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**SUBJECTIVE ACCOUNTS OF POST-RAPE ADJUSTMENT
AMONGST SOUTH AFRICAN RAPE SURVIVORS**

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**A minor dissertation submitted in partial fulfillment of the
requirements for the award of the degree of
Master of Arts in Clinical Psychology**

Faculty of the Humanities

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DECLARATION

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

Signature: Signed by candidate Date: 10/04/2007

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ABSTRACT

This study aimed to explore the subjective experiences of rape survivors, with a greater focus on the ongoing process of post-rape adjustment, as compared with the immediate psychological impact. The research employed feminist, qualitative methodology. In-depth interviews were conducted with ten rape survivors from the Rape Crisis office in Observatory, Cape Town, in the Western Cape. The interviews were recorded and the transcripts were analysed using grounded theory. The following broad thematic areas were identified: (1) psychiatric symptoms, (2) sense of self, (3) relationships with others, (4) coping attempts, and (5) grappling with meaning. The latter two thematic areas formed the focus of the study, and were discussed in more detail

The main findings suggest that (1) subjective experience of the rape is more significant than the specific characteristics of the assault, (2) post-rape adjustment is not so much about recovery, but rather finding ways to adjust, which includes finding ways to live with the rape and making peace with the rape, and (3) meaning-making is central to the process of post-rape adjustment. In addition, participants in the current study offered some alternative discourses to that of pathology. Recommendations for future research in this area are offered.

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University of Cape Town

CHAPTER 1

INTRODUCTION

1.1 Background to the dissertation

Rape affects the lives of thousands of women globally each year regardless of race, age, or socioeconomic status. Both international and local research suggests that rape is so common for women that it is almost a normative experience (Stenius & Veysey, 2005; Vogelmann & Eagle, 1991). In South Africa particularly, gender-based violence is increasingly described as having reached epidemic proportions, with the worst known figures for rape in a country not at war (Moffett, 2006; Smith, 2005). Rape causes severe psychological distress and long-term physical health problems and it is the most pathogenic of all traumas (Koss, 1993; Resick, 1993). Rape survivors are thought to be the single largest group of Posttraumatic Stress Disorder (PTSD) sufferers (Campbell & Wasco, 2005; Goodman, Koss & Russo, 1993; Steketee & Foa, 1987), some of whom qualify for a lifetime diagnosis of PTSD (Frazier, 2000).

Because of the high incidence of rape in South Africa, Human Rights Watch dubbed South Africa the “rape capital of the world” in 1995 (Jewkes & Abrahams, 2002). While it is generally agreed that the number of reported rapes in South Africa is high, calculating rape statistics is notoriously difficult and public surveys suggest that rape remains underreported (Jewkes & Abrahams, 2002; Koss, 1993). A survey conducted by the Medical Research Council reported that one in nine rape survivors reported rape to the South African Police Service (SAPS) (Jewkes, Penn-Kekana, Levin, Ratsaka, & Schrieber, 1999), whereas Statistics South Africa (2000) indicated that one in two rape survivors reported rape to the SAPS. Police statistics in South Africa reflected a total increase of 23% for reported rape cases from 1994 to 2006 and estimated a total of 117 rapes per 100 000 of the population for 2005 to 2006 (www.saps.gov.za). According to Interpol, South Africa rates highest on the international rankings of reported rapes

and sexual violence, with the most reported rapes reported per capita in the world (Britton, 2006).

South Africa's narrow legal definition of rape currently excludes a significant number of rape cases which are instead classified as indecent assault. In light of this, statistics based on reported cases represent the tip of the iceberg of sexual coercion (Jewkes & Abrahams, 2002). Rape statistics are skewed by virtue of the fact that women will still only report those incidents that fall within the popular notions of what constitutes rape, for example, those involving physical violence by a stranger. Other barriers to reporting exist, such as difficulty accessing the police or lack of confidence in the police, fear of retaliation by the perpetrator, fear of the legal processes, secondary victimization (Jewkes & Abrahams, 2002), acceptance of gender-based violence by individuals and the authorities, difficulty in obtaining convictions (Vogelman & Eagle, 1991), as well as feelings of shame and stigma (Stenius & Veysey, 2005).

Although South Africa has one of the highest rape rates in the world and rape is a highly pathogenic trauma, national research focusing on survivors' subjective accounts of coping and post-rape adjustment is sparse. Instead, the focus of national research on rape has been primarily on rape prevalence (Jewkes & Abrahams, 2002; Jewkes et al., 1999; Jewkes, Dunkle, Koss, Levin, Nduna, Jama, & Sikweyiya, 2006; Statistics South Africa, 2000), explanations for the origin of rape (Moffett, 2006; Robertson, 1998; Vetten, 2000; Vogelman & Eagle, 1991), and recommendations for improving existing rape-related services (Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams, & Kim, 2003; Christofides, Muirhead, Jewkes, Penn-Kekana, & Conco, 2005; Suffla, Seedat & Nascimento, 2001). Furthermore, South African research on sexual violence in the first ten years post-Apartheid has been largely quantitative (Moffett, 2006). It has been argued that since standardized, quantitative measures emphasise neutrality and objectivity, they are limited in capturing the full complexity of survivors' experiences because of the lack of opportunity for participants to tell their stories with their own voices (Denzin & Lincoln, 2000; Stenius & Veysey, 2005; White & Farmer, 1992).

Participants for this study were recruited from the Rape Crisis office in Observatory, Cape Town, in the Western Cape Province. Rape Crisis was established in 1976 and is one of the oldest and most experienced organisations working with rape in South Africa. They currently have three branches operating in the Observatory, Khayelitsha, and Mannenberg communities in the Western Cape. Some of their initiatives include: one-to-one counseling and support group services for rape survivors, counseling to friends and families of rape survivors, lobbying for a change in the sexual offences legislation, liaising with specialised sexual offences courts and victim support centres at police stations, and implementation of awareness raising programmes in schools and communities. Rape Crisis is based on a feminist understanding of how violence against women is produced and perpetuated, where rape is believed to be one form of gender-based violence that is created and maintained in part by the social attitudes that influence the relationships between men and women. The counseling approach is also based on a feminist empowerment model which asserts every rape survivor's right to be an active participant in her own healing, and where survivors are encouraged to make their own decisions in a safe and empowering environment (<http://www.rapecrisis.org.za>).

1.2 Definitions

1.2.1 Rape

The legal definition of rape, as defined by the South African Law Commission, is intentional and unlawful penetration of a woman's vagina by a man's penis without her consent. Sodomy or forced oral sex, which currently falls under indecent assault, is thereby excluded from the legal definition of rape, as is penetration of other orifices such as mouth by penis or other objects. The legal definition of rape is currently under review by the South African Law Commission. In the current study, recruitment was not limited to participants who met the current legal definition of rape, but the rape experience of each participant happened to meet this narrow legal definition.

1.2.2 Post-rape adjustment versus recovery

The current study uses the term “post-rape adjustment” rather than “recovery” since the aim is to explore what happens post-rape in the broader sense, not just in terms of “recovery”. Burgess and Holmstrom (1974) define recovery from rape as a decrease in physical distress and intensity of the rape memory, which enables survivors to resume tasks of daily living again. In this sense, the term “recovery” implies a regaining of control. This definition is limited in fully capturing what the current study is attempting to explore, that is, how survivors cope with rape, which may not necessarily include an experience of “recovery”. The term “post-rape adjustment” is intended to provide a broader frame for understanding the survivor’s experience post-rape. The current study makes mention of the term “recovery” when citing from the existing literature or from participants who use this term, but with the understanding that the focus of this study is not limited to exploring “recovery” alone.

1.2.3 Racial categories

During Apartheid, South Africans had different access to resources based on their skin colour. The various racial categories consisted of White, Black, and Coloured. These categories were hierarchically ranked with White people recognised as holding the highest status, while Black people were recognised as holding the lowest status. In between these two categories, Coloured people were regarded as holding a higher position than Black people, but a significantly lower position than White people. The current study uses these racial terms because the legacy of inequitable access to resources, based on the Apartheid regime, remains with us today, leaving some people more vulnerable to being raped than others.

1.3 Aims of the dissertation

This research aims to investigate the subjective experiences of rape survivors, with a greater focus on the ongoing process of post-rape adjustment, as compared with the immediate psychological impact of rape.

The latter process is already well documented in the existing literature on rape and will be discussed briefly with a view to providing a context for discussing the ongoing process of post-rape adjustment. Since there is a greater focus in the existing South African research on rape prevalence, explanations for the origins of rape, and improving existing rape-related services, the current study aims to fill a gap. This is attempted by eliciting subjective, qualitative accounts of the post-rape adjustment period in order to enhance our current understanding of the processes that may facilitate coping and adjustment. The aims are based on the understanding that experience is subjective and that the aftermath of a rape experience is mediated by each individual's unique perception of the situation (Smith & Kelly, 2001).

1.4 Structure of the dissertation

The next chapter is a literature review which presents a historical overview of the study of psychological trauma in general, and then outlines the progress of research on rape in particular. Following this is a discussion focusing on the increasing shift in international research towards a focus on post-rape adjustment, resilience and posttraumatic growth. The status of research on rape in South Africa is considered and the gap in South African research on resilience, adjustment, and posttraumatic growth is highlighted. This serves to locate the current study. Chapter three explains the feminist principles which informed the methodological framework of this study, the data collection process which employed qualitative techniques, and describes the approach adopted in analysing the data. The findings are presented and discussed in Chapter four. Chapter five concludes with a summary of the findings, a discussion on reflexivity, an overview of the limitations of the research and recommendations for future research in the area of rape.

CHAPTER 2

LITERATURE REVIEW

2.1 Outline

This section starts with a discussion of the Western political contexts which spurred the development of research on trauma, and an overview of the feminist movement which spurred research on rape in particular. Within this movement, Rape Trauma Syndrome (RTS) is viewed as having provided a significant impetus for the understanding of rape, leading to the acknowledgement of women's responses specific to rape. The medicalisation of rape is discussed within an understanding of the development of Posttraumatic Stress Disorder (PTSD) which has surpassed RTS in the research on rape. The limitations of the RTS and PTSD models for understanding rape, as well as the research focusing on symptomatology, are outlined. Thereafter, a discussion on post-rape adjustment, resilience and posttraumatic growth serves to highlight the unique and complex responses that rape survivors have and therefore the value of qualitative research in eliciting subjective understandings. Within this context, the manner in which survivors make meaning of rape is considered an essential part of understanding the processes that facilitate resilience, post-rape adjustment, and in some cases, posttraumatic growth. The literature review ends with a discussion of some of the existing qualitative research on rape relevant to this study which has been conducted internationally, as well as the current research on rape in South Africa.

2.2 Historical overview of the study of trauma

According to Herman (1992), the study of psychological trauma has waxed and waned over the years, not because of a lack of interest in the area but more so because the subject provokes such controversy, leads into realms of the unthinkable and unnamable and raises fundamental questions of belief. The intrusion, confusion and disbelief that trauma survivors experience appears to be mirrored in the manner in which the study of trauma has gone through periods of

fascination by professionals to periods of stubborn disbelief about patient's stories. It follows then that trauma survivors have historically either been disbelieved or otherwise rendered invisible (Herman, 1992; van der Kolk, Weisaeth & van der Hart, 1996). In light of this, trauma can only be held in consciousness when a social context affirms and protects the survivor and when survivor and witness are joined in a common alliance. Therefore, just as individual trauma survivors depend on a supportive social context (family or friends) for affirmation, so too the study of psychological trauma has historically depended on its affiliation with a political movement in order for it to flourish (Herman, 1992).

The first psychological trauma to surface into public awareness was the study of hysteria which began during the republican movement of the late nineteenth century in France. Hysteria was then believed to be unique to women and progress in the study of trauma came with the finding that hysteria in women was a result of unbearable emotional reactions to trauma, and more specifically women's traumatic experiences of premature sexual encounters. These findings were so unacceptable at the time that they precipitated the collapse of the study of trauma. It was easier to locate hysterical symptoms as something inside women rather than something that was being caused by their experiences. This collapse led to the establishment of psychoanalysis, which essentially focused on unconscious fantasy and desire, dissociated from the reality of women's abusive sexual experiences (Herman, 1992).

The second psychological trauma that was held in public consciousness was the study of combat neurosis which emerged in England and the United States subsequent to the First World War. The symptoms of many soldiers imitated those of hysterical women and were initially attributed to a physical cause and then to a weak character. Progress in the field of trauma came with the Second World War when some psychiatrists argued that combat neurosis could occur in any man exposed to armed combat and was not reserved for the weak. However, the impetus for systematic psychiatric research into psychological trauma only came with the controversial war in Vietnam. It was the growth of an antiwar movement which provided a political context to affirm war veterans' psychological responses to trauma (Herman, 1992; Beardsley, 2005). So the study of trauma grew

essentially out of men's experiences with combat trauma which were more readily heard than that of women's experiences during the study of hysteria (Herman, 1992).

The focus on men's traumatic experiences shifted with the third political movement in the United States - the feminist movement of the 1970's. This movement provided a political context for domestic and sexual violence to be held in public consciousness when women forced the public to recognise that those who most commonly suffered from trauma were women at home rather than men at war. Progress in the study of rape essentially grew out of this movement, which is discussed in the next section.

2.3 The study of rape

While the broader study of trauma is rooted in socio-political contexts, so too the study of rape specifically is rooted in the Civil Rights movement of the 1960's in the United States. This movement's concern with bringing human rights into public consciousness provided a platform for the feminist movement to begin championing for women's rights in particular. As the context within which rape occurs shifts over time, so too does the public understanding of rape, and therefore the subjective experience of it, also changes (Harvey, 1996; Herman, 1992).

According to Gavey (2005), up until the mid twentieth century, perceptions of rape were essentially based on notions that either women had tempted men to rape them or they had an unconscious wish to or fantasy of being raped. These ways of understanding rape as being a seductive act and an unconscious fantasy were accepted at the time because dominant discourses of psychoanalysis and sexology silenced women and offered no open channel for them to speak out and be believed, and not be shamed or stigmatized (Gavey, 2005).

Within the context of the American feminist movement, the tendency to blame women for rape began to be challenged. This was largely as a result of the emergence of the first rape crisis centres which allowed women the opportunity to share their experiences in a supportive context (Stefan, 1994). In 1971, the first

rape speak-out was organised and women in the feminist movement first began organising and speaking about rape as the subordination of women relative to men and not as an individual act (Stefan, 1994). Thus, feminists argued that rape be redefined as a crime of violence rather than a sexual act in order to counteract the prevailing view of the time; that rape fulfilled women's deepest desires (Brownmiller, 1975). Alongside the feminist movement, Brownmiller's book, *Against our Will*, was written during a time when published work on rape was sparse and almost no attention was given to the social significance of rape. Brownmiller's work provided the impetus in shifting the understanding of rape at the time from ignoring and/or blaming the victim towards a broader understanding of how patriarchal systems maintained gender inequality and men's abuse of power (Webster & Dunn, 2005).

As feminists in the West started feeling more empowered around the issue of rape, the mental health profession turned their focus to women's responses to rape and women's reactions as victims became the subject of study for the first time (Stefan, 1994). During 1979 to 1983, research on rape myths and rape prevalence grew and the notion of rape being a rare phenomenon was challenged (Koss, 2005). Radical feminists also began theorizing about rape being connected to everyday forms of heterosexuality, and as existing on a continuum from forced sex to more subtle forms of sexual coercion. A new research focus on acquaintance rape, date rape and marital rape spurred public dialogue on previously unnamable sexual violations (Koss, 2005; Gavey, 2005) and assisted in highlighting the prevalence of rape and shifting the understanding of rape from an individual act towards a broader political understanding (Gavey, 2005).

Currently, a woman's point of view is increasingly being represented within the public discourse on rape so that even though rape is still often tolerated by society, it is not without contest from multiple fields (Gavey, 2005). There has been a shift from traditional masculine representations, and the radical statements that the feminist movement promulgated regarding rape being a violent act and the legitimacy of women's consent ("no" means "no") are currently viewed as an accepted part of contemporary Western understandings of rape (Gavey, 2005). Even though the feminist movement in the United States provided a significant impetus for the study of rape, we need to acknowledge that this movement

consisted of White, middle-class women in the West and it cannot be assumed that their views necessarily encompassed that of all women at the time. Black women have historically been excluded from full participation in White feminist organisations (Collins, 2000). In South Africa particularly, the struggle against gender inequality was subsumed by the Apartheid struggle against racial inequality (Vogelman & Eagle, 1991) and women's issues have only recently, with the demise of Apartheid, become a public priority (Kadali, 1995, cited in Penzhorn, 2005).

International research on rape has grown exponentially over the past 20 years (Koss, 2005), from the process of documenting the prevalence of rape, to acknowledging the deleterious psychological effects of rape, to debates around the issue of appropriate interventions (Campbell & Wasco, 2005). Within this context of growth, the development of Rape Trauma Syndrome has spurred an increased acknowledgement of rape survivor's experiences. The next section details the development of this syndrome.

2.3.1 Rape Trauma Syndrome

The focus on the psychological impact of rape first started in the early 1970's when one of the landmark studies on rape at the time was conducted by Burgess and Holmstrom (1974). Their study was one of the first to focus on female rape and its psychological consequences. They tracked rape survivors over a six month period and documented the symptoms that they observed. Their findings suggest that there are two distinct phases in response to rape, an acute phase and a long-term reorganisation phase, which they termed "Rape Trauma Syndrome" (RTS) (Burgess & Holmstrom, 1974).

The acute phase consists of impact reactions such as shock and disbelief (within the first few days), somatic reactions such as soreness and bruising, muscle tension, and gastrointestinal irritability (within the first few weeks), and emotional reactions ranging from fear, humiliation, and embarrassment to anger, revenge and self-blame. The long-term reorganisation phase consists of restriction in lifestyle, seeking support, nightmares, and various rape-related phobias (Burgess & Holmstrom, 1974). Further advancement came with a review of a

middle stage, comprising of outward adjustment, when survivors repress their anger and often turn the anger inward. Some survivors remain at this stage and are never actively able to deal with their feelings (Lenox & Gannon, 1983).

The development of a particular syndrome associated with rape did much to acknowledge women's experiences of abusive sexual encounters and it assisted in shifting the focus from blaming the victim to focusing on the consequences of rape instead (Lenox & Gannon, 1983; Wasco, 2003). Rape Trauma Syndrome also legitimized a survivor's reaction to rape, specifically as evidence in a court of law, it highlighted the unique responses that survivors have in response to rape and it was an attempt to understand rape impact both in terms of symptoms and stages of recovery for rape survivors in particular (Stefan, 1994). Through its educational role, for instance to jurors, Rape Trauma Syndrome has been acknowledged to have served as a platform for social and legal change (Raitt & Zeedyk, 1997).

The creation of a syndrome to explain women's responses to rape spurred researchers to further investigate the various stages of recovery and the complications that accompanied this (Lenox & Gannon, 1983). While Rape Trauma Syndrome, and the literature that followed soon after, did much to legitimate rape as a health issue, psychiatric professionals soon began focusing on women's reactions to rape as psychiatric symptoms. This was evidence of progression in the field of rape since it meant that the impact of rape was being acknowledged, rape survivors were being offered some valuable assistance in the form of interventions such as crisis counseling, and it helped in providing expert testimony in rape court cases (Raitt & Zeedyk, 1997). However, Rape Trauma Syndrome is not without criticism, as will be further discussed in the next section.

2.3.2 Limitations of Rape Trauma Syndrome

Burgess and Holmstrom's study has been criticized for its focus on White middle class women, which also excluded sex workers and those women diagnosed with a mental illness (Stefan, 1994). Stefan (1994) argues that much of the research on rape that has replicated the Rape Trauma Syndrome also excludes women who have a psychiatric diagnosis. According to her, this exclusion firstly silences the

category of women most vulnerable to sexual assault, such as poor women, women from minority groups, and women diagnosed with a mental illness. Secondly it dictates a typical response to rape. The danger of implying that there is an expected response that women should have in response to rape essentially ignores women's subjective, diverse and complex responses to rape and the manner in which rape impacts upon multiple levels of a woman's life (Stefan, 1994). The normative response to rape then becomes just another measure by which other people can determine whether or not a rape survivor's subjective experiences confirm that she has in fact been raped, specifically when Rape Trauma Syndrome is used to provide corroboration in a court of law (Raitt & Zeedyk, 1997). The limitation with this measure is that a Western category of response ultimately dictates what the norm is for all women who are raped. Firstly, it is problematic to suggest that all women in the United States, or in other parts of the world, should experience a typical response to rape given the diverse and complex experiences of womanhood. Secondly, the applicability to South Africa is questionable given the history of racially oppressive practices, inequality and poverty that many women in South Africa face, which is qualitatively different from their western counterparts.

According to Stefan (1994), linked to the normative response that Rape Trauma Syndrome dictates, is the recognition of a woman's pain at the expense of her anger, where the only legitimate source of her pain is attributed to the rape itself and the only appropriate target for her anger is identified as the rapist. In reality, women's 'negative' responses that include pain, anger, despair and frustration may often be as a result of the reactions she may experience from the police, medical officers, and other people in her community where rape myths are so pervasive. Thus the pain and anger that a woman may feel as a result of the wider socio-political system that condones and maintains rape is ignored (Stefan, 1994). The focus on women's responses to rape may have inadvertently facilitated the marginalization of the political aspect of rape in favour of a medical model for understanding rape response (Raitt & Zeedyk, 1997; Stefan, 1994). The focus on women's responses as being pathological holds the danger of losing sight of the actual rape itself, so that a woman's response to rape becomes almost more important than the rape itself (Raitt & Zeedyk, 1997; Stefan, 1994). Similarly, it can be argued that it also diverts attention away from the subjective experiences

that rape survivors have in favour of identifying a common syndrome to categorise all women's responses to all rapes.

By allowing rape survivors to talk about their experiences without trying to package their responses into preconceived categories, we may reach a deeper understanding of women's diverse responses to rape, which is not based on documenting pathology but rather on subjective experiences and how this may interact with society at large (Stenius & Veysey 2005; Thompson, 2000).

2.3.3 From Rape Trauma Syndrome to Posttraumatic Stress Disorder

As a result of the Vietnam War, trauma specialists began to identify similar reactions of the Posttraumatic Stress Disorder (PTSD) in veterans and women experiencing abuse. However, up until the early 1980's, the two bodies of work focusing on war veterans and on women's abusive experiences were separate (Beardsley, 2005). The study of trauma was slowly moving towards a unified body of knowledge, starting with the documentation of psychological responses to trauma and culminating in the diagnostic category of PTSD (Herman, 1992). Inherent in this progression in the field of trauma was also a shift away from the subjective experiences of rape survivors.

In 1980, PTSD included as its definition of trauma that which occurs "outside the range of usual human experience" (Herman, 1992, p.33). Although this signaled a change in understanding trauma as a result of an external event rather than hysterical symptoms or an unconscious fantasy, feminist activists argued that violence against women was endemic and not "outside the range of usual human experience". As a result this criterion was subsequently changed to specify a terrifying and life-threatening event instead (Herman, 1992).

As compared with RTS, PTSD had more medical authority since it offered a biological understanding of the trauma response and was considered a diagnosable disorder. Furthermore, it fulfilled rigorous scientific research criteria which made it more amenable to quantitative exploration. The inclusion of rape trauma under the PTSD diagnosis meant two significant changes for the way in which rape was understood. Firstly, rape trauma could be acknowledged as being a "real"

diagnosis just like other traumas classified under the PTSD diagnosis. Secondly, just like other traumas, rape trauma too could be viewed as originating from outside the individual instead of being viewed as an inherent weakness (Wasco, 2003).

The DSM-IV-TR (2000) currently asserts four criteria for the diagnosis of PTSD: (1) the presence of a traumatic event involving actual or threatened death or serious injury followed by intense fear, helplessness or horror, (2) re-experiencing phenomena including flashbacks, nightmares, and intrusive recollections, (3) avoidance behaviour including detachment, restricted affect, and avoidance of people or things that arouse recollections of the trauma, and (4) physiological over-reactivity including sleep problems, and hypervigilance.

The PTSD diagnosis precipitated a surge in research on trauma. This period was probably the most significant in the broader study of trauma since it fostered the appreciation of the generic features of posttraumatic syndromes, it spurred the creation of the field of traumatic stress studies, it facilitated the use of a common language amongst clinicians working with different traumatized populations, and it encouraged the development of reliable and valid measures of PTSD in order to expand research dramatically (Brett, 1996). The growth in research spurred by PTSD has assisted in identifying helpful intervention strategies to rape survivors such as cognitive behavioural treatment (CBT), for managing anxiety symptoms (Foa & Rothbaum, 1998; Resick & Schnicke, 1993). PTSD also serves as a practical tool for helping some survivors obtain the necessary mental and physical health services they need because it meets the requirements of a diagnostic criteria which most insurance companies require in order for reimbursement (Wasco, 2003).

Alongside this growth in the study of trauma was the shift in rape research from subjective understandings towards objective, quantitative research (Koss, 2005). According to Summerfield (2004), during this time, psychiatry focused on using standard measures to convert human suffering, misery and madness into technical problems that made it easier for professionals to manage and investigate. Whilst the PTSD diagnosis has contributed a great deal to our understanding of trauma in

general and rape in particular, there are also limitations which are further discussed in the next section.

2.3.4 Limitations of Posttraumatic Stress Disorder

One limitation of the PTSD diagnosis has been the observation that the rape event in itself is not necessarily the only trauma that survivors experience (Wasco, 2003). Particularly in South Africa, women often face multiple traumatic events, such as poverty and discrimination, so that the impact of rape becomes difficult to assess in terms of a single traumatic event. Underlying Western trauma models other than PTSD (such as the shattered assumptions model) is the notion that trauma shatters assumptions about the world being a safe and just place (Janoff-Bulman, 1992; Janoff-Bulman & McPherson Frantz, 1997; Kauffman, 2002). For South African women, there may not have been an assumption of a safe and just world to start with, so that the experience of rape only confirms that the world is indeed dangerous and unjust. The terror that shatters the assumptive world is understood as being a violent deprivation of safety (Kauffman, 2002). What then would be the experience of South African women, many of whom experience multiple traumas and not an isolated instance of trauma? The way in which race, ethnicity, class and gender intersects with the recovery process for this population is complex and difficult to understand in terms of the Western concept of a single traumatic event (Harvey, 1996). There may also be other traumas linked to the trauma of the actual rape such as “secondary victimization” after the rape as a result of negative reactions of police, the legal system or other people in the community (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001).

A further limitation of the PTSD diagnosis is that not all rape survivors go on to develop psychological difficulties (Briere & Jordan, 2004; Goodman, Koss & Russo, 1993; Marx, 2005; Resick, 1993; Yuan, Koss & Stone, 2006a) and not all of them experience PTSD symptoms (Bonanno, 2004; McFarlane & Yehuda, 1996; Wasco, 2003). Some researchers have classified PTSD symptoms as the most frequently observed responses resulting from sexual assault (Neville & Heppner, 1999). Some studies have found that rape survivors experience PTSD-like symptoms within the first week with the bulk of improvement within the first month. By three months some researchers suggest that 47% of rape survivors still

meet the criteria for PTSD (Foa & Rothbaum, 1998) and others may even qualify for a lifetime diagnosis of PTSD (Frazier, 2000). However, other researchers have argued that only a third of rape survivors develop PTSD (Kilpatrick, Seymour & Edmunds, 1992, cited in Wasco, 2003).

Rape survivors also display other frequently observed symptoms such as depression, low self-esteem, self-blame and stress-related physical symptoms, somatic complaints, poorer perceptions of their physical health, and greater psychological distress (Goodman, Koss & Russo, 1993; Herman, 1992; Kimerling & Calhoun, 1994) which are not captured by the PTSD diagnosis (Wasco, 2003). Not only does the PTSD diagnosis fail to capture the psychological and emotional effects of rape such as distress and shame, but it also fails to capture the physical and sexual effects of rape (Wasco, 2003). These are significant limitations given the findings that rape survivors are twice as likely as non-victims to report physical symptoms such as arthritis, diabetes and asthma (Golding, 1994, cited in Wasco, 2003) and rape has been strongly linked with sexually transmitted diseases, abortions and unwanted pregnancies (McCloskey, 1997, cited in Wasco, 2003).

The diagnostic category of PTSD overlooks the complexity of a rape experience by shifting the focus on rape impact away from an understanding of how patriarchal systems influence women's experiences of relationships, sexuality, attributions, beliefs and other cognitive factors (Koss, 2005). Instead, PTSD, as a psychiatric diagnosis, serves to pathologise women's experiences and in so doing, can leave them feeling blamed (Yuan et al., 2006a) rather than acknowledging how patriarchal systems not only make rape possible in the first place, but also maintain the incidence and prevalence of rape (Moffet, 2006). Rape myths, such as the woman having deserved the rape because of her provocative clothing, still inform the understanding and responses to survivors of gender-based violence and therefore may still play a role in perpetuating the trauma of rape (Goodman, Koss & Russo, 1993). In South Africa, rape myths are reinforced by some women who perceive themselves as deserving of abuse (Jewkes et al., 1999). Some South African women buy into rape myths and accept the idea that they are subservient to men, which in turn points to the success of patriarchal ideologies in dominating and oppressing women (Moffett, 2006).

The constellation of symptoms described in the PTSD diagnostic category essentially measures a survivor's distress in response to a traumatic event. The underlying assumption is that in measuring distress, the PTSD diagnosis can also measure the extent of a survivor's recovery. However, it can be limiting to measure a woman's recovery by focusing on the extent of her psychiatric symptoms only, without a consideration of the way in which the wider socio-cultural context influences her adjustment. A holistic understanding of rape recovery necessitates a consideration of how the social construction of rape influences recovery, (Britton, 2006; de la Rey, 2001; Jewkes et al., 1999; Moffett, 2006), which the PTSD diagnosis fails to do.

Critics of the PTSD diagnostic category have argued against any form of psychiatric labeling of rape survivors based on observations that PTSD is not necessarily inevitable amongst rape survivors and that the effects of interpersonal violence vary significantly from one survivor to the next, rendering a list of expected syndromes inadequate (Briere & Jordan, 2004; Smith & Kelly, 2001). Furthermore, feminists argue that labeling a woman's experience in terms of pathology serves only to disempower and discredit her experiences, with little consideration for her survival strengths (Stefan, 1994).

While both the RTS and PTSD classifications have contributed significantly to our understanding of rape, it is important to also consider the subjective accounts of rape survivors in order to gain a better understanding of the unique and complex responses that they have. The motivation for exploring an alternative means of understanding the complexity of responses to rape is substantiated in the next section, which presents some of the significant research findings on post-rape consequences other than RTS and PTSD.

2.4 Research focus on post-rape consequences

In general, the bulk of research on rape has predominantly originated in the United States, making its applicability to other populations unclear (Thompson, 2000). The focus has been on highlighting the profound and often long-standing psychological effects of rape worldwide, as well as validating women's responses to and experiences of rape (Burgess & Holmstrom, 1974; Frazier & Burnett, 1994;

Herman, 1992; Jaycox, Zoellner, & Foa, 2002; King & Webb, 1981; Resick, 1993; Smith & Kelly, 2001). However, these negative effects are often treated as static traits (Becker-Blease & Freyd, 2005), embedded in an individualized pathology with little consideration of the broader social context (de la Rey, 2001), instead of being understood as part of the recovery process moving towards a more positive understanding of the trauma, the self and the future (Thompson, 2000).

Although a large portion of the literature focuses on PTSD symptoms, there are a range of other mental health problems that survivors may experience (Yuan et al., 2006a) which include fear and anxiety, depression, social and sexual difficulties, eating disorders, alcohol and drug abuse, obsessive compulsive symptoms, somatic complaints, (Foa & Rothbaum, 1998; Resick, 1993; Steketee & Foa, 1987; Yuan et al., 2006a), suicidality (Resick, 1993), anger, mistrust, rage (Rose, 1986), self-blame, guilt, worthlessness, and poor self esteem (Resick & Schnicke, 1993; Yuan et al., 2006a). Researchers have outlined the most prominent and persistently observed symptoms as being intense fear related to the rape as well as generalized anxiety (Kilpatrick, Resick, & Veronen, 1981; Resick, 1993; Steketee & Foa, 1987). Consistent findings on reactions during and immediately post-rape include cognitive symptoms such as fear, worry, confusion, and dissociation as well as physiological symptoms such as shaking, trembling, a racing heart, and tight muscles.

These may be important findings in contributing to treatment intervention programmes. However, classifying a woman's response into predefined categories, whether this is done through a diagnosis of PTSD or research using quantitative rating scales to assess and describe symptomatology, results in the loss of a valuable component of the trauma response: the personal experience through which responses to trauma are mediated. Through this, other potentially valuable indicators which could be used in treatment programmes are also overlooked.

Research on anger in rape survivors, particularly healthy anger, has received little empirical investigation (Becker-Blease & Freyd, 2005). Anger has been reported to be mostly directed at the perpetrator for the hurt, violation and abuse caused or towards the legal or mental health system for revictimising the survivor or towards the self for not preventing the rape from occurring. Researchers have investigated

the role of external blame (not particularly anger as such) and found that external blame was associated with increased symptoms and poorer recovery in the post-rape adjustment period (Frazier, 2000). However, these studies have not made specific mention of anger, and it is important to note that whether a rape survivor blames someone externally does not necessarily mean that she is angry at that external party. Subjective inquiry into rape survivor's responses may be an alternative means of further exploring the role of anger in response to rape and whether healthy anger assists or hinders the adjustment process. These findings may prove useful in understanding the pathway to post-rape adjustment and may assist those professionals who intervene with rape survivors.

In contrast with the sparse research existing on anger specifically, there is a much wider research area that has been devoted to the cognitive processing styles of rape survivors (Barker-Collo, Melnyk & McDonald-Miszczak, 2000; Dunmore, Clark, & Ehlers 2001; Halligan, Michael, Clark & Ehlers, 2003). Cognitive processing styles during the assault, negative appraisals of the traumatic event, and maladaptive control strategies have been argued to increase the risk of PTSD post-rape. Research findings suggest that survivors may engage in cognitive processing such as mental defeat (perceived loss of psychological autonomy and a sense of not being human anymore) which affects their sense of worthiness and competence. This in turn may increase a survivor's confusion and detachment which may affect the quality of encoding and the nature of the trauma memory. After the rape, survivors may engage in negative appraisals of their emotions and actions. For instance, they may believe that they are unstable because of their immediate emotional reactions or they may blame themselves because their actions made things worse (Dunmore et al., 2001).

Much of the research on cognitive processing after a rape experience has given little consideration to the ways in which these cognitive styles are reinforced by society and are therefore not maladaptive but actually realistic ways of coping in a society where violence against women is often endemic and sometimes even condoned (Stefan, 1994). While it is important to attend to the meaning that survivors attribute to the rape, of equal importance is how this meaning is culturally constructed (Lebowitz & Roth 1994). Cultural constructions of women, such as their primary value residing in their sexual appeal to men through, for

instance, sexualized images in advertisements, are likely to have been internalised by some women and these ideas are likely to be activated in the aftermath of rape and may even affect the ways in which others, who have also internalised these cultural constructions of women, respond to survivors (Lebowitz & Roth, 1994).

Self-blame has been studied extensively in the literature on rape (Katz & Burt, 1988; Koss & Figeredo, 2004, Meyer & Taylor, 1986; Wyatt, Notgrass, & Newcomb, 1990). Research has suggested that some survivors may use internal mediators such as characterological and behavioural self-blame (Janoff-Bulman, 1979) and others may use external mediators such as blaming family, police and other agencies for their responses or lack thereof (Wyatt et. al., 1990).

Psychological responses to rape such as self-blame, guilt and shame may be shaped by cultural myths about rape such as the survivor having provoked or enjoyed the assault (Goodman et al., 1993). But, the focus has been more closely attuned to survivors' responses at the expense of investigating how these responses may be reinforced by society (Stefan, 1994), for instance through rape myths. Rape myths may leave women feeling blamed for allowing the rape by not screaming loud enough or fighting hard enough (Thompson, 2000). Moffett (2006) argues that in South Africa particularly, by silencing women through making them feel responsible or blamed for the rape, rape myths actually mask the prevalence of male violence and its impact on all women.

An alternative means of capturing the unique responses that survivors have as well as the complexity of the post-rape adjustment process may be to listen to rape survivors' subjective accounts. Through this process we may hear about how survivors may be suffering, but also fighting to recover at the same time. The next section discusses the research findings on post-rape adjustment, resilience and posttraumatic growth and further substantiates the need for subjective exploration to shed more light on the unique responses that each individual rape survivor has.

2.5 Post-rape adjustment, resilience and posttraumatic growth

The observation that not all trauma survivors develop PTSD challenges the notion that a set of responses occurs in normal individuals as a direct consequence of

trauma exposure. This has led researchers to investigate individual differences in resilience and how this influences responses to trauma (McFarlane & Yehuda, 1996). Subsequently, there has been an increasing shift in research on rape trauma away from focusing on PTSD, psychological outcomes and survivor responses towards investigating the factors that facilitate recovery and promote resilience (Neville & Heppner, 1999), as well as a relatively new focus on posttraumatic growth reported by some rape survivors (Thompson, 2000). These processes are important to understand as they contribute to a broader understanding of the post-adjustment period which cannot solely be made sense of in terms of the development of pathological symptoms.

2.5.1 Defining recovery

Most attempts at defining recovery have pointed to the difficulties in trying to summarise a complex process into neat stages (Smith & Kelly, 2001). Burgess and Holmstrom (1974) have argued that recovery from rape is evident when a person experiences a decrease in physical distress and in the intensity of the memory of the rape, which enables them to attend to daily living tasks again. Harvey's (1996) ecological model of recovery defines the process as being multidimensional, involving control over previously intrusive memories, an ability to remember the past with feeling but without overwhelming arousal, an ability to predict symptoms and manage them, regaining self esteem, repair of social capacities, and assigning new meaning to the rape event. Current definitions of recovery lack the perspective of subjective experience from a rape survivor which is essential for an understanding of the total recovery experience (Smith & Kelly, 2001).

Some researchers suggest that the recovery process lasts longer than several months and that some rape survivors may never return to pre-assault levels. In contrast to other crises, rape can be a particularly severe and long-standing crisis with unpredictable recovery and permanent scars (Sales, Baum, & Shore, 1984). It needs to be borne in mind that studies on trauma are predominantly based on a population of survivors who sought treatment or exhibited severe distress and this is not representative of those untreated survivors who do not come into contact with professional services and do not participate in research (Bonanno, 2004; Harvey, 1996). Some researchers have argued that the normal path following

trauma is recovery (Bonanno, 2004; Yehuda, 2004). However, while some women may be resilient in the face of the negative impact of rape, this does not minimize the observation that for other women, rape may be a devastating experience (Yuan et al., 2006a).

2.5.2 Variables influencing recovery

Researchers have outlined three broad sets of variables (pre-assault, assault, and post-assault) that influence the recovery process (Briere & Jordan, 2004; Goodman, Koss & Russo, 1993; Kilpatrick, Veronen & Best, 1985, Marx, 2005; Resick, 1993; Sales, Baum, & Shore, 1984; Yuan et al., 2006a; Yuan et al., 2006b). These variables influencing recovery may also, to some extent, be viewed as the factors that promote resilience.

Pre-assault factors

Demographic characteristics

Research findings with regard to demographic variables, such as race and age, affecting response to rape are equivocal (Steketee & Foa, 1987). Educational status appears to bear no significance on responses to rape while economic status appears to be inversely related to recovery, where poorer survivors experience more symptoms (Kilpatrick et al., 1985). The effect of marital status on response is unclear, although supportive partners are helpful and a supportive social network is related to fewer immediate psychological symptoms, less depression, and generally improved recovery up to six years later (Steketee & Foa, 1987).

As suggested by Briere and Jordan (2004) and Harvey and Tummala-Narra (in press), demographic variables, such as race, age and socioeconomic status, are probably best understood as socially mediated variables that increase the likelihood of being victimized rather than directly influencing the recovery process. However, if it is true that survivors who are more economically deprived, experience more symptoms, this implies a poor prognosis for those survivors in South Africa who experience extreme poverty. The applicability of these international findings could be further explored locally by hearing the subjective accounts of South African women living in circumstances of poverty.

Prior psychological functioning and other life stressors

As compared with the equivocal findings on the role of demographics, research suggests a stronger link between prior psychological functioning and recovery after rape, where pre-existing mental health problems affect the level of post rape trauma and recovery (Lenox & Ganon, 1983; Resick, 1993; Sales, Baum, & Shore, 1984). Frazier (2000) suggests that preexisting psychological disturbances, such as depression and anxiety, and prior victimization, can lead to increased distress post-rape by decreasing resilience to the effects of trauma and increasing vulnerability to respond to trauma with posttraumatic stress. A history of depression or alcohol abuse, divorce and previous trauma such as adverse childhood environments and childhood abuse can affect the recovery process by exacerbating the impact of rape and increasing the vulnerability to developing PTSD (Acierno, Resnick, Kilpatrick, Saunders, & Best, 1999; Yuan et al., 2006a).

Research findings regarding the effect of prior victimization have been inconsistent (Resick, 1993). It has been suggested that some experience of prior life stress may have an inoculating effect, but too much prior life stress appears to interfere with the recovery process (Resick, 1993; Sales, Baum, & Shore, 1984). In South Africa, there is a lack of research on the role of demographic variables, prior psychological functioning and other life stressors on the impact of rape and the post-rape adjustment process. Some South African women in particular often face multiple traumas which may lead to significant psychological distress prior to the rape. There is a need to explore how South African women understand rape impact and post-rape adjustment in terms of both prior psychological functioning as well as preexisting life stressors and how they negotiate this in the post-rape adjustment period.

Assault factors

Some studies report that assault factors are more influential in short term reactions, while demographic factors such as age and socioeconomic status, as well as immediate reactions appear to be more relevant in longer term recovery, i.e., after one year (Sales, Baum, & Shore, 1984). Research on the extent of violence during the rape appears to be inconsistent with regards to its impact on recovery. Instead, factors such as cognitive appraisal of life threat and subjective distress are more predictive of later fear reactions than the extent of violence; and

confusion or disorientation during the crime is the best predictor of subsequent chronic PTSD symptoms (Resick, 1993). Similarly, assault variables such as acquaintanceship status are inconsistent but survivors who were raped by a known perpetrator were less likely to seek help sooner (Resick, 1993), are often viewed more negatively by society (Wyatt, Notgrass, & Newcomb, 1990), and may have additional problems of mistrusting their own judgment, blaming themselves, as well as feeling shameful, guilty and undeserving of help (Neville & Heppner, 1999).

Koss and Figuerdo (2004) and Yuan et al., (2006b) have suggested that in determining post-rape adjustment, it is more important to consider the subjective experience of the rape survivor rather than the specific characteristics of the assault. Similarly, Frazier (2000) suggests that the focus should rather be on identifying modifiable factors associated with recovery, such as the survivor's attributions about why the rape occurred and their perceptions of control over the past and future.

Post-assault factors

Research findings suggest that psychosocial factors such as negative responses by families, negative self-image and positive intimate relationships prove influential at six month follow up (Sales, Baum, & Shore, 1984). Social support from families may mediate the impact of rape, but there appears to be no clear link between social support and adjustment (Resick, 1993; Meyer & Taylor, 1986). Post-assault variables such as initial reactions, involvement in criminal justice system, social support, cognitive appraisals (self-blame) and causal attributions (beliefs regarding the cause or outcome of the rape) appear to impact on the recovery process (Resick, 1993). Survivors who have internal attributions that include believing that they were raped because they are bad, may experience a lengthier recovery which may be exacerbated by low self-esteem and guilt. In comparison, survivors with external attributions, such as blaming the rape on an intoxicated perpetrator who was angry with his wife, may be consumed with feelings of helplessness and depression (Lennox & Gannon, 1983).

Cognitive processing after a rape experience appears to be related to mental health consequences where maladaptive beliefs concerning perceptions of control over

the (1) assault, (2) recovery and (3) future victimizations are thought to be related to post traumatic stress. Self-blaming thoughts predict the degree of maladaptive beliefs which are in turn found to be a stronger predictor of psychological distress than assault characteristics (Yuan et al., 2006a). Perceptions of past, present and future control impact on the recovery process; women who feel more in control of their recovery are also the least distressed (Yuan et al., 2006a), although those survivors who feel they are in control of their lives and their environments prior to the rape make the poorest adjustment post-rape (Resick, 1993).

According to Frazier (2000), causal attributions and control beliefs have important implications for recovery which can be targeted in treatment approaches. The manner in which rape survivors answer questions such as “Why did this happen to me?” have important consequences for how others respond to them. For instance, survivors who blame themselves for the rape may be perceived by others as less adjusted and as more responsible for the rape, which can in turn affect how the survivor feels about herself and, consequently, her recovery process after the rape (Frazier, 2000).

Characterological self-blame refers to stable aspects of a person, for example “I am too trusting” whereas behavioural self-blame refers to modifiable behaviours. For example “I should have locked the front door” (Wyatt, Notgrass, & Newcomb, 1990). Earlier research proposed that behavioral self-blame is related to better adjustment because it is associated with a sense of future control (Janoff-Bulman, 1979), but subsequent research has suggested that both behavioural and characterological self-blame is associated with higher distress levels and poorer post-rape adjustment (Frazier, 2000; Meyer & Taylor, 1986; Resick, 1993) and that survivors often engage in both types of blame simultaneously (Frazier, 2000). Some researchers have argued that characterological self-blame partly determines the initial level of psychosocial distress by setting the baseline level of maladaptive beliefs formed in response to rape, and that reduction in behavioural self-blame contributes to recovery (Koss & Figueredo, 2004).

Frazier’s (2000) study found that perceived control over the future is associated with better recovery and that the beliefs that future rapes can be avoided, are less likely and can be controlled, are associated with less distress. However, focusing

on questions about why the rape occurred is associated with psychological symptoms and can lead to poorer adjustment post-rape (Frazier, 2000). Making meaning in the post-rape adjustment is associated with a greater sense of control. Prior research by Frazier and Burnett (1994) reported that some survivors experience positive changes which are seen to be a form of making meaning out of the rape. This process includes gaining a greater sense of control over the future, being more cautious, reevaluating life and goals and becoming more assertive (Frazier & Burnett, 1994).

Making meaning out of trauma

Research on the consequences of rape has highlighted feelings of a disrupted sense of self, violation of fundamental assumptions about the integrity and control of the body, and the world being perceived as unsafe, unjust and chaotic (Stenius & Veysey, 2005). According to the shattered assumptions paradigm, the world is based on generalizations that people make from childhood experiences that they apply to experiences in adulthood. Three basic assumptions that are shattered following a traumatic experience are the beliefs in personal invulnerability, the perception of the world as meaningful, and viewing oneself in a positive light (Janoff-Bulman & McPherson Frantz, 1997; Ulman & Miliora, 2002). Research based on this understanding suggests that recovery will necessitate cognitive mastery of the event by either fitting it into existing assumptions or adjusting one's previous assumptions, and a person who is unable to reconstruct a new assumptive world is reportedly vulnerable to the development of pathology (Janoff-Bulman & McPherson Frantz, 1997; Landsman, 2002).

In the South African context, where the majority of women are exposed to multiple traumas, the way in which rape survivors make sense of rape may offer an alternative understanding of meaning-making which is not based on a Western understanding of a safe world that is shattered by a rape experience. Applying the Western model of understanding trauma to South African rape survivors is questionable. Instead, a different model of understanding how South African rape survivors make meaning out of the rape may be needed in order to take into account the important influences of culture, race, and ethnicity in shaping a survivor's perception and subjective experience of rape (Harvey, 1996), as well as

acknowledging the endemic nature of violence against women in South Africa (Robertson, 1998).

Research that is sensitized to the culture of marginalized and/or poorer communities, and based on survivors' subjective accounts, may be a valuable alternative to more quantitative, objective research in eliciting meaning-making by South African rape survivors. This suggestion is supported by Yuan et al (2006a), who assert that research with understudied communities such as racial and ethnic minorities and poor communities is limited, possibly due to structured assessment tools lacking sensitivity to marginalized cultures and communities as well as possible reluctance to disclose intimate experiences to a researcher who is viewed as a stranger to the community.

The process of identifying those variables influencing recovery, and the factors that promote resilience, has made a great contribution to developing and modifying the focus of treatment intervention programmes to best suit rape survivors. These variables have been incorporated at varying degrees by different treatment intervention programmes. For instance, Cognitive Behavioural Treatment (CBT) focuses on restructuring maladaptive beliefs and teaching skills required to manage intrusive symptoms (Foa & Rothbaum, 1998), while Psychodynamic Therapy focuses on exploring different kinds of losses at different stages of recovery, which is facilitated by increased insight and actions that break the cycle of reenactment (Briere & Jordan, 2004; Rose, 1986), and support groups focus on providing support, validation and shared emotion (Koss & Harvey, 1991).

It is important to consider the fact that the majority of rape survivors do not seek professional intervention and manage to adjust through informal support channels such support from family, friends, and community-based organisations such as rape crisis centres (Harvey, 1996; Stefan, 1994). Some researchers have found that professional intervention may sometimes be re-traumatising as current service delivery is often fragmented, poorly organised, lacking in gender-specific and trauma informed approaches, or are narrowly defined and overlooking the complexity of a woman's experience (Stenius & Veysey, 2005). Briere and Jordan (2004) argue that clinicians should refrain from using pre-formulated assault syndromes to guide their treatment interventions and rather acknowledge a

survivor's individual needs. Harvey and Tummala-Narra (in press) has suggested that intervention treatment programmes should not only focus on individual response but also the influence of cultural and contextual mediators of traumatic response.

Existing findings on the variables influencing recovery are equivocal, which in itself may be a reflection of the complexity of the recovery process. Despite the growth of research in the area of post-rape adjustment, controversy around the factors that promote recovery, resilience and posttraumatic growth still prevails and the various factors that influence individual responses to rape are not yet fully understood (Marx, 2005).

2.5.3 Resilience and posttraumatic growth

The recent observation that many survivors do not develop complete or persistent PTSD and that some even seem to move beyond recovery and grow after the experience (Harvey, 1996), has led researchers to focus on developing an understanding of resilience and posttraumatic growth. This relatively new focus on posttraumatic growth started in the 1980s and has systematically grown over the past 15 years (Tedeschi & Calhoun, 2004). In the posttrauma literature, the actual traumatic event, in and of itself, is not viewed as the precursor to growth. Instead, it is the psychological processes involved in managing the disturbances, and struggling with a new reality, that are viewed as those processes that can also produce positive changes (Harvey, 1996; Linley & Joseph, 2004 ; Tedeschi & Calhoun, 2004).

Resilience has been described in situations where the traumatic event has little or no harmful effect, whereas posttraumatic growth has been used to describe a higher level of functioning after the trauma which results from the struggle survivors engage in whilst overcoming the devastating effects of the trauma. Similar to the relation between physical fitness and response to rigorous exercise, those who are already extremely psychologically fit will experience little additional benefit, in terms of posttraumatic growth, as compared to those who are moderately capable (Tedeschi & Calhoun, 2004). Resilience and posttraumatic growth, however, appear to overlap since some degree of resilience seems

necessary for posttraumatic growth and some posttraumatic growth is in itself a sign of resilience (Harvey, 1996).

Distress and growth may coexist and by viewing posttraumatic growth as a multidimensional phenomenon we can better understand how survivors suffer and survive simultaneously (Tedeschi & Calhoun, 2004; Harvey, 1996). Similarly, Linley and Joseph (2004) consider growth and distress as being bipolar, but separate, independent dimensions of experience where high scores on one dimension need not indicate low scores on the other. These views are exemplified by the example of an incest survivor who functions well at work but suffers from recurring nightmares (Harvey, 1996) and the findings by Thompson's (2000) qualitative study where survivors reported significant positive changes that coexisted with a sense of loss. Lebowitz and Roth (1994) have also observed positive changes to coexist with loss, for instance, rape survivors may preserve a world view at the detriment of a self view (e.g., the world is still a safe place, but I must be a bad person) and in this way increase their self-derogation but decrease their fear or rage. Frazier (2001, cited in Linley & Joseph, 2004) also reported that sexual assault survivors viewed the goodness of others, and safety and fairness of the world more negatively but demonstrated positive changes in philosophy of life and sense of personal strength.

Tedeschi and Calhoun (1995) organise posttraumatic growth into three categories: changes in self-perception, interpersonal relationships, and philosophy of life. They note how changes in self-perception, such as enhanced personal strength, allow for new behaviours that facilitate more successful coping. At the same time, the recognition of vulnerability allows for accessing the necessary support required, which leads to a realisation of a healthier connection with other people in terms of emotional expressiveness and compassion in relationships. These may, in turn, lead to changes in the overall perspective on life's meanings and a shifting of priorities (Tedeschi & Calhoun, 1995).

According to Tedeschi and Calhoun (2004), the process of posttraumatic growth is influenced by (1) personality characteristics (such as extraversion and openness to experience, which may make individuals aware of positive emotions even in adversity); (2) the ability to manage distressing emotions (in order to facilitate

some degree of constructive cognitive processing to occur); (3) the availability of support (which is stable and consistent over time) and the capacity for disclosure (written or verbal, which enhances cognitive processing); (4) ruminative thought, (which focuses on making sense, problem solving, reminiscing about the past and anticipating the future); (5) and the development of wisdom and a life narrative. Tedeschi and Calhoun (2004) suggest that the degree of cognitive restructuring appears pivotal in the process of posttraumatic growth since a rapid resolution may indicate that the assumptive world was not severely challenged and the traumatic event was accommodated, pointing more towards resilience than towards posttraumatic growth.

Because posttraumatic growth implies an established set of schemas that change following a trauma, the potential for growth may be more applicable to adolescents than younger children, and younger people may expect to benefit more than older people. (Linley & Joseph, 2004; Tedeschi & Calhoun, 2004). This was reported in at least one study, employing a sample with a large age range, by Powell et al (2003, cited in Tedeschi & Calhoun, 2004).

Most of the available research on posttraumatic growth has focused on either trauma in general, or otherwise specifically on bereavement, Cancer, bone marrow transplantation and HIV/Aids (for a list of references see Tedeschi and Calhoun, 2004). For instance, Cadell, Regehr and Hemsworth (2003) conducted questionnaires which measured factors that facilitated growth among 174 HIV/Aids caregivers. Based on their findings, they suggest that individuals who have the strongest spiritual beliefs, greatest amount of support, and who experience the highest levels of distress are more likely to benefit the most after trauma. Studies that focus on posttraumatic growth among rape survivors (see Burt & Katz, 1987; Frazier & Burnett, 1994) are sparse (Frazier, Conlon, & Glaser, 2001), and even then the focus has been more specifically on recovery and coping strategies from the outset and not specifically posttraumatic growth as such. Burt and Katz (1987, cited in Cadell et al., 2003) found that more than half of their 113 participants who had been raped 1 to 14 years prior to the study reported positive change as a result of having coped with the rape.

Frazier et al., (2001) conducted a longitudinal study with 171 sexual assault survivors and found that many survivors reported some positive changes even two weeks after the assault, particularly increased empathy, better relationships, and increased appreciation of life. They also found that positive changes generally increased and negative changes generally decreased over time, where the period between two weeks and two months post-assault appeared to represent the greatest degree of change. They stressed significant variability in both the number of changes reported and the pattern of changes reported over time. The two areas most consistently related to distress were changes in self and spirituality. Positive changes, such as the ability to recognise strengths, were associated with less distress; and negative changes, such as having a lower sense of self worth, were more related to distress (Frazier et al., 2001).

A review of the posttraumatic growth literature indicates that cognitive appraisal variables (such as threat, harm and controllability), problem focused coping, acceptance, positive reinterpretation and positive affect, optimism, religion, and cognitive processing are consistently associated with posttraumatic growth. For instance, greater levels of perceived threat are associated with higher levels of posttraumatic growth. However, there are inconsistent associations between posttraumatic growth, socio-demographic variables and psychological distress variables such as depression, anxiety and PTSD (Linley & Joseph, 2004).

Resilience, and arguably posttraumatic growth too, are predominantly shaped by Western values of individual autonomy and achievement, making its applicability to other cultures questionable. In understanding resilience, we need to consider that different cultures may vary in the way in which agency and mastery are expressed and that these may rely on different loci of control. For instance, while Western culture measures agency in terms of the self, other cultures may place more emphasis on the relationship between the self and the family or the wider community (Harvey, 1996).

Research on rape, as with trauma in general, has seen an increasing shift towards understanding resilience and posttraumatic growth. This shift is important as firstly, it acknowledges the subjective experience of post-rape adjustment, and secondly, it provides rape survivors with hope through the possibility of an

alternative discourse to that of pathology (Thompson, 2000). The next section discusses qualitative research on rape which has focused on hearing rape survivors' subjective accounts.

2.6 Towards qualitative research on rape

Historically, international research conducted in the area of violence against women has been largely quantitative (Campbell & Wasco, 2005). This applies to South Africa too, where research on rape in the first ten years following democracy was largely quantitative (Moffett, 2006). While standard surveys in particular have proved useful for measuring incidence and prevalence, for selecting participants for research, and for measuring outcome in treatment studies (Koss, 2005), there is a growing need for more qualitative studies (Campbell & Wasco, 2005). The reason for this is because qualitative studies may be particularly helpful in trying to answer the "why" and "how" questions of risk, resilience and recovery (Campbell & Wasco, 2005), and to more fully understand how women view and participate in their own healing processes (Stenius & Veysey, 2005).

2.6.1 An overview of existing qualitative research on rape

Some existing studies focus on subjective accounts of rape and the recovery process. The current research supports Smith and Kelly's (2001) view that the recovery process is deeply personal and highly complex, and that an understanding of the total recovery process requires a consideration of survivors' subjective accounts.

Smith and Kelly (2001) interviewed seven women in an attempt to better understand the subjective meaning of recovery, how recovery is experienced, and the factors that contribute to growth and recovery. Using an existential-phenomenological method, they found that participants described three common themes which included reaching out, reframing the rape, and redefining the self. What was meant by recovery depended on what point the women had reached in their recovery processes. At the beginning of the recovery process, the women defined recovery as resuming normal activities, talking without crying, letting go

of obsessive thoughts, and feeling safe again, while further on, they defined recovery as gaining new insight into life through understanding and loving themselves, and forgiving themselves and the rapist. Suggestions for treatment included the following: professionals need to help build trust and support in the beginning stages of recovery, encourage rebuilding and regaining control as recovery progresses, and allow for self-introspection as the recovery process leads to a search for inner peace and forgiveness.

Similarly, Stenius and Veysey (2005) have highlighted the importance of listening to subjective narratives on what facilitates recovery from a survivor's perspective without limiting responses to pre-developed concepts or researcher expectations. They stressed how potentially limiting quantitative methodologies can be in describing the completeness of the lives under study and how qualitative research has an increased ability to access the way in which women's lives interact with the professional service system and other informal resources to influence their recovery. The researchers interviewed 18 women about their recovery experiences in an attempt to reach a holistic understanding of recovery from rape by focusing on how women become whole, and not just how they address one aspect of themselves. Using a grounded theory approach, they found that participants described connecting with others, spirituality and beliefs, body work and restorative practices, decision making, and limit-setting as the most helpful practices in their recovery process.

Lebowitz and Roth (1994) interviewed 15 rape survivors in order to examine the influence that cultural beliefs have on how women make sense of a rape experience. Using a thematic content analysis, the researchers found that the participants made spontaneous references to cultural beliefs about women in order to make sense of their experiences of being raped. According to the researchers, the cultural construction of gender influences the development of a woman's personality and the ways in which women organise their experiences in the world, including a rape experience. In this way, cultural constructions of gender inevitably contribute to the meaning that a survivor attributes to the rape and also influences the meanings made by other people after the rape. For instance, the cultural construction of women and sexuality is described in rape supportive attitudes or rape myths, such as men feeling entitled to sex and women wanting to

be raped, or being held responsible for rape. These cultural constructions influence the ways in which women make sense of rape, for instance, the manner in which some women may blame themselves for the rape. A summary of their findings suggest that sex is conceptualised as a commodity defined in terms of male usage, that female socialization has reared women to be dependent and to feel devalued, that prior events which were symbolic to the rape were viewed more negatively (e.g., sexist jokes were no longer tolerated by a survivor who perceived a similarity between the objectification and degradation inherent in the joke and the attitudes embodied in the rape), and that cultural understandings impact on how a woman understands rape and whether or not she labels it as rape (Lebowitz & Roth, 1994).

Bletzer and Koss (2004) interviewed a total of 62 Cheyenne, Mexicana and Anglo female rape survivors in order to explore the cross-cultural differences in the ways that participants made sense of rape. In telling their stories, participants varied in the extent to which they emphasised scripts of coercion over scripts of consent. This essentially reflected their cultural backgrounds, where some of the participants were socialised into believing that they are recipients, not participants, in sexual relations and social interaction in general.

Thompson (2000) focused on long-term survivors of rape by interviewing five female rape survivors in order to investigate the positive outcomes of rape, such as self-worth and increased meaning in life. Using thematic data analysis, the main findings can be summarised as follows. As women moved from 'victim' to 'survivor' identity, they actively engaged in their recovery processes, which they only became aware of retrospectively. Women reported making psychological changes and sometimes physical changes too, which were accompanied by some losses. Empowering tools consisted of making comparisons with other women's rape experiences or with their own ideas they may have had about rape before the experience, a drive to win the fight and not allow the rapist to win, not confronting the rapist and thereby avoiding their possibly contradictory account of the rape experience, and talking with others to normalise the experience. Women also appeared to draw upon rape myths in order to explain moments of self-blame (Thompson, 2000).

Having reviewed the existing research on rape internationally, the local research findings will be discussed, in order to locate the current study within the existing research on rape in South Africa.

2.7 Research on rape in South Africa

South African research on rape has focused primarily on the prevalence of rape (Jewkes & Abrahams, 2002; Jewkes et al., 1999; Jewkes et al., 2006; Statistics South Africa, 2000), socio-political understandings of the origin of rape (Moffett, 2006; Robertson, 1998; Vetten, 2000; Vogelmann & Eagle, 1991), and recommendations for improving existing services available to rape survivors (Christofides et al., 2003; Christofides et al., 2005; Suffla et al., 2001). This focus is not surprising in light of the high prevalence of rape in South Africa.

2.7.1 Prevalence

Most South African research on rape focuses on rape prevalence and the notorious difficulties with obtaining statistics, largely due to underreporting (Jewkes et al., 1999; Vogelmann & Eagle, 1991). Underreporting is due to several factors such as the acceptance of violence as a normative experience in South African society, lack of confidence in the police, the shame that some women experience in having to describe sexual assaults, economic dependence on abusers, fear of perpetrators, as well as the difficulty in securing convictions (Vogelmann & Eagle, 1991).

2.7.2 Explanations for rape

A second area that has received much attention is explanations for why rape happens. These often include socio-cultural factors, the Apartheid legacy, legal constraints, and the complex relationship between substance abuse, poverty and sexual violence (for detailed accounts, see Moffett, 2006; Robertson, 1998; Vogelmann & Eagle, 1991).

Socio-cultural factors

Sociological explanations understand rape to be located within a patriarchal society where cultural factors such as masculinity, based on control over women,

appear to reinforce the incidence of rape. Jewkes et al (1999) conducted the first large scale, community-based study in three provinces in South Africa (Eastern Cape, Mpumalanga and Northern Province). Their findings suggest that women view gender relations in terms of subservience to husbands, male ownership of women, male sexual entitlement and beatings as a sign of love. Wood and Jewkes' (1998) findings support this view that violence is an accepted part of living in a township in the Eastern Cape where successful masculinity is viewed as having control over women. They found that masculinity is constructed and evaluated by male peer competition with sexual conquest being regarded as a sign of status. Jewkes et al (2006) investigated the factors associated with rape of an intimate partner and a non-partner and found a high prevalence of both intimate and non-intimate partner rape with a predominance of gang rape. The authors related their findings to men's desire for power and control over women. Five other studies focused on men in the rural Eastern Cape and Limpopo provinces. Their findings confirmed conclusions of early feminist authors on rape, such as rape being an assertion of male dominance over women as well as communicating powerfulness to male peers (Jewkes et al., 2006).

Legacy of Apartheid

Historically, Apartheid has often been blamed for the high prevalence of rape in South Africa (Moffett, 2006). It has been argued that the South African man asserts his dominance over the vulnerable population, such as women and children, as a means of reasserting control (Vogelman & Eagle, 1991). However, Moffett, (2006) explored the complex relationship between gender-based violence and the social and racial legacies of Apartheid. She argues that Apartheid practices of degrading and humiliating men are used as excuses to explain rape, which ultimately results in solely blaming Black men for causing rape and ignoring the patriarchal system that in fact shapes male pride in the first place.

Legal constraints

Legal constraints have often been used to explain the high incidence of rape. These constraints include inadequate definitions of rape and ineffective court procedures which often lead to a low level of conviction in rape cases. Thus offenders are allowed to continue committing sexual violence without the fear of retribution. This means that women whose rapists have been convicted often fear

retaliation. Given these conditions, and the absence of effective witness protection services, most women choose not to report rapes or otherwise withdraw cases as a result of fear (Jewkes & Abrahams, 2002; Robertson, 1998; Vogelman & Eagle, 1991).

Substance abuse

Although the relationship between substance abuse, poverty and sexual violence appear to be complex, there is nonetheless a correlation between sexual violence and substance abuse (Neville & Heppner, 1999). Although Jewkes et al (2006) reported a link between heavy alcohol consumption and both intimate partner rape and non-partner rape, they concluded that alcohol does not explain the risk of committing rape. On the other hand, Parry, Louw and Pluddemann (2000, cited in Jewkes & Abrahams, 2002) confirmed the relationship between substance abuse and sexual violence: they report that 44% of men arrested for rape and attempted rape had positive urine tests for either dagga or mandrax.

2.7.3 Available services to rape survivors

While most of the South African research on rape focuses on rape prevalence and explanations for rape, other research has focused on the provision of health services to rape survivors. Findings from Gauteng and the Northern Province suggest that available medical services are inadequate, with accessibility problems, insensitive treatment, and lack of human and financial resources (Suffla et al., 2001) as well as lack of training and structural inadequacies (Christofides et al, 2003).

2.7.4 Qualitative research on rape

One of the few qualitative studies on rape in South Africa was conducted in a township in Umtata, in the Eastern Cape (Wood & Jewkes, 1998). The researchers used in-depth, semi-structured interviews of 30 young people aged between 16 and 26 years with the objective of gaining a deeper understanding of the circumstances of violence in young people's sexual relationships. Their findings suggest that violence is a means of enforcing control in relationships, where boys enforce their dominance over girls. However, the use of violence was not limited to boys

fighting with girls, but was also a “normal” means by which the community enforced control over each other (Wood & Jewkes, 1998, p. 2). The authors concluded that the actions and inactions of a number of people in different contexts permitted violence against girls. Girls linked sexual involvement in relationships to obligation and male expectation and, to some extent, the boy’s desire for intimacy. Boys perceived forced sex as linked to cultural notions that women should not express sexual desire or initiate sex and that therefore if a girl refuses to have sex she is inadvertently asking the boy to force himself upon her (Wood & Jewkes, 1998).

Another qualitative study was conducted locally at a hospital in the Western Cape (Duma, 2006). Ten participants, aged between 20 and 34 years, were interviewed at four different stages of the recovery process within a six month period in order to explore their journey of recovery from sexual trauma. The principle of grounded theory was used to classify the recovery process under the following main headings: (1) sexual assault trauma which results in a form of mental paralysis during and immediately after the event, (2) awakening which encompasses a realisation of what happened, feelings of guilt and blame, and seeking help, (3) pragmatic acceptance through making sense of the rape, (4) turning point -efforts at either taking control or not taking control, (5) reclaiming what was lost by acknowledging the rape and reconnecting with the self, (6) defining own landmarks of healing through grieving, self-care and a readiness to forgive, (7) readiness for closure via a search for justice and/or making future plans, and (8) returning to self. The surrounding context that influences the recovery process was also explored. These included personal biographies (such as beliefs, values, aspirations and personalities), and the availability of support from others (including family, community, and the health, legal and social systems). The findings suggest that recovery is unique and that the ultimate goal is connecting with a new self (Duma, 2006).

2.7.5 Locating the current study

South African research has made an important contribution to our knowledge and understanding of rape. This is evident in the Gender and Health Research Unit being nominated a frontline research position at the Global Forum for Health

Research (South African Medical Research Council, 2006) However, the bulk of research currently revolves around rape prevalence and theoretical explanations, which leaves a significant gap in hearing subjective accounts from rape survivors.

South African rape survivors have an important contribution to make by filling a gap in the current research locally and internationally, in terms of understanding subjective processes of rape impact and post-rape adjustment. Given the limited research that has emerged from minority groups internationally (Yuan et al., 2006a), local findings can contribute to international research by offering ways of understanding rape impact, post-rape adjustment, resilience and posttraumatic growth from women who experience poverty and multiple traumas, and for whom violence is often endemic. The next section details the aims and methodology of the current research.

University of Cape Town

CHAPTER 3

METHODOLOGY

3.1 Aims

The current study aimed to elicit the subjective accounts of ten South African women's experiences of rape, and the factors they found helpful or hindering in the post-rape adjustment process. It was hoped that by making women's narratives of their rape experience the focus of research, women's experiences, which are frequently relegated to the private, domestic sphere (Salo, 1994), would be given a voice and, in so doing, public focus can be drawn to this unseen world. This is in keeping with the feminist argument that rape is a political matter, and that by focusing research on this private sphere, the personal is revealed to be political (Butler & Wintram, 1991).

The emphasis of this research was not only on personal meaning, but also an understanding of how subjectivity is located within a wider socio-political context. We need to view rape within an understanding of the South African context of ongoing gender-based violence that many women continue to experience all through their lives, as well as the poverty that most women struggle with (Boonzaier, 2001; Vogelmann & Eagle, 1998). In light of this, an experience of rape might not be the only experience of trauma a woman in South Africa has survived. Rather, it may be one experience embedded within a lifetime of traumatic events, and located within a context of insidious gender-based violence. Although research focusing on subjective accounts of women's experiences of rape exists internationally, similar published work in South Africa is limited. The current research is therefore an attempt to contribute to qualitative research on rape survivors' subjective experiences in the South African context.

Since the orientation of this research within a feminist qualitative paradigm has important implications for the methodology and interpretation, it is

necessary to explain what is meant by feminist research and qualitative research. The epistemological framework from which I¹ understood feminist qualitative research is explained in the section below.

3.2 Epistemological framework

3.2.1 Feminism and researching women's experiences

Feminist research recognises the subjective knowledge of women, and places the peripheral and marginalised status of women at the centre of the research endeavour. This in itself constitutes the key interpretive quality of feminist research (van Schalkwyk, 1997). Feminist researchers often deal with dilemmas that have no absolute solutions, so that defining feminist research is more about what this type of research includes and not so much about what exactly it is (Lentin, 1994). Feminist research includes investigating alternative origins of problems deemed important to women rather than men, generating alternative hypotheses and evidence, understanding a woman's view of the world as the purpose of the inquiry, focusing on the nature of the relationship between the researcher and the researched, and assisting in the emancipation of women (Lentin, 1994). The aims of this research, to hear women's subjective experiences and to understand women's experiences in and on their own terms, are based on these feminist principles.

Mies (1991, cited in Penzhorn, 2005) writes that experience includes subjectivity together with societal influences, so that it denotes more than just individual participation and extends to including the sum of processes which individuals or groups have lived through that make up their reality and their history. The current research also understood "women's experiences" as a complex interplay between the subjective realities held by

¹ I am aware of the controversy surrounding the use of personal pronouns in professional writing. However, the use of personal pronouns from this point of the research is in keeping with feminist research methodology which emphasises reflexivity and the importance of acknowledging the researcher's position within the research. By acknowledging my position in the research, I am hoping to provide the reader with a more complete account of the research process, which includes how I have come to understand the results. I have chosen to do so using a first person account.

each woman and how this reality is inextricably bound with the prevailing social context (Butler & Wintram, 1991).

The complex relationship between a woman's subjectivity and the social context is explored within a feminist groupwork project conducted by Butler and Wintram (1991). They write about how some women's experiences are rooted in fear, isolation and loneliness. Women in their study experienced fear of threatened or actual physical, sexual or psychological violence, they experienced isolation due to material constraints (lack of finances, transport and childcare facilities) which restricted their mobility and made them feel like they were the only ones to know how they felt, and they experienced loneliness from having constantly been told that they were failures. It is not surprising that some women may experience feeling "unreal", or like they are going "mad" – these are all common amongst people who have no point of reference, so that solitude under these circumstances reinforces powerlessness (Butler & Wintram, 1991, p. 2). This is a useful understanding to bear in mind when thinking about how rape may impact upon some women's experiences and may influence the way in which they make sense of their rape experiences.

However, Black feminist writers (Collins, 2000; Salo, 1994) have criticised the White feminist movement for historically having referred to women's experiences in a universalised fashion, for having communicated the image of a generic woman based on White, middle-class samples, and for having excluded Black women from White women's feminist organisations. There is a growing realisation that multiple forms of oppression intersect to construct gender so that it becomes difficult to separate oppression based on race, class and gender. These multiple oppressions impact on the experiences of different groups of women in a myriad of ways so that women cannot be assumed to share the same gendered identities simply by virtue of their common sex and biological experiences such as childbirth, breastfeeding, and mothering. It becomes impossible to define feminism in purely gendered terms since this assumes that women's identities are separate from race, class, nation or sexuality (Salo, 1994).

Collins (2000) writes about the inherent contradictions between dominant ideologies of American womanhood and Black women's devalued status, in order to draw our attention to the manner in which race, gender and class intersect and foster these contradictions. For instance, women are viewed as being docile and fragile, yet Black women are often given heavy physical chores, and good mothers are supposed to stay at home to raise their children, yet circumstances of poverty force Black women to find jobs and leave their children in the care of others (Collins, 2000).

South African women's experiences are further complicated, not only by colonialism and imperialism, but also by the remnants of Apartheid's divisions based on race and class, which itself were deeply entrenched within a patriarchal system. This patriarchy served to prioritise race issues above gender issues in the struggle for equality (Penzhorn, 2005). Moffet (2006) argues that in South African society, Blacks have been regulated under Apartheid practices to maintain their subordinate status and women too are now being regulated under gender rankings. These rankings are informed by deeply embedded patriarchal attitudes which dominate and silence women. The absence of a woman's point of view within the wider socio-political context can have an important bearing on the way that women may make sense of a rape experience, for instance feeling unheard or blamed, and this inevitably influences her subjective experience. Similarly, the choice of methodology is important since it can inadvertently reinforce some women's experiences of feeling dominated.

3.2.2 Qualitative research

'Qualitative research is a philosophy in which understanding is achieved by encouraging people to describe their worlds in their own terms' (Rubin & Rubin, 1995, p. 2).

Maguire (1987) emphasises that the choice of a particular paradigm in research has significant implications since it shapes what we look at, and how we look at things, what we label as problems and what we consider worth studying and solving, and it also influences what we choose not to

attend to. Two competing social science research paradigms are the dominant positivist approach which only recognises observable, objective phenomena, and the alternative paradigm, interpretivism, which focuses on the meanings given to social interactions by those involved. Instead of discovering universal laws of human interaction, interpretive inquiry, with which qualitative research is largely associated, focuses on how people understand their lives (Snape & Spencer, 2003). It is not concerned with categorising and classifying people, but with how meanings become socially constructed and how they change from place to place so that meaning is ultimately varied and subjective (Rubin & Rubin, 1995).

The limitations of quantitative studies are firstly, the emphasis on neutrality and objectivity at the expense of understanding and reporting on subjective experience (Denzin & Lincoln, 2000) and secondly, the process of translating experiences into predetermined categories which can lead to women's experiences being distorted or suppressed (Campbell & Wasco, 2000; Mies, 1991, cited in Penzhorn, 2005). With an increasing focus on qualitative research, especially now at a time when the category of gender is receiving increased attention in scientific research, and researchers are more prepared to conduct research with a subjective, engaged frame of reference, researchers are able to better understand the phenomenological experience of a rape survivor (van Schalkwyk, 1997). The emphasis on subjectivity within the qualitative tradition suited my research aims best and I thus chose to locate my research within the qualitative research paradigm

3.2.3 Positioning of the researcher

All methodologies, to some degree, are shaped by the interests and position of the researchers who deploy them (Taylor, 1998) and the "voice" heard by the reader cannot be only the interviewee's (Parr, cited in Ribbens & Edwards, 1998). As a result of this, the positioning of the researcher within the research is an invaluable and essential part of the research itself, since it informs how some things in the research came to be explored and how other avenues may have been closed down (Parker, 2005). The process of

transforming the private account of women's lives (talk) into the public sphere (text), by analysing and focusing on certain data, necessarily means that some aspects will be lost while focusing on others. Feminist researchers argue that one way of compensating for this loss is by documenting the paths, detours and shortcuts that are chosen at each stage of the research in order to allow the reader a more complete picture of the respondent's version, even if it is not an exact version (Mauthner & Doucet, cited in Ribbens & Edwards, 1998).

The researcher's power in the process of selecting, organising and presenting data cannot be denied, regardless of the approach taken (Parr, cited in Ribbens & Edwards, 1998). In light of the above, it was my own history with Rape Crisis which sparked an interest in researching rape in the first instance, and informed the research question, the selection of research participants and the research design. While doing the research, I thought about issues of sameness and difference (such as my role as ex-counselor, my understanding of rape, and my identity as a female, middle class student) between myself and the participants, which I acknowledge could have influenced the ways in which I understood and reported on what had transpired during the interviews. This task of being reflexive about my role in the research process and where I positioned myself, whether this was as insider or outsider or both, is further explored in chapter five where I present a summary of the main findings, and reflect on how these findings may have been influenced by my personal background and past experience with Rape Crisis in the role of voluntary counselor.

3.3 Design

This research was an exploration of individual cases which formed a collective case study. Ten individual cases were jointly studied in order to explore in-depth subjective accounts of the post-rape adjustment period. The choice of the case study approach is based on Stake's (2000) assertion that case studies are valuable for refining theory and suggesting complexities for further research. The case study research design was deemed suitable since the objective of this study was to enquire about

subjective experience, which is specific and unique to an individual, rather than focusing on generalising or predicting phenomena to a wider population. The analysis was focused on establishing commonalities in subjective experiences between individual cases within this research group and these findings may offer valuable information that can be further explored in future studies (Stake, 2000; Tellis, 1997).

Yin (1981; 1999) writes that case studies are useful when studying contemporary phenomena in real life contexts, especially when the boundaries between the phenomena under study and the context are not yet clearly defined, as with the current study where the process of post-adjustment is not yet clearly understood. Yin (1981) uses the analogy of detective work to explain cross-case analysis. For instance, the current study will be comparing the lessons learnt from each case, similar to a detective looking for evidence from two or more cases, and a common explanation or a “chain of evidence” may emerge which can be used to explain what happens during the post-rape adjustment period.

The choice of the case study design is in keeping with feminist, qualitative research principles, which emphasise the value in capturing the individual’s point of view through rich descriptions and an in-depth understanding, and placing the lives of the research participant at the centre of research (Denzin & Lincoln, 2000; Van Schalkwyk, 1997).

3.4 Sample

3.4.1 Selection of participants

The recruitment process took place over a period of eight months. This lengthy period is an indication of the difficulties with recruiting participants. The sample was originally intended to comprise ten Rape Crisis Support Group members. I was hoping to recruit women who had a similar counseling experience (in terms of the support group), because of the often more evolved extent of their crisis resolution. I hoped that by sampling survivors who had attended a support group process, the

possibility for re-traumatisation would be reduced, while enhancing the possibility for exploratory work to be undertaken.

Initially, recruitment took place at the Observatory Rape Crisis office, since I was already familiar with the staff there. Furthermore, the support group was well established and had been running for a few years, as compared to the other two Rape Crisis branches; one branch had no support group and the other branch had a support group that was only just starting. At the time of recruitment, the support group at the Observatory branch comprised of only five active members, two of whom were interested in being interviewed. Since the nature of the group was an open one, I presented my proposal in three consecutive support group sessions with the hope that new members would join or older members would revisit their decision about taking part in the research.

The process of recruiting participants from support groups, at both the Observatory and Khayelitsha branches, proved difficult in terms of the few members available and the even smaller number of interested parties. For this reason, I decided to recruit rape survivors who were being counseled in one-to-one sessions at Rape Crisis and who had indicated an interest in participating in future research. This process was successful, although not without its own challenges. Four of the women who initially agreed to participate in the research then changed their minds. Three of them said that they thought they were ready but later felt that they were not ready and one of them did not give a reason. Campbell, Sefl, Wasco and Ahrens (2004) write about the challenges that they too experienced with recruiting rape survivors. According to them, rape survivors are a hidden population who may often feel silenced, and experience great difficulties with seeking the necessary resources and disclosing the rape to others, let alone sharing their experiences with researchers. The constrictive and intrusive symptoms of PTSD may compound the difficulties with recruiting survivors. There is often an assumption (by both researcher and participant) of participant distress associated with trauma-related research which can include the risk of causing painful memories, and evoking strong negative emotions such as shame, anger and fear (Newman & Kaloupek, 2004). The assumed risks may

inform a survivor's decision to decline participation in trauma research, despite much evidence to suggest that these risks may be outweighed by potential benefits (Campbell, Griffin, Resick, Waldrop, & Mechanic, 2003; Campbell et al., 2004; Newman & Kaloupek, 2004; Newman, Walker, & Gefland, 1999; Parslow, Jorm, Toole, Marshall, & Grayson, 2000; Rubin & Rubin, 1995; Walker, Newman, Koss, & Bernstein, 1997).

The process of selection resulted in a snowball effect, with those women who I had already interviewed calling upon their friends, some of whom were support group members, but who had not attended in a while, and others who were clients in individual counseling sessions, or had already ended their counseling sessions. This meant that the process of recruiting women became personalised, with the women themselves assuming responsibility for recruitment. I was also able to reach more women in this way, since some of them who had initially declined to participate then changed their minds, and others who had not officially volunteered to participate in research later felt that they wanted to. All of the participants were eventually recruited from the Observatory branch.

3.4.2 Demographics

Table 1 below lists the demographic information of each participant. This representation may be more meaningful than a calculation of averages, which can be misleading in a small sample of ten participants. Viewing each participant's demographic information also facilitates direct comparison of the data. I have used pseudonyms in order to protect the privacy and confidentiality of the participants.

Table 1: Demographics of the sample

Name	Race	Age	Highest level of education	Marital status	Language	Occupation
Veronica	White	40	Tertiary (Nursing diploma)	Single	English & Afrikaans	Staff Nurse
Felicia	Coloured	33	Matric	Single	English & Afrikaans	Personal Administrator
Rowena	Coloured	42	Grade 11	Divorced	English & Afrikaans	Unemployed
Melinda	White	50	Tertiary (Nursing diploma)	Single	English & Afrikaans	Self-employed
Eunice	Coloured	26	Tertiary (Social Auxiliary Work)	Single	English	Telephone Consultant
Candice	White	27	Tertiary (Teaching diploma)	Single	English	Teacher
Laura	Coloured	37	Tertiary (Nursing Certificate)	Divorced	English & Afrikaans	Clinical Nursing Facilitator
Evelyn	White	30	Tertiary (University degree)	Engaged	English	Facilitator
Yvonne	Coloured	37	Grade 9	Married	English	Sales Consultant
Mary	White	33	Grade 9	Engaged	English & Afrikaans	Fundraiser

3.5 Instruments

3.5.1 Interview schedule

A semi-structured interview schedule was used in order to elicit in-depth narratives. The interviews were conducted in English with each participant individually. (See Appendix A for the interview schedule). The interview schedule consisted of demographic questions followed by a set of 15 questions.

I asked the participants at the beginning of the interview to “tell me about your experience of being raped”. As an open-ended question, this aimed to empower participants to choose where they wanted to start in re-telling their experiences in terms of when, where and how the rape occurred, how much they wanted to share, as well as to emphasise what they felt were important aspects of the rape. The reason for asking this question first is similar to Campbell’s (2002) understanding that all the participants knew they were raped, they knew that I knew, and they expected to be asked

about it. Similar to Campbell's (2002) findings, the participants who I interviewed also expressed relief (verbally or non-verbally) that I had asked the question early on in order to get it over at the beginning and not have to anxiously anticipate when the question would be asked, which could have detracted from them sharing the experiences around the rape. This was also intended to minimise the chances of retraumatisation.

The questions that followed enquired about the participant's experiences following the rape, the aspects of their lives that they felt were affected by the rape, the meanings that they attributed to rape in general and to their rape in particular, their ways of coping with the rape, and the difficulties that they might still be struggling with. These questions were generated as a framework for trying to understand what happens after a rape experience, but the semi-structured format meant that the participants could ultimately decide in which direction they wanted to lead the interview. The questions were partly informed by the Multidimensional Trauma Recovery and Resiliency Interview (Harvey, Westen, Lebowitz, Saunders, Avi-Yonah, & Harney, 1994).

3.5.2 Pilot interviews

Two pilot interviews were conducted in order to assess the usefulness of and potential difficulties with the interview schedule. Changes that were made after the two pilot studies were conducted were to firstly add a broader question, "how has this experience affected you?" in order to elicit a subjective account of what the women felt were important changes for them, and secondly, to remove the additional probing questions around body image, hopes and goals, and impulses to self-harm because of time constraints. The two pilot interviews were included in the study to make up the ten participants. Initially it was felt that the interview should be unstructured, but the pilot interviews confirmed that this would be too open-ended and some information may potentially have been lost in the process. Instead, the framework that was initially tested during the pilot interviews served to structure the interview in such a way that all the relevant information could be probed for, but in a way that the participants

could decide which questions they wanted to focus on and in what direction they wanted to lead the interview.

Since the questions were meant to provide a framework for discussion, some participants chose to focus more on certain questions and less on others. During the first few interviews, my own anxiety about doing research influenced the manner in which I held to the frame. However, as I became more familiar with the process, the frame was less rigidly adhered to in order to allow the participants more freedom in directing the interview in areas which they felt were more important to them.

3.6 Procedure

Each interview was conducted at the Rape Crisis Observatory office after hours, during the week or on a Saturday morning, in order to accommodate for the participants who worked during office hours. The interviews were audio-taped and the recorded material was transcribed by the researcher. The decision to conduct interviews at the Observatory office was based on the fact that the participants were all familiar with the venue and they had each shared their stories there before, which was hoped would increase rapport and minimise the chances of retraumatisation.

Permission was obtained from each participant to have the interviews recorded. The interview process was explained based on the introductory remarks of the Multidimensional Trauma Recovery and Resiliency Interview by Harvey et al (1994). The participants were thanked for their time and the purpose of the interview was explained in terms of wanting to learn more about the impact of traumatic experiences on the lives of individual survivors and to learn about how women cope with these experiences. Four of the participants volunteered at the end that the interview offered some form of personal satisfaction to them, in terms of it being cathartic, as well as a tool for them to measure the extent of their own 'recovery'. Five of the women reported increased reflection and reduced anxiety. In this way, the effects of the interview was similar to what Oakley (1981) described in her research on motherhood.

Many trauma researchers have confirmed that participation in trauma-related research is often helpful to survivors (Campbell et al., 2004; Griffin et al., 2003; Newman & Kaloupek, 2004; Newman et al., 1999; Parslow et al., 2000; Rubin & Rubin, 1995; Walker et al., 1997), and there are even cases where the positive impact of participation extended far beyond the immediate effects (Campbell et al., 2004). Participants have reported that being heard by a supportive and empathic researcher in a safe place is beneficial, and leaves them feeling validated (Campbell et al., 2004). Interviews allow participants to teach others, through sharing terrible experiences for instance, and to feel valued for what they know and are able to share (Newman & Kaloupek, 2004; Rubin & Rubin, 1995). Teaching and sharing with others can become a way of handling grief, or terror, or a way of making sense of suffering for survivors who may otherwise feel unheard, or unable to reflect on their experiences (Rubin & Rubin, 1995). Four of the survivors in the current study felt that, through participation, they could help educate other survivors by, for instance, giving them advice or teaching the public to listen and believe stories from survivors when they themselves felt disbelieved or isolated.

Griffin et al (2003) examined the reactions of female survivors of domestic violence, rape, and physical assault to various trauma assessment procedures and found that participation does not induce detrimental effects. This finding holds even for survivors in the acute aftermath period, ten days post-assault. Martin, Perrot and Romans (1999, cited in Newman & Kaloupek, 2004) found that out of 497 randomly selected women who responded to a questionnaire about abuse, 50% reported that they felt positive, 31% felt neutral and 6% felt negative about having participated. Other reported benefits to survivors who participate in trauma research are catharsis, self-acknowledgement, a sense of purpose, self-awareness, empowerment, and healing (Hutchinson, Wilson, & Wilson, 1994, cited in Campbell et al., 2004).

The participants were informed about the approximate time that the interview would take (i.e. one and a half hours). However, I soon found that the participants had so much relevant information to share that restricting

the time meant cutting them short and reinforcing some of their experiences of being unheard. Allowing the participants to talk, without restricting, meant that the interview time was extended and the interviews ranged from one and a half to four hours, the average being two and a half hours. The interviews were conducted in such a manner that women were able to tell their stories at length, although I made use of prompts in order to clarify meaning. This was a difficult process for me initially, since it required a mind shift from a restrictive psychiatric interview to a more flexible approach with less focus on retrieving exact details. It also required establishing a rapport that was not caught up in a description of the type and variation of psychiatric symptoms and labels, such as 'depression', but rather followed the participant's line of thinking and made use of her choice of expression.

Keddy, Sims and Stern (1996) write about the power of language potentially maintaining or redistributing power, so that reclaiming the power to name one's own reality and oppression is central to feminist research (Maguire, 1987). Furthermore, the ways in which we choose to represent and interpret women's voices holds the danger of reinforcing hierarchies of knowledge and power by using complicated, academic language that is inaccessible and exclusionary. To this extent, I was conscious of trying to avoid the pitfalls of using language that was difficult for the participants to understand or language that may have reframed their experiences inaccurately.

3.7 Data analysis: a feminist approach to grounded theory

I turned to grounded theory to analyse the data, based on the aim of trying to discover information from the data itself and not from preconceived assumptions or theoretical frameworks (Parr, cited in Ribbens & Edwards, 1998). Grounded theory was developed almost forty years ago by two sociologists, Glaser and Strauss, during a time when qualitative research was viewed as only a preliminary exercise in refining quantitative research and not as a viable method in its own right (Charmaz, 2000). As such, grounded theory was an essential driving force in the 'qualitative revolution', as social scientists became disillusioned with attempts at

quantifying qualitative data (Keddy et al., 1996) and as qualitative researchers began using grounded theory to legitimate their research (Charmaz, 2000). The origin of grounded theory was rooted in rigorous and systematic guidelines for analysing data, and initially written in a language familiar to quantitative scientists. However, the process has since become more pragmatic and less focused on formulaic techniques that ultimately lend themselves to forcing preconceived categories onto emerging data (Charmaz, 2000).

Grounded theory is positioned within the broader qualitative paradigm and, like other qualitative research techniques, it serves to portray moments in time based on the argument that the social world is constantly changing so that people's lives shift and change as their circumstances and they themselves change (Charmaz, 2000). The grounded theorist tells a story which reflects both the researcher and the researched since both parties frame the interaction and attribute meaning to it. Grounded theory has been divided into two camps; objectivist and constructivist proponents. In line with the arguments of feminist research, constructivist grounded theory (as opposed to objectivist grounded theory) also argues that what the viewer sees will shape what is defined, measured and analysed (Charmaz, 2000).

Keddy et al. (1996) argue that grounded theory is conducive to feminist research since it provides an opportunity for deconstructing contextual discourse in terms of not only the subjective interaction but also in terms of the prevailing social context. Similarly, Parr (cited in Ribbens & Edwards, 1998) also argues that grounded theory's emphasis on a flexible approach and a willingness to listen and act on results at all stages of the research process rather than trying to fit data in a preconceived framework is consistent with the feminist shift away from value-free and objective research. Given that the aim of this research was to listen to what women have to say without trying to fit their stories into preconceived categories, the current study employed grounded theory which essentially seeks to generate, rather than test, theory while at the same time capturing the complexities and richness of everyday life through direct interaction between the analyst and the data (Charmaz, 2000; Corbin, 1986).

Using grounded theory, each phrase that made up a coherent part of a sentence was analysed. Each phrase, or unit of analysis, was then coded as a concept or abstraction. Once several units of analysis were coded under this one concept, this code then became a category. Categories were developed from the data and then conceptually linked into themes. The themes were further built on by the process of constant comparison so that all patterns were identified, with no further relevant differences between the groups (Corbin, 1986). This meant that I initially coded three or four interviews, and then moved onto the next interviews to gather further supporting or contradictory data on the basis of the categories that started evolving.

3.8 Ethical considerations

My first ethical task was to establish a research agreement with Rape Crisis and submit a summary of my research proposal to the organisation. After signing a research contract with the Counseling Coordinator at Rape Crisis and receiving permission from the Rape Crisis Steering Committee to conduct the research, I explained the research to the Rape Crisis Support Group. As discussed above, this process was unsuccessful in securing sufficient participants and my alternative plan was to focus on individual clients. I started by recruiting the two pilot participants who were ex-support group members at the Observatory branch at the time that I co-facilitated the support group. I then contacted all of the 16 clients at the Observatory branch who had volunteered to participate in future research and of these, five agreed. Through the snowball effect, the existing participants invited three more women to make up the ten participants. All the participants were recruited from the Observatory branch. Each participant's counselor was contacted in order to notify them of my research should they be counseling any of the research participants in an individual capacity and should any of the participants require follow-up support. Although I endeavoured to use my clinical skills to facilitate the interview process in a containing and supportive manner, each participant was aware of the availability of further support from a Rape Crisis Counselor should any of them become distressed by the interview. None of the participants made use of the further support that was offered.

Each participant verbally consented to participate in the research. The questions were open-ended and the participants could decide how much information they wanted to share. Participants were also informed that they could refuse to answer any question that they felt uncomfortable with. In terms of confidentiality, participants were assured of anonymity of names and identifying data at all times in order to secure their rights and privacy and they were informed that the UCT and Rape Crisis ethics code of practices were followed. Conducting the interviews at the Observatory office held the potential for participants to be inconvenienced. To this end, the Rape Crisis policy of offering reimbursement to clients who traveled by public transport was upheld and one participant made use of this. All the participants were happy to meet at the Rape Crisis Observatory office. In fact, four participants verbalised feeling safe and familiar with the location since they had visited there before and three participants were still attending sessions there.

A copy of the results of the research will be made available to the Rape Crisis, Observatory branch, and the research participants will have access to this. In addition to this, I also intend to discuss the results of the research individually with each of the research participants. The next chapter presents a discussion on the results and attempts to link the current findings to the existing literature on post-rape adjustment.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter begins by outlining the circumstances surrounding the rapes, and other traumas that participants have survived. Following this is a discussion of the thematic areas that were identified through the grounded theory analysis. The following broad thematic areas, each comprising a number of themes within them, were generated: psychiatric symptoms, sense of self, relationships with others, coping attempts and grappling with meaning. The first three thematic areas, as described by the participants, reflect the initial psychological impact of rape, while the latter two reflect the process of trying to adjust to the rape experience over time. The initial psychological impact of rape is already well documented in the existing literature and will therefore only be reported briefly here, in order to provide a context for discussing the ongoing process of post-rape adjustment in the longer term, which is the main focus of the current study.

4.1 Circumstances of the rapes

Seven of the participants were raped by known perpetrators who they felt they could trust or with whom they had relationships. Veronica (currently 40 years old) was raped repeatedly between the ages of 13 and 18 years old by a caretaker who looked after the youth centre in her road. Felicia (currently 33 years old) was 12 years old when she was raped by a priest who was a trusted family friend. Her mother had agreed to Felicia helping the priest with laundry at his home when he raped her. Mary (currently 33 years old) was 19 years old when she was raped by her father's best friend while driving with him to collect his daughter. Rowena (currently 42 years old) was 29 years old when her friend's husband raped her, just after she had overdosed on her antidepressant medication. Laura was repeatedly raped by her husband and her most recent rape by him occurred at the age of 34 years, while Laura was initiating divorce proceedings. Yvonne's rape was the most recent compared to the other participants. She was raped five months before the interview, at the age of 37 years, by a taxi driver whom

she knew as an acquaintance. Evelyn (currently 30 years old) was raped by her employer at the age of 27 years, a year after she started voluntary counseling at Rape Crisis. Evelyn had entertained colleagues at home when her employer stayed behind and raped her.

Three of the participants were raped by strangers. Eunice (currently 26 years old) was raped at the age of 24 years while on her way to work one morning. Candice (currently 27 years old) was 21 years old and walking home in the early morning when she was attacked by five strangers who robbed her, three of whom raped her. Melinda (currently 50 years old) was raped when she was 33 years old by two perpetrators who burgled her house. Hers was a particularly violent rape and she sustained injuries which required hospitalisation and hospital visits up until eight months after the rape.

4.2 The context of trauma

The participants suffered varying degrees of trauma before and/or after the rape. Veronica, Felicia, Mary, Rowena, and Eunice are survivors of childhood sexual abuse. Veronica, Mary and Candice were physically abused as children. Three of the participants reported abusive adult relationships. At the time of the interviews, Yvonne was in a verbally abusive marriage, and Laura was divorcing her verbally abusive husband and rapist. Melinda had broken up with a verbally abusive and alcoholic partner who was killed in a car accident just three months before the rape. Evelyn trained male convicts at Pollsmoor prison prior to her rape. This was a particularly distressing experience for her, which left her fearful of men.

4.3 Initial psychological impact of the rape

Regarding their immediate response to the rape experience, all of the participants described some of the psychiatric symptoms that are congruent with the existing literature on rape impact. Seven of the participants reported feelings of depression, numbness, anxiety, and suicidality, as well as crying and difficulties with sleep and sexual intimacy. Five of the

participants engaged in substance abuse: two of them increased the abuse of substances after the rape, and three of them started abusing substances in order to cope with the rape.

All of the participants felt that the rape had impacted on their sense of self in the immediate aftermath of the experience. All of the participants, except for Candice who had some degree of psychology training, initially blamed themselves for the rape.

Mary – “I blamed myself...I must've said something wrong or done something wrong that would've given him the reason...I shouldn't have been there...if I wasn't there it wouldn't have happened...”

Eunice – “I didn't do anything to help myself, cause that's how I felt, afterwards I didn't do anything, I just lie there, I handed myself, didn't fight...I mean people who are raped, they fight...I do blame myself for them running free...”

Eight of the participants felt that their self-esteem was affected by the rape, which in turn affected their relationships with other people and their ability to cope after the rape.

Rowena - “My self-esteem was not so good...I thought even less about myself...I didn't have all that much interaction afterwards because of my self esteem that was so low...I couldn't do things that I used to do, that I used to enjoy”.

Candice – “I felt like there was something wrong with me, like why can't I do it for myself, I felt weak afterwards...incompetent...”

In addition to a lowered self-esteem, six of the participants also described feeling dirty after the rape.

Melinda - “I remember I refused to talk...because you embarrassed...that sort of, it's like a dirty feeling, I don't know how to describe it, it's like...I'm never going to be the same again...”

Mary - "...dirty, in the sense I couldn't wash him off me you know...uhm...I would take a bath three, four times a day...spending an hour or two in the bathroom..."

All of the participants felt that the rape initially had a negative impact on their relationships with others. Eight of the participants stated that their feelings of anger had affected their relationships, causing them to lash out at other people. Four of the participants felt that whilst they had grown in many ways, they still struggled to deal with their anger.

Melinda - "I would trigger at the slightest, silly things...she (partner) said two words wrong to me and I totally lashed out...and I don't know where that comes from..."

Rowena - "...I would like to know if other rape survivors feel the way that I'm feeling...I have grown in many ways, being a survivor...but I still feel anger when I have to talk about these things..."

Seven of the participants reported that they struggled to regain trust. Most of them made specific reference to men having ulterior motives of wanting sex.

Rowena - "...when this guy is too nice to me, I think now what do you want, do you want me to have sex with you or what...I couldn't have relationships with guys..."

Some participants made reference to all other people.

Felicia - "...I was the only person that I could believe in and trust...people had to earn my trust...I often don't trust people enough to tell them about me, not about the experience..."

Eunice made specific reference to the police system.

Eunice - "...I used to be very gullible in trusting people...before the rape...basically for me what broke my trust...is that...police officer...cause

if I didn't have trust in other people, or faith in other people or...the system, I wouldn't have called the police..."

Eight of the participants reported that they withdrew socially. Some of them felt like they no longer belonged in their previous social circles and others were fearful of seeing the rapist or of having to socialise with men in general.

Melinda - "...I was...quite popular...made friends easily and then everything changed...that adjustment thereafter is enormous...it's very easy to withdraw...I truly felt out place...like I didn't belong... like I didn't fit in..."

Six of the participants felt unsafe.

Yvette - "...you never safe, you can go nowhere and... you're not gonna be safe...I'm always going to be the victim, I'm always going to be scared...I'm always going to be threatened by no matter who or what..."

Rowena - "I always felt like much, much safer to go out in groups. I always made sure that I'm not alone with, like one person...like of the opposite sex..."

Some felt scared of being alone or doing things on their own for a period after the rape, or being in situations that reminded them of the rape. Others felt scared of being judged or fearful of future rapes. Six of the participants felt blamed by others for the rape and four of them felt pitied.

Rowena - "...I just thought that they going to think that it was definitely something...there must have been something that I was going to be blamed for...everyone is now going to think I am to be blamed for what happened".

Melinda - "...I'm proud, I'm a rape survivor and everybody's reaction is oh, shame and it made me angry, I said no, don't do that to me, I don't need that...and that's what I hate..."

Six of the participants felt that others avoided talking to them about the rape, or avoided them altogether after the rape.

Mary - "...he (my father) testified in court...we never spoke about it...that was the only time, I told him and that's where it was left, he testified in court and that was it ... we never got to sit down and talk about anything that happened to me..."

Six of the participants felt that the rape affected their work, as they struggled to go to work, deal with customers, or lost interest in their work.

Eunice - "I really didn't want to work...I didn't want to get up and be around people everyday...most of the time I went home early because I was crying at work..."

Mary - "... when I worked with people that sounded like him... smelled like him ... I would just leave that customer right...it affected my job very badly...I just couldn't deal with things anymore so I...I quit".

Yvette - "I loved my job and what I was doing... you know my job was the most important thing to me...nowadays I don't even care, if I should lose my job tomorrow...I really don't care..."

These findings are consistent with the existing literature on the initial psychological impact of rape, such as PTSD symptoms, and other mental health problems such as fear, anxiety, depression, social and sexual difficulties, anger, mistrust, self-blame and poor self-esteem (Duma, 2006; Foa & Rothbaum, 1998; Resick, 1993; Resick & Schnicke, 1993; Rose, 1986; Steketee & Foa, 1987; Yuan et al., 2006a). Participants in the current study reported experiences that could be classified as psychiatric symptoms, such as those associated with PTSD. Six of the participants felt that these experiences, such as crying uncontrollably or feeling numb, were not only helpful but also important and necessary stages in their post-rape adjustment.

Rowena - "...I used to even stay at home just to chunk all the time...there's nothing wrong to cry...I cried for a long time, I even locked myself in a Wendy house...if I didn't cry, you know, to get it over and done with I wouldn't be able to sit here today".

Candice – "I was drinking...so I wouldn't feel. And to me, I explained that I needed that, like I needed not to feel the pain and then when I was ready to feel the pain...then I like weaned off the addictions and slowly I started feeling what I was supposed to be feeling..."

In this way, participants used these experiences to regain control over their emotions, until they were ready to deal with the emotions directly. Some participants intentionally sought to numb their feelings, by using drugs for instance, or avoided talking about the rape by withdrawing socially. In this way, these findings are similar to that reported by Stenius and Veysey (2005) where the women in their study used numbing and dissociation techniques to regain control in overwhelming situations (but within limits), so that they were in control of how sick they would become. This is also similar to the findings reported by Smith and Kelly (2001) where participants in their study reported how they retreated into a cocoon until they felt ready to engage in the post-rape adjustment process. These findings suggest that it is important for survivors themselves to decide when they feel ready to embark on the adjustment process. This is in line with the process of empowerment which Herman (1992) makes reference to as a crucial element in the post-rape adjustment period. Within this, is also a process that survivors go through in recognising that they are worthy of taking care of themselves, and with this a need to be understood by others and not to feel blamed or judged (Stenius & Veysey, 2005). While participants described those experiences which classify as PTSD symptoms as having been helpful in aiding them in the post-rape adjustment process, they felt that they still struggle with other experiences, such as anger, mistrust, self-blame and poor self-esteem.

The following section discusses themes that emerged from the data regarding the ongoing process of adjustment after the rape. Each theme

draws on quotes from the participants in order to substantiate the findings and to give a flavour of the content of the interviews. Due to space constraints, a maximum of four quotes are used per theme, although there were often many more available from which to draw upon.

4.4 Process of post-rape adjustment

In understanding the themes that were elicited regarding the long-term post-rape adjustment process, the conventional definition of “adjustment” is understood to mean not only constructive or facilitative processes which participants used, but also those other processes that, when viewed out of context, would not usually be understood as constructive. For instance, the first three themes may be defined, in psychiatric terms, as “avoidance” strategies. Although “avoidance” may be viewed pathologically on the one hand, it is also viewed as an essential coping mechanism on the other hand (Stenius & Veysey, 2005). In this sense, the unconventional use of the term “adjustment” also communicates the unique nature of the adjustment process. This process cannot be understood in conventional terms and, as suggested by the trauma literature, it cannot be delineated into neat categories (Herman, 1992; Smith & Kelly, 2001). In the current study, this is firstly evidenced by the difficulty in determining where one theme ends and another begins, and how the themes interweave with each other in multiple ways. Secondly, participants shifted between the different themes in their struggle to adjust, so that post-rape adjustment represented a complex and contradictory process. This is consistent with the literature on post-rape adjustment, which also describes the process as being complex, where survivors are seen to move between different stages simultaneously in their struggle to adjust (Harvey, 1996; Harvey & Herman, 1993; Herman, 1992; Lebowitz & Roth, 1994; Smith & Kelly, 2001).

4.4.1 Secrecy

The decision by the participants to be secretive, by not telling anyone about the rape, by pretending to be okay, and by keeping busy, is particularly

relevant to the initial stages of adjustment, and can be understood on multiple levels. This may be linked to the stigma of rape, leaving some of the participants feeling fearful of being blamed, misunderstood, or unsupported, and resulting in participants pretending to be unaffected by the rape trauma. The prevalence of rape myths (Moffet, 2006; Stefan, 1994) and the disbelief that many rape survivors encounter suggests that choosing not to disclose to anyone about the rape is self-protective (Thompson, 2000). Such a choice therefore affords the survivors some form of safety and may be seen as an empowering choice even though the silence may limit their access to social support. According to Herman (1992), safety and empowerment can be seen as the first stages of the recovery process.

Not telling and pretending

Six of the participants did not to tell anyone about the rape, while others chose to tell only one or two close friends. This decision to selectively disclose the rape experience is similar to the findings reported by Duma (2006) where participants were afraid of being disbelieved. In giving their reasons for not telling, participants in the current study drew upon their previous experiences in relation to disclosures of sexual abuse and upon their understanding of how rape is responded to within society.

Rowena – "...who's in any case going to believe that if I should tell...I thought now, no-one would ever understand me...and if you weren't there for me as a child, why should I share this with you, that happened in my adulthood?"

Mary - "...I didn't tell anyone...I was scared they won't believe me...at 15 years old I went to my dad and I told him his best friend was molesting me...he turned around and said to me I'm lying..."

Eunice – "...it played in my mind...what was the police going to ask me, what was my part in it. What was I going to say to them because I didn't put up a fight, so my part was willing...?"

In addition, there was a sense amongst participants that no-one could truly understand rape trauma unless they had experienced it themselves.

Melinda - "...I truly believed that it was senseless to talk to people...if they weren't raped themselves...no matter what I can say about how a man handles you...if you haven't been in that situation, how on earth are you going to understand it..."

While not telling may be understood to serve a protective and empowering function, there is also a high cost attached, that of pretending. It is noteworthy that all of the participants pretended that they were okay, and they took many years before they disclosed.

Rowena - "I was actually very good to hide these things for many years".

Melinda - "...I became the ultimate robot...you become so good at it...it's almost you living a lie...nobody can see the real me..."

Eunice - "I never allowed anyone or I tried always never allowed anyone to see what was going on, see on my physical appearance".

Felicia - "I was not responding in a way that would indicate to anyone that something is not right, that there is a problem here".

Seven of the participants felt that they had suffered too long on their own and regretted not telling sooner. By not telling other people, participants were left on their own with the knowledge of the rape. Nine of the participants consequently blamed themselves for the rape, since they had no access to other discourses that may have challenged their feelings. Despite the likelihood of feeling isolated and engaging in self-blame, the process of not telling also afforded participants the time to process their feelings and reactions before disclosing to anyone else.

Stefan (1994) writes about silence and survival as being more accurate descriptions of reactions to rape since the vast majority of rape survivors learn to appear normal and behave as if nothing happened. This is evidence of women's resilience in the face of rape trauma (Stefan, 1994). As suggested by Thompson (2000), blocking out or denying the rape (for

instance, in the current study, by pretending) may at first appear to be passive or maladaptive ways of coping by not dealing with the trauma. However, these processes can also be understood as adaptive in the sense that they serve to block out painful thoughts, thereby reducing stress that may have been incurred by unhelpful or unsupportive reactions if people knew.

Keeping busy

Five of the participants mentioned trying to keep busy immediately after the rape. Not telling, pretending and keeping busy were mutually reinforcing, they all served to avoid dealing with the rape while at the same time offering the participants important survival functions in the immediate aftermath.

Melinda - "I truly believe that I survived by putting so much energy into work...so the busier I keep myself, or I get kept by other people... that was my way of coping with all of this".

Eunice - "I used to throw myself into work...you make yourself so tired but you'll get nowhere..."

Candice - "At the time there were...like assignments...after I'd been given extensions that just had to be done, so I just did them".

Evelyn - "...pushing myself really hard in my work...getting involved in life, dealing with whatever life throws up".

Smith and Kelly (2001) described a similar finding where the participants in their study retreated into a "cocoon". Existing literature on post-rape adjustment suggests that keeping busy is not associated with any distressful symptoms (Meyer & Taylor, 1986), and Harvey, Barnett and Overstreet (2004) suggest that movement or keeping busy is common and relatively positive. They argue that it involves a qualitative change in functioning since it is necessary to recognise what has happened and realise that there is no return to life as it was. For the participants in the current study, the

act of keeping busy meant that there was no moving forward or backward, but simply surviving the shock of the rape.

4.4.2 Rebuilding

While there was an avoidance of dealing with the rape on the one hand by not telling and pretending, and an empowering process on the other hand by making an informed decision around secrecy, participants also acknowledged that something had changed. They described how their beliefs about themselves and the world had been shattered. This relates to Janoff-Bulman's (1992) shattered assumptions model, which suggests that traumatic life events shatter our fundamental assumptions about ourselves and the world, and the process of rebuilding and reconstructing an assumptive world is central to recovery. With regard to participants' perceptions of themselves, some participants blamed themselves for the rape and felt a deep sense of self-hatred resulting in lowered self-esteem, which they felt needed to be rebuilt. This common theme of rebuilding appeared to occur naturally after the rape. Participants described a process of rebuilding which started subtly with keeping busy, and then became more overt with conscious decisions around taking control of their emotions, and drawing on support.

Taking control of emotions

Although participants chose not to tell, kept busy and pretended that they were fine, there was a simultaneous process of inner emotional turmoil occurring which had no outlet. Participants felt both a need to express emotions and a need to take control of emotions. When they felt ready to express their emotions, they did so in ways that felt safe for them. Six of the participants sought counseling and, in addition, participants described a process of becoming more creative, independent, making decisions, and reframing the rape.

Melinda - "...I came into counseling and sort of took control of my own life... getting in touch with my creative side...started drawing, I started painting, I started baking. I needed...I needed to...to find me..."

Mary - "...I just decided I needed to help myself...through counseling...I started building up my self-esteem...finding myself again like who I am and... what I can be..."

The need to express emotions appears to be linked to taking control of emotions, through feeling independent again.

Laura - "...you can't actually do it just for the kids 'cause at the end of the day I got to be happy as well...then I got this job and I think it made me just more independent...I decided that it's ...that I am getting a divorce...I decided it's just the last time".

Evelyn - "...if I can take responsibility for my actions in this, then I can transform this meaning...I get to make the meaning...taking responsibility for my reaction and my emotions and my feelings..."

By taking control of their emotions, there was an initial step towards expression by reaching out to others, whether this was literal (e.g., seeking counseling), or symbolic (e.g., creative expression). The struggle that was once embarked upon in isolation (through not telling, pretending, and keeping busy) began to extend outwards (starting with taking control of emotions).

Drawing on support

In expressing emotions and taking control of emotions, a process of drawing on support from others was started; the participants' internal processes were being shared externally. Initially, all of the participants drew upon support from friends, partners, counselors, or from other rape survivors in the support group. Herman (1992) suggests that recovery needs to take place in the context of relationships, and cannot occur in isolation. The capacities for trust and intimacy are destroyed through the rape and since they were initially formed in relationships, they must be reformed in such relationships (Herman, 1992). In drawing on others for support, the participants were able to rebuild a sense of trust and intimacy which can only be reformed through relationships with others.

Melinda - "...luckily now at the time I've got a partner that's understanding enough... it's nice to have somebody there that's part of my life at this moment to start all this new beginnings..."

Veronica - "... I realised that I'm not alone and that there are people that feel exactly the same as me...I sit in the group and I listen to people talk and I think but I know that feeling...the feeling of not being alone..."

Yvette - "one of my neighbours...she would always ask me...how you feeling today, how was your work...how did the session go...she would always ask me speak about it...and not to hold in".

Support from others reconnects participants to a broader social world of relationships. Herman (1992) writes about the need that survivors have for affirmation and for others to bear witness to their stories.

Rowena - "...especially those times that you feel you losing it...you really need someone just to make it clear to you...somebody to advise me..."

Candice - "...let me talk and not try and fix things....she just let me talk and then asked more questions so I could talk some more, and that helped a lot".

Keeping busy, taking control of emotions and expressing emotions, and drawing on support are also described as helpful coping mechanisms in the posttraumatic literature (Burgess & Holmstrom, 1979; Duma, 2006; Frazier & Burnett, 1994).

4.4.3 Conscious coping

The coping mechanisms that survivors consciously focused on each day, such as being positive and living day to day, can be viewed as smaller steps towards rebuilding a new life. This process involved more than just dealing with overwhelming emotion by thinking about the rape or expressing feelings, it also meant that participants had to actively do something. Underlying this is also a refusal to have the rape negate everything in their

lives. Whereas the initial coping strategies may have been instinctive or unconscious, this stage was much more conscious, and required deliberated efforts. Burgess and Holmstrom (1979) refer to the importance of conscious coping strategies in aiding recovery, and suggest that unconscious defences are not necessarily sufficient. Furthermore, Frazier and Burnett (1994) suggest that the most common coping strategies are often behavioural which involve approaching the problem and focusing on emotions, where thinking positively are amongst the most common coping strategies. In line with this understanding, the intervention approaches used by Foa and Rothbaum (1998) and Jaycox et al (2002) promote the use of conscious coping through cognitive behavioural training, such as cognitive restructuring. As with cognitive restructuring, participants in this study also changed the ways in which they thought about the world, by focusing on being positive, living day to day, having goals, and helping other women who were raped.

Being positive

Five of the participants described making a conscious decision to focus on the positive things in life. This was achieved through viewing themselves in a more positive light and being less hard on themselves.

Melinda - "...I focus on the positive side...try my best and if I should fail in what I'm starting now, I would not be so hard on myself...if I didn't try this I would never know and I wouldn't have this..."

Felicia - "...when I'm feeling down...I try to get myself out of it by saying that I'm special...I was put on this earth for a reason...and it can't just be for bad things, there must be good reasons..."

Being positive was not only about the participants' views of themselves, but also extended to include viewing people or the world in general, in a more positive light.

Veronica - "...now I rather take the good than the bad....so, if there's bad, I sort of just switch off to the bad..."

Yvonne - "...it [life] does revolve around other things besides what happened to you...I don't want to see people's bad ...sides and points and just focus on their bad sides..."

Living day to day

By focusing on being positive and living day to day, participants were able to cope in the short-term. This also allowed them to move forward rather than ruminating on the horror of the rape. Six of the participants focused on living one day at a time.

Melinda - "...from that moment on...coming through that and living, I would just make the best of what every day brings to me..."

Eunice - "Now...I live one day as it comes...I live...just for the day to get by...as long as I can get myself through the day...even if it is like...like I am now...when the day is over you get up and start another one and...until that is over".

Felicia- "...at the moment, I think I'm just trying to get by, going from one day to the other..."

Yvette - "...you just go on with life and...as the day of tomorrow comes...just go on with your normal things that you used to do...trying to live with it...just keep on doing what you did before..."

Having goals

Having goals and thoughts about the future facilitated the process of being present in the here and now, i.e., being able to live day to day. Seven of the participants talked about having goals, responsibility, or a purpose in life. Some of the goals that participants made reference to related to work and a sense of self-pride.

Melinda - "...through all the ops and things...when I was strong enough to actually start working...you have a purpose again, you know you have a purpose to get up and go to work in the morning..."

Eunice - "Someone once said 'create debt for yourself'...I hold down my job because I know I have to pay that at the end of the month [laugh]".

Other participants drew upon a sense of responsibility to others, like caring for their children, or a sense of happiness that they derived from significant relationships around them. Having a sense of responsibility to others is similar to some of the findings reported in a local study by Duma (2006).

Rowena - "...I've got to see to this child's future. His right to be under safe roof, he can't do it for himself...I'm responsible now so that [my child] can have a safe, warm place...so that is my goal".

Yvette - "... if I really feel that I might not get through the day I would always think about my kids...and... I would always think about this man in my life and think how happy he can make me..."

Helping others

Thoughts of the future also extended to thoughts about others' futures. This theme interweaves with other themes which feeds the capacity, for instance, to be able to draw on support, take control of emotions, and to be positive. Eight of the participants described a wish to help other women who were raped. Herman (1992, p. 207) makes reference to how a significant minority of survivors find a "survivor mission" as a means of transcending the trauma by offering their experience as a gift to help other survivors.

Mary - "...everything happens for a reason...maybe this had to happen to me...so that I can be here to tell the story so...it won't happen to someone else or ...maybe it will help someone else get out of their situation faster"

Eunice - "...talk about my own experiences and I can help other people that's in the group...it makes me feel good. I am considering counseling, maybe starting out as an assistant facilitator".

Melinda - "...if somebody had to come to me...tell me that they were raped and that I have that strength and sort of knowledge to help them

through...that would be the ultimate thing...that would mean a lot to me, you know, through this whole experience"

Inherent in the "survivor mission" is a feeling of reciprocal connection, and a dedication to raising public awareness. Through exposing the rapist's crime, the survivor communicates to herself and the rapist that she is no longer controlled by fear (Herman, 1992).

Rowena - "...you got work to do, you're a survivor...make the people aware...so I can give something back that I always wanted while I was in the process..."

Yvette - "...I wanted to host my own show...about rape...getting other women involved...men to be exposed...women should stop being scared and stand up for themselves".

The empowering act of reaching out and helping other women is linked to Butler and Wintram's (1991) argument that, for women, the self is always in interaction with others, and women brought together can offer each other support, validation, strength and personal awareness that is often difficult to achieve otherwise.

Reconnecting with self

Herman (1992) writes about the process of reconciling with oneself as central to the survivor no longer feeling possessed by the traumatic past. With this comes an understanding of the person she used to be and of the damage done to that person, and integrating all the elements (before, during and after the trauma) to create a new self (Herman, 1992; Duma, 2006). The process of reconnecting with the self feeds the possibility of being positive, living day to day, having goals, and helping others. By getting to know themselves better, participants are able to help others in similar situations, while at the same time asking for what they need from others and drawing on necessary support. By helping others, and being helped, they are reinforcing their own goals and feeding their capacity to think positively. Reconnecting with the self also interweaves with subsequent stages of post-

rape adjustment involving the transformation of the meaning of the rape and reframing the blame.

Seven of the participants used specific techniques to reconnect with themselves, such as making time for themselves, engaging in self-talk and writing. For some of the participants, taking time out was a daily task.

Rowena - "...just to sit down and relax and not worry about a thing...I just cut myself off completely...that's Rowena time...it's my time, its me-time".

Laura - "...I turn myself down...switch myself off...take a break now"

For others, taking time out was viewed as more of a long-term coping strategy.

Felicia - "...for the next few years, I'd like to concentrate on me..."

Five of the participants spent time encouraging or advising themselves. This may be evidence of how the process of counseling, and receiving support from others, was internalised. Talking to themselves was often about believing that they could manage overwhelming feelings associated with the rape, or encouraging themselves to carry on.

Rowena - "...when I don't have the energy, then I tell myself...Rowena, later on, you might feel, have more energy to do this..."

Yvette - ...if I'm depressed or when I'm feeling upset or whatever... I would stand in my mirror...and I would expect myself to answer me back also...which is very often I do answer myself back..."

Melinda - "...that's how I talk to myself, I keep on telling myself whatever I feel, it's just an emotion...it's like I can reach that intelligent part of my brain...saying to me "you've come this far", neh, "you are this person, you got the strength..."

Through the process of talking to themselves, participants experience a growing acknowledgement of the rape which later feeds into the ability to make meaning of the rape, and to see a future.

The process of writing down thoughts and feelings links to the process of taking control of emotions and expression. The process of writing seems to have provided five of the participants with a safe place from which to reflect on their feelings, and to speak about the horror of the rape.

Eunice - "...it helps just to put your thoughts down on paper...even when I'm done and read it, it doesn't make sense to me but...what I write at that specific moment is what I feel".

Evelyn - "...I kind of just wrote it all down...how revolting that was and how...how disgusting and how terrible and violating and all of those things I wrote it down..."

Expressing themselves through writing also seems to feed into the process of reframing the rape, and it facilitates the process of gaining insight. It allows a shift from focusing on all the "bad stuff" to writing about "nice stuff" too.

Veronica - "...one of my good coping skills, I think...is I write things down...I keep a diary...and then when I'm feeling stressed...I can sit and write it up on paper...it makes me sort of rethink things..."

Mary - "...I used to ... write my thoughts down on paper...I'm trying to write poems ...uhm... I started writing nice stuff".

The practice of making time, self-talk, and writing, along with counseling and support from others facilitated the process of gaining insight. Nine of the participants described a process of gaining insight into their own behaviour. The process of gaining insight is linked to the ability to speak to others, to draw on support, and to help others, and allows participants to feel worthy of taking time out for themselves, which in turn feeds their self-esteem and assists in the process of rebuilding. Some of the

participants linked the process of gaining insight directly to the counseling experience.

Melinda - "...counseling...gave me a much more deeper insight... what I am as a person, the strengths that's really there..."

Veronica - "...the counseling process...it's made me think about why I do things...what causes things to happen to me...I more think before I leap...I can stop it before it happens and...seek help now..."

Other participants made reference to the kinds of lessons they have learnt about themselves as a result of the rape, such as discovering patterns of behaviour, or learning healthier ways of engaging with others.

Candice - "...after all the trauma...it became a very interesting thing to look at...to find the patterns in my life...it's been a source of kind of, resource material to kind of understand myself".

Laura - "...I've learnt also now...people can use you...these days...I actually do say no... I used to be... just yes, yes...I'll help you...I used to overload myself...these days I actually say no if I can't..."

By gaining insight, there is also a sense of a power shift, from focusing on the rapist and the horror of the rape, towards focusing on the self and feeling proud of their capacity to survive. This is also an empowering process which links to the initial stages of the post-adjustment where empowerment was focused on the control of the disclosure process, and is now focused on growing the self.

4.4.4 Feeling loss

Feeling the devastation of the loss

Participants compared rape with the feeling of losing a significant other through death when trying to communicate the extent of their feelings of loss and devastation surrounding the rape. Death and rape are both seen as being the most devastating events that participants have had to survive.

Mary - "...the rape and my mother's death...was both the hardest things...I can't say which is worse..."

Yvette - "...besides losing my mother nothing else harder...for instance...I could've spoken to her about the rape...at least she would've had some compassion or something".

Herman (1992) writes about how the many losses around rape are invisible or unrecognised so that the usual customary rituals of mourning do not apply. Mourning is an essential part of the healing process and it makes sense that participants would draw upon the familiarity of mourning a loved person as there is more acknowledgement for this and familiarity with this. Participants begin to understand that the losses experienced after the rape are similar to the loss of a significant other, where identifying with death and mourning is a key element in understanding how to mourn and understand the rape too.

Evelyn - "...when somebody dies...you get used to...the grief...but there's never a lack of sorrow that that person is gone...so this would be...similar...something got lost ...and to deny that that makes me sad, would be a denial of the experience..."

Evelyn also goes on to stress how important it was for her to hold a ceremony to grieve the losses incurred by the rape.

Evelyn - "...being able to actually give it a ceremony and give it in a place that is just filled with rich ceremony right...like there's all of this actually space to let things go and there's traditions of bathing yourself free of things and...there's something sacred about it as well...and very symbolic..."

According to Herman (1992), the devastation felt by the rape can recur throughout a survivor's life, when new milestones after the rape, such as birth or death in the family, can often cause a resurgence of traumatic memories.

Veronica - "...with my dad passing away...I started having nightmares again...I started feeling cranky...verbally I was hitting out at people for no apparent reason and...like my partner. I actually pushed her totally out of my life as well".

The association between death and rape facilitates the unfolding of the grieving process.

Grieving the loss of the "old me"

Participants felt that the rape had robbed them of the person they used to be. The process of grieving is not only about grieving the past, it also interweaves with the future, such as reconnecting with the self and rebuilding. Reconnecting with the self is about reconnecting with a new me and within this is an acknowledgement of the loss of the "old me", and a realisation that things can never go back to the way they were.

Rowena - "...a total sense of loss, I was invaded...I don't ever think you will be able to go back to normal...there's something that has been taken away from you..."

Melinda - "...of just being me...because they've taken so much...I felt...like they've...like they've sort of taken away and damaged that was me...that was the old me..."

Yvette - "...this man has taken so much of me away... of being a mother...of being this spontaneous person...he's actually taken away everything...my pride my dignity...and he left me with nothing"

By acknowledging what has been lost, a process of grief can begin, and with it a process of rebuilding. Candice talked about needing to go through the stages, allowing herself to cry and grieve the loss.

Candice - "...I do remember crying...having nightmares...I knew it was going to come on, like all the stages of, the grief and loss or whatever...it was horrible...it felt yuck to go through that stuff and none of it was pleasant, but I knew it was going to pass..."

In this way, the process of grieving is also about letting go in order to move forward, and is facilitated by previous processes of rebuilding, such as taking control of emotions, and drawing on support. It is also facilitated by subsequent processes of reconnecting with the self, such as making time for me and writing.

However, although there is a need to move forward, the grief and suffering is still present, and is something which participants revisit throughout their post-rape adjustment. It is also about learning to live with the rape, a stage that is discussed in more detail further on. While participants survive, they also suffer at the same time, as is highlighted by literature on recovery, resilience and posttraumatic growth (Tedeschi & Calhoun, 2004; Harvey, 1996; Lebowitz & Roth, 1994; Linley & Joseph, 2004; Thompson, 2000).

Grieving allows participants to make meaning of the rape, and in doing so, participants also try to understand what it is that they are grieving.

4.4.5 Developing an explanatory account

From the early stages following the rape, even before they disclosed to other people, participants were already trying to explain to themselves why the rape had occurred. Part of the meaning-making process is about explaining what happened to themselves in order to explain to other people. Before being able to make peace with the rape, participants needed to grapple with the meaning that they attributed to the rape, and this was facilitated by processes previously discussed of reconnecting with themselves through taking time out, writing, self-talk, and counseling or drawing on support from others. The process of rebuilding reflects the literature on posttraumatic growth, in that participants engaged in some or other kind of meaning-making to rebuild their beliefs and goals (Duma, 2006; Park & Hegelson, 2006). All of the participants made sense of rape in three common ways: by drawing on rape myths, viewing rapists as disturbed or ill, and viewing rape as an act of power. These attempts at understanding the rape, in turn, lead the participants to the process of understanding post-rape adjustment.

Drawing on rape myths

Participants first drew on society's meaning of rape and that which they already knew, through rape myths. Although all of the participants showed some insight into how rape myths often blame rape survivors and distort or minimise rape survivors' experiences, they were nonetheless very conscious of how powerful these myths can be. Some of the participants made reference to the rape myth of women dressing provocatively thereby causing the rape to happen

Eunice - "...the fact that I wish that I was drunk...that would give me some understanding, the fact that I wished I was dressed provocatively in the moonlight...that's agreeing with the myths... but yah that's what I'm feeling...still trying to find an answer for why..."

Rowena - "I was looking for fault with myself...what did I do...was it the way I was dressed...I used to have very nice legs...wear short things...maybe...I gave him a reason...but I didn't realise actually... if that person says no, it's a full sentence".

Yvette - "I had a polo neck on and a jeans...I know I'm not supposed to say it's the dress code...but...I just want to prevent it a bit... people think because of your dress code...you're asking for it...but the day when they get raped...they didn't ask for it..."

Others made reference to how pervasive rape myths are in society and how authorities would not necessarily recognise their rape because of the prevalence of rape myths. Evelyn, who is a voluntary counselor herself, talked about how she felt influenced by rape myths.

Evelyn - "...it had me suddenly out of the blue...how deep the myths actually go (laugh)...if I had to take my case to a police...the likely response that I would get is...you got to be kidding...me knowing and the world understanding my interpretation are different".

This is similar to Thompson's (2000) findings about how easily rape myths can be assimilated by survivors to question themselves, knowing that others too will question them.

Participants felt that the prevailing rape myths often did not apply to them or could not answer the "why" questions (e.g., in some instances, the rape did not happen at night, or they were not dressed provocatively). This resulted in participants having to rethink why the rape happened, eventually creating their own meanings, some of whom find that they are still grappling with making meaning. Since the process of drawing on rape myths proved inadequate in making sense of why they were raped, three of the participants settled on understanding the rape in terms of them being in the wrong place, at the wrong time, and that rape "just happens".

Describing rapist as disturbed or ill

In their search to try and understand why the rape occurred, participants went from drawing on rape myths, to viewing rapists as disturbed or ill. Eight of the participants understood rapists as being "sick" people. They paired illness with either not having a conscience, or having a problem with sex, or a hatred of women.

Veronica – "I would say that they're very, very sick...extremely ...uhm...they just can't have a conscience..."

Melinda – "I think they sick...maybe they hate women...you know when it comes to men, I think it's either there's something mentally wrong with them or they just hate women..."

Laura – "...they sick in their head...they probably can't handle that feeling that they have...of having sex...and release themselves".

Other participants referred to rapists as having an incurable illness.

Mary – "They're just sick...and they can't be rehabilitated...I think that if you...are a sex offender that will stay with you for the rest of your life".

Viewing rapists as disturbed or ill included an exploration of the rapist's background as a means of understanding what may have contributed to his illness. In this way, participants hold onto some kind of order or logic in the world; that violence cannot be random, and that rapists are not inherently "evil" and the world is not a randomly cruel place. This is congruent with the shattered assumptions model, which suggests that survivors need to fit the event into existing assumptions or adjust previous assumptions (Janoff-Bulman & McPherson Frantz, 1997; Ulman & Miliora, 2002). Thus the participants looked to the rapist's childhood history for an explanation.

Rowena - "...this guy, from what I heard afterwards from Joanne, he was a very unhappy boy, I'm not quite sure if he was also abused as a boy but he was very unhappy and he moved out of his parent's home because he was looking for happiness..."

Yvette - "...even going into background with his family....and ask them about his childhood... maybe it didn't just come from his parents, maybe it was friends...maybe friends was the cause..."

Felicia - "...I've been trying to reason this one...somewhere along the line, something went wrong in that person's life...that must be why they are doing what they are doing...they have a psychological problem which is the off spin of what they are now doing..."

Attempts at trying to understand the rapist's history still left participants struggling to make sense of how inhumane the act of rape is, and appeared to lead back to the understanding that rapists lack a conscience.

Candice - "...if his sister had been raped and he...had seen her crying...he had been there when she came home, with her clothes ripped and he'd gone with her to the police station...do you really think that he would rape somebody, I don't...that would make you a pretty evil person and I don't think people are...if they knew honestly what it would do to me many years down the line...raping me wasn't worth that..."

Rape as an act of power

Drawing on rape myths, and viewing rapists as disturbed or ill were not the only ways in which participants attempted to understand why rape happens. The issue of power was referred to by all the participants in seeking to understand the cause of rape in general.

Some participants made reference to physical power and how rape is about degrading women through the abuse of physical power.

Laura – “...it’s probably just a power thing...and to degrade you at the same time...and probably just wanting to show me...even though you say no I will still have my way with you...”

Melinda - “I think it had a lot to do with power...because men are so much stronger than women and physically...they are stronger, and if you use power in that sense...but it’s also degrading...”

Some participants also made reference to men asserting their power over women as an easier way out of dealing with their emotions.

Evelyn – “...re-enacts that power play with his wife...his wife gets to be nothing and he gets to be powerful...much easier to kick out... like I’m powerful than actually dealing with what’s going on inside”.

Other participants understood rape to be an attempt at regaining power.

Candice - “...it being a power thing...look I have so much power I overcame her...he feels...unempowered in some way...he’s in that moment with a woman...and he rapes her to get the power back...”

The ways in which the participants made meaning of the rape through viewing rape in terms of power is possibly linked to a feminist understanding which underpins the counseling model at Rape Crisis. Although they could make some sense out of why rape happens in general, all of the participants struggled to make sense of why they themselves were raped. Melinda, Mary, Rowena, Eunice, Candice, and Evelyn explained that

their rapists were intoxicated but all of the participants still have not made full sense of why it happened. Ultimately, through all of the attempts at meaning-making, participants are unable to make sense of why rape happens in general, and why rape happened to them specifically.

Evelyn – "...I've never done the "why me" thing [laugh]...that kind of conversation...it is a rape survivor conversation...if anything when I ever thought about, I thought...I'm lucky I got off light".

Felicia – "I don't know... ..uhm...I've been asking that question but hasn't been getting any answers (laugh)"

Veronica - "...I dunno if I make sense of it...I still get very hurt by it, sometimes there's days where I can sit and I think, you know, I just don't understand...and then there's days when I think okay, it happened but...I must survive. But I don't know if I can ever make sense of...of what happened really, I've tried...I really have tried".

Eunice - "Why I was raped...I cannot give you an understanding... there's nothing that I do understand...because...in the midst of everything I am probably...still trying to find an answer for why".

4.4.6 Contextualising

The themes of meaning-making and contextualising appeared to be mutually reinforcing. The one theme fed into the other, and participants shifted between the two. The process of making meaning lead participants to a broader understanding of rape by viewing the event and themselves in a wider context.

Viewing the rape in the context of other traumas

Despite identifying rape as one of the most devastating events in their lives, equivalent only to death of a loved one, participants recognised that the rape trauma was embedded within the broader context of their life experiences. Thus participants did not view the rape as an isolated incident, but often drew upon other traumas when they made meaning of the rape. The

way that participants viewed themselves after the rape was understood in the context of other life experiences that occurred before the rape. For five of the participants this included childhood sexual abuse or physical abuse.

Veronica - "...a combination of everything...I've had a really hard life...I don't sort of rate the rape and the physical abuse differently. I think they all come into one"

Mary - "I never knew what normal was because of the molestation...I never knew how I was supposed to grow up...I would say the way that I'm now...it's the way I would've wanted it to be before the rape as well... but I don't know how it was...how it had to be before..."

They also viewed themselves in the context of other life experiences after the rape, such as growing in age and wisdom.

Melinda - "I was quite young then....probably a bit more to do with age, time's running out...for me, it was rape on the one side...but...I had to cope with a total different lifestyle, with the colon injuries that I got...at the end of all of that, for me to work through that".

Evelyn - "...its a gap of about two years...there's a hell of a lot of other growing up that I did in that period of time...I was kind of like in my mid twenties...and...a hell of a lot of other experiences".

By viewing the rape in a broader context, the rape story became integrated in the story of their lives. Related to this is the reference in post-rape literature about the importance of a life-story narrative, and how the trauma needs to be integrated in the survivor's life-story in order to facilitate the recovery process (Wigren, 1994). However, on another level, the integration of the rape trauma with previous stories of trauma also highlights the chronic nature of gender-based violence in the South African context (Duma, 2006; Moffett, 2006; Robertson, 1998; Vogelmann & Eagle, 1991) and it also brings to light the issue of how past traumas may impact on or compound the experience of rape (Acierno et al., 1999; Yuan et al., 2006a).

Reflecting on childhood upbringing

Participants drew on their own childhood upbringings to assist them in understanding how and why they reacted as they did during and after the rape.

Evelyn - "...it's a Victoria Wolf thing...the angel in the attic... good girl in your head...just gives in rather than fight...screaming...it would've been too embarrassing...what would people have thought".

Candice - "I've always been the child in the family that had the trauma that needed to be fixed...it very powerfully reinforced the whole thing that if I had a trauma I will get attention..."

In some cases, participants understood the cause of the rape as related to painful childhood experiences.

Veronica - "...the reason why it happened is because I was getting away...from that abuse at home...then I just went into another situation..."

This links to the theme of secrecy where decisions about whether or not to disclose the rape were linked to previous painful experiences of disclosing. Reasons for not disclosing were also linked to other childhood experiences, such as being reared in a way that made them feel uncomfortable with talking about sex.

Melinda - "...my parents didn't talk about sex, so it was very, very difficult 20 years ago...to even talk about sex or...rape, to even say the word rape".

The process of reflecting on childhood upbringing facilitates the process of contextualising the rape and in doing so; this allows participants the opportunity to reframe the blame accordingly.

Reframing blame

For the participants, an important part of the adjustment process was being able to forgive themselves. All of the participants, except for Candice, felt that they were hard on themselves by initially blaming themselves for the

rape. This theme links strongly with the theme of gaining insight, in that the process of gaining insight allows participants to be less hard on themselves.

Rowena - "I don't think it was actually fair that I was like that towards myself. I should have been kind to myself...I'm still angry, for a change...at the perpetrator...the fact that I was vulnerable..."

Evelyn - "...there would've been a time where I would have had a conversation about "gee but I was stupid"...but it was really useful in unpacking...making sense of it now...what this meant over here and over here and all different areas of my life..."

Some participants explained how the passage of time assists with reaching a different perspective on the rape, and facilitates the process of reframing the blame.

Melinda- "...not like you've done something wrong...being friendly... now thinking about it, maybe I was a little bit over friendly, not that I'm blaming myself...in their minds...they've misunderstood it..."

Veronica - "...as I've grown up...I've managed to actually reason... it's not my fault...I've just got a different way of looking at things (laugh)...at people. I don't hate people..."

The process of contextualising and reflecting on childhood upbringing facilitates the process of being less hard on themselves, and in so doing, facilitates the process of reframing the blame. Gaining insight and reframing the blame in turn allows participants to draw on support and reconnect with other people.

By contextualising the rape, participants were able to move forward from focusing on why rape occurs towards grappling with post-rape adjustment. This meant that they did not become fixated on searching for answers to why rape occurred but instead were able to reach a further stage, one which

encompassed making meaning not only about the rape, but also about what it meant to adjust after the rape.

4.4.7 Making sense of post-rape adjustment

This theme links with grieving the loss of the “old me”. In order to make meaning of post-rape adjustment, and to be able to live with the rape and make peace with it, participants needed to acknowledge that something was lost in the process.

Living with the rape

Even though participants felt that they would never forget the rape, there was a need to forgive themselves, which is about reframing the blame in order to live with the rape. In this way, the theme of reframing allows participants to be able to live with the rape. For some of the participants, living with the rape was about acknowledging that nothing can make it better, and this links with the theme of grieving.

Yvonne - "...how can you be a survivor... when something still haunts you...when you got a scar on your body and you know that the scar is not going away ever no matter what you use..."

All of the participants felt that they are constantly reminded of the rape, even though for some of them the rape had occurred many years ago. Herman (1992) writes about how the process of resolving the trauma is never complete but needs to be sufficient enough for the survivor to return her attention to the tasks of ordinary life.

Melinda - "I don't think I'll ever forget...it's so vicious and violent, and it's 20 years down the line...but I can carry on with my life...try and make the best of what I have".

Evelyn - "...when you got to unpack the, the onion layers...the deeper you go like the more sometimes hidden the stuff is... so I don't expect that dealing with it is over, or that that the impact is totally over..."

The inability to forget about the rape meant that participants needed to find ways in which they could cope with constant reminders of the rape.

Felicia - "...there's always something that reminds you of that day... at the end of the day...trying to cope with...with those kind of things that brings back the memories, for me..."

Seven of the participants talked about learning to live with the rape. Learning to live with the rape meant revisiting old issues that have already been reviewed in order to deepen and expand the integration of the rape into their life narratives. In this way, post-rape adjustment has no clear progression. Instead there are many detours, such as reminders that take participants back to the experience and back to previous stages. The way in which living with the rape links with the theme of grieving the loss of the "old me" is that the grief is continuous and requires a capacity to live with ongoing grief but still attend to being in the present, for instance, by living day to day, and focusing on being positive.

Reconstructing through retelling

For the participants, post-rape adjustment meant not only finding ways to live with the rape and integrate the rape experience, but it was also about being able to tell the story. Some of them measured their adjustment in terms of their ability to tell the story without breaking down.

Eunice - "...being able to control it...it's not always the easiest...to talk about it and really feeling it like it's actually happening now...by now, I would have been hysterical...I'm getting better...talking about it...which means I'm dealing with it better..."

The difficulty that participants initially had with talking about the rape supports the observation, in the post-adjustment literature, that trauma survivors struggle to form narratives (Wigren, 1994). Traumatic memories disrupt narrative processing; they are experienced as sensations or feeling states with little capacity for verbal representation. It is the verbal representation and the ability to process information on a symbolic level

which is essential for integration with other experiences (van der Kolk, 1996; Wigren, 1994).

Mary - "I can talk about it without...adding emotion to it...the pain is less...before it was sitting just right here in my throat...I was anxious, I was nervous, I was scared...there's a block in front of my mouth, I can't say the words..."

Participants made reference to their improved ability to retell the story of the rape, they each felt that they initially struggled to tell the story and that they feel more able to do so now, without feeling overwhelmed with emotion. This is similar to Harvey's (1996) definition of recovery - control over previously intrusive memories, an ability to remember the past with feeling but without overwhelming arousal, and the ability to predict symptoms and manage them.

Candice - "When I relive the story, I don't have emotional attachment to it...not to say that it's repressed...but it no longer has a hold over me...it doesn't make me not want to work, or walk in certain places, there is no irrational fear anymore".

Evelyn - "...it's not something that impacts on my daily life or my interactions with people anymore...recovery would be not being driven about the experience..."

Participants also made specific reference to no longer being controlled by memories of the rape. In this way the theme of reconstructing through retelling links with the theme of reconnecting with the self in that a shift in power occurs, from focusing on the rapist to focusing on the self through retelling the story in a way that it can be integrated. The transformation of the trauma, through reconstructing the narrative, lies in the sense of it becoming more present and more real (Herman, 1992). Participants in the current study used a number of different ways to integrate the rape trauma into their life narratives, such as talking to others, reconnecting with the self, and helping others.

The process of retelling is similar to Herman's (1992) description of remembrance and mourning. By retelling, participants gain the possibility of transforming the trauma and integrating it into their life story. Since reconstructing the rape narrative requires a description of life before, during, and after the trauma, it links to the process of grieving for what is lost, and with this an acknowledgement of having survived and lived through the rape.

Surviving

While participants didn't feel that there was such a thing as 'recovery', they felt that post-rape adjustment was possible, through surviving the rape. Surviving was about more than just 'recovery', it wasn't about going back to how they were before. It was about becoming stronger than they were before, and in some cases, liking themselves more now than they did before the rape.

Mary - "... I would say the way that I'm now is the way I'd like to be ...it's the way I would've wanted it to be before the rape as well..."

Melinda "I actually feel stronger...[than before the rape], I feel I have a more positive outlook on life...a more stronger sense of who I am, of who I really am and where I'm going...I feel more positive..."

The literature on posttraumatic growth refers to surviving the psychological consequences of the rape and growing from this, not from the actual experience of the rape itself (Harvey, 1996; Linley & Joseph; 2004; Tedeschi, & Calhoun, 2004).

Evelyn - "...being able to eventually speak about it with [my fiancé] and being really honest...it made a totally different space in my relationship ...but I don't think ... it [the rape] wouldn't necessarily have needed to happen , for us to get that space, do you know what I mean?"

In this sense, surviving the rape was also about surviving the psychological consequences of the rape, for instance the potential to break up a

relationship. Similar to the process of grieving, participants again referred to death when trying to explain the process of surviving.

Evelyn - "...probably one of the myths that we don't talk about...it's worse than death, if you get raped...there's something that pervades our society...but how many women are walking around, actually still alive and still doing extraordinary things..."

Candice - "...I'm very grateful that I experienced something that was terrible and come out of it alright...going through something like that if you don't die it's still not going to kill you...you will be okay".

Making peace with the rape

For seven of the participants, post-rape adjustment was about being able to make peace with the rape, and even though they will never forget the experience there is a sense of acceptance. It is interesting to note that despite the fact that participants still appear to be struggling with making sense of why they were raped, they each described a process of accepting or making peace with the rape.

Making peace with the rape was about accepting the fact that the rape had occurred.

Evelyn - "...there's nothing that I can do to change what happened... there's like an acceptance...an acknowledgement of the reality of it...the actual feelings and emotions and getting it all out".

Mary - "...it all boils down to making peace with the rape...and accepting what's happened...you need to find peace within yourself...by forgiving yourself...and accepting what's happened..."

Others stressed the process of accepting the person who they were after the rape. This was made possible by helping other survivors or accepting and dealing with their own crises.

Rowena - "...you can't change the fact of what happened to you. But you can just be to prevent and be there for other women..."

Veronica - "...I've sort of accepted that I will never...be normal. There will always be some crisis happening...and I have to deal with it, especially on the emotional level".

From this it is evident that for these participants, their struggle with making meaning of the rape did not prohibit them from making peace with the rape. Even though making peace with the rape may not preclude a continuous revisiting and reassessment of other previous stages, it does not have to centre on meaning-making alone. In fact, Frazier (2000) suggests that focusing on questions about why the rape occurred is associated with psychological symptoms and can lead to poorer adjustment post-rape.

4.4.8 Seeing a future

Six of the participants felt simultaneously excited and fearful about the future. They talked about feeling positive, taking risks and living their lives again. The capacity to see a future links to the theme of having goals, although it appears broader than just the focus on goals. More specifically, being able to see a future is linked to the themes of contextualising and surviving. Surviving something as horrible as a rape puts other potential threats into perspective and participants reported feeling stronger in facing these in ways that may have felt impossible to do before the rape. Feeling stronger also builds self-esteem and facilitates the process of being positive.

Seeing a future links to the theme of contextualising. Being able to see the rape in context allows the participant to see a future.

Candice - "...my life is very uncertain...I've been retrenched and I have to find a job...it's scary but if I think to myself well, I've been in rehab and I've been raped...and I'm fine and this will be fine too".

Being positive, as discussed earlier, not only helps participants to be in the present, but also balances the fear that they may feel about the future.

Melinda - "I'm very positive about the future, I'm looking forward to starting my own business...yes, I'll have moments of...maybe a little bit of fear or failing because I don't like failing..."

Seeing a future is also about feeling empowered, and surviving the rape. For some participants, it's about reclaiming their power to decide and plan things for themselves.

Evelyn - I'm finishing my job at the end of this year and trying to figure out what I want to do with my time and my life...really exciting...nerve wracking and exciting..."

Mary - "Oh man...I'm really scared...but I'm not gonna let that...put me back...I'm gonna go for it...I can't stay in my comfort zone...I have to break it out...do new things...I have to live life now".

Seeing a future is facilitated by the themes of rebuilding, for instance the ability to take control of emotions and draw on support. Previous themes, such as making peace with the rape and helping others, feeds into the ability to see a future, where other themes, such as self-talk, writing and gaining insight, reinforce this ability.

4.5 Summary

For these participants, it was important to avoid dealing with the rape until they felt ready to do so. This meant initially not telling, pretending to be okay, and keeping busy. Although these coping mechanisms may seem maladaptive, it was also the beginning of an empowering process for participants. This empowerment process started with secrecy, and controlling the disclosure process, and went on to taking control of emotions and drawing on support. Once participants felt ready to deal with the rape, they also found that they had to engage in some form of conscious coping, having to actually do something each day in order to survive. This

included finding ways to cope in the short-term, such as being positive and living day to day.

Short-term coping broadened to include having goals and helping others. As participants felt less overwhelmed by the trauma, they were able to reconnect with themselves, and in so doing, they also acknowledged the loss of an old self, which essentially facilitated the grieving required in order to heal. The process of reconnecting with the self, through making time for themselves, talking to themselves, writing, and gaining personal insight assisted the participants to make meaning of the rape. Through this reconnection with the self, there was a shift in focus from the rapist to the self which altered the power dynamics of the rape experience. Thus, instead of feeling controlled by the rape or the rapist, attention shifted from focusing on the rape to focusing on the self. This facilitated the process of making meaning of the rape which was about making sense of “why?” All of the participants still appear to be grappling with understanding why they themselves were raped. Having gone through the process of drawing on rape myths, viewing the rapist as disturbed or ill and hypothesising about the rapist’s background, and viewing rape as an act of power, participants still feel at a loss as to why they were raped.

The struggle with developing an explanatory account of the rape can be seen to lead to a process of needing to contextualise the rape, a need to see the rape in a wider context in order to find other ways of making sense of the rape. This struggle with making sense of the rape did not, however, prevent participants from moving towards making sense of post-rape adjustment.

At the core of the adjustment process lies a feeling of loss that is described by the participants as being similar to the process of grieving the death of a significant other. For these participants, making sense of post-rape adjustment is about contextualising the rape, integrating the rape experience with other life experiences in order to form a coherent life narrative, and then being able to retell the story with feeling but without being overwhelmed by emotion. Implicit in this process is also a realisation

by the participants that they no longer feel controlled by the rape or the rapist. All of the participants made an important observation, that post-rape adjustment is about living with the rape, retelling the story, surviving, and being able to see a future.

The next chapter presents the conclusion to the current research, including a consideration of how my positioning myself as researcher may have influenced the way in which I interpreted the results.

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CHAPTER 5

CONCLUSION

This study aimed to investigate the subjective experiences of rape survivors, with a focus on those factors they found helpful or which hindered their post-rape adjustment. Particular attention was given to those factors which reflect the ongoing process of adjustment, rather than the immediate psychological impact which is already well documented in the existing literature on rape. This chapter summarises the main findings of this study, reflects on how my subjectivity may have influenced the way in which the results are reported, comments on the limitations of the study, and makes recommendations for future research.

5.1 Summary of main findings

The following broad thematic areas were identified: (1) psychiatric symptoms, (2) sense of self, (3), relationships with others, (4) coping attempts, and (5) grappling with meaning. The latter two thematic areas formed the focus of the study, and were discussed in more detail.

The demographics of each participant and the specific characteristics of their assault appeared to have less impact on post-rape adjustment as compared with the meaning that each survivor attributed to the rape. This supports Koss and Figuerdo's (2004) suggestion that in understanding post-rape adjustment, it is more important to consider the subjective experience of the rape survivor rather than the specific characteristics of the assault. This also supports existing equivocal findings around the impact of demographic variables and assault factors on the post-rape adjustment process (Steketee & Foa, 1987; Resick, 1993). Some participants who had been raped many years ago struggled with similar issues to those participants who had been raped more recently. This is indicative of firstly, the devastating and long-standing effects of rape, and secondly, the

complexity of the post-rape adjustment process, where participants find themselves revisiting issues that they have already faced previously.

In developing an explanatory account of the rape, participants highlighted the prevalence of rape myths. Even though they found that rape myths were unhelpful in making sense of the rape, they nonetheless reported having in some way or another assimilated rape myths in developing an explanatory account of the rape and generally to making meaning of the rape. They also felt that rape myths played a significant role in the ways in which other people regarded them, for instance, blaming them for having caused the rape. For these participants, meaning-making was about moving beyond the rape myths in order to see the rape in the broader context of their lives. It is likely that their exposure to a feminist counseling model at Rape Crisis facilitated this shift away from focusing on rape myths towards seeing rape as a means of control in a broader sense. Even though all of the participants were able to grapple with this broader meaning of rape, they were unable to make sense of why they themselves were raped. Of significance is the fact that despite being unable to resolving questions around “why”, participants were still able to move towards making peace with the rape. This supports Frazier’s (2000) finding that ruminating about why the rape had occurred is associated with poorer adjustment post-rape.

Even though there appears to be a progression of themes, with one theme building on another, the themes also interweave to create a rich tapestry of the post-rape adjustment process. Participants approach this process from multiple angles so that they can be seen to be moving between the different themes. This movement facilitates earlier processes such as gaining a greater sense of control over the future, reevaluating goals, and becoming more assertive, which are similar to the findings reported by Frazier (2000). However, as suggested by the literature on resilience and posttraumatic growth, these gains are accompanied by losses (Tedeschi & Calhoun, 2004; Harvey, 1996; Lebowitz & Roth, 1994; Linley & Joseph, 2004; Thompson, 2000), such as the process of grieving the loss of the ‘old me’ in the current study. In this sense, the adjustment process does not preclude ongoing grief or distress; instead,

participants survive the rape but they also suffer at the same time (Tedeschi & Calhoun, 2004; Harvey, 1996).

Even though posttraumatic growth was not the main focus of this research, participants did report that they felt they had grown in many ways and their narratives corroborated some findings reported by the posttraumatic growth literature, such as problem-focused coping, acceptance, positive reinterpretation and positive affect, optimism, and cognitive processing (Linley & Joseph, 2004).

The post-rape adjustment process involves a continuous journey which, according to the participants, is never complete. This is supported by the post-rape adjustment literature (Herman, 1992). For the participants, the struggle post-rape does not centre on 'recovery', but instead encompasses a process of adjustment. What happens post-rape is therefore not about returning to a previous way of being in the world prior to the rape but rather about discovering and coming to terms with the person that has survived the rape and finding creative ways in which to do this.

The findings need to be viewed in the context of how I understood my role as researcher, which was inevitably influenced by my personal background and past experience with Rape Crisis. This would have influenced the way in which I interpreted the results.

5.2 Reflexivity

I started doing voluntary work at the Rape Crisis branch in Observatory, Cape Town, in 1994. I hoped that my previous relationship with the organisation, in the role of counselor and support group facilitator, would facilitate my securing permission for conducting research and recruiting participants from the Observatory branch. This process would possibly not have been as easily facilitated at any other organisation or any other branch of Rape Crisis.

5.2.1 Developing the research aim

The initial research question was in many ways informed by the conversation that survivors, in the support group which I had facilitated, had around recovery. Upon reflecting on these conversations, I realised how a specific focus on recovery alone could potentially limit the study by excluding the voices of those women who didn't feel recovered but who still managed to cope. For this reason, I chose to explore "post-rape adjustment" rather than "recovery"

5.2.2 Issues of commonality and difference

There are various points of commonality and difference, both real and assumed, between me and the participants which may have influenced the research process and the findings, and which are further explored below.

Identity

Our understandings are influenced by our identities which in turn influence our experiences of the world, including an experience of rape. Social identities and inequalities such as gender, race and class, are fluid while at the same time also enduring. Boundaries of sameness and difference are constantly renegotiated while broad structures of inequality remain consistent (Archer, 2004). For instance, in the current research I may have prioritised my identity as a Coloured female when interviewing the Coloured participants in order to enhance my understanding. This became apparent, for instance, when Eunice made reference to an assumption of a shared culture between us when she said "all Coloureds, *you* know...the old people, they keep stuff in their bras". Even though there may have been a commonality in terms of race, there were other parts of my identity that were very different from Eunice and the other Coloured participants. This can be explored, for instance, in terms of differences in education and socio-economic status. All of us may have shared a similar understanding of feminist knowledge around rape to varying degrees but my educational status as a Masters student, for instance, differed from those participants

who also had a tertiary education. This difference is likely to have influenced our perceptions of power and status during the interviews.

Trained counseling experience and psychiatric training

Their prior exposure to a feminist counseling approach is likely to have informed the participants' understandings of why they feel they were raped and what impact they feel the rape had on their lives. The way that I made sense of the participants' disclosures will also partly have been informed by my own conviction in feminist understandings of rape and how this intersects with my psychiatric training, identity and lived experience. For instance, my psychiatric training arguably runs contrary to the feminist paradigm which seeks to move away from pathologising women's responses to rape. I became increasingly aware of the need to prioritise a feminist understanding over a psychiatric understanding in order to shift away from the view of the professional knows best to making women's subjective accounts central. As I became more familiar with conducting the interviews, reading more about feminist research, and getting to know the participants, this process of giving up the 'pathologising' ear was facilitated.

Positioning of the researcher: insider or outsider?

Acker (2000) argues that the insider / outsider question, which feminists often raise when addressing the positioning of the researcher and researched, can never be fully resolved. According to her, we constantly shift back and forth between these positions because of our multiple subjectivities and we should retain the felt tension of insider/outsider as part of our overall reflexivity about our work. There is a further category, besides that of just insider and outside, but that of indigenous-insider who is someone from the community or organisation perceived as a legitimate member by others, and promoting the well-being of that community or organisation through the research (Banks, 1998, cited in Acker, 2000). I found myself shifting between the positions of indigenous-insider and indigenous-outsider. On the one hand, my indigenous-insider position resulted from my experience as a voluntary counselor and support group facilitator at Rape Crisis which afforded me an opportunity to understand the internal dynamics of the organisation and their clientele. This appeared

to facilitate the process of participants sharing their experiences with me. On the other hand, my long break from Rape Crisis, and the fact that I was not a rape survivor, offered me a certain distance from adopting a completely indigenous-insider position. I was thus able to engage in a critical perspective myself, shifting between an indigenous-insider and indigenous-outside position; having insider knowledge to the organisation while at the same time being able to see this knowledge from an outsider point of view.

5.3 Limitations of the current study

The previous exposure that participants had to one-to-one counseling and/or attendance in the support group may have influenced the ways in which they made sense of the rape and the ways in which they managed the post-rape adjustment process. This may vary from a population of survivors who have not had any exposure to formal intervention channels, or feminist understandings, and who may therefore have experienced the post-rape adjustment differently. All of the participant in the current study were at different stages in the post-rape adjustment period, not only based on the time that had elapsed since the rape, but also on their counseling and support group attendance, as well as other additional factors such as individual coping mechanisms, inner strengths and support networks such as families and friends. The recruitment process did not have specific criteria to include a certain type of survivor, for instance those survivors who had a similar counseling or support group attendance. The study is therefore limited in distinguishing between those factors that would have inevitably played a significant role in the ways in which participants experienced or understood the post-rape adjustment period.

Related to the type of survivor accessed is the small sample of participants. While ten participants allowed for in-depth exploration of the survivors' experiences, it limits generalisability to the larger population. Furthermore, conducting the study at the Observatory branch limited the exposure to White and Coloured participants only as opposed to the predominantly Black clientele at the Mannenberg branch. Given the legacy of inequitable

resources with Black people being historically ranked in the lowest category as compared to White and Coloured people, this study is essentially limited to exploring the experiences of the historically more advantaged racial category. This limited exposure restricts generalisability of the findings to a disadvantaged population group who are likely to firstly be more vulnerable to rape and secondly, may experience the post-rape adjustment differently from other more advantaged groups given the historically inequitable access to resources. For instance, poorer living conditions and lower socio-economic status can further impact on the ways in which rape survivors are able to cope in the post-rape adjustment period. On the other hand, exploring subjective accounts of rape survivors is not about generalising to a wider population since each experience is unique to each individual survivor.

Despite my familiarity with some of the participants, differences in race and class between myself and the participants are likely to have still impacted on their freedom to share information. The way that I positioned myself as researcher was inevitably influenced by my own subjectivity and biases. The process of being reflexive created an opportunity for me to acknowledge how my experience as an individual interacted with the participants' experiences and understandings that they brought to the research. The findings are likely to have been different should this research have been conducted by any other researcher who would inevitably have brought their own subjectivity to the research process (Parker, 2005). This is in line with the aims of the current research which was to explore the participant's subjective experiences of rape. Future research should take into account the importance on reflexivity in the research process, as one way of compensating for the loss that necessarily occurs when transforming the private account of women's lives into the public sphere (Mauthner & Doucet, cited in Ribbens & Edwards, 1998).

The methodological approach of the current study has evidenced the value of in-depth, qualitative interviews for eliciting subjective experiences of rape survivors in order to reach a holistic understanding of the post-rape

adjustment process. A discussion on recommendations for future research in this area follows.

5.4 Recommendations for future research

It would be useful for future research to focus on recruiting participants who have not had any formal interventions, such as counseling and support group work, in order to explore how other survivors manage the adjustment process. This is particularly relevant, given the observation in the existing literature that the majority of survivors do not seek formal intervention and rely on support from family, friends, and informal systems of support (Harvey, 1996; Stefan, 1994). Future research could shed more light on firstly, whether there are any significant differences between survivors who seek formal intervention and those who don't and secondly, whether there are any differences between those who seek different forms of intervention such as a feminist empowerment model versus a pastoral counseling approach. It is likely that these groups of survivors may have different experiences in the post-rape adjustment process.

In addition, future research should also take into account the following factors when recruiting participants: length of time that had elapsed since the rape, extent of counseling and support group attendance, and other factors such as individual coping mechanisms, inner strengths and support networks such as families and friends. These factors would inevitably influence the stage at which the participant is at which, in turn, would influence the way in which the participant experiences and understands the post-rape adjustment process.

With regards to formal intervention services, the findings of the current study emphasise the centrality of safety and empowerment in the post-rape adjustment process. Professionals who work with rape survivors need to be continuously aware of the importance of creating safety and assisting in empowering survivors. The same also applies to researchers, who should be aware of the importance of establishing a research environment that is safe and empowering for rape survivors.

Those participants who were bilingual chose to have the interview conducted in English. It is useful for future research to consider the significant role of language in the research process. My impression was that perhaps participants felt more comfortable to speak English, or perhaps they perceived me as being more comfortable speaking English since I had greeted them in this language. Future research should consider the potential constraints of language differences between researcher and participant since this is particularly relevant in terms of the power of language in either maintaining or redistributing the power dynamics (Keddy et al., 1996; Maguire, 1987). Participants who are given the opportunity to describe their experiences in their first language are more likely to feel safe and empowered in the process. However, this opportunity may not always be possible without the assistance of a translator, whose presence will inevitably change the dynamics of the interview and bring with it additional elements that need to be acknowledged and reflected upon as part of the research process.

The participants in this study made observations about how easily rape myths are assimilated by society and by themselves in understanding and informing the ways in which survivors and others respond to rape. This calls for continued advocacy around the post-rape adjustment process, where research such as this can be informative and educative.

5.5 Conclusion

What was highlighted in the current research is the manner in which participants appeared to be growing and suffering at the same time, so that post-rape adjustment was more about adjusting to the consequences of the rape than returning to what was before the rape. In the process of adjusting to the rape, the participants are active role-players in their own healing and not passive victims. Their narrative accounts are filled with hope. As Candice explained, being raped is “still not going to kill you...you will be okay”. These are the types of alternative discourses to that of pathology that Thompson (2000) makes mention of and that can potentially provide other rape survivors with hope.

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Subjective accounts of post-rape adjustment amongst South African rape survivors: semi-structured interview schedule.**Framing of the interview, adapted from Harvey (et al., 1994):**

“Thank you so much for giving me your time today. The purpose of this interview is to help us learn more about the impact of traumatic experiences on the lives of individual survivors and, more importantly, to learn something about how people survive, cope with and recover / adjust from these experiences. The interview will take about 90 minutes and will cover many topics – the difficulties you may have and ways in which you cope, your relationships with others, your feelings about yourself, and how you make sense of your experiences and your life. I may move us along from one topic to another in the interest of time; if this ever makes you feel uncomfortable, please let me know. Also, please know that you are free to decline to answer any question I may ask you. Again, thanks so much. Are you ready to begin”?

Demographics

Name:

Surname:

Date of Birth:

Residential suburb:

Type of accommodation:

Lives with:

Marital Status (duration):

Current involvement in an intimate relationship (duration):

Dependants:

Employment / occupation:

Level of education:

Language:

Race:

Physical illness:

Mental illness:

Duration of attendance in support group:

Duration of attendance in individual counseling at Rape Crisis:

Attendance in any other programme at Rape Crisis (eg: Victim Compensation, Speakout projects):

Any previous traumas (list nature of trauma and when this occurred):

Any subsequent traumas (list nature of trauma and when this occurred):

Any other help seeking behaviour:

Research questions

- 1) Tell me about your experience of being raped
- 2) How did this experience affect you?
- 3) What are some of the changes in yourself that you have noted along the way? how did it affect the way you felt about the world in general and your future and the way you felt towards other people?
- 4) How do you make sense of why people rape? How do you make sense of why **you** were raped? Has there been a change in how you understand why you were raped?
- 5) How soon after the rape were you able to disclose your experience to others? What has been some of the initial reactions of significant others to the rape? How have their reactions affected you?
- 6) Have there been any changes in the quality of your relationships with people (friends, family, romantic partners) in your life as a result of the rape and if so, what have these changes been?
- 7) Has the rape affected other areas of your life and if so, in what areas and how?
- 8) Where do you draw strength from in order to cope with what's happened to you? What kinds of things do you do to cope/ manage? Have you changed the way that you manage your distress / cope with difficulties?
- 9) Has there been anything of value that you may have got out of the experience? (Does life seem more, or less meaningful to you than it used to be?)
- 10) What are the hardest things that you feel you are still struggling with?
- 11) Do you feel back to normal, i.e.: the way you felt prior to the rape? How would you define "recovery" from a rape experience? How would you know when you are recovered?

- 12) Is this the hardest thing you've had to deal with in your life or have there been other things that have happened in your life that have been harder than this?
- 13) What did the Rape Crisis Counseling services help you with?
- 14) How do you feel about the future?
- 15) Do you have any questions for me? Is there anything that you would like to ask me or talk to me about?

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