

EXPLORING THE IMPACT OF RAPE ON WOMEN'S OCCUPATIONS

**A DISSERTATION COMPLETED IN PARTIAL FULFILLMENT OF A
MASTERS DEGREE IN OCCUPATIONAL THERAPY**

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ABSTRACT

This qualitative study, with elements of co-operative enquiry and phenomenology, endeavoured to describe the impact of rape on the occupations of women who have been raped. Data were gathered from participants who were clients at Rape Crisis, Observatory, through 4 unstructured focus groups and analyses to explore changes in their occupations. What emerged was that the participants were all dissatisfied with their occupations. The overwhelming impact of symptoms of Post Traumatic Stress Disorder (PTSD) on all their occupations was discussed. A dynamic between Person, Occupation and Environment impacted on the occupational engagement and avoidance by the participant. Recommendations for the rape survivors, service providers and family members were made.

INTRODUCTION

Over the last few years the number of reported rapes in South Africa has increased dramatically. According to the Human Rights Watch (1995) there are no reliable figures for the number of rapes committed in South Africa every year. Rape Crisis accepts the conservative estimate that of every 20 rapes, only 1 is reported. This translates into 2700 rapes every day, with 985 500 rapes per year. South Africa has the highest per capita rate of rape reported in the world, 1156 per 100 000 of the population (Rape Crisis, n.d.). Rape is thus a significant problem in our society.

According to reports to the Commissioner of Police in 1989, the ages of rape survivors ranged between 3 and 85 years. Thirty percent of the victims were younger than 30 years. In 30.9% of cases the rapist acted aggressively, in 24.9% the rape survivors were threatened with a weapon and in 7.3% the rape incident resulted in serious injury or death (Schurinck, Snyman, Krugel and Slabbert, 1992). Feehan, Nada-Raja, Martin and Slabbert (2001) found that assaults resulted in the greater likelihood of distress if they were not witnessed by others, happened in the home (Schurinck, Snyman, Krugel and Slabbert, 1992) and were perpetrated by someone close to the victim. Schurinck, Snyman, Krugel and Slabbert (1992) report that 41.2% of rapes happened in the home and in 29% of cases, the survivor knew the perpetrator.

Physical harm caused by rape includes not only genital injuries in 40% of the rape survivors, but also non-genital injuries such as bruising, abrasions, lacerations and

fractures in another 40% (Human Rights Watch 1995). A substantial proportion of rape survivors (12.6%) needed hospitalisation for shock or injury after the event. Another physical consequence of rape is pregnancy. It is estimated that 10% of women who are raped will fall pregnant as a result of the rape (Human Rights Watch, 1995).

Besides the physical consequences of rape, the rape survivor may also experience emotional and behavioural problems after the rape that are not directly related to the physical injuries sustained as a result of the rape. These include shock, nausea, insomnia, eating problems, listlessness, crying, nervousness, compulsive washing, poor concentration, mood swings, memory loss, sexual problems, substance abuse and general depression (Human Rights Watch, 1995).

The concepts and definitions below give some insight into the barriers and facilitators the rape survivor has to face as a result of the consequences of the rape. However it fails to clearly describe how the rape has influenced the occupations of women. This study attempts to fill that gap.

1. CONCEPTS AND DEFINITIONS

In the following sections a definition of the various concepts are given and extrapolations are made using the information to make it more relevant to the research topic. The extrapolations form part of the rationale for the study.

1.1. RAPE AND OCCUPATIONS

Occupation can be defined as “the meaningful activities that fill the stream of time and are included in the lexicon of that culture” (Clarke, Parham, Carlson, Frank, Jackson, Piece, Wolfe and Zemke, 1991, p303). Thus occupation encompasses all the activities that a woman engages in from the time she gets up in the morning till the time she goes to bed.

The definition of rape that is used now by the courts in South Africa is:

”intentional, unlawful sexual intercourse with a woman or girl-child without her consent (sexual intercourse means the penetration of the vagina by the penis). This includes rape within marriage (marital rape) and the rape of a woman by the man she is going out with (date rape)” (www.rapecrisis.org.za). This definition was used when referring to rape in this thesis.

Rape is a life event that may cause the survivor to reflect on the possible causes for what happened. Society may also reinforce the notion that the survivor must have done something to encourage the perpetrator or that she did not do enough to stop the rape from occurring. This may result in the survivor reflecting on her occupations. Even if it is just for a short while there may be a disruption in her occupations. Based on her reflections, she may then engage in occupational adaptation. These changes could be positive or negative and self-reinforcing.

1.2. OCCUPATIONAL ADAPTATION

McGuigan (1994) says that when people engage in occupation they use stimuli in the environment to encourage performance. Different activities are viewed through a “contextual filter”. This refers to an accumulation of their experiences and perceptions

about the physical, social and cultural features of where they find themselves. Rape may cause a drastic change in the way a woman views the world and herself. Often what was once seen as a safe and non-threatening environment may become a place filled with potential danger and a threat to her well-being. The rape survivor may also be increasingly sensitive to anything related to rape. As a result of these possible changes in “contextual filter”, rape survivors may adapt their occupations to meet the new challenges and obtain mastery.

The American Occupational Therapy Association defines adaptation as “a change in function that supports survival and self-actualisation” (Schkade and Schultz, 1997). Yerxa (1967) says that personal meaning, or self-actualisation, provides motivation for adaptation. Thus if the meaning of the occupation has changed e.g. it is seen as more dangerous , because of the rape (the change in “contextual filter”) then the rape survivor has motivation to adapt the occupation.

“Occupational Adaptation” (the process) is a series of actions internal to the individual, which unfolds as the individual is faced with an occupational challenge. The individual engages this process with the intention to produce a response that will result in an experience of relative mastery over the challenge (Schkade and Schultz, 1997). According to Schkade and Schultz (1997), doing is the action component of the adaptation process. Wilcock (1998) reports that the human brain has the capacity to adapt and that this allows the natural force for purposeful occupation to respond to the social environment, which adds a social dimension to the relationship between occupation and health. Each person’s occupational performance is affected by

intrinsic and extrinsic factors. The way in which we bring together these two factors creates our adaptation.

King (1978) stated that in order for adaptation to occur:

- The person needs to do the adaptation,
- The context needs to demand adaptation,
- Adaptation is sometimes unconscious,
- Adaptation reinforces itself.

Kielhofner (1980) hypothesized that there are two cycles to adaptation. The benign cycle is adaptive and satisfies the need for mastery and competence. Thus, if the rape survivor's adaptive response is benign then the resulting action will engender a feeling of satisfaction. On the other hand the vicious cycle is maladaptive, maintains feelings of incompetence and fails to meet external demands.

When a person responds to an occupational challenge the adaptive response is engaged. The adaptive response is:

- Generated. Referring to the decision about how much energy, creativity and focus will be paid to the challenge,
- Then evaluated on the basis of efficacy, efficiency and satisfaction to the self and society,
- And finally integrated for future use.

The mode of response refers to:

- Using existing techniques,
- Changing existing techniques.

Having been raped may require the adaptive response, as the rape survivor would be continuously challenged to adapt, by the environment and internal factors as a result

of the consequences of the rape. An example may be a survivor who becomes very anxious when having to use a taxi using positive self-talk and deep breathing to help her relax and enable her to use this form of public transport. However the way in which the rape affects occupation is not well understood

1.3. MEANING IN OCCUPATIONS OF A RAPE SURVIVOR

Meyer (1992) states that occupation has two dimensions, performance and personal meaning. Meaning comes from the value we attach to what we do and from the ability to see possibilities embedded in our lives. “What we do in life is intimately connected to the meaning that we find in life” (Hasselkus and Rosa, 1997, pp. 365). Reker and Wong (1988) suggest that the wider the range of experiences we have, the greater the possibility to experience meaningfulness. If a rape survivor limits the occupations she engages in, it suggests that her opportunities to experience meaning are decreased. Yalom (1980) states that meaninglessness is associated with a lack of belief in the value, usefulness or importance of what we do. If rape survivors change their occupations, it could result in a state of meaninglessness, as the changed occupations could result in a loss of the ability to see meaning in what they do.

Yerxa (1998) reports that the “same occupation may have a myriad of different meanings depending on the goal of the individual, the environment, the context and mood”. Meaning is derived from the interpretation of the occupation in personally relevant terms. It suggests that the same occupation may have different meaning for the rape survivor after the rape.

do Rozario (1995) said that occupations might be meaningful because they allow access to spirituality. According to Urbanowski and Vargo (1994) spirituality can be defined as finding meaning in daily activities. Hasselkus and Rosa (1997) said that spirituality had been linked to the shift in people from victim to a sense of agency and wholeness. Having been raped may mean that the rape survivor feels that she has lost control over her life and a victim rather than an agent. Factors such as flashbacks and hypervigilance may also increase the feeling of being a victim, as survivors have no control over the experience of flashbacks.

1.4. FLOW, BOREDOM AND ANXIETY IN OCCUPATIONS OF RAPE SURVIVORS

Flow, a concept defined by Csikszentmihalyi (1990), is a subjective experience in occupation. When in flow the person feels strong, active, creative and motivated. When the abilities of the person exceed the challenge it creates a sense of boredom. When the challenge exceeds the abilities of the person it creates anxiety, and a “big personal high” (Larson, 1988) when abilities and challenge are well matched. Dimensions of flow include: a sense of control, clear goals, temporary loss of awareness of self, enjoyment, equilibrium of challenge and skill and immediate feedback. A rape survivor may often not feel in control of her environment, has an increased awareness of her body’s arousal and may feel that her abilities are out matched by the challenge presented by her environment. The rape survivor may therefore be more prone to feelings of anxiety and/or boredom. Rituals and routines “tend to soothe, calm, bring a sense of order and stability to daily life” (Moore and Myerhoff, 1977). If, however, reminders of the rape interrupt rituals and routines, they may fail to bring order and stability to the survivor’s daily life. Rituals and

routines of the rape survivor may also be changed because of their association with the rape.

The researcher was unable to find any literature that focuses on the effect of rape on occupations of rape survivors. However, if the above formulations were true for them, then it would be important to explore how they have adapted their occupations to meet the need for competency and mastery.

1.5. SCHEMAS AND OCCUPATIONS

Schemas refer to frameworks individuals develop over their life spans to understand life events and interact with the world events. It stands to reason then that these schemas will influence occupation of rape survivors. McCann and Pearlman (1990) used schema in the constructivist self-development theory to look at adaptation to trauma. Here they identified psychological needs that are influenced by the experience of trauma. It includes safety, dependency/trust, power, independence esteem, intimacy and frame of reference.

Safety refers, like in Janoff-Bulman (1985), to the assumption of personal invulnerability. The victims of trauma could never believe that their lives could be affected by trauma. In the case of a rape survivor, she may be faced with a situation in which her life is threatened, which makes her contemplate the possibility of her own death. The assumption that the world is a safe place or at least that she is safe in the world is shattered. As a result, there may be an increased awareness of vulnerability. The rape survivor may also restrict occupations if they involve too much perceived risk to safety.

Dependency/trust occurs when we assume that people can be trusted and depended upon. In the case of a rape survivor, where often the rapist is someone they know and trust, this feeling of trust in people can be broken. As a result the rape survivor may be more cynical, distrustful and suspicious of the motivations of others. This will influence the way in which she interacts with others (McCann and Pearlman, 1990).

Power is used to refer to the person's need for control in their environment (McCann and Pearlman, 1990). During the rape the survivor has very little sense of power. The rapist directs what will happen. If the rape survivor has a great need for control over her environment it may be reflected in her occupations after the rape. She may continue to feel powerless leading to apathy in engagement in occupation or she may go to the other extreme of trying to control everything and everyone in her environment.

Independence is expected, as people grow older. A rape survivor may experience a setback in this area, as she may have to move back to her family home for protection and support. She may always need to be in the company of others to feel safe. This may decrease the opportunity for engagement in meaningful occupation.

Esteem is the need to perceive others as benevolent and worthy of respect (McCann and Pearlman, 1990). After the rape, the survivor may be more aware of the undesirable qualities of others. This change may lead to bitterness, cynicism and pessimism. In turn, this could decrease the motivation to interact with others and lead to a restriction in her movements to avoid attack by others.

Intimacy refers to the person's ability to feel a connection with others. Rape is an experience outside of the norm and can create fundamental changes within the individual that leaves them feeling different to other people (McCann and Pearlman, 1990). The survivor may then feel that she cannot relate to other people and they

cannot understand what it is that she has been through. This may result in a feeling of alienation from the world and others. Consequently, she may not want to talk to others about her experience. This may be compounded by the stigma of being a rape survivor.

Frame of reference is our attempts to understand the world by looking for the cause of events (McCann and Pearlman, 1990). For many rape survivors there are no explanations for why the rapist did what he did. In order to understand the survivor may create a rationale by looking at her own behaviour. This may result in her attributing the rape to something that she did. In order to prevent being raped again she may change her behaviour.

These schemas that a rape survivor may hold, can have a profound, if unconscious, influence on the underlying motivations for her occupations. Schemas are also related to identity formation and stigma.

1.6. IDENTITY, STIGMA AND OCCUPATIONS

Christiansen (1999) said that personal identity is the “person we think we are”(p548). It consists of the self that refers to awareness of our bodies, a sense of being able to make choices and to initiate action. Self-concept is the inferences we make about ourselves in our minds and it relates to things like personality and the roles we have (Christiansen, 1999). Self-esteem is the evaluative aspect of the self where we compare ourselves to the standards we hold and that which society expects of us. Self-concept and identity are shaped by our competencies and capabilities when compared to others in our social group. This can be negatively influenced by poor adaptations of

occupations that the rape survivors may make or the impact of symptoms of PTSD (Post Traumatic Stress Disorder), anxiety and depression.

In adulthood personal goals play a key role in the shaping our identity. Goals motivate us as we can see how we can directly influence or indirectly be influenced by them. Sometimes goals lie in life stories and in the push away from the undesired self (Ogilvie, 1987). We fulfil different roles in life and therefore see ourselves as multidimensional and complex. Life stories help us to create meaning and unity between these different selves (McAdams, 1999). Life stories also help us to see a possible future that we are working towards, creating motivation for engagement in occupation. Meaning is also derived for a sense of self worth that is impacted upon by the approval of others. Self worth will be negatively influenced if society judges a rape survivor negatively because of her experience. In order for us to gain approval, action needs to be performed competently. Reflexive consciousness is a human trait that allows them to reflect on themselves and have it influence their behaviours. When engaging in reflexivity we often take on the roles of specific others or the community to judge how our actions will be received. Consequently, we can modify our actions in order to present the best possible image to society (Mead, 1999). This good image is created in order to gain status or influence within society. A rape survivor, living with people who stigmatise her all the time, will be able to judge the consequence of her actions and any minor deviation from the norm using this mechanism. It may also cause frustration should the rape survivor not be able to control the deviations.

Christiansen (1999) says that in order to be judged as competent we need to be able to deal effectively with the challenges that come our way. This in turn will increase our

self-confidence and our motivation to engage in occupation. If the occupational performance of a rape survivor is influenced by poorly controlled symptoms of PTSD, anxiety and depression then the competence with which she performs will be compromised. Perceived self-efficacy (the personal judgement about what one can do with what one has) also impacts on the level of performance (Gage and Polatajko, 1994). Bandura (1981,p215) also states that perceived self-efficacy will influence the occupations the person will engage in, the amount of effort they would put in before giving up the occupation and their perseverance in the face of failure.

Hence, if the rape survivor does not think of herself as being very effective in occupation she may not engage in it, will not put a lot of effort into it and may give up at the first sign of adversity. This will reduce the number of occupations she engages in as well as decreasing opportunities to experience success.

Identity is also reflected through the groups that we belong to (Goffman, 1963). Society groups people in categories and assigns attributes to the people we would find in those groups. As a result, society creates a virtual social identity for the people found in that group. The more society knows about the attribute that is undesirable the more the person's actual identity will be ignored in favour of the virtual social identity. The actual attributes that the person has may differ and these are referred to as the actual social identity. If the person in a group has an attribute that is different or less desirable then the person is reduced in our minds. Stigma refers to an attribute that is deeply discrediting (Goffman, 1963).

A stigma that is not visible is called a discreditable, as it can become known to others if they get to know the person or about the person. As children we learn to categorize

people in our society. We learn about the attributes these people in the various groups are thought to have and internalise them as standards. If the person falls into a stigmatised group late in life then she is able to judge and agree with where she falls short of the standard. This judgement may occur in the presence of others or when alone. This may lead to shame and guilt. Defensive responses to a situation by the stigmatised person may also be perceived as part of the attributes which people hold in that category and lead to further discrimination.

Goffman (1963) says that we treat stigmatised people as not quite human and that we discriminate against them in numerous ways, decreasing their opportunities in life. Consequently, when we meet a person with a stigma we may ignore them or give unnecessary focus to the undesirable attribute affecting the opportunities that they may get for engagement in occupation.

Selfing (Goffman, 1963) refers to the shaping of identity through occupation. We use occupations to express ourselves as well as to create an identity. The rape survivor may restrict occupations in which she does not have mastery in order to preserve or prove her competence. As a result she may not engage in occupations that were pleasurable or meaningful to her, but which have been affected by the rape.

In order to reduce the stigma, the person can adapt the stigmatising characteristic by spending much more time in developing mastery in the area that she falls short or use the attribute for secondary gain. The rape survivor can arrange life so that she doesn't have contact with others who will judge her. This will result in isolation and greater

consequences such as suspicion, depression, hostility, anxiety and bewilderment because of the isolation.

Sullivan (1953) also says that because the stigmatised always fears the way in which the other will react, she will always be insecure in the presence of others as the stigma, for instance in the case of rape, is something that she is unable to change.

Sullivan (1963) says that in the interaction with others the stigmatised person may worry about which category the other person may place her in. They may worry if the other person is honest with her, if she had made a good impression, if she is being patronized by the other person and be more aware of her minor failings, which could reinforce the stigma. The other person may feel that the rape survivor's defences are too aggressive or shamefaced and thus reinforces the stigma. They may also worry about giving direct sympathy as it may be interpreted as patronizing or to ignore the attribute as this may be interpreted as unsympathetic. In response the other may treat the stigmatised as if she fits a category and therefore treat him/her better or worse than others in that category. Or they may treat the rape survivor as a non-person, that is, someone of whom ritual notice is not taken, but uneasy focus may still be given to the undesirable attribute. In relationships with people that the survivor has had for a long time and who know about the rape, she has to face them as someone who no longer is the same person as she was before the rape. In relationships with new people the rape survivor may have to worry about how much information she should share and the reaction of those people.

The ability to be with others who have also been raped may help the rape survivor to feel more accepted as a normal person. She may also get moral support and be able to

share the total experience of being raped. The socialisation also affords the survivor the opportunity to meet people who differ from the stereotype that they may hold. Some of these characteristics may be attractive and some not so desirable. The survivor may, therefore, have ambiguous feelings about belonging to this group. The more people with the same experience the survivor is exposed to, the more likely she will be to find people with whom she can identify and may make belonging to that group easier. There will always be the feeling of ambiguity with regards to belonging to the group as it is stigmatised, but the survivors cannot get away from the fact that their experience sets them apart from the rest of society.

1.7. RAPE, POST TRAUMATIC STRESS DISORDER (PTSD) AND OCCUPATIONS

Valentiner, Foa, Riggs and Gershuny (1996) reported that acute reactions to trauma were normal after sexual assault. The onset of PTSD usually occurred within 6 months of the traumatic event (Bownes, 1991), but could also occur many years after the event. During the first three months after the onset of symptoms there was a steep decrease in the severity of illness (Kessler, Sonnega, Bromet, Hughes and Nelson, 1995).

According to Kessler, Sonnega, Bromet, Hughes and Nelson (1995), PTSD became chronic after duration of 3 months. On average, 4.6 years after the rape, 62% of survivors suffered from Post Traumatic Stress Disorder (Regehr and Marziali, 1999).

The differentiating factors between chronic and non-chronic PTSD is in physiological over-reactivity and in interpersonal numbing, which can be described as

detachment from others and diminished positive affect (Breslau, Davis in Feeny and Zoellner, Fitzgibbons and Foa, 2000).

In some survivors symptoms disappeared without intervention (Valentiner, Foa, Riggs and Gershuny, 1996). For a third of rape survivors, symptoms of PTSD will continue for many years despite treatment (Kessler, Sonnega, Bromet, Hughes, and Nelson, 1995). PTSD can therefore be said to be a long-term problem for many rape survivors (Bownes, O’Gorman and Sayers, 1991).

Stein, Walker, Hazen, and Forde (1997) reported that subsyndromal PTSD was not uncommon in a community that had been exposed to trauma and for some survivors the effects were as influential as full-blown PTSD. In their study Stein, Walker, Hazen, and Forde (1997) also found that full-blown PTSD interfered more with work, social and home functioning than subsyndromal PTSD, but that both full-blown PTSD and subsyndromal PTSD groups reported more significant interference than those without PTSD. So, even if a rape survivor were not diagnosed with PTSD one could still expect that symptoms of PTSD would impact on work.

No information is available on how PTSD affects Activities of Daily Living and leisure of the rape survivor. Sleep disturbance (especially nightmares) is a symptom of PTSD. Sleep is seen as an occupation. If it is disturbed, it may negatively influence other occupations.

Rates of co-morbidity of PTSD with other psychiatric conditions vary between 62% and 92% (Kessler, Sonnega, Bromet, Hughes and Nelson, 1995). PTSD was

associated with other psychiatric conditions because of the overlap with symptoms of depression, phobias and generalized anxiety disorders (Bownes, O’Gorman and Sayers, 1991). The overlap occurs with depression in Criterion C and D of PTSD, which list: decreased interest, restricted affect, difficulties with sleep, and difficulties with concentration. It overlaps with anxiety in Criteria C that lists irritability, hypervigilance, and exaggerated startle response. An overlap with social phobia, simple phobia and panic disorder occurs in Criteria D with increased arousal (Kessler, Sonnega, Bromet, Hughes and Nelson, 1995).

1.8. RAPE, OTHER ANXIETY DISORDERS AND OCCUPATIONS

According to Bownes, O’Gorman, and Sayers (1991) anxiety tended to last longer than depression after rape. Cohen and Roth (1987) reported that the levels of force used in the rape are related to the amount of anxiety experienced. Ellis (1981) found that victims of brutal rapes by acquaintances were significantly more fearful than those brutally raped by strangers. Hence, the relationship between the survivor and perpetrator is also of significance. Bownes, O’Gorman, and Sayers (1991) study was based on a sample of litigants. They found that contact with the police and justice system resulted in an increase in fear and anxiety. Thus, if the rape survivor decides to pursue the matter she may experience an increase in fear and anxiety.

Rothbaum, Foa, Riggs, Murdock and Walsh (1992) reported that the most persistent reaction of rape is the fear of situations that are similar to that of their rape and general anxiety related to their safety. This implies that if a rape survivor encounters a situation or finds herself in a place that reminds her of the rape, she may experience feelings of fear and anxiety. It is assumed that occupations would be negatively

influenced as a result, because the survivor may avoid all such stimuli in order not to evoke those unpleasant feelings or she may be distracted by the feelings, decreasing her efficiency and enjoyment of other activities.

Rothbaum, Foa, Riggs, Murdock, Walsh (1992) found that anxiety symptoms might persist after the severity of PTSD had reduced. Kilpatrick, Resick and Veronen (1981) found that only 23% of rape survivors are asymptomatic for fear symptoms one year after the rape. Further than that Calhoun, Atkeson and Resick (1982) found that even when fear symptoms decreased, rape survivors remained more fearful than those women who were not raped.

1.9. RAPE, DEPRESSION AND OCCUPATIONS

According to Bourdreaux, Kilpatrick, Resnick, Best and Saunders (1998), a completed rape was more likely to result in an Axis 1 non-PTSD diagnosis. In their study they found that in those sexual assault survivors suffering from PTSD, 64% also suffered from depression. In those sexual assault survivors not suffering from PTSD, 25% suffered from depression. In investigating the cause of depression in rape survivors, different authors have looked at varying factors. Regeher and Cardell (1999) found that the survivors who attributed self-blame were more likely to be depressed than those who blamed outside factors.

Ullman and Siegel (1993) looked at the relationship between the rape survivor and the perpetrator and found that the prevalence of depression did not vary if the survivor knew the perpetrator or if the perpetrator was a stranger. Regeher, Cardell and Jansen, (1999) found that women with a history of rape and who perceived an external locus

of control had a higher rate of depression than those who perceived themselves to be more in control of their lives.

Wirtz and Harrell (1987) reported that those survivors who changed residence and stayed at home for long periods after the rape were more likely to suffer from psychological distress. Santello and Leitenberg (1993) says that fear, depression and sexual dissatisfaction make the rape survivor more likely to stay at home and cope in a withdrawing manner. This would suggest that fear of going out and other symptoms of depression would influence the survivor's ability to continue with her usual occupations.

1.10. RAPE, PHYSICAL SYMPTOMS /INJURIES AND OCCUPATIONS

According to Schurink, Snyman, Krugel and Slabbert (1992) who studied police reports on rape, 10,3% of rape survivors had critical injuries, 1,1% were killed or died as a result of the rape, 54,2% suffered no injuries and 28,2% had minor injuries such as bruises and abrasions. According to Schurink, Snyman, Krugel and Slabbert (1992) 12,6% of rape survivors needed hospitalisation for shock or injury after the event.

Leserman, Dressman and Hu (1998) report that abuse, including rape, often leads to physical injuries and that the physical symptoms reported may just be the long-term consequences of such injuries. They reported that those women with histories of abuse tended to visit the clinic twice as often as women without histories of abuse. Leserman, Leserman, Dressman and Hu (1998) reported that the more severe the physical or sexual abuse in women the more likely they were to attend a gastrointestinal clinic. Those with abuse histories were 2-2.5 times more likely to

complain about panic symptoms, twice more likely to complain about depressive symptoms, 2-3 times more likely to complain about musculoskeletal problems, 2.5-4 times more likely to complain about genito-urinary problems. The physical symptoms these women tend to have included:

- Anxiety symptoms e.g. chest pains,
- Depression symptoms e.g. tiredness, loss of weight and sleep disturbances,
- Musculoskeletal problems e.g. stiff or aching joints,
- Genito-urinary problems e.g. pain on urination, pelvic pain, pain on intercourse,
- Skin symptoms,
- Symptoms of the respiratory system e.g. stuffy or runny nose (Leserman, Dressman and Hu 1998).

Friedman and Schnuur (1995) said that psychological distress and negative affect, such as anger and depression in PTSD, could lead to an increased risk of health problems like cardiovascular disease. They also report that depression leads to negative health behaviours such as increased smoking and alcohol consumption. This in turn leads to negative health effects. In Feeney, Zoellner, Fitzgibbons and Foa (2000) it is also suggested that physical complaints are caused by chronic psychological stress and strain as a result of hyper-arousal and hyper-activity present in PTSD.

Leserman Dressman and Hu (1998) explains that the probable cause of increased visits to health care clinics is that they had more somatic complaints and health related

disabilities. Cohen and Williamson (1991) suggest that stress causes an increased susceptibility and reactivation to infectious diseases.

Feeney, Zoellner, Fitzgibbons and Foa (2000) found that only the severity of symptoms of PTSD resulted in an increase in physical symptoms (especially re-experiencing), which resulted in a greater report of physical symptoms.

With the increase in physical symptoms one could expect the survivor to be spending more time visiting clinics and doctors. This in turn and the illness would mean more time away from occupations that they would normally be involved in, example, work, socializing and family related occupations. It would also mean that more money would be expended on medical costs and lost through extended sick leave. Being ill may also curb the survivors' ability to engage in normal routines.

1.11. RAPE, SUBSTANCE USE/ABUSE AND OCCUPATIONS

Rape produces high levels of negative affect. To reduce the negative affect even for short periods of time rape survivors may use/abuse substances. Kilpatrick, Acierna, Resnick, Saunders and Best (1997) did a longitudinal study on women, comparing substance use/abuse pre- and post-assault and rape. They found that women who used substances before the assault were more likely to increase their use of illicit drugs and alcohol post assault. Those survivors who did not use substances before the assault were more likely to use it after the assault. Exclusive alcohol abuse did not increase the likelihood of being re-assaulted. Women who increased their use of illicit drugs post assault were more likely to be re-assaulted. The reasons hypothesized were that they more often exposed themselves to dangerous situations associated with the drug

culture and were more likely to engage in taking risks, become more aggressive when intoxicated or were more vulnerable to opportunistic perpetrators.

With the increase in substance use/abuse it is expected that the occupational profile of the rape survivor may change. The nature of occupations engaged in while acquiring, using or being intoxicated by substances would contribute to this. Substance abuse/dependence would also influence other spheres of their lives such as work, finances and relationships.

Kilpatrick, Resick and Vernon (1981) state that some of the long-term consequences of rape include nightmares, phobias related to the rape and “restrictions in life style”. Hence rape can be seen as a traumatic event with inevitable effects on lives of the rape survivors.

1.12. RAPE, SOCIAL REACTIONS AND OCCUPATIONS

Burgess and Holmstrom (1978) said that often police and family members pressure the rape survivor to lay charges in order to meet their own personal or professional needs. Therefore, the rape survivor may get involved in a protracted legal battle to which they are not really committed. The rape survivor may also drop charges because they fear victimization from the family and friends of the perpetrator or fear that private details may become public in the court case (Hengehold, 2000).

Hengehold (2000) reported that many rape survivors failed to report cases because it is costly in terms of money, dignity, and time. This may refer to the fact that cases take a long time to reach the court, that a court visit often means a whole day away from work and that it may be postponed on numerous occasions before the case is

actually heard. On the other hand, Hengehold (2000) points out that the survivor may be dependent on the perpetrator financially or emotionally, example, where the perpetrator is the husband of an unemployed mother.

Brooker, O'Brien and Koch (1999) reviewed two case studies and concluded that the stress of involvement in litigation could exacerbate the symptoms of PTSD. They suggest that adjustment and recovery cannot occur until there is closure on litigation and that during this time there would be a decrease in the survivor's productivity.

Burgess and Holmstrom (1978) suggest that rape survivors may engage in more activities outside the house if she perceives that she has social support. Further research was done on the role of social support. Feeney, Zoellner, Fitzgibbons and Foa (2000) found that positive social support had no impact on recovery while negative social support hindered recovery. Feeney, Zoellner, Fitzgibbons and Foa (2000) defined negative social support was as "negative interactions". Where the victim perceived they were being blamed for the rape there was an increase in psychological disorders.

Santello and Leitenberg (1993) reported that social withdrawal occurred in response to sexual aggression rather than in response to other stressors.

Research done by Kilpatrick as reported in Santello and Leitenberg (1993), found that 50% of rape survivors in their study were ashamed of what had happened and 80% had some feelings of guilt associated with the event. They hypothesis that social

withdrawal is probably related to the high degree of shame associated with sexual aggression.

Valentiner, Foa, Riggs and Gershuny (1996) found that mobilizing support, that is, speaking to an empathetic listener soon after the sexual assault resulted in better functioning.

Lebowitz and Roth (1994) found that one of the social responses that women complain about most was that their value was associated with the value of their sexuality and that they had lost value as a result of being raped. Consequently, a woman's value as a person may be measured by how many men had access to her and that if she had been raped she is of less value. It is for this reason that society often views the rape of a virgin as worse than the rape of a woman who has had some sexual experience. Lebowitz and Roth (1994) also states that some people believe that a woman is either a "virgin /whore, unavailable/available, valuable/invaluable, worthy of protection/ not worthy of protection"(p374). As a result, if a woman is raped it may carry lots of cultural meaning in implying that she is a whore, available to all, invaluable and unworthy of protection. The rape survivor may share similar beliefs and may behave out of character and live out these beliefs by becoming a prostitute or being more promiscuous (Lebowitz and Roth, 1994)

1.13. RAPE, CULTURE/COMMUNITY AND OCCUPATIONS

A woman who recognizes herself as having been raped may experience distress due to opposing expectations of human nature, desire and justice. These expectations may differ between people of different ages and in different communities (Hengehold,

2000). According to Bourque (1989) people's definition of rape is influenced by age, socio-economic status, education, peer attitudes towards women's roles and a perception of a community's general vulnerability to crime. Hengehold (2000) says that rape cannot be considered outside the context of "economic, social and political characteristics of a group that have the power to define certain behaviour as social problems" and whose powerlessness is considered "normal".

Lebowitz and Roth (1994) also state that rape makes the survivor more sensitive to rape-relevant stimuli that permeate our culture. Subsequently, a survivor may become very angry at a sexist joke or at a statement which denigrates women, but which, may be accepted by the majority of society, as a normal and common statement.

Society has a great influence on which acts are labelled as rape and what women can and should do about it. A woman who recognizes herself as having been raped may experience distress due to opposing expectations from her human nature and her community.

2.1. PURPOSE OF THIS STUDY:

Although much is known about the physical and mental health consequences of rape, there is a general lack of knowledge of the effect that rape has on the occupations of women in all spheres of their lives. This was noted by the researcher and reflected in the sparse information in the literature. Through the examination of the changes women make after they have been raped, a greater understanding of the impact of rape on their lives can be gained and we can also learn how problems develop and how the rape survivors have attempted to resolve them. By studying the needs and

problems we may also develop more effective methods of intervention and attempt to change the services with which rape survivors comes into contact. The central purpose of this study is therefore to understand the impact of rape on the occupations of women.

2.2. OBJECTIVES

The objectives of this study are:

- To explore the occupations of rape survivors.
- To understand how the rape has impacted on the occupations of rape survivors.
- To find out what has facilitated and hindered occupational engagement of the rape survivors.

3. SAMPLING

The participants in co-operative inquiry are known as co-researchers as they too direct the research and are part of the whole process. Non-random sampling was done. A convenience sample was selected. Five co-researchers were recruited. The counsellors at Rape Crisis, Observatory, were informed that the researcher was looking for participants for her research. They were given the sampling criteria and were requested to approach any of their clients whom met the sampling criteria and were willing to participate in the research. The survivors they approached were in counselling or had completed counselling at Rape Crisis, Observatory. Six responses were received. The researcher had individual interviews with each. One of the referrals, although keen to participate, was unable to commit to attending groups and was thus excluded. The other five became the participants in this study.

3.1. CO-RESEARCHERS (participants):

The co-researchers in this study had the following characteristics in common:

- Gave informed consent
- Were over the age of 18. Permission did not have to be obtained from their parents or guardians
- Were raped once. This was to help exclude the confounding variable of compound trauma
- Literate. So that co-researchers could keep a written record of their daily occupations
- Were sufficiently fluent in English in order to participate in the group discussions with ease

4. ETHICS

Beneficence and Nonmaleficence

During the initial interview the benefits and risks of the research were explained to the co-researchers. They were given the researcher's contact numbers should they need to use them. Participation in the study was expected to result in an increase in symptoms experienced. The co-researchers were informed that the services of Rape Crisis were available should they need to go back to counselling or if they needed added support. Dr. Cathy Ward, a clinical psychologist, also agreed to act as back up should the co-researchers need more counselling. One of the co-researchers went back to private therapy during the study. Another had suicidal thoughts which were discovered when she handed in her diary. The researcher informed the co-researcher's counsellor at Rape Crisis.

It was expected that the co-researchers had dealt with the issues we were to research in counselling and that some closure had already been achieved. For those co-researchers who had to seek counselling after the study it was expected that the issues that distressed them were issues that they would have had to deal with in the future. As a result, the research encouraged them to seek help for those unresolved issues.

As a secondary gain, the research was also expected to act as a support group for the co-researchers so that they did not feel isolated in their experiences of the rape. The co-researchers were aware that the research would have benefits for other rape survivors who sought help.

Fidelity and Responsibility

The researcher was aware of the relationship of trust into which she entered when she started the research. The co-researchers were consulted regarding the research questions and the methods they wanted to follow to answer the research question.

When co-researchers did not arrive for group meetings the researcher made a follow-up call to ensure their well-being. Where she was not able to contact them in person, a message was left.

Integrity

Member checking, in which the preliminary results of the study were presented to the co-researchers for comment and changes, was done in order to ensure accurate reflection of the information they had shared. However, only one participant arrived for this meeting.

The researcher also attempted to report the findings of the research as accurately as possible.

Justice

A presentation of the research will be done at Rape Crisis and a copy left in the resource centre for anyone interested. The co-researchers will also receive a summarized copy of the study.

Respect for People's Rights and Dignity

All the co-researchers were over the age of 18. Before entering the research they were informed about what it would entail and the risks and benefits to them. They then signed a consent form and were reassured that they had the right to withdraw from the study at any time.

Confidentiality was assured through discussing it with the participant and finding out what they wanted in terms of confidentiality. Pseudonyms were used when writing up the research so that the co-researchers could not be identified. Audiotapes were only used to do the transcriptions and their use was negotiated with the co-researchers.

5. DESCRIPTION OF SETTING

Rape crisis is a national non-governmental organization aimed at providing counselling and legal advice to rape survivors. Their clients tend to be mostly women. There are three offices in Cape Town: Observatory, Heideveld and Khayelitsha. The services are free. Volunteer counsellors, who have completed the Rape Crisis training course, provide most of the counselling. Clients are offered 12 sessions of counselling

at Rape Crisis. The clients are all over the age of 14. Most of the referrals are self-referrals although the clients may have been prompted by friends and health professional to make the referral.

The researcher was a volunteer crisis counsellor at Rape Crisis, Observatory for two years. During this time she has counselled numerous women on a one-to-one basis. As a result of her experience the researcher has often heard the clients saying that the rape experience has changed their lives. As an occupational therapist the researcher wondered how the experience has done so and how it has influenced their occupations. Knowing that rape often results in symptoms of mental health problems, the researcher wanted to explore the effect of rape on the occupations of women who come for counselling at Rape Crisis.

The research took place at Rape Crisis, Observatory, where the co-researchers had been involved in counselling for the rape.

6. RESEARCH METHOD

For this study the method of co-operative inquiry was chosen. Rape is a misuse of power. In using co-operative enquiry power was given to the participants to decide how the research would be done. It was expected that they be empowered through the different roles they were to play e.g. facilitator and to provide verification of the researcher's finding. Reflection on the impact of rape on their occupations and how they dealt with the various obstacles would allow the knowledge to become more evident and thus a better learning experience for the participants. Co-operative enquiry also allowed the participants to meet other rape survivors and to share experiences thus learning different skills from each other. A secondary benefit of

support was also considered. According to Reason in Denzin and Lincoln (1998), co-operative inquiry is a method of participatory research in which the researcher becomes part of that which is being researched and the subjects, here called co-researchers, have an active role in the accumulation of knowledge on an agreed upon topic. People will take on different roles at different times depending on how the group interacts and the knowledge that is being sought.

Heron in Denzin and Lincoln (1998) says that there are three kinds of Knowing:

- Experiential Knowing, that is, knowing through experience with a person, place or object,
- Practical Knowing, that is, knowing by doing something that demonstrates “skill or competence”,
- Propositional Knowledge, that is, knowing about something.

Co-operative inquiry, according to Denzin and Lincoln (1998) consists of four phases:

- ◆ The co-researchers agreed on what to research and state the propositional knowledge that they had on the subject. They also decide on a method to observe their own experiences.
- ◆ The group then goes out to utilise the method of recording that which they have decided on.
- ◆ They become immersed in the process with heightened awareness of the experiences they are involved with.
- ◆ In the last phase the co-researchers come together to discuss what they have found and to re-look at the propositional knowledge that they stated earlier, making the necessary adjustments and adding to the existing knowledge.

The research method is valid because it “rests on the collaborative encounter with experience” (Reason & Rowan, 1998 pg. 267). This leads to a more critical, self-aware result. Discriminating judgements refer to the ability of the co-researchers to be aware of the perspective from which they are observing things and to state what their biases are. This research method is threatened by unaware projections, for instance, how we deceive ourselves and consensus collusion, or how the group may band together in defence of a point as it functions to protect against unwanted anxieties and fears (Denzin, 1998). He also suggests that the cycle could be repeated a number of times in order to combat these threats to some extent.

7.1. PROCEDURE

At the first meeting with the researcher, the co-researchers were informed of the purpose of the research and what was be expected of them. The co-researchers signed two consent forms (see Appendix 1), one to keep and the other for the research records. The co-researchers were required to fill in a brief questionnaire (see Appendix 2). A plan was then made to meet as a group for the first discussion group at Rape Crisis.

The first discussion group was tape-recorded and later transcribed. The aim of this session was for the co-researchers to get to know each other, to create a general understanding of the research concepts and to share their experiential knowledge of the impact of the rape on their daily routines. Some of the questions that were used were the following:

“What are the ordinary, familiar things you did everyday before the rape?”

“How has that been influenced by the rape?”

“Have there been changes in what you do everyday, since you have been raped?”

“What caused you to make those changes?”

Co-researchers then decided on a method to keep a record of what they do everyday (practical knowledge) and how the rape had affected their daily routines. This took the form of a diary that they would complete on a regular basis and later give to the researcher. A date and time for follow-up meetings at Rape Crisis were set.

Following the first group meeting the researcher reflected on the information from the first group and made notes on what needed clarifying. The researcher transcribed the tape recordings and summarized the data from the questionnaires.

The analysis was done on the transcriptions and written records the co-researchers kept. This was then summarized.

In the final group meeting (also tape-recorded) the results of the analysis were presented to the co-researchers for discussion. This tape-recording was also transcribed and the information analysed and incorporated into the final draft of the study.

7.2. REFLECTIONS ON THE METHODOLOGY

The research did not go as planned. Although co-operative enquiry was the research method of choice, the researcher does not believe that the requirements were met adequately. The reasons for this being:

- All the co-researchers were supposed to agree on the research question. In the first group there were only four co-researchers who agreed. The fifth co-researcher was absent.
- Although all four co-researchers, in the first meeting, agreed to keep a diary recording how they thought their occupations were influenced by the rape only one such diary was handed in. This document however only held descriptions of the co-researcher's emotional experiences. In subsequent groups co-researchers were also reminded to keep a record and to hand it in, with no result.
- The research never developed to a level where the co-researchers took responsibility for the group, example, taking on the facilitator or devil's advocate role.
- One of the threats to this approach was the banding together of the researchers in defiance against fear and anxiety. The co-researchers had a lot of fear and anxiety, stemming from their rape experience and talking about it increased their anxiety. There were instances, example, when they spoke about increased fear of men or general safety, where nobody actually questioned if this was a realistic assumption.

The groups tended to be a sharing of descriptions on how the rape had impacted on the occupations of the co-researchers. As a result the approach was more of a phenomenological type. The results showed more descriptions of the environment in which the rape survivor lived. It gave the survivors' description of what it felt like to live in that environment and what was involved in the engagement of any

occupation. Therefore, the research showed elements of phenomenology and co-operative enquiry.

As a result the co-researchers will be called participants.

7.3. CONTENTS OF THE GROUPS

Four groups plus a feedback group were held. Attendance was as follows:

	Shona	Julie	Nadia	Samantha	Amanda
G1	*	*	*	*	
G2			*	*	*
G3				*	*
G4					*
Feedback				*	

(* Indicates attendances)

Group one

Shona, Julie, Nadia and Samantha were present at the first focus group. This was an introductory group in which the participants spoke about their expectations of the focus groups. All the participants present agreed that the research question was one in which they were interested. No alternative question for the research was proposed.

One of the participants did ask that more structure, such as headings, should be provided. This was not done. (The researcher thought that it might be too restricting to work in such a frame).

The first subject discussed was the change within the rape survivor. This was followed by examples of how the participants felt unsafe and the adaptations they made to decrease this feeling.

At the end of the group the researcher once again asked the co-researcher to keep a diary detailing the changes in their occupations. All agreed that they would. Shona agreed to be the group leader.

Group Two

Nadia, Samantha and Amanda attended this focus group. In this group Amanda was a new group member. She was quiet in the beginning, but started to speak up later.

Once again the group centred on safety. Other items that were discussed were the changes in relationships with different people, reminders of the rape, the court, police, district surgeon, sleep, HIV, STD's and pregnancy and substances use.

An agreement was reached as to when it would be convenient to meet again. The researcher tried to make contact with those who were not at the second focus group, but this was unsuccessful even though numerous attempts were made.

Group Three

Only Samantha and Amanda attended this focus group. At this stage the researcher had become aware that because of the lack of structure the basic occupations were not being covered. To remedy this she went through a typical day of the participants and they were asked to first write down what they did and then it was discussed looking for the changes that they had made since the rape. The atmosphere in the group was

one of hopelessness. It appeared that the adaptations that were made were to help combat feelings of hopelessness and to increase safety. Once again reference was made to what people might think. This was the third time that this was mentioned and the researcher now realised that others' opinions and thoughts played a big role in how the participants engaged in occupation.

Although more occupations were covered in this group, it felt less satisfying than the preceding groups. The group allowed participants less opportunity to speak about what they thought was important, example, safety. It also became clear that Amanda thought that the meetings were a support group or part of therapy. The purpose of the group was explained to her again. At this group Samantha handed in her diary.

Amanda and Samantha agreed on a date and time for the next meeting. Those not present were informed telephonically of the next meeting and a message was left for those that could not be reached directly.

Group Four

Only Amanda attended this meeting. As a result the focus group was abandoned in favour of a key informant approach. Most of the session centred on the changes that she had noticed in herself. Because of the positive changes that Amanda was now engaging in, after a period of adjusting, the researcher was filled with a sense of strength and hope at the end of the session.

A time and date for the next meeting was set. Amanda was unsure of where she was going to be staying, as she was considering moving back to her mother's house. This would mean that getting messages to her would be more difficult.

All participants still participating were informed of the date and time of the last focus group.

Feedback Group

Only Samantha attended this session. It was intended to be a session in which the group members verified information and a thank you tea from the researcher afterwards. In this group the intention was for the researcher to feedback to the group a summary of what was discussed in the preceding groups, highlighting what she perceived as points that were of significance to the participants. Samantha agreed with the points made. She also added more, examples or repeated incidents as emphasis. The researcher thinks that, because there was only one participant, the results presented may not be as established, as she would have liked.

7.4. SUMMARY OF PARTICIPANTS

	SHONA	JULIE	NADIA	SAMANTHA	AMANDA
AGE	30	40	22	23	19
EMPL. STATUS	Housekeeper	Merchandiser	Casual	U/E, in Training	U/E, later returned
MARITAL STATUS	Divorced	Divorce	Single	Single	Single
DATE OF RAPE	1996	2000	2002	2002	2001
NO. OF PERPS	1	4	1	1	1
KNOWN/ UNKNOWN	Unknown	Unknown	Known	Known	Known
REPORTED	N	Y	Y	Y	Y
CHARGES LAID	N	N	Y	Y	Y
BEEN TO COURT	N/A	N/A	N	N	N

Shona

The participant only attended the first group. She appeared keen to participate and started speaking with confidence. At this time she was the only white person present. (She asked me about this when we met at the time of signing consent forms). Later a second white participant joined us. Economically she was also in a higher category than the other group members present, as indicated by the fact that she had a car and by the clothes she was wearing.

She reported that her motivation for participating in the study was to hear what others had to say and also to be able to help others through the study.

She had been raped 7 years ago and reflected on how small things had become big things over time. Even after 7 years the lack of understanding from others was isolating. She recognized that she still had the ability to do things, but was afraid to take on new responsibilities and ventures. She also described increased negative self-reference and knew that it was related to a decrease in self worth.

When Julie first entered the room Shona was quiet. They were then able to identify with each other when it came to increasing safety when driving. This led to a period in which they dominated the group. At the end of the first session Shona once again asked for structure to write her diary. As a possible reason why participants may not complete a diary she said each individual should do it for as long as they possibly could because *“Some of us may not be able to do it every day because of our emotional states”*

The participant explained that her boyfriend was leaving for Johannesburg and that they would be going away for the weekend. As a result she may not be able to attend the next meeting. The meeting was rescheduled so that she could be present.

When the researcher asked for someone to facilitate the group she volunteered to do so. Shona did call before the second group meeting to ask what the responsibilities would be of a facilitator. It was explained to her and she was reassured that if she did not want to do it the researcher would resume the responsibility. On the second and

the third group meeting she was contacted, but the researcher only got her voice mail. The researcher also tried her landline. Her father answered on one occasion and told the researcher to phone the next day. There was no response. She did not attend the second or any subsequent groups. Messages were left to inform her about the time, date and place of all the meetings.

Julie

The participant was raped two years ago in a hijacking. She was one of two white women in the group. She arrived late for the first group. She had been there earlier and then decided to walk down to the shops first, so she arrived half way through the first group. She had barely sat down and caught the drift of the group when she started talking about her hijacking and the safety precautions she took to prevent it happening again. She reflected on what she would do in case it occurred a second time. She spoke in a rushed manner and appeared strained. "*People need to understand, I only have energy to deal with me*", this appeared to be the message she wanted the group to understand.

She agreed to keep a diary and to come to subsequent groups, which she did not. She was informed of the time, date and venue of each group.

At the time of the groups she was involved in a relationship. Before the feedback group her boyfriend called to inform the researcher that she had returned to therapy with a private psychologist and would not be attending any further groups.

Although the rape took place 2 years ago this participant had put off dealing with the consequences of the rape for a long time. Coming to the groups may have pushed her to seek further help rather than to ignore the impact of the rape.

Nadia

Her individual counsellor referred Nadia to the research. She spoke English as a first language and was able to express herself well. Her major fascination was with the perpetrator and his efforts to find her. She went into detail about how he was trying to track her down. She may have been expressing these thoughts because she felt so vulnerable. She also elaborated on how her family prevented her from talking about the emotional consequences of the rape and the feeling of how unfair this was, was expressed.

Nadia had a casual job in catering. At the time of the second meeting her telephone was out of order. The researcher did manage to get hold of her to inform her about subsequent meetings, but she did not attend.

Samantha

The participant was recommended to the research by her counsellor. Samantha was known to the researcher from her stay in Valkenberg Hospital. She spoke Afrikaans as a first language, but understood English well.

Samantha attended the first three and the last group meeting. On all the occasions she requested financial assistance for travelling. At the time of the groups she was doing a cooking/catering course in the community, involved in individual counselling and

attending a support group. Samantha also had support from a community counsellor who was stationed at her local police station.

Throughout the groups Samantha's main concern was her physical safety. She felt unsafe in the house in which she lived, as the girlfriend of the perpetrator visited her sister often. Also, she perceived people, in the area that she lived, as not being supportive of her and that she was unsafe. The area also has a bad safety reputation. (Lavenderhill)

Panic attacks played a major role in preventing her from participating in the occupations like travelling.

The third group was more structured and Samantha had less opportunity to talk about her emotional responses to the rape. It was also in this group that she gave me her diary. The participant's diary included lots of notes that reflected her emotional status, which was hopeless and helpless and had little reference to occupation. This was reported to her counsellor.

In the feedback group Samantha was much more compliant and it was unclear whether she would have disagreed should she have some different experience or understanding to that presented by the researcher.

Amanda

The participant was the youngest group member. She was quiet in the second focus group, which could be ascribed to her being new and to the fact that she was not very

assertive. She spoke softly and often it was difficult to hear her when doing the transcribing. It became evident in the third group that Amanda thought that the groups were an extension of counselling in which homework tasks were set.

It became obvious that the participant felt very isolated and was at a loss when it came to occupation. Her major occupations appeared to be watching television and going to the library, when she was not sleeping. During the third group, in which we used a more structured approach to find out what the participants did everyday, this became clearer.

After the rape she went to stay at her grandmother's house where she was forced to live with male family members. The participant also felt she needed to leave her work as the perpetrator worked for the same company. In the fourth group she was able to explain what it felt like to go back to work and have to face the perpetrator on a daily basis. There appeared to be feelings of triumph, that she was able to go on in his presence, but also isolation that she did not have the support of all her colleagues.

Amanda also relied on financial aid to get transport to and from Rape Crisis for the focus groups. She may not have come to the last session because of a lack of funds and not being assertive enough to tell the researcher that she needed the money to get to the group. Also, she worked shifts, so this might have interfered with her returning to the group.

7.5. SPECULATIONS ABOUT PARTICIPANTS' RESPONSES

Shona

For Shona, everyday life appeared very emotional and this could have overwhelmed her ability to participate. Her boyfriend moved to Johannesburg and it was an emotional time for her. She decided to move to Johannesburg as well, but was concerned about her safety. Talking about the rape could have reawakened emotions she found difficult to deal with and therefore did not want to participate any further. Shona may not have been assertive enough to tell the researcher that she no longer wanted to go on with the focus groups and therefore avoided all contact with the researcher.

Julie

Although Julie arrived early for the first focus group she left to go shop before it started. This could have been her way of dealing with the anxiety caused by waiting for the group to start. When she did arrive she appeared restless and had pressure of speech. This could have been a manic defence against having to face the anxiety which meeting in a group with this agenda had evoked. She had to have her boyfriend call to inform the researcher that she would not be returning to the group, as it was too overwhelming for her to state her own case.

Samantha

Samantha spoke Afrikaans as a first language and at times struggled to express herself in English. When her need to speak about her emotions was curbed, as in the third focus group when it was more structured, she may have lost interest in the group, as it was no longer meeting her needs. The work placement for her studies may have

prevented her from coming to the group. She may not have had the finances to travel, on the occasion that she did miss a focus group. Samantha was also the only participant who handed in a diary. However, it focused mainly on her suicidal feelings.

Nadia

Nadia's fear of the perpetrator was clear and there was almost a compulsion to talk about him. Her distress was evident and the obsession with the perpetrator, almost all-consuming. This could possibly be what her family was witnessing. Nadia may have felt my impatience and boredom with it and this may have influenced her engagement in the groups.

She may have had work engagements and not have been able to make contact as her telephone was out of order.

Amanda

She was the youngest group member. Her spoken English was not as good as the other participants and she was not as assertive. She attended most of the groups except the last one. This may have been due to the lack of finances or she may have been working. During the study the participant returned to work and had to face the perpetrator. She attended one group after she returned to work. A marked positive change could be seen in her confidence in participating and hope for the future.

8. ANALYSIS

All the recordings of the focus groups were transcribed verbatim. The researcher then read through the transcripts numerous times to understand what the participants were

trying to say and to find a way to group data meaningfully. The edit application in Word was used to find all mention of change, adaptation, different, new, old, past and now. These words were selected, as they referred to things that had changed. This data was then put into a file.

The file was studied and after numerous attempts it was decided to divide the data into three main categories: Changes in the Person, Occupation and Environment as they appeared to capture the areas in which the changes had occurred. Referring back to the transcripts and the summary file, the researcher then analyzed the data further to explore categories and sub-categories. Knafl and Webster (1988) was used to provide a broad guideline for managing and analyzing the data.

9. FINDINGS OF THE INQUIRY

The categories and sub-categories are presented below.

“For me it was like a wake-up call. Everything has changed about myself.”

9.1. CHANGES IN THE PERSON

Numerous changes were noted within the person. The major ones gleaned from the texts were:

1. The Damaged Self
2. Learning new strengths through adversity
3. Difference in awareness
4. An altered personal perception of the future

9.1.1. The Damaged Self

The participants all seem to feel that their new sense of self was somehow less satisfactory than the person they used to be. They viewed themselves as damaged since the rape.

The self as less

The following quote illustrates that Nadia had noticed a change in herself, and that this new self was considered less than the person she was. As a result she tried to recapture the old self.

“You are struggling to get step by step back to where you once were, you know and it is very difficult”.

Loss of a sense of peace and joy

This code contributed to the perception that the self was damaged as noticed above. Nadia and Shona agreed that one of the things that they missed most about themselves was a sense of inner peace and joy.

“There is no joy in it really. There is no...If I try and look for the high points or try and take pleasure in what I do workwise or in just everyday.. where I would have looked at a sunset and thought “ Ah, that is beautiful” . You get that little warm feeling inside of you, you can’t get that anymore. I can’t reach that place when I am like that. That’s very difficult.”

The self as a victim

Another perception of the self was that of being a victim. Julie reflected below on her change of perception of herself as a victim and the fear that she might become a victim again.

“ You know for me there comes a time when you say: “ I don’t want to be a victim.” because you want to protect yourself... you want to be careful, but you also don’t want to be a victim.”

The above was also illustrated in the actions of another participant, Amanda, who had quit her job because the perpetrator also worked there. During the research she returned to work and faced him. There was a change in her participation in the research after that. She became more positive and was able to speak more assertively about her experiences.

Feeling alone

The participants agreed that it was difficult to speak to others, who have not been through a similar rape experience, about what they were going through. As a result of not being able to share their feelings they felt alone. This appeared to make everything a lot more difficult to deal with.

“Sometimes I feel like I'm alone in the world.”

“So, it’s quite isolating. Ahem, there is a certain, I think, loneliness that comes from it any case and it makes life, overall, just a lot more difficult.”

“Because I am very distant. I am very isolated in company.”

Nadia, Amanda and Samantha expressed that they did not feel acknowledged. This was expressed especially when it came to talking about the rape experience.

“It’s like they are going on with their lives and (its) not [the symptoms and other consequences of the rape] happening to them. It happened to me and its not their problem it is my problem and I have to handle it.”

“They won’t ask you, they don’t ask you or they do ask you and when you tell them then: “Just stop talking nonsense. You like to make up.” Things like that and it’s not even like that.”

One of the reactions that Samantha had to this was a self-imposed silence. This added to her sense of loneliness.

“Now it’s like I can’t. If it’s like if I’m talking to them they don’t take notice. That is why I rather stay quiet.”

A decrease in self-worth

There was a change in perception of self-worth. Sometimes the participants had a cognitive awareness that this was an inaccurate perception, but challenging the feeling of worthlessness appeared to be difficult. Shona knew that a dichotomous perception of herself resided within her. It manifested in an internal dialogue much like an argument.

“I think it is feeling that everything has been spoilt in a way.”

*“You know subconsciously that you don’t deserve it because you are tainted.
Although your conscious say: ‘That’s nonsense’.”*

Fear of failure

For Shona and Nadia there was a perception that they would fail if they attempted to do anything different or which would involve any risk.

“Maybe I’m afraid things will go wrong if I try to do something.”

Loss of esteem when others know about the rape

“People know I have been raped and people look at me like they have something on their mind, but I just ignore them. I can see their sorry face. The sorry mask on their face.”

One of the coping mechanisms is to ignore people whom the participants did not think were important, or when they felt pitied. It also appeared that the rape survivor interpreted the looks from other people as if they were thinking about her and the rape.

Shona also experienced a change in her abilities to cope with new situations or even with situations that she had been exposed to before.

“I don’t have the confidence that I use to have about my own abilities, even though I know that, supposedly, I can do it. I still find that I’m still very scared of taking on any new responsibilities or ventures.”

This may also have been illustrated in her group attendance and participation. In the first group she agreed to take on the role of facilitator. A week after the group she called to find out what the role entailed. She asked for reassurance that if she could not manage, an alternate plan would be made. Despite numerous phone calls she never returned to the group or returned phone calls. She might have felt that the demands of the facilitator’s role exceeded her abilities.

Decrease in concentration

In some cases, lack of concentration interfered with the participants’ ability to watch a television. This may decrease the feelings of satisfaction gained from the occupation.

Poor emotional control

Participants’ experience also showed that, at times, they had very little emotional control. Shona, describing an incident where she heard a sad song, explained that despite the fact that she was amongst people she still started crying.

“And that can happen when I am with somebody or not.”

Recognizing complications due to the rape

Another issue Julie voiced was the inability to discriminate how the rape complicated problems. In other words, she found it difficult to distinguish between the effects of the rape and the problems that would have existed anyway.

“For me it’s been harder sometimes because I’ve... Sometimes I wonder if I can discern between the problems that existed in any event in the relationship or if those problems... some of those problems... When I say problems I mean the general problems of a relationship, things that you have to solve. Know... what part of it am I bringing to the relationship because of the experience that I had, you know that I don’t know, are complicating it”.

Difficulty dealing with unexpected events

It appeared that dealing with the consequences of rape took so much of the participants’ energy that often they found it difficult to deal with events that were out of the ordinary or unexpected.

“It was something that I could...we could address, but now...it’s.. very different for me because... I say to myself I had the strength to deal with what happened, but I don’t have the strength to take on anybody else. I... only got this, so much to keep myself on the railway track, but if you do come and throw a curve ball at me...before I would have seen energy saved for myself as energy in coping with... umm a problem in a relationship.”

Effects of a disorganised help system on the self

The police system was in disarray; therefore Nadia had to endure a long waiting period and delays due to confusion in the system.

“The night [of the rape] we went to report it at the Grassy Park police station and they sent my daddy back and said my daddy had to come back the next morning... My father goes back the next morning and the other detective said to my father: “How come you did not report it the evening?”... Then they said I had to go through to town because it happened in town. Come in town they said that I had to come back to Wynberg and Wynberg back to town. So it was a whole day adventure.”

Because the rape was not dealt with efficiently, by the police, the real impact of the event on the participant might have been obscured. This resulted in Nadia minimizing it and calling it “a whole day adventure”, rather than “a traumatic experience”.

9.1.2. Learning new strengths through adversity

Amanda and Samantha agreed that despite the changes that they had experienced in their lives and in their environment, they appreciate that the changes have made them stronger.

“ I did change. Sometimes I feel why don't I feel the same? I did change. For myself I must say I did change for the better.”

Amanda, who returned to work after a leave of absence after the rape, felt a great deal stronger after she faced her perpetrator at work.

9.1.3. Difference in awareness

The participants all mentioned a change in their perception of the environment since the rape.

Hypervigilance

A change in arousal resulted in an increase in participants' awareness of their surroundings.

"I've become super-vigilant."

"So, any noise that is new or anything like that I hear it straight away."

"I hear every little sound. Especially if it is a house that is not my own".

"I'm just more aware of people around me and spaces."

"....To be aware and also I learnt how people read body language differently as you think you, you do."

Increased perception of personal vulnerability

Participants' awareness of their surroundings could also be related to the change in perception of personal vulnerability. They restricted occupations so that they did not happen when it was dark, making the participant feel more vulnerable.

“I try to avoid driving alone when it is dark”

“I am very disinclined to stay till half-past seven because it is dark, there is no outside light.”

The feeling of personal vulnerability was also decreased through the way in which the participants approached tasks that may put them at risk.

“Everything has a routine. You just do it as quickly as possible to put yourself at the least amount of risk, really.”

“I have to take more precautions”

The participants also avoided places where they knew the perpetrator might be. For Amanda it was her place of work.

“I’m fortunate that I have a car that I can go somewhere and feel safe, but I am as vulnerable.”

Julie reflected on the fact that she had a car, but felt only marginally safer. Her rape took place after she had been hijacked in her car. A second incident occurred in which she was also hijacked, but fortunately not raped. Both these reinforced the fact that although she was safer in the car she was still not out of harm’s way.

Nadia expressed how she would rather arrive late for an appointment than walk past a taxi rank where the perpetrator and his friends were to be found.

“When I come late to that place then I feel much better as if I had to walk a distance than to see that people there. Then I’m totally depressed the whole day”

Because of the fear of not being around people, occupations that involved being alone were influenced. For Shona this affected her parents as well.

“...It makes it difficult because my parents recently cancelled a holiday that they were going to take for a few days because they did not want to leave me in the house alone.”

It also affected her work as she worked as a nanny and sometimes house sitter.

“I don’t like being alone overnight in a house anymore.”

Change in personal space

A change in awareness of personal space when interacting with men also occurred.

“I will sit a distance away from him, but I know he won’t do anything or try anything.”

Even if the participant knew the man she still felt uncomfortable and took steps to decrease that discomfort.

“...My brother knows he needs to talk to me like a distance.”

Awareness of stigma

Samantha was admitted to a psychiatric hospital after the event and this added to the stigma she bears.

“It would have been different if I had not been to a psychiatric hospital after the rape. Because there are people out there who just like judgemental and everything.”

Thus the rape may have consequences that have even more stigma attached to it and with which the participant had to deal.

9.1.4. An altered perception of the future

All the participants mentioned that they had an altered perception of their future.

Loss of romantic dreams

There was a sense of loss of the romantic dreams that the participants may have had. This may be due to the value that they attached to themselves or to the fact that they struggled to trust men, which would be a prerequisite for a romantic relationship.

“But because of that, for me the whole fairytale of being in love, of getting married... I almost feel that I cannot have that now. I feel that I cannot have it although I feel that I really want it part of my life. I don't watch a romantic movie. I almost feel like... an extreme sense of sadness. If anything that happens that is sad in the movie, I am balling my eyes out, literally because you can't cope with it. Because to me that is something that I could have had and now I can't have it.

Even though I am in a relationship now that seems to be working quite well. That part of me is still there.”

“You had ideals beforehand, I think. Where you thought that you would be able to be in love, you... and have the wonderful things that, you know, that romantic couples do have. All those lovely experiences. You know all those pretty pink furry experiences and stuff. And then you know subconsciously that you don't deserve it because you are tainted. Although your conscious say 'That's nonsense.'”

Participants knew that these romantic relationships could still be attained, but struggled to believe that they were capable or worthy of it.

Having no future

When reflecting on the rape experience and its consequences, most of the participants saw no future for themselves.

“Sometimes I just sit and think that my life is over, why do I want to live, that stuff.”

“Sometimes I just feel like life is over”.

Samantha was lucky enough to have a counselor who helped her see the possibility of a future.

“The greatest change is like my friend tell me I got Victoria and there's not two of me and this will someday ...[inaudible]... and I have to think

about it and reminding myself that I'm a great person, every morning when I stand up and I must look in the mirror and tell myself that there is only one of me and that I'm the best, things can be worse but they're getting better every day. And every time I have to say that for myself but sometimes I don't even feel to say it or look in the mirror then I just have to think it. I just tell myself that it's going to be better, it's not going to stay the same like this you gonna get better in time."

Hope for the future

Amanda expressed hope for the future and dreamed of the plans she had.

"Well, what I'm going to do, well my ambitions, to determine if I was gonna go back to school or do something."

"W: So, you would have been thinking about your future and how to make a life for yourself and now you thinking about.."

A: No I still think about it. For me I enjoyed that, thinking about tomorrow. It makes me more keen what's going to happen tomorrow."

Visualizing self in future trauma

Julie visualized what she would do if she were attacked again. This may have evoked feelings related to her rape and previous abduction. Using this, she then constructed a reaction to the situation that scared her.

“But I won’t stay calm like that again. I know that I am capable of taking a piece of that glass and smashing.. I would smash anything. I would cut their throats and know that I could do it and that it scares me.”

9.2. CHANGES IN OCCUPATIONS

The transcripts also provided information on the changes in various areas of occupation of the participants. The areas include:

1. Sleep
2. Work
3. Self care
4. Leisure
5. Travelling
6. Going to church
7. Substance use
8. Creating Medical Complaint to cope

9.2.1. Sleeping

Change in sleeping pattern

Nadia, Samantha and Shona mentioned that their sleeping had changed. Some of the changes occurred in their sleeping patterns. These include not being able to fall asleep, waking in the middle of the night and early morning waking.

“I sleep then I wake up in the middle of the night as well and then I do anything.”

Some times their sleep was not peaceful.

“(The doctor) she asked me how I was sleeping and I said: “Not well” because in my sleep I move and when I wake my body is very sore because even if I’m not thinking about the rape it just comes to me.”

Experiencing nightmares

“Nightmares like, sometimes like come in your dreams. Sometimes you don’t get nightmares, but if you went to your counsellor or you went to somebody somebody like your psychologist then you have to tell her the whole story and tonight get horrible nightmares.”

Sleep disturbances are a symptom of PTSD, depression and anxiety.

Using sleep as avoidance

At times sleep was used, together with substances, as an avoidance strategy.

“... I have to use a lot of grandpa’s and then I get dizzy. I just close my eyes and go sleep.”

9.2.2. Work

Julie and Shona were employed, Nadia was employed on a casual basis, Samantha was in training and Amanda left her job after she was raped and during the study returned. Participants’ work was also affected by consequences of being raped.

The presence of the perpetrator adds stress to the job

“He is working at the same line like I do. We stand opposite. And I try hard to hide my feeling and my frustration.”

Because emotional outbursts are not expected at work the participant is forced to hide her emotions while engaging in an occupation in an environment that stimulates those emotions. This puts extra demands on her performance and as a result it takes more effort to work.

“I can quit my job seeing that he is at that job... but the financial [burden would be too much].”

Amanda struggled with the tension between her emotional needs and the financial responsibilities she had.

The dress code at work a reminder of the rape

Samantha had started a course that would hopefully lead to employment. However, the dress code proved to be a problem as the colours were the same as that which she wore the night she got raped.

“I was not happy wearing black and white because the night.. . when I was raped I was wearing black and white. I hate black and white since then.”

In the above examples the participants felt themselves capable of doing the job except that the environment placed extra strain on the requirements of the task as it evoked memories of the rape.

Changing the time of travelling to and from work

Some of the participants also felt vulnerable when they travelled to work and adapted their working hours to help them feel safe. This included not travelling home after dark, not house-sitting because it meant being alone in the house, and going to work late so that her routine was not predictable. The rape survivor runs the risk of losing her job and income if her job situation is not flexible and employers not understanding.

Discomfort when dealing with men at work

Sometimes the fear of men in general, also interfered with work.

“Like me and the supervisor was in the same office and I felt very uncomfortable. I mean I am more scared as before.”

Benefits of having employment

Having employment added to the feeling of strength that the rape survivor may have had or acted as a distraction.

“If I am working it make me stronger. You around people and concentrate on your work.”

9.2.3. Self-care

Codes that emerged under self-care in included:

- a. Bathing
- b. Dressing
- c. Eating

a. Bathing

When bathing was discussed only Amanda and Samantha were present.

Increase in body awareness, a discomfort to participants

Samantha had an increased awareness of her body and this might have been highlighted by cues from the environment.

“When I bath me sometimes I put a towel around to close the mirror, because why? The marks [scars left from the rape]. That’s why sometimes I don’t want to bath. Then I go into the back room where there is no mirrors.”

Her adaptation of her bathing reflected her avoidance of negative affect and her unease with the altered state of her body.

Feeling dirty

Samantha also said that since the rape she continued to feel dirty. Amanda agreed.

“Since the rape I don’t like to feel dirty... over and over I wash myself”

Bathing as a method of relaxation

Bathing was also used to relax and participants reported that they could spend a lot of time in the bath doing so.

b. Dressing

Dressing only came up in the structured group and was introduced by the researcher.

Only Samantha shared information on how it changed since the rape. The other participant reported that the rape had not affected this aspect

Feeling safer in pants

“I feel more comfortable in a pants than in a dress or skirt... I feel more confident in it. I know that under a pants you can wear cycling shorts under it.”

Samantha felt that she needed to wear the extra pants because *“ if another rapist tries his luck then he is going to think I am a boy. I did cut my hair short and am wearing pants and I’m more safe than if I’m wearing a skirt.”*

Samantha's increased awareness of the possibility of rape influenced what she wore and the image that she presented to the world. This decreased her sense of vulnerability.

c. Eating

Once again, the researcher introduced this subject, and in that group only Samantha and Amanda were present.

Negative effect of anxiety on eating

Amanda explained that her eating was affected by anxiety. Changes in eating habits are congruent with symptoms of anxiety and depression.

Not eating at home

Samantha's eating habits were influenced by the presence of the perpetrator's girlfriend being in their home.

"Before I never use to eat on the road. Not even an apple on the road, not even a packet of chips. Now I will do it...Sometimes I don't feel like to eat at home (the perpetrator's girlfriend) did make the food...I don't trust the food... That's why I have to eat on the road or eat by my friend's place."

It also appeared to be Samantha's way of expressing her disapproval and distrust of the perpetrator's girlfriend.

9.2.4. Leisure

The leisure occupations which were affected by the rape that were mentioned in the text were:

- a. Reading
- b. Watching television
- c. Listening to music
- d. Using computers

a. Reading

Getting flashbacks while reading

Nadia and Samantha, who spoke about reading, reported that they experienced flashbacks, which is a symptom of PTSD. Reading, however, also acted as a distraction.

Reading as a reminder of what they have lost

Some books reminded the participants of what they had lost.

“And she [a friend of the survivor] got this romantic book [and gave it to the survivor] and I just chuck this book there and I said she mustn’t read that. And she said: ‘What?’ and I explain it to her. I never had a boyfriend and I never had [sexual] experience and I never had romantic feelings. Since that happened [the rape] to me I feel the man [the perpetrator] do this to me.”

Indirectly Samantha appeared to be saying that her self-image had been altered and that this altered image was of less value to her than the original. It also reflects the anger she felt about a lost dream.

b. Watching television

Getting flashbacks while watching television

Some of the programs on television provoke memories of the rape and this could lead to flashbacks.

“I don’t like to watch TV because they sometimes play such things such as rape or abuse or violence in the community and it remind me of something. Sometimes I would get flashbacks watching TV.”

Shona reported that watching a violent television program led to her crying. This was different to her response before the rape.

“Oh, then [before the rape] I would be able to watch things like that [the Sopranos]. It didn’t really touch me. Look, I knew it was bad, but I knew it was just a movie and yes it wasn’t very nice... but it did not really affect me like you know. It shouldn’t affect you to the point where just sobbing your heart out.”

Increased identification with abused television characters

"..If [I] watch anything where a woman is getting beat up even though I know that my rape was not specifically violent it still has affected me like that as if it was... I haven't been the same since I watched that actually."

Shona appeared to have an increased identification with the actress who was being abused. Even though it was different to her rape experience it still acted as a reminder. The increase in awareness of personal vulnerability also makes the research participants pay more attention to the violence.

Retribution through watching the news

Samantha and Amanda mentioned that, although watching violent and romantic movies upset them, they did watch the news.

"I watch the news... to see prisoners get sentences for life"

"It's just like if rapists and murderers and all that persons are in prison and they get away with crime then I get so upset."

"I feel relieved and when they get out then maybe they are old men or maybe they will die in prison. Because they don't want to change their lives."

Not watching television with the family

Watching television was a time that the participants spent with their families. This was complicated when there were men who made comments that caused discomfort.

“Even I can’t watch TV with them. They say thing that really takes me back to what happened. Like that woman has got fat legs or big breasts and that makes me feel very uncomfortable. It makes me feel less than a woman too.”

c. Listening to Music

Listening to music as a method of relaxation

The participants use music to calm themselves, but it also created upsetting emotions.

“You know like basically like something soothing, like sometimes just music to help you relax.”

Music as an emotional release

“Sometimes I try to control my anger...sometime I feel just to put the music centre on very loud and just sing along and to pretend that she (the perpetrator’s girlfriend) is not there.”

Music as an emotional trigger

“I find now that certain emotions can be very well triggered with music because I am a musical person. So if there is a very sad song on or something that I relate to from my experiences it can bring on a feeling, not of depression so much as being upset and over- emotional where you just want to cry. So I always listen to very upbeat music, so as not to listen to the sad songs too much. I’m just scared of switching on the radio in case I hear something that upsets me and sets me off again.”

Using Computers

Using computers as a means of isolation

Only Nadia mentioned the use of computers. For her it was a method of isolating herself from her family and to gain some support.

“I just surf the net, go to my computer... just surf the net to take my mind off that. To help me calm down...Or type letters to my family and friends and e-mail it to them. Things that take my mind off.”

Using computers to communicate with others who have been raped

“The friend I told you about the one that has been raped, and I’ll give this to her and then she’ll give me advice and she’ll ask why am I asking that question. Then

I just say “Just reply man. Okay I’m reading a book. I just want to know how it is for you.” Then she gives me advice and it helps me. And then I practise it.”

9.2.5. Travelling

The participants mentioned walking, using taxis and driving as their main means of transport. Nadia, Samantha and Amanda used taxis and Julie and Shona owned cars.

Walking

Influence of the perpetrator on where the participants walk

Nadia and Samantha mentioned that they changed the routes they walked in order to avoid the perpetrators, or groups of people who might be talking about them. The participants were more aware of the danger they may be in while walking.

“I am very cautious when I am walking. I am always first looking around when I am walking.”

Increased caution may refer to hyper vigilance, a symptom of PTSD.

Using walking to cope

Walking emerged from the data as a useful coping mechanism.

“Sometimes I try to control my anger, like to pack my cupboards or go out to take a long walk.”

Using Taxis

Three of the co-researchers used a taxi as their main mode of transport.

Using taxis- a cause of panic and anxiety attacks

The use of taxis appeared to be problematic since it at times induced panic attacks.

“...You start to get sick. You know. Like vomiting. You get dizzy. A blackout completely. Like there is no one else in the taxi. Only you sitting in there and you get like cooped up, even though you are sitting by the door and there is nobody sitting next to you... you feel cooped up. Like there is no driver. Like you are in an isolation room. So dark. You can't move. You can't speak and then you get sick.”

Nadia spoke about the inconvenience of having to get off the taxi before she had reached her destination, because of the overwhelming anxiety.

Driving

Two of the participants used private vehicles as their main means of transport.

Taking precautions when driving

It was clear that they felt unsafe when driving and they explained the precautions they took.

“My biggest fear, because I was abducted by car, my biggest fear is that they will get into the car and the same will happen.... So I try to avoid driving alone when it is dark... that my doors are always locked.”

“I won't go up to the traffic lights and stop the car. I'll slow down way before if I see the light is red and I'll go very slowly. Slowly, slowly until the light changes.”

“Another thing I do is I never box myself in at the stop. If I have to stop in traffic you will be sure that there will be two car lengths in front of me so that if I am threatened, I can get out.”

“I would never now get out of my car and walk across the street. You would always look first and I have subsequently moved into a place where my car is security parking behind walls. I've chosen to live like that because I can never live somewhere where I have to...get out of my car late at night and walk to my front door.”

Fear of beggars and hawkers approaching the vehicle

Beggars and hawkers, at stop streets, are a common occurrence in and around the city. To most of us they are just an annoyance, but they had a different effect on Julie and Shona, who became angry.

9.2.6. Going to church

Amanda and Samantha mentioned going to church. There appeared to be some benefits in attending church, like the socialization and comfort it brings, but there was also the disappointment and rationalizations inherent in a changed view of God in light of the event.

Disappointment in God

“God is not on my side. If I ask him things like to make me strong, he makes me weaker. Not that I want to put him down...It’s just the way I feel. It’s like God doesn’t listen to me...Maybe God has other plans or something. They say that God works in mysterious ways...God didn’t make me more happy. Sometimes I hope for something good to happen and something bad happens.

It is not that I am angry at God...Actually I am not a religious person. I just believe in God that’s all...I am not angry at God. They say you don’t have to come to church, you are the church, but I still communicate with God. Just like I say, nobody knows the way God is working.”

Church dress code a reminder of the rape

In the case of Samantha the clothes that she wore to church made her uncomfortable.

“I feel more comfortable in a pants than in a dress or a skirt. When I go to church I have to wear a skirt or a dress. When I come out of church then I take it off and I put on a jeans or my tracksuit pants and takkies.”

Dislike of close physical contact in the church

Close physical contact with men may be expected in certain circumstances like at church.

“And now just two weeks ago I asked them to pray for me. Usually if you want to pray say everybody who wants to pray with me must come forward then he puts his arm around me. Like one Sunday I just went so [shrugged a hand off her shoulder] and my mother look at me. My mother said: “No, no don’t do that.” I said: “That man can’t touch me.” My mother said, “You have to. That’s your pastor. You have to.” I said: “I can’t trust you. I can’t trust anybody.”

9.2.7. Substance Use

Using substance to cope with emotional stress

Substances appear to be used to control emotions and to cope with a situation.

“I had an instance where he did loose his temper with me and he did start shouting at me, but loudly and went completely utterly, totally off the rails. I drank two bottles of wine. I was as drunk as a skunk and sat there and my friend sat there with me.”

Using substances to cope with being ignored

“For me it is like I don’t have medication around me, nobody take notice so I have to use a lot of grandpa’s...”

Awareness of the danger of misusing substances

Shona appeared to be aware of the danger of abusing substances especially when it helped to induce sleep, but it appeared that it did happen on occasion.

“I try and be mindful that I must not take anything to kind of make it all that disappear other than sleeping, because you start on the alcohol or start on the pills or something like that it is actually not such a great way to go. ‘Cause that can get out of control. Although sometimes you just really, really want to - you know. You really just want something to make that pain or that anxiety disappear.”

9.2.8. Creating medical complaints to cope

Sometimes medical complaints are used to avoid a situation and the medication used to further withdraw from a situation.

“And then she said: ‘You mustn’t do that [isolate yourself from the family]. You must just forget about it and get on with your life’. Then I just think: ‘O God, I didn’t ask her to say that.’ Then I say: ‘No, I’m all right. Just a headache.’ Then I don’t have a headache...”

9.3. CHANGES IN THE ENVIRONMENT

Besides the changes in the OCCUPATION, and PERSON, changes were also noted in the ENVIRONMENT. The information on the environment has been divided into the:

- 9.3.1. The Social environment
- Change in personal space
 - Support and understanding
 - Talking about the rape experience
 - Trust and confidentiality
 - Reaction of others

- 9.3.2. The Physical environment
- Reminders of the rape
 - Threat from the environment
 - Changes made to the physical environment

9.3.1. The Social Environment

Change in personal space

The change in personal space and change in reaction to close physical contact influenced the way in which the participants reacted to the social environment.

Samantha described an incident in which she had returned from a prolonged absence from her family and friends. Her reaction to the welcome was different to what they expected and as a result there was some tension.

“It’s like everybody is so glad to see me and they was like grabbing me and I was hitting them. But they said: ‘What’s wrong with you? You have to hug me.’ And I say ‘No, I don’t want to hug you. Just leave me alone.’ And I go to my room.”

Her family expected the participant to be happy to be home and to express this happiness by hugging them. She did not act according to social convention.

Another example was given in which Samantha hit her cousin when he tried to hug her. She appeared to feel guilty about having hit him. Similarly, Samantha reacted strongly to the close contact of a preacher when he laid his hands on her to pray.

Value and Nature of support

Various people in the social environment offered support to the participants. The support that they valued was being able to talk openly to the other person and not being judged for their reactions.

“Well, she [the friend] comfort me when I feel very depressed. She try to help me in different ways. I really appreciate it.”

“I use to sit in the lounge. And just use to cry in the early hours of the morning and my fiancé use to say: “ Are you all right?” and I use to say: “Yes I’m all right.” and if I sobbed as loudly as I wanted to sob or I cried as loudly as I wanted just for an hour he would just hold me. In the morning he would not ask questions, or panic or think that I was a lunatic, but it would have been tough if that other human being wasn’t around. Just in that case as a comfort. I did not always go to him and say pat me on the back or ... but I knew that there was another human being so that if my crying became uncontrollable or if I felt that I wasn’t coping... It was always as if... if he was there then I was able to cry. If I was alone then I would not have gone into that space.”

Lack of understanding by others

Sometime the participants felt that they could not talk about their feelings or experiences. This might have been due to the fact that the participants found that even those people close to them did not understand what they were going through.

“Nobody really understands. They don’t understand the depth of it, how traumatic it can be for you, how inconvenient it is. Especially when you are someplace like your workplace. They don’t really understand. Even your close family, friends or boyfriend, whatever, they don’t really understand.”

This feeling of lack of understanding was impacted upon by the places they found themselves, example, work, where certain behaviours may be unacceptable.

Silence due to stigma

The participants also worried about how they were perceived by the others in their environment and as a result they no longer spoke about their experiences.

“[Co-researcher’s sister may think she is annoying because]... she thinks I like to complain every time when my head paining or I don’t feel well. Maybe she is getting sick and tired of me. My... every time me talking this is wrong with me or that is wrong with me.”

Reaction of the environment to the rape survivor

Nadia mentioned the negative reaction from her family when she did speak about the rape.

“Now you can’t speak to them about it because if you do then they try and tell you ‘Keep your mouth closed. Just shut up.’ You know they give you that indications that they don’t want to listen to you, hear what you have to say.”

Sometimes, even though the participants' family attempted to engage them they, avoided it.

“My brother-in-law said: “What’s wrong? Talk to me.’ And I say ‘Can’t talk to you because all of you in this house pretend I’m not here. I’m invisible. If I like cry and shouting then you recognise me. Almost like a ghost in the darkness.””

The above quote illustrated the feeling of isolation Samantha endured when she was unable to connect with those around her.

Effect of continued interaction with friends of the perpetrator

Events just after the rape impacted on whom the participants spoke to. Here, family, who appeared to have blamed Samantha for the rape, confronted her. As a result she found it difficult to talk, or share her experiences of the rape.

“I still remember in the house I was standing that night, my sister there, I was standing there I was telling her, this lady coming in want to shout at me, want to fight with me. And my sister said, “ Why did you go to that house?” That make me so cross and it make me feel like I can’t trust her and she don’t take my part and afterward I come out of hospital she still that woman come into our house. She still give that woman a thirty rand every month and it is working on my nerves. It’s like she is paying the women not to talk about her, not to talk about me”.

Through telling, the survivor loses control of stigmatizing information

Samantha felt that she could not talk about the rape or the assistance that she was receiving as it would not be held confidential.

“Ja, at home, at class, at the place where I do my course, that lady there she wants to know where I go every Wednesday. I say “No, I go to a support group” and she wants to know more and I just tell her I was raped and I end up in Valkenberg and she say she want the whole story and afterwards she understand, but the other ladies it’s like “Why do you go to Valkenberg?” and if I tell her then she go tell her other friend. I can see her whole behaviour is like different”

Being blamed by others for the rape

There was also a fear that peoples’ reaction, once they have more information, may change and become less favourable.

“She will have to explain and then that people gonna explain other people and then there just going a rumour on.”

One of the reactions, which Nadia said she did not want, was being blamed for the rape.

“He dunno what happened to me and he wants me to tell him and I don’t want to tell him and I feel like if I’m gonna tell him his whole reaction gonna

change. He's not gonna love me anymore. He gonna be like 'You was raped because you was charming with everybody. Was too trustful with everybody.'"

9.3.2. The Physical Environment

Reminders of the rape occurred in various environmental contexts in which the participants may have interacted. The reaction to reminders differed from survivor to survivor.

Reminders of the rape during the physical examination

Some of the reminders occur in situations that are aimed at helping the survivor. This was reflected in the quote below in which Nadia described the medical examination after the rape.

"...then they took me to the district surgeon and I thought it was female and when I saw it a man ... a male and I freaked out. I told my mother I don't want him to search me [for the forensic gynaecological examination] ...And when he searched me and I said: "No don't search me" and then when he searched me I felt a cold pain in my body and I freaked out and I started to cry, you know... and I started to scream and shout... It felt like the rapist was inside of me again. Then I thought he was finished then he took something else and he had to search me again for more evidence and that actually really freaked me and I told him to just stop it please. Stop it, but then he was finished. Then my mom came to fetch me. I couldn't even get dressed because I felt the same as when the rapist was finished with me I felt the same way. Numb and everything"

Feeling accused when asked questions about sexual history

Nadia had to face medical questions and attitudes from the district surgeon that she found persecuting.

“See he [the district surgeon] like ... Like ask me questions: “ Do you have intercourse? Do you use contraceptives?” And I say “No” and at first he did not believe me. He thought maybe I was someone who does these things, you know.”

Longer term medical consequences of the rape

Another medical concern was the tests and prophylactic treatment that the participants had to endure after the rape. The medical consequences could take a long time to resolve as in the case of Nadia who, three months after the rape, still had medical problems.

“It [the rape] happened in December... in February month I still had pain that I couldn't stand or sit and they had to take me through another whole process and take me to this doctor.”

Olfactory reminders of the rape

Some environmental stimuli that others may find inoffensive, for example, smells, acted as a reminder of the rape. Another smell that acted as a reminder for two of the rape survivors was sweat.

Impact of chauvinistic comments

The television (as discussed under “Occupations”, above) also stimulated flashbacks. This may be due to the program that participants were watching, or due to the company they had at the time. The male members of Amanda’s family, and the comments they were making while watching television, were uncomfortable for Amanda.

“Actually sometimes I don’t watch the whole program. I just stand up and go to sleep while they [male members of her family] watch TV. ...Because I feel uncomfortable because they are there”

Panic in confined spaces

Confined spaces, as found in taxis, often stimulated panic reactions in the participants.

“You get like cooped up even though you are sitting by the door and there is nobody sitting next to you... you feel cooped up.”

Objects as a reminder of the rape

When Samantha went back home, there were numerous reminders of the night of the rape. Objects in the house became associated with the rape because, the night of the rape, the perpetrator’s girlfriend came to her home to accuse her of seducing her boyfriend. Things that remind Samantha of the rape included the couch on which the girlfriend sat and the doorway in which she stood while accusing Samantha. As a result she always uses a small bench from which to watch television and never sits near the doorway.

9.3.3. Threat from the Environment

Security offered by others: a method of dealing with increased vulnerability

“I am around people and it makes me feel more secure.”

With the increased sense of personal vulnerability Shona, Nadia and Julie mentioned that knowing that there are people around them made them feel more secure. Nadia mentioned that her neighbours, a family of police officers, lived next door to her and that they were always vigilant. This helped to make her feel more secure.

“I know he listening, even if he is sleeping, he is listening and it is a wonderful feeling. I actually feel quite safe because of that. You know. I know that if I scream he would be out there with his gun in no time [laugh]. No time at all.”

Social awareness of crime and its impact on feelings of safety

The feeling of personal vulnerability was increased by the stories told by family and friends and by the high crime statistics in South Africa.

“Increased sense of ...mmm... vulnerability because of our crime situation here.”

Shona was raped in the U.K. and compared her sense of vulnerability here to there.

“...and I kept hearing all these stories from friends and family who had had incidents, who had been raped or killed. Mmm...that’s when I started to realize just how exposed you really are in Cape Town. Or the whole of South Africa generally compared to the U.K.”

Shona’s fiancé was also moving to Johannesburg for work purposes and she was considering moving up there with him. This caused a lot of inner turmoil as illustrated in the quote below.

“So, how do I reconcile that? How do I even think about getting my head around actually going up there? Putting myself in a position where I know it is ten times worse, you know the probability of getting attacked or whatever there or here even.”

9.3.4. Changes made in the Physical Environment

Some of the changes made in the environment were to help the participants avoid reminders of the rape. Samantha was reminded of the rape by the scars on her body, so she covered the mirror in the bathroom or went to wash in the back room where there was no mirror.

Other changes included changes in accommodation. Julie moved into a security complex and stayed on the third floor in order to feel safer. Shona also moved into a flat for a period of time. She thought that if she screamed the neighbours would be able to hear her easily than if she was staying in a house. Amanda moved from her

mother's home to live with her grandmother because the perpetrator lived near her mother.

10.DISCUSSION

Throughout the groups and analysis the researcher was struck over and over again by the courage the participants showed by living with the rape experience. An overwhelming sense of hopeless anger filled the room when they spoke about their experiences. Despite this, some of the participants continued to experience moments of joy in and through their occupations.

The researcher learnt that her understanding of the consequences of the rape had always been limited. Even though the rape was a once-off event, the participants were not able to overcome the consequences easily. It seemed that whatever they did and even when they did nothing, they carried a reminder of the rape with them. There was no escaping the consequences of the rape. They had irrevocably changed.

Environmental factors provided obstacles that needed to be dealt with and their participation in occupations had changed.

The hindrances and facilitators of occupation will now be discussed.

10.1. Far-reaching impact of symptoms of PTSD

Symptoms of PTSD had a far-reaching impact on the occupations that the participants engaged in. All three classes of symptoms listed in the Diagnostic and Statistical Manual IV (American Psychiatric Association, 1994) were represented in this group of participants and in each woman's experience.

Usually clinicians use participation in occupations to determine the presence of symptoms of PTSD. For example, a woman who avoids a particular taxi rank would be diagnosed as having “avoidant” behaviours. However, the deep and far-reaching impact of these symptoms and the process by which they act and interact, on the occupations of rape survivors, are not encompassed by the formal diagnostic system. The researcher was awed at the depth and span of the impact that these symptoms had on the occupations of the participants.

10.1.1. Re-experiencing and Occupations

One form that symptoms of re-experiencing took was that of flashbacks. When the participant experienced flashbacks it impacted on her performance of occupation by increasing the demands and/or interrupting it. This led to a mismatch between the participant’s abilities and the challenge of the occupation. Demands were overwhelming, leading to a raised anxiety. As a result the participants felt anxious and not motivated to perform that occupation. This in turn led to feelings of reduced competence and decreased her sense of self-worth. This was illustrated by Shona’s participation in groups. She gave the researcher a clue to the hindrance caused by emotions to her participation when she said that a time limit should not be put on keeping the diary as emotions may prevent the participant for making recordings every day.

When the participants narrated examples of how flashbacks occurred in their daily lives, the researcher was at first shocked by the level of distress they experienced and how vulnerable it left them, then she became somewhat desensitised to them. It

occurred again when Nadia was speaking about her preoccupation with the perpetrator and how he was trying to find her. At first the researcher was drawn by this fascination and then became desensitised. This might be an experience that every helper, who deals with many of these cases a day, has and could even be relevant to family members or supporters of the rape survivor (Blair and Ramones, 1996). The participants may have picked up on the researcher's reaction and this could have added to the decrease in the group attendance.

Flashbacks also interfered with the participants' ability to deal with unexpected events. The challenge of normal occupations was already so great that they saw little chance of stretching those abilities further. Thus, they perceived themselves as less likely to engage in unexpected occupations. As a result the participants avoided occupations in which unexpected challenges may arise. This would refer especially to new ventures, like being the facilitator in the group. A consequence of this would be that the participants did not risk engaging in new occupations, for example, not arriving for subsequent groups. The effect of this on the participants is that they would not increase their repertoire of occupations, not learn new competencies, as explained by Kielhofner (1980) and not explore opportunities for self-growth.

Another symptom of re-experiencing was rumination. The participants spent a lot of their time thinking about the rape and the impact it had on their lives. This happened especially when they were alone or not distracted by other occupations. As a result the participants found it difficult to fall asleep or used substances to induce sleep in order to avoid thinking or to avoid speaking to others about what they were experiencing.

10.1.2. Increased arousal and Occupations

A second symptom of PTSD is increased arousal. Increased arousal was noticed to impact on all the major occupations. It manifested mainly as hypervigilance, concern for safety and nightmares. In Julie's participation, hyperarousal was noted as restlessness and pressure of speech. This could have explained why she could not wait and left the meeting place when she arrived early for the focus group.

Nightmares impacted on the quality of sleep the participants experienced. Their sleep was hardly peaceful, with difficulty falling asleep and then waking throughout the night. The participant may have felt that they had less energy to engage in occupations and this may manifest as irritability.

Occupations were highly affected by the perception of safety that was impacted on by their hypervigilance. Before a participant decided to engage in an occupation, she would judge whether it was in the company of those with whom she felt safe, as doing things alone was considered unsafe. Her safety from the environment, like the presence of men and her vulnerability to re-experiencing phenomena in that situation was also considered. Occupations were adapted to be performed at a greater speed so that less time would be spent in unsafe environments or in contact with a trigger for re-experiencing phenomenon. This may also have impacted on group attendance as three of the participants travelled by taxi, which they considered to be an unsafe occupation.

Performing occupations at greater speed decreased the participants' opportunity to just 'be' (Wilcock, 1998) in an occupation. Thus, the occupation did not afford the

same satisfaction as before the rape. As a result they were unable to discover more about their inner selves and to move towards self-actualisation. This was beautifully illustrated when Shona spoke about the loss of peace and joy. The participants did not experience a sense of control, their goals were clouded by competing feelings of needing to achieve the aim of the occupation while avoiding symptoms PTSD. There was an increase in the awareness of self, while they engaged in the occupation. Shona's experience would also indicate a loss of 'flow' as defined by Csikszentmihalyi (1990). The participants' skill was often outmatched by the challenge of the occupation and re-experiencing phenomena and the feedback that they received about their participation, from others and themselves, was often that they were performing poorly.

Occupations were considered and planned carefully beforehand and plans were made to avoid triggers for re-experiencing phenomena. Alternatively, occupations were avoided altogether, even though they may have afforded the opportunity for experiencing satisfaction. This was reflected in Shona's acceptance of a role of responsibility and then avoiding it by not arriving for the rest of the groups. It also made even routine occupations like walking to the car and opening the door more demanding, as they now required specific, conscious awareness. People develop routines in order to give the mind time to dwell on other things while performing a task. An example would be running to the car when it rains. The routine is broken and actions are thought about in detail so that the least amount of time was spent standing in the rain. Participants' increased concern with safety no longer allowed them to engage in energy-saving routines. This may have contributed to them finding

everyday occupations draining. Further more it might decrease the motivation to engage in occupations.

Increased arousal also led to feelings of anxiety that impacted on even the basic survival occupations of participants, such as eating.

10.1.3.1. Avoidance - A sense of foreshortened future

A sense of foreshortened future manifested itself in their belief that they were not worthy of romantic relationships. This idea appeared to be based on a faulty cultural belief that their value had decreased because they had been raped. Although the participants knew that this was a faulty belief, the counter-belief in their own worth was hard to internalise. It still affected their self-worth and their occupations in so far as interest and participation in activities that may lead to a relationship, for example, going out with friends or being alone with a man. The participants also avoided television programs, books and music that related to romance as it reminded them “*of what they could not have*”. Contributing to this was the change in their “contextual filter” (Dunn, Brown and McGuigan, 1994), specifically that of Esteem in which they had become more suspicious of the motivations of others, especially men. This also contributed to their isolation from others.

10.1.3.2. Estrangement from others and Occupations

Participants felt alone and not understood by others in the world. This referred to a feeling of estrangement from others. These findings are consistent with that of McCann (1990) who stated that rape was an experience outside of the norm that led the survivor to feel different to other people. Estrangement from others may be a

result of a feeling of disconnectedness from those around them because their internal references had changed. The participants tended to avoid others because:

- They acted as reminders of the rape when, for example, others spread rumours about the participant and added to the stigma they had to live with or
- The participant felt ignored, discounted or not understood by her social environment, described by Goffman (1963) or
- The participants isolated themselves from their environment by not talking to others or withdrawing from communal occupations like watching television or eating with the family.
- Participants also isolated themselves through the types of occupations they engaged in. Often they engaged in occupations that isolated them from the people around them, such as reading or sleeping. They avoided occupations that included groups of people, such as going out with friends.

Dunn, Brown and McGuigan (1994) also said that estrangement from others was a result of a change in Intimacy in the contextual filter of the person who had experienced trauma. The participants did express the need for accessible support groups in which they could meet other rape survivors and speak to people with whom they could identify and who could identify with them. This would decrease the isolation that the participants experienced. However, as illustrated in the focus groups, meeting with other rape survivors and talking about their experiences could also cause an increase in the symptoms they experienced and as a result the participants might avoid support groups like they did the focus groups.

10.2. Damaging consequences of the change in self

The most damaging consequence of the rape appeared to be the change in self.

Dreams about our future and ourselves form an integral part of our identity (Christiansen, 1999). The participants experienced a loss of future dreams after the rape. Dreams act as goals that are the guiding systems used by adults when they make a choice about which occupations they are going to engage in (Oglivie, 1987). Having lost those dreams, for participants, resulted in functioning without a clear idea of what they are to become. Wilcock (1998) explained that what we are “becoming” is determined by what we are and what we are “doing”. According to the participants, they are rape survivors. Their value, according to some of society and to their sense of themselves, had been decreased (Lebowitz and Roth, 1994). They were dissatisfied with their engagement in occupation because it did not allow them to grow as people or measure up to their performances before the rape. The faulty beliefs attached to women who have been raped are pervasive and were internalised by the participants. Hence, they believed that they were going to be ignored because of the stigma or unnecessary focus was going to be paid to the undesirable attributes, that is, that they are rape survivors. This led to a decrease in opportunities to engage in occupations both by themselves and with the people around them. This imposed and self-imposed limitation left the researcher feeling hopelessly angry at the rape and its consequences.

This leaves the question: “What are they ‘becoming’?” The answer appears to be that currently they are victims and they will remain less than those around them unless they find a way to have their occupations facilitate self-actualisation.

The participants mourned the loss of the old self and were angry at the changes they experienced in themselves.

10.3. Stuck-ness and Occupations

It appeared that everyone, including the perpetrator, was able to go on with their lives while the participants were stuck. Consequently, the participants experienced their lives as being of less value because they did not experience a sense of growing competency in dealing with the challenges of their occupations. Actually, in some areas (like being alone) the participants regressed. On the one hand they were reluctant to engage in occupations that involved other people. If others were involved it led to an increase in anxiety that overwhelmed them. This was illustrated by flashbacks when they travelled in taxis, avoidance of outings with groups of friends and anxiety about the impact they were having on those around them when their occupational participation fell short of the expectations. However, the presence of others also held positive factors, as it provided a sense of safety. McGuigan (1994) referred to this as a change in Independence. This change in Independence led to feelings of shame, as they considered themselves less competent when compared to others.

10.4. Adaptation of occupations

Schkade and Schultz (1997) said that adaptation supports function and self-actualisation. In this study the participants adapted their occupations mainly to survive. Participants performed occupations because they understood their necessity, but they were also imbued with reminders of the rape. They dealt with symptoms of

the rape mainly through avoidance of various occupations. They avoided occupations that would put them in contact with physical reminders of the rape like dress codes and certain items of furniture. They avoided people that would remind them of the rape (such as the friends of the perpetrator) and they avoided certain occupations completely because they caused an increase in distressing symptoms. However, this often exacerbated the symptoms. Participants felt even more like victims, as avoidance did not allow them to break the cycle of their faulty perceptions. Just thinking about the reason that they were avoiding an occupation (because of its effects on their symptoms), led to them experiencing the symptoms.

10.5. Meeting the challenge of difficult occupations

When they did challenge occupations in which they experienced symptoms of PTSD it resulted in an increase in self-confidence and probably a decrease in the severity of the symptoms. This was clearly illustrated by the participant who returned to work. She was able to face the perpetrator and this improved her confidence by dispelling some of the myths she may have held about his strengths, his performance, about herself, and about the perceived restrictions the rape had imposed on her. It also afforded her the opportunity to gain some satisfaction from work and an occupation that helped her to be more independent. The participant had taken back some of the power that she perceived the perpetrator had taken from her. In turn she recognized that she was a capable human being. She became more confident and it was reflected in the manner in which she participated in the groups and she was the one participant who said she had dreams for her future.

Environmental supports that facilitated engagement in occupations included a supportive social environment, such as family members who allowed expression of emotion without judging the participant or treating her differently, and /or specialized support such as therapists. Even the press to engage in an occupation for survival, like earning money, facilitated healing. At times when the participants were able to participate in occupations they felt closer to their real selves and as a result gained more satisfaction from their occupations as theorised by Csikszentmihalyi (1990). When the participants spoke about these occupations the researcher experienced a feeling of relief, as if a weight of silence had been lifted. These were interpreted as positive events in a web of darkness created by the rape.

A factor that hindered participation in occupations included a judgmental or dismissive social environment. It resulted in participants avoiding the social environment, decreasing their opportunity to engage in occupational opportunities. The participants perceived this as making the challenge of the occupation too overwhelming, decreasing their motivation and the likelihood of a successful outcome.

Another concern for some of the participants was the impact that they had on their social environment and how people viewed them when they did speak about the rape and their concerns. This was illustrated when Shona explained that her parents were not going on holiday because she could not be alone at home or Samantha who said that she worried that her sister would get tired of her if she 'complained' too much. This led to the participants hiding their feelings, like Nadia did with her family by not speaking to them about the rape.

Some participants continued to engage in occupations despite the fact that it was difficult for them. This included driving, wearing clothes of a certain colour and using a taxi. However, they did not see this as a victory over the symptoms of PTSD and rather bemoaned the fact that it was more difficult than before. As a result they were not as satisfied with their occupation. This was due to the continuing impact of symptoms of PTSD on their experiences.

Despite the hopeless anger experienced by the researcher when the participants spoke about the changes they made in their occupations, it was gratifying to see that some satisfaction and joy from occupations remained part of their experience. The fact that they could still experience some success in their occupations created the hope that, despite the obstacles of symptoms of PTSD and the environmental hindrances, the participants could still meet their challenges. In order for this to happen, they needed support from the environment and a belief in themselves. Successful participation in an occupation would lead to that occupation being repeated and an increase in the confidence of the participant so that she may engage in other, new occupations.

11. RECOMMENDATIONS

From the study some useful recommendations could be made to therapists and other services providers who interact with survivors of rape.

- Helpers should assist rape survivors to recognize their own strength illustrated in the occupations that they already perform despite the difficulty they experience with symptoms of PTSD.
- Rape survivors should attempt to challenge occupations that they avoid, due to distressing symptoms of PTSD or an unfriendly environment. So doing they will experience a sense of competence, success and self-actualisation. The use of desensitising techniques and anxiety management to deal with symptoms of PTSD might be beneficial.
- The romantic dreams and other goals the rape survivor has to be identified and facilitated. This is the only way to get back onto the path that could lead to self-actualisation.
- Helpers might become desensitised to the trauma that the rape survivor experiences. This could happen through their exposure to traumatic stories from their clients over time. Sometimes the reminders or adverse reaction to help may occur due to the seeming insensitivity and/or the plight of the rape survivor. Re-experiencing phenomenon is real, it is distressing and what the clients are feeling in this regard has to be properly acknowledged and honoured.

- Computer technology could be used for anonymous counselling or just to answer questions that the rape survivor may feel she cannot directly ask those around her, as illustrated by Nadia, who used the Internet to speak to a friend of hers. The anonymity allowed through the use of computers seemed to facilitate openness.
- The need for support groups that are accessible would be of benefit to the rape survivor, as participants mentioned. It will provide a supportive environment that breaks the cycle of isolation the rape survivor finds herself in.
- The myths surrounding rape survivors still exist in our society. They have a great impact on what the rape survivor thinks about herself and what others think of her. These need to be tackled through education and public awareness.
- The reporting of the rape at police stations and the support that the survivor gets during the medical examination needs to be addressed. This could be done through adequate training and awareness raising, about the needs of the rape survivor, amongst police officers and doctors.

12. LIMITATIONS OF THE STUDY

Sample Selection

The participants were all clients at Rape Crisis, Observatory and were recommended by their counselors on the basis that they would be willing to participate and able to work in a group. This limited the sample to those who had come for counseling and who were able to participate with others. Women who chose not to come for counseling and /or did not disclose the rape might have experiences that are different.

The participants were chosen because they could speak English and/or Afrikaans. The language criteria excluded those who spoke, for example, Xhosa. Their experiences might be different to those chosen to participate in the study.

The participants had to be able to read and write, as this was needed for their own record keeping in the co-operative enquiry methodology that the researcher wanted to follow. However, this never materialized as only one participant handed in a written record of her observations. The record was more about the participant's suicidal feelings than about her occupational engagement.

Group participation

The group started off with five members and then gradually dwindled to one in the fifth session. Possible reasons for this were given in the text. However, participants who "dropped out" might have had experiences that added to the understanding of the research question.

Academic requirements

The study was done in partial fulfillment of a Masters in Occupational Therapy course and the scope of the study was limited as compared with a full research project.

Truthfulness

The researcher strived for truthfulness through doing member checking and triangulating the data. The member checking was severely limited as only one participant arrived for that group.

Generalisability

This study does not aim to be generalisable to all survivors of rape, but does attempt to create a better understanding of the impact the rape had on the occupations of these participants.

REFERENCES

Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, 4th edition (DSM IV). 1994. Washington, DC: American Psychiatric Association.

Bandura, A.,(1981).Self-referent thought: A developmental analysis of self-efficacy. In J.H. Flavell &L. Ross (Eds.) *Social cognitive development: Frontiers and possible futures* (pp200-239). New York: Cambridge University Press

Blair, D.T., & Ramones, V.A. (1996). Understanding Vicarious Traumatization. *Journal of Psychosocial Nursing and Mental Health, 34, (11), 24-30*

Brooker, A. E., O'Brien, A. M., & Koch, T. R. (1999). Conceptualising a better understanding of diagnosing and treating Posttraumatic Stress Disorder: A Review of two case studies. *Perceptual Motor Skills, 89, 607-625.*

Bownes, I. T., O'Gorman, E. C., & Sayers, A. (1991). Assault characteristics and posttraumatic stress disorder in rape victims. *Acta Psychiatry Scandanavia, 83, 27-30*

Bourdreaux, E., Kilpatrick, D. G., Resnick, H. S., Best, C. L., & Saunder, B.E. (1998). Criminal Victimization, Posttraumatic Stress Disorder and Comorbid Psychopathology Among a Community Sample of Women. *Journal of Traumatic Stress, 11(4), 665-678*

Bourque, L.B. (1989). *Defining Rape*. Durham, N.C.: Duke University Press.

Burgess, A.W.B., & Holmstrom, L.L. (1978). *The Victim of Rape: Institutional reactions*. New York: John Wiley.

Calhoun, K.S., Atkeson, B.M., and resick, P.A. (1982). A longitudinal examination of fear reactions in victims of rape. *Journal of Counselling Psychology*, 29:655-661

Christiansen, C.H. (1999). The 1999 Eleanor Clarke Slagle Lecture: Defining Lives: occupations as Identity: An essay on Competence, Coherence and the Creation of Meaning. *The American Journal Of Occupational Therapy*, (53), 547-558

Clark, F. (1997). Reflections on the Human as an Occupational Being: Biological Need, Tempo and Temporality. *Journal of Occupational Science*, 4:3, 85-92

Clarke, F.A., Parham, D., Carlson, M.E., Frank, G., Jackson, J., Piece, D., Wolfe, R., & Zemke, R. (1991). Occupational science: Academic Innovation in service of Occupational Therapy's vision. *American Journal of Occupational Therapy*, 45, 300-310

Cohen, L.J., & Roth, S. (1987). The psychological aftermath of rape: Long-term effects and individual differences in recovery. *Journal of Social and Clinical Psychology, 5*, 525-534

Csikszentmihalyi, M. (1990). *Flow: the psychology of optimal experience*. New York: Harper and Row.

Domestic Violence in South Africa, (1995, Nov), *Human Rights Watch/Africa*, Human Rights Watch Women's Project, 50-59

do Rozario, L. (1995) ritual, meaning and transcendence: the role of occupation in modern life, *Journal of Occupational Science: Australia.1(3): 46-53*

Dunn, W., Brown, C., & McGuigan, A. (1994). The Ecology of Human Performance: A framework for Considering the Effect of Context, *American Journal of Occupational Therapy, 48(7), 595-607*

Ellis, E.M., Atkeson, B.M., Calhoun, K.S. (1981). An assessment of long-term reaction to rape, *Journal of Abnormal Psychology, 90: 263-266*

Feeney, N. C., Zoellner, L. A., Fitzgibbons, L. A., & Foa, E. B. (2000). Exploring the Roles of Emotional Numbing, Depression, and Dissociation in PTSD. *Journal of Traumatic Stress, 13(3), 489-498*

Feehan, M., Nada-Raja, S., Martin, J. A., & Langley, J. D. (2001). The Prevalence and Correlates of Psychological Distress Following Physical and Sexual Assault in Young Adult Cohort. *Springer Publishing Company*, 49-63

Friedman, M.J., & Schnurr, P.P. (1995). The relationship between trauma, post-traumatic stress disorder, and physical health. In M.J. Friedman, D.S. Charney, & A.Y. Deutsch (Eds.). *Neurobiological and clinical consequences of stress: From normal adaptation to PTSD* (pp. 506-524). Philadelphia: Lippincott-Raven Publishers.

Gage, M., & Polatajko, H. (1994). Enhancing occupational performance through the understanding of Perceived Self-Efficacy, *The American Journal of Occupational Therapy*, (48) 5, 452-461

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Pelican Books.

Hengehold, L. (2000). Remapping the Event: Institutional Discourses and the Trauma of Rape. *SIGNS, Autumn*, 189-213

Hasselkus, B. R., & Rosa, S.A. (1997). Meaning and Occupation. In C. Christiansen & C. Baum (Eds.), *Occupational Therapy: Function and Wellbeing* (pp.363-377). Second Edition, Slack Inc.

Janoff-Bulman, R. (1985). The aftermath of victimization: Rebuilding shattered assumptions In Figley, C.R. (ed.), *Trauma and it's Wake: The study and Treatment of Post traumatic Stress Disorder*, Brunner/Mazel, New York. 15-35

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic Stress Disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048- 1060

Kielhofner, G. (1980). A model of human occupation, part three: Benign and Vicious cycles. *American Journal of Occupational Therapy*, 34, 731-737

Kilpatrick, D. G., Resick, P. A., & Veronen, L. J. (1981). Effects of a Rape Experience: A Longitudinal Study. *Journal of Social Issues*, 37,105-122

Kilpatrick , D. G., Acierno, R., Resnick, H. S., Saunder, B. E., & Best, C. L. (1997). A two-year Longitudinal Analysis of the Relationship between Violent Assault and Substance Use in Women. *Journal of Consulting and Clinical Psychology*, 65(5), 838-347

King, L. (1978). Towards a Science of Adaptive Responses – 1978 Eleanore Clarke Slagle Lecture. *American Journal of Occupational Therapy*, 32 (7). 429-437

Knafl, K.A., & Webster, D.C. (1988). Managing and Analyzing Qualitative Data. A Description of Tasks, Techniques, and Materials. *Western Journal of Nursing Research*, 10(2), 195-218

Larson, R. (1988). Flow in writing. In M. Csikszentmihalyi and I. Csikszentmihalyi (eds.), *Optimal experience: Psychological studies of flow in consciousness* (pp. 150-171). Cambridge: Cambridge University Press.

Leserman, J., Li, Z., Dressman, A., & Hu, Y. J. B. (1998). Selected symptoms associated with sexual and physical abuse history among female patients with gastrointestinal disorders: the impact on subsequent health care visits. *Psychological Medicine*, 28, 417- 425

Lebowitz, L, & Roth, S. (1994). "I Felt Like a Slut": The Cultural Context and Women's Response to Being Raped. *Journal of Traumatic Stress*, 7(3), 363-396

Mc Adams, D.P., (1997). Multiplicity of self versus unity of identity. In R.D. Ashmore & L. Jussim (Eds.), *Selfing and identity: Fundamental issues* (pp.46-78). New York: Oxford University Press.

McCann L.L., & Pearlman L.A. (1990). Vacarious Traumatization: A framework for understanding the Psychological effects of Working with Victims. *Journal of traumatic Stress*, (3) 1, 131 –149

Meyer, A. (1992). The philosophy of occupational therapy. *Archives of Occupational Therapy*, (1), 1-10

Moore, S.F. & Meyerhoff, B. (1977). Introduction: Secular ritual: Forms and meanings. In S.F. Moore and B. Meyerhoff (eds.) *Secular ritual* (pp3-24). Assen/Amsterdam:VanGorcum.

Ogilvie, D.M., (1987). The Undesired Self: A Neglected Variable in Personality Research, *Journal of personality and Social Psychology*, (52) 2, 379-385

Rape Crisis South Africa. (n.d.) "Statistics". www.rapecrisis.org.za.

Reason, P. in Denzin N.K., & Lincoln Y.S. (1998), *Strategies of Qualitative Inquiry*, Sage Publications

Reker, G.T., & Wong, P.T.P. (1988). Aging as an individual process: Towards a theory of personal meaning. In J.E. Birren and V.L. Bengston (eds.), *Emergent theories on aging*, (p214-246). New York: Springer Company

Regehr, C., & Marziali, E. (1999). Response to Sexual Assault: A Relational Perspective. *Journal of Nervous and Mental Disease*, 187:10,618-623

Regeher, C., Cardell, S., & Jansen, K. (1999). Perceptions of Control and Long-term Recovery from Rape. *American Journal of Orthopsychiatry*, 69(1), Jan., 110-115

Rothbaum, B. O., Foa, E. B., Riggs, D. S., Murdock, T., & Walsh, W. (1992).
A Prospective Examination of Post-Traumatic Stress Disorder in Rape Victims.
Journal of Traumatic Stress, 5(3), 455-474

Santello, M. D., & Leitenberg, H. (1993). Sexual Aggression by an
Acquaintance: Methods of Coping and Later Psychological Adjustment. *Violence and
Victims*, 8(2), 91-104

Schkade, S., & Schultz, J. (1997). Adaptation. In C. Christiansen, & C. Baum
(Eds.), *Occupational Therapy: Enabling Function and Wellbeing* (pp.459-481).
Second Edition, Slack Inc

Schurinck, W. J., Snyman, I., Krugel, W. F., & Slabbert, L., (Eds.). (1992).
Victimization: Nature and Trends, 337-356, HSRC Publishers

Stein, M.B., Walker, J.R., Hazen, A.L., Forde, D.R. (1997). Full and partial
Post Traumatic Stress Disorder: Findings from a Community Survey. *American
Journal of Psychiatry*, 154:8, 1114-1119

Sullivan, H.S., (1953). *The interpersonal theory of psychiatry*. New York:
Norton.

Ullman, S. E., & Siegel, J. M. (1993). Victim-Offender Relationship and
Sexual Assault, *Violence and Victims*, 8(2), 121-134.

Urbanowski, R., & Vargo, J. (1994). Spirituality, daily practice and the occupational performance model. *Canadian Journal of Occupational Therapy*, 61, 88-94

Valentiner, D. P., Foa, E. B., Riggs, D. S., & Gershuny, B. S. (1996). Coping Strategies and Posttraumatic Stress Disorder in Female Victims of Sexual and Nonsexual Assault, *Journal of Abnormal Psychology*, 105(3), 455-458

Wilcock A. A. (1998). Occupation for Health, *British Journal of Occupational Therapy*, August 61(8), 340-345

Wirtz, P.W., & Harrell, A.V. (1987) Victim and crime characteristics, coping responses, and short and long-term recovery from victimization. *Journal of Consulting and Clinical Psychology*, 55, 866-871.

Yalom, I.D. (1980). *Existential psychotherapy*. New York: Basic Books

Yerxa, E. (1967). Authentic Occupational Therapy. *American Journal of Occupational Therapy*

Zoellner, L. A, Foa, E. B, & Brigidi, B. D (1999). Interpersonal Friction in Female Victims of Sexual Nonsexual Assault. *Journal of Traumatic Stress*, 12(4)

CONSENT FORM

My experience as a counsellor at rape Crisis has fostered an interest in how the rape has affected what women do everyday.

This study aims to find out how the experience of rape has influenced what you do and how you do it. You will be asked to:

- ❖ **Fill in a brief questionnaire**
- ❖ **Participate in a further four group discussions about rape and what you do everyday. These discussions will be tape recorded for later use in the research.**
- ❖ **Keep a record of what you do and how it has been influenced by your rape experience.**

All information gathered will be kept **strictly confidential** and no individual will be identified. Information gathered will not be shared your counsellor unless you request it. The only information that will be shared is the results of all the interviews and questionnaires.

Whether you agree to participate in the research or not the counselling services at rape Crisis are open to you.

You will experience no harm from the research, but should you experience any distress a Rape Crisis **counsellor will be available** and you may contact the researcher, **Waheeda Sonnie, at 083 3124063**. The above contact number can also be used should you have any questions regarding the research at any time. Your **participation** in this study is **strictly voluntary**. You may refuse to participate now or at any stage during the study.

Signature of participant: _____ Date: _____

Signature of researcher: _____ Date _____

Researcher's name (printed) _____

QUESTIONNAIRE

Date:

Age:

Marital status: Single Married Divorced Separated Living together

Are you employed? Yes No

If you are employed what do you do: _____

Do you have support outside Rape Crisis? Yes No

What is the person's relationship to you? _____

Date rape occurred:

Number of perpetrators:

Were the perpetrator/s Known or Unknown to you:

Did you sustain physical injuries? Yes No

Did you report the rape to the police? Yes No

Was a charge laid? Yes No

Has the case appeared in court? Yes No