participants implied the existence of a relationship defined by a bond and familiarity between me and them which likely impacted and shaped the narratives and the way they were told.

Annelie: So, I don't know, until now I don't know what I can do. I don't know, really, my sister. But to be in counselling it was helping me, you know.

Anathi: I helped here my sister. They will help me to deal with what I went through. I should not feel, for example I should not lose hope and feel it's the end of my life because of what happened to me. I should feel I'm alive. Even now when I think about it, it hurts me. Sometimes I think about it especially when I do not fall asleep. What happened for it to happen to me? What were these children thinking of for them to do this. It disturbs me a bit.

Interviewer: It disturbs you?

Anathi: Yes it disturbs me sister.

From these narrative indicators as well as the participant's openness to, without much hesitation, share their stories beyond what was expected and asked for during the interview it can be assumed that the interview space was perceived as a comfortable environment and consequently the interviews were perceived as a conversation rather than a hierarchical researcher-participant interview which is very much aligned to the feminist research paradigm of this study. This was furthermore shown by multiple of the women feeling comfortable enough to cry during the interviews as well as reaching out for an embrace, thus establishing a physical connection as an additional connection point.

This connection was also shown in the interviews themselves, as in line with the notion of having a conversation in which both, me as the interviewer as well as the participants equally participate, many of the women asked questions about me or about my opinion. Thus, it appears the women perceived us as having a conversation in which we get to know each other as opposed to me getting to know them. Similarly, by asking questions around my take on their experiences, the women implied an interest in my opinion which I would argue is usually only done if mutuality and respect are established.

Yana: If it happened to you. You'd be glad if the person get arrested?

Interviewer: Yes, that's where they belong.

Yana: So, I'm not alone.

Sameera: I'm just like putting things off for later, which is not good, right?

While the shared association with *Rape Crisis* may have fostered being perceived as an insider, the connection of me as a researcher working with the organisation which provided the women with counselling and support may have also impacted on the narratives that the women choose to share with me. While I made it clear that my research is independent of *Rape Crisis* the formed association may nonetheless have impacted in the information shared with me, thus it would only be natural for the women to have strong feelings of loyalty towards the organisation due to the help they received. This consequently could foster bias within the women in terms of the information they would share or the way they would share information, neglecting or prioritising positive over negative aspects of their experiences. This can also be seen in the abstract below from the interview with Rose in which she connects me as part of *Rape Crisis* followed by praising her experience with the organisation.

Interviewer: Could anything here have been better, or would have helped you more?

Rose: No, I think you have done your job very nicely. You took a lot of pain away from me really.

Similarly, while participation in the study was voluntary the perceived connection between the research and the *Rape Crisis* services that participants received may have added to perceived pressure that motivated the women to participate. Thus, their participation could be seen as them giving back to the organisation in turn for receiving help and support. This motivation however will have impacted in a way that more positive narratives would be favoured while also highlighting how the sample that participated will have been more likely to have had a positive experiences at *Rape Crisis* in the first place, so that they felt thankful and wanted to help the organisation out, as was also shown in the quote by Yana.

Yana: I actually thank the Lord, and thank Susanne (counsellor), thank everybody I did come to *Rape Crisis*. And then, when was it? Monday. Susanne said to me, "I want you to have an interview with one of our students." I said, "When?" "No, on make it Friday." I said, "Okay." I didn't even think twice. I just said, "Okay, let me do it." You know? It's the least I can do for her helping me. So, here I am. Talking to you.

Furthermore, the women showed a strong motivation to be not only helping *Rape Crisis* but also myself through participation in the research. This interpretation that by participating in this study the women would be helping me can be seen as a good demonstration of the lack of power dynamics present during the interview stage. Accordingly, it implies that the women felt in a position where they could help me which also suggests that the empowerment process was successful while linking back to the final theme which discussed a desire to help others. Similarly, without prompting, in the quote below Elisabeth voiced her willingness to help me with future research should I require her to.

Elisabeth: If you want to continue for research, I don't know? I'm happy to help you anytime.

The unconventional power dynamics in the research process were also demonstrated by many of the women calling me pet names. This can be attributed to the established connection and an established positive connection and affection but can also be perceived as patronising. Thus, by feeling comfortable to use such terminology the women again present themselves in the position of power and knowledge which they choose to share with me.

Donna: It was very hurtful and painful but god pulled me through that. I'm a strong woman. Ja, that's the life, sweetie.

In summary, a reflective analysis of the interview data resulting from this study shows how the participants of this study treated me as an insider and were therefore very forthcoming and trusting towards me. At the same time, the assumption of shared knowledge might have also resulted in incomplete narratives as the stories may have not been described in as much detail as they would have to an outsider. Furthermore, the familiarity and comfort through the interviews implied how the feminist design was successfully applied and how the interview was seen as more of a conversation rather than a question-answer style interview. Thus, the power dynamics in the interview were equalised and sometimes even reversed to the extent where the participants felt to be the ones holding power and helping me as the researcher. Meanwhile, the shared connection with *Rape Crisis* can be seen as impacting the research process in both directions, while strengthening the connection and mutuality between me and the participants and further prompting me towards being an insider, it also raises the issue of bias. Thus, given that the women sought help and support from the

organisation they may feel a strong sense of loyalty and desire to return the favour which would affect their decision to participate in the study but also the information given during the interviews themselves. While all these factors will have impacted on the research and its outcome, this is bound to happen in one way or another during the research process and the best we can do is minimize these factors. This was aimed to be achieved by continuous supervision and reflexivity during the research design and an awareness of the impacting factors that arose from the interviews, as discussed in this section.

4.5. Summary

This chapter outlined the nine main themes that emerged from the thematic narrative analysis of the 15 interviews. The first half of this chapter focused on the analysis of the four themes that related to the research questions around rape survivors post-rape challenges, namely, the silence and stigma that victimises survivors, the psychological effects of rape, seeking help as a last resort, and demystifying counselling. The second half of this chapter then discussed the five themes linked to the research questions associated with rape survivors' experiences with *Rape Crisis* counselling, which were the value of a professional safe space, building a counsellor relationship, talking and listening, a collaborative effort to finding oneself, and sharing collective stories of pain. All themes were embedded with narratives from the participants' and discussed in the context of previous research. Finally, the topic of reflexivity was discussed in respect to the interview process and the pros and cons of being predominantly being perceived as an insider in the context of this study were evaluated. The next chapter will discuss the impact and implications of these findings, while also elaborating further on the shortcomings of this study and how they can be improved or extend on in future research.

Chapter Five: Conclusion

5.1. Introduction

This final chapter will briefly restate the main findings of this study which explored women rape survivors' narratives about their journey towards psychological support and their experiences with the counselling they received from *Rape Crisis*. This will be followed by a discussion of the methodological contributions of this study as well as the theoretical and social implications of the presented findings. Finally, the challenges and limitations of this study will be presented and recommendations for future research will be discussed.

5.2. Summary of Findings

This study applied a feminist theoretical framework and used thematic narrative analysis as the analytical method for interviews with 15 rape survivors. While the interviews were left relatively open, they were aimed to answer five main research questions, namely (1) What stories do women rape survivors tell about the challenges they experience after an incident of rape? (2) What are their narratives about their journeys of seeking help from *Rape Crisis*? (3) What stories do women survivors tell about their experience of the counselling programme at *Rape Crisis*? (4) What aspects of counselling do survivors perceive as most valuable? And finally (5) Which aspects of the counselling programme are perceived as open for improvement or change?

Four of the nine main themes found related to the research questions concerning rape survivors post rape challenges and their journey towards receiving counselling from *Rape Crisis*. The first theme within this section addressed the silence and stigma that victimises survivors which discussed the lack of conversation and consequent lack of information around the topic of rape, the difficulties surrounding labelling oneself as a rape survivor and the lack of understanding or the negative reactions from outsiders which fed into a vicious cycle of silencing. The second theme highlighted the psychological effects of rape, predominantly self-blame, substance abuse, and various depressive symptoms to the extent of considered or attempted suicide. Subsequently, the theme of seeking help as a last resort was discussed, as survivors noted how they tried coping on their own until they were desperate enough and felt ready to seek help. The final theme in this section addressed the issue of demystifying counselling as survivors seemed to lack a conceptualisation of, as well as

scepticism towards counselling, yet it appeared their desperation drove them to the point of attempting it.

The other five themes related to the research questions around women's experiences with the *Rape Crisis* counselling and in this regard which aspects of it were seen as beneficial or in need of improvement. The first theme emphasised the value of a professional safe space as participants voiced the importance of feeling safe and comfortable while receiving professional help in a non-judgmental and confidential way that does not seek to stigmatise them further. The importance of building a counsellor relationship was noted as another key theme. This theme showed the strong bond that was built between survivors and their counsellors based on mutuality and similarities, yet due to its temporality this could also inflict harm and feelings of loss in survivors. Furthermore, survivors emphasised the importance of talking and listening, highlighting their need to talk after an initial struggle to open up, combined with the availability of an empathic listener who validates their experiences. The final two themes in this section in particular related to the *Rape Crisis* feminist counselling model, one theme emphasised the importance of a collaborative effort to findings oneself as survivors highlighted feeling empowered and more confident through a counselling method that enabled them to actively seek answers and solutions by themselves. The other theme portrayed women's desire of sharing collective stories of pain and focused on the women's desire to support one another to combat feelings of being alone with their situation. Subsequently, a need for survivor support groups was emphasized and the speak out campaign which helped survivors to find their voice was praised.

Furthermore, *Chapter Four* concluded with a critical reflexive analysis in which I discussed how my position or perceived position as either an 'insider' or 'outsider' influenced the interview and research process. In this regard it was highlighted how survivors predominantly saw me as an 'insider' which facilitated trust and enabled personal narratives, while however raising the issue of having obtained less detailed or descriptive accounts as shared knowledge was assumed. In this regard the power dynamics during the interviews were discussed and it was theorised that participants felt empowered and comfortable during the interview process as the atmosphere felt more alike to a conversation than a clinical researcher-participant interaction. Consequently, it is suggested that the narratives which emerged from the interview process should best be understood as the result of a joint construction of meaning, by both the interviewer and participants. Overall, however while this study was arguably influenced by the aforementioned issues and will not claim full neutrality or objectivism, it produced themes that corresponded with previous research in the

field while also allowing for personal narrative accounts of the rape survivors themselves and the particular stories they told about their post-rape and counselling experiences.

5.3. Methodological Contributions of this Study

From a methodological point of view, I suggest that the most valuable contribution of this study is the way it highlights rape survivors' narratives and allows for a platform in which service users are able to speak about their experiences, perceptions and suggestions. As feminist researchers, we must attempt to minimise the power dynamics between the researcher and participants (Boonzaier & Shefer, 2006). While this is not a novel concept, more often research into rape survivors still neglects to actually consider or ask for the experiences of rape survivors but instead further disempowers them by having service providers speak for them instead. Thus, I emphasise it as important if not crucial that feminist research concerns itself with researching rape support structures from the stance of the survivors as part of the empowerment process as well as to foster more applicable research outcomes.

Furthermore, I would like to emphasise the significance of the interview context, as ignoring the context from which the presented themes arose would provide an incomplete picture. Particularly the researcher-participant relationship should be considered carefully, especially when researchers differ significantly from their participants, in terms of gender, race, or class. Reflexivity is not a new methodological concept and its importance has been widely noted (Collins, 2007; Crenshaw 1989). This study has however contributed to the field by highlighting the importance of the interview process in co-creating the narratives told. Rather than merely including a small paragraph on these dynamics and how they may have contributed to the data found, this thesis has shown that as researchers we are obliged to go a step further and critically discuss these researcher participant dynamics. This should challenge future researchers to not simply report on what participants say but instead critically discuss how participants' narratives may have been influenced or shaped by these dynamics.

5.4. Theoretical and Social Implications of the Research

This study has endeavoured to contribute to the academic knowledge base on women rape survivors' post rape experiences, their help seeking journey and their consequent experiences with counselling in the setting of post-apartheid South Africa and related specifically to counselling provided by the NGO *Rape Crisis*. While the research focus was partly chosen based

on the lack of research in this area conducted across the global south, many similarities with research conducted in western countries were found, especially regarding the research questions around rape survivors post rape experiences.

The narratives presented by the women in this study surrounding the silence and stigma which victimises rape survivors in regard to the lack of conversation around rape as a topic, internal struggles to take on the label of being a survivor and the associated stigma and blame from outsiders which led to further silencing and isolation has been a topic which has been noted consistently and cross culturally (Ahrens, 2006; Bondurant, 2001; Janoff-Bulman et al., 1985; Khan et al., 2018). On the broader social context this highlights the importance of more education and awareness outreach fighting harmful stereotypes which are commonly associated with rape. Similarly, and consistent with the literature, narratives regarding the severe psychological effects of rape relating to self-blame, subsequent substance abuse, various depressive symptoms, as well as thoughts and attempts of suicide were commonly found (Basile & Smith, 2011; Campbell et al., 2009; Moor & Farchi, 2011; Segal, 2009; Ullman et al., 2005). This work again emphasises the importance of adequate rape survivor support while also highlighting how despite crucial differences in age, race, or socio-economic status, psychological effects following the experience of rape appear to be relatively universal. Likewise, the theme of rape survivors' help seeking behaviour as a last resort rather than an automatic response, and the importance of motivation and readiness for help have been observed in studies internationally (Gilbert & Cunningham, 1986; Norcross et al., 2010). The social obligation therefore lies on the availability and accessibility of services as well to ensure that knowledge about the existence about such services is obtainable for the broad public. While also addressing the stigma associated with reaching out for mental health support that may hinder survivors from seeking help earlier. With regard to *Rape Crisis* and the participants' comments concerning this theme it is suggested to broaden outreach projects and ensure that individuals who may not visit events or have access to the internet are sufficiently informed and do not need to rely on hospitals or police to point them towards the NGO. A theme which does not come up in western studies is the need to demystify counselling, this is not surprising as the concept of counselling per se is a western concept which consequently does not seem to translate well outside this context. Thus, the women's lack of knowledge about what counselling is and how it would help them may act as an additional barrier to some to consider it a useful option for them. This is a good example of how taking an effective solution from the west and implementing it outside of its context may lead in unwanted results. In the context of this study I would not have been able to evaluate the effect this has in terms of women

who would subsequently not opt for counselling, but I believe that is an important factor to consider and it is necessary to either find different wording or increase public understanding concerning the term.

In regard to the findings concerning rape survivors' experiences with the counselling they received at *Rape Crisis*, themes were generally more specific to the NGO as to enable service evaluation and points for improvement, but some nevertheless reflected with previous literature. The value of having a professional safe space where survivors feel comfortable while also receiving professional support was voiced across participants, mirroring previous findings (Shukumisa, 2014). Thus, survivors highlighted how their desire for comfort and safety, combined with the need for professional and trustworthy support proposed a rather specific need which should be considered when designing rape support services to find the right balance between professional yet not too clinical settings and homely yet not unprofessional settings. The theme on survivors' relationships with their counsellors findings were aligned with previous research on the importance of client-counsellor similarities and based on this finding the need for a trusted and supportive relationship after the incident of rape is highlighted (Green et al., 2014; Rockville, 2000). Yet this also has the significant downside on the eventual conclusion of counselling and the end of said relationship. Thus, it is crucial to consider when training counsellors as to be aware of the issue and to strike a balance between having a good relationship but not inducing dependency and prepare survivors sufficiently to eventually cope on their own. The theme regarding participants strong emphasis on the importance of being able to talk freely while having an empathic listener validate their experiences again highlighted the importance of the availability of counselling for survivors whose task is precisely that. This could also be theorised to mean that it is not necessary to have clinical psychologists who are scares and expensive but that lay counsellors, such as those at *Rape Crisis*, are perfectly sufficient as long as they are adequately trained to fulfil the survivors need. The final two findings highlighted the positive effect that applying a feminist approach to rape survivor counselling has. Thus, empowerment was seen as a crucial factor after experiencing the disempowering experience of rape. Participants therefore stressed how *Rape Crisis's* concept seemed to be based on help to self-help which was highlighted as fundamental as it provided the women with confidence in their abilities to uplift themselves while also allowing for them to grow and regain their selves. Although this has been established in previous literature it again highlights the social implications of a collaborative counselling process which is guided by the counsellor but led by the survivor (Perez et al., 2013). Finally, survivors voiced their desire to share their experience of rape and to uplift one another, which aligned to previous

research which suggested to positive effect on survivors when supporting one another (Stidman et al., 2012). This is also a good example for the impact of feminist methodologies that goes beyond the setting in itself but affecting the broader community and empowering women through building consciousness and uplifting each other. Alongside the need for rape survivor support groups was noted and should be considered as an addition to the current counselling model of *Rape Crisis* to deepen this aspect of empowerment and outreach.

Overall, this study showed significant theoretical similarities to previous studies in the field but extend onto this knowledge by advocating the voices of female, South African based rape survivors. Furthermore, it established the needs and desires which survivors emphasised and as such has led to suggestions on how to improve the *Rape Crisis* counselling practice as well as delivering suggestions and future considerations for similar models and follow up studies.

5.5. Challenges and Limitations

The researcher tried her best to remain reflective, throughout the research design, conduction and analysis, to minimise the conflicting factors which would impact on the research, nevertheless a few limitations occurred and will need to be discussed.

Firstly, the sample of this study consisted solely of women who were associated with *Rape Crisis*. This could be seen as limiting the transferability of the findings, as all findings relate back to this very specific sample of rape survivors who sought help from this particular NGO in Cape Town. *Rape Crisis* as an NGO, offering counselling free of charge and being located in close proximity to the lower-economic areas of the city, may predominantly appeal to the less privileged population of Cape Town, who cannot afford to pay for private counselling or psychotherapy. One would however be wrong to assume that rape is an issue that solely affects the poor or marginalised and even within this sample participants presented diverse backgrounds. Nevertheless, it is important to bear in mind that the findings of this study stem from a specific context and should not be automatically assumed to reflect the experiences of all rape survivors in South Africa or even across Cape Town.

Furthermore, the recruitment of participants was overseen by the *Rape Crisis* counselling co-ordinators and their peace-workers, which was of tremendous help to the researcher as they located suitable participants that fit the research criteria and helped to make contact in a way that made participants feel more comfortable. It is however worth

noting that this may also entail a certain bias as to which clients I was put in touch with. While *Rape Crisis* was interested to receive constructive feedback, including negative experiences which would help service improvement, there may be an innate or even subconscious bias within staff to remember and contact clients which left with a more positive impression. Furthermore, these clients will be more likely to agree to investing time for a study such as this one, whereas clients which left *Rape Crisis* with negative experiences would be more reluctant to devote additional time to research associated with the NGO. Thus, while research findings still portray the experiences of women who received counselling and can help to deepen our understanding and assist in improving services based on their stories, this recruitment and participation bias forms a major shortcoming of the study.

Another potential limitation of this study relates to the language spoken during interviews. *Chapter 3.7. Researcher Reflexivity* already discussed the potential power dynamics that interviewing participants in the researcher's chosen language can have. Additionally, with English frequently only being participant's second or even third language, it can be assumed to have led to a significant loss of language cues and context which will then have influenced and limited the type of accounts that participants presented. Consequently, the obtained narratives were limited by the participant's ability to translate their understanding into English.

5.6. Recommendations for Future Research

Firstly, the review of literature around rape survivors' post rape experiences and their journeys towards psychological support, as well their experience with the support they received highlighted the poor representation of research in this area in South Africa as well as the rest of the world. This was particularly true regarding research that prioritised the rape survivors' narratives over those of health care providers or policy makers. Thus, I believe it is important to conduct further qualitative research into the issue from the service users' perspective.

In regard to this study and its limited sample from *Rape Crisis* subsequent research should involve larger and more diverse samples of rape survivors across different settings in South Africa. Furthermore, corresponding to the researcher's insider and outsider perspective and given that both roles will impact the produced narratives differently it could also be interesting to conduct research which uses researchers from both stances in order to compare

the resulting narratives and put them together as to obtain a more conclusive picture of rape survivors' experiences.

Moreover, the data for this study was collected over once off one-hour interviews with participants which may be seen as an additional limitation. Future research could instead interview each participant across a number of sessions, which may allow for greater trust and understanding to develop between the researcher and the participant which in turn may allow for the collection of richer data. Additionally, as participants voiced a strong desire for survivor group sessions this could also be applied as an additional layer in future research. By having focus groups with survivors more depth could be brought to the emerging data while also showing commonalities amongst individuals and allowing for the creation of narratives within a different setting which could facilitate an additional layer of data.

Regarding the themes that emerged from this study, many were well established within previous research, yet three findings in particular pointed at gaps in the literature which should be addressed. For example, the narratives regarding the silence and stigma that victimises survivors implied that receiving overly sympathetic responses following disclosure affected them similarly to receiving negative responses of being shamed or blamed. This finding has previously received little attention and could potentially be considered a cultural variable, more common in countries which place a bigger focus on respect and thus consider such responses patronizing but future studies should investigate the prevalence and effect of this particular experiences more thoroughly. Furthermore, in regard to the theme of demystifying rape it became apparent how much women lacked a clear understanding of what counselling is, yet they were willing to eventually try it out regardless. This phenomenon should be studied in more detail to understand and contextualise women's lack of understanding about counselling and their motivation to go for the unknown. Finally, in regard to narratives around building a counsellor relationship it was highlighted how important survivors perceived their relationship with their counsellor and how this relationship was crucial for successful coping with their experiences. Consequently, the loss of this bond upon concluding counselling was theorised to lead to significant negative consequences on the survivors which should be further studied in order to better understand and prevent potential resulting harm.

5.7. Conclusion

This study explored women rape survivors' journeys towards psychological healing and their experiences with the counselling they received from *Rape Crisis*. This research made contributions to theorising, methodology and practice around how we understand the experiences of survivors, how we work with them in research and the services we provide to support them. Consequently, the impact and practical applicability of these findings were discussed and implications for future research were made.

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Appendices

Appendix A: Consent Form for the Research

UNIVERSITY OF CAPE TOWN



Department of Psychology

Female Rape Survivor's Experiences with Counselling – Interview Consent/Assent

1. Invitation and purpose

You are invited to take part in an evaluative research study on the counselling experience of rape survivors in Cape Town. I am a researcher from the Department of Psychology at University of Cape Town.

2. Procedures

Participation in this study is voluntary, and you can decide to stop participating in the study at any time, without any negative consequences.

If you decide to take part in the study you will be expected to participate in an interview with me. The interview will focus on your experiences with the counselling you receive from Rape Crisis. It will take place at the Rape Crisis office of your choice, at a from you chosen time, and will last approximately 60 minutes. The interview will be audio recorded but I will make sure that your identity is protected in any of the information that will be used in discussions and final research paper.

3. Inconveniences

I don't expect that you will be distressed by the interview but if it does become distressing or uncomfortable you may stop participating at any time without any negative consequences. If you become distressed, I will refer you for additional counselling at Rape Crisis or any other organization you may choose.

You may withdraw from the research at any time and your withdrawal will have no negative consequences for you or your relationship with Rape Crisis.

4. Benefits

You are given an opportunity to share your views and experiences and what you tell me is also likely to help in improving the counselling services provided to you and many other women. You are given an opportunity to tell me and others what is important to you and how to improve your experiences.

5. Privacy and confidentiality

I will take strict precautions to safeguard your personal information throughout the study. Your information will be kept in a locked file cabinet in the principal researcher's office without your name and or other personal identifiers.

The interviews will be digitally recorded and these files will be stored on the principal researcher's computer and will be protected by a password.

Some of this research may be published in academic journals but your identity will be protected at all times.

6. Money matters

You will not be paid for taking part in the study but you will be reimbursed for any transports costs you may have incurred.

7. Contact details

If you have further questions or concerns about the study please contact one of the researchers at the Department of Psychology, University of Cape Town

Maria Vieweger: 076 546 8247

Dr Floretta Boonzaier: 021 650 3429

If you have any issues or problems regarding this research or your rights as a research participant and would like to speak to the Chair of the Ethics committee, please contact Mrs Rosalind Adams at the Department of Psychology, University of Cape Town (UCT), 021 650 3417.

If you understand all of the procedures and the risks and benefits of the study and you would like to participate in the project, please sign below:

Participant Name: _____

Participant Signature: _____

Date: _____

Agreement for Tape-Recording

I agree to have my voice tape-recorded in the interview.

Participant Signature: _____

Appendix B: Transcription Confidentiality Agreement



CONFIDENTIALITY AGREEMENT

Transcription Services

Maria Vieweger: Female Rape Survivor's Experiences with Counselling

I, **Elaine Grobbelaar** (transcriptionist), agree to maintain full confidentiality in regards to any and all audiotapes and documentation received from **Maria Vieweger** (researcher) related to her masters' study on "Female Rape Survivor's Experiences with Counselling". Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews;
2. To not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by Maria Vieweger;
3. To not provide the research data to any third parties without Maria Vieweger's consent.

4. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession;
5. To return all audiotapes and study-related documents to Maria Vieweger in a complete and timely manner.
6. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Transcriber's name (printed) Elaine Grobbelaar

Transcriber's signature Signature Removed

Date 24/04/2017

Appendix C: Pamphlet on Alternative Organisation providing Rape Survivor Support

Alternative Organisation providing Rape Survivor Support

LifeLine	Telephone counselling on 021 461 1111 Free Face-to-Face Counselling booking on 021 461 1113 56 Roeland Street, Cape Town City Centre Scott Street, Village 1 North, Khayelitsha, Cape Town 18 Westminster Cl, Portland, Mitchells Plain, Cape Town 38 Fleming Road, Wynberg, Cape Town 22 Oldham Road, Glenlily, Parow, Cape Town
Mosaic	021 761 7585 66 Ottery Road, Wynberg, Cape Town Day Hospital, Sulani Drive, Khayelitsha, Cape Town
Saartjie Baartman	021 633 5287 Klipfontein Road, Manenberg, Cape Town
The Trauma Centre	021 465 7373 or 082 444 4191 (Emergency Line) Cowley House 126, Chapel Street, Woodstock, Cape Town
Ilitha Labantu	021 633 23 83 or 021 633 30 48 NY 22 No 26a, Gugulethu, Cape Town