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**The differences in the psychological impact of trauma between
female rape and non-sexual assault survivors**

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EDRSAD001

**A dissertation submitted for the award of the degree of
Master of Social Science in Psychology**

Faculty of Humanities

University of Cape Town

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DECLARATION

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

Signature: Signed by candidate

Date: 26/05/08

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ABSTRACT

International research suggests that rape impacts more negatively on the mental health of rape survivors than non-sexual assault. For both groups the post trauma response has mainly been accounted for by Posttraumatic Stress Disorder (PTSD). Findings from empirical studies are unequivocal that rape survivors are more likely to develop PTSD. Additionally, a rich body of feminist qualitative research has also been generated, which points to a specific post trauma response to rape. In contrast to an abundance of international studies on rape and non-sexual assault, the psychological impact of these traumas on women in South Africa is underresearched. The purpose of the current study was thus to contribute to this gap, and prospectively explored whether the impact of trauma differs between female survivors of rape and non-sexual assault in South Africa. A sample of five rape survivors was recruited from the Thuthuzela Care Centre at G.F Jooste Hospital in the Western Cape. A second sample of five non-sexual assault survivors was recruited through the assistance of the Victims' Support Unit attached to two South African Police stations also in the Western Cape. This study employed a feminist epistemology and a mixed-method approach to gather data. The broad aims of the study were to investigate the differences in the way that the two samples experienced PTSD symptoms, and how the women's subjective accounts and meaning-making impacted on their post trauma response. PTSD symptoms were assessed through the use of Foa's (1997) Posttraumatic Stress Disorder Scale (PDS). Harvey et al.'s (1994) Multidimensional Trauma Recovery and Resiliency Interview (MTRRI) was utilised to elicit participants' subjective accounts and meaning-making of their trauma response. The qualitative interviews were thematically analysed according to a feminist application of grounded theory. The main findings suggest that: 1. there is an interface between PTSD symptoms and meaning-making, 2. the meaning of the women's experience of trauma is embedded in a socio-cultural context, 3. the impact of rape for these women is more negative than for non-sexually assaulted women, 4. distress co-exists with female trauma survivors' agency, and posttraumatic growth occurs even when these women continue to be 'symptomatic'.

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CHAPTER 1

INTRODUCTION

1.1 Background

It is widely documented in international research that the psychological impact of trauma on survivors of rape is more pernicious than for survivors of non-sexual assault (Foa & Rothbaum, 1998; Markesteyn, 2002; Resick, 1987, 1993). The findings consistently show that although there are similarities in the sequelae for survivors of rape and non-sexual assault; rape is characterised by a wider range of short- and long-term psychiatric disorders, behavioural and social adjustment difficulties, and emotional problems (Ellis, 1983; Foa, 1998; Markesteyn, 2002; Nadelson, Notman, Zackson & Gornick, 1982; Resick, 1993). It has been shown that while Posttraumatic Stress Disorder (PTSD) is the most common mental health problem following the experience of a rape or non-sexual assault, empirical studies concur that rape survivors constitute the largest group of PTSD sufferers (Campbell & Wasco, 2005; Foa, 1998). The differences between the trauma of rape and non-sexual assault is also further consolidated in feminist qualitative research that highlights the specificity of post trauma response to rape, this includes: profound feelings of loss and damage to womanhood, perceived stigmatisation, relationship problems, mistrust of men, and difficulties with sexuality, all of which often last for several years after a sexual assault (de Swardt, 2006; Khau, 2007; Kraegel, 2007; Lebowitz & Roth, 1994; Thomson; 2000). It is widely held that when compared with the impact of a non-sexual assault, the multitude and chronicity of post rape mental health difficulties suggests that rape is a more distressing trauma (Faravelli, Guigni, Salvatori & Ricca, 2004; Nadelson et al., 1982; Resick, 1993; Santiago, McCall-Perez, Gorcey, & Biegel, 1985).

The differences between the psychological impact of trauma experienced by rape and non-sexual assault survivors are not known in South Africa because of limited research in psychology on these traumas. Continually high rape and violent crime statistics in South Africa (South African Police Service [SAPS], 2005/2006/2007) warrant an exigent need for more research on the mental health consequences of these crimes. Findings from such research are important for continued improvements to service provision for survivors of a

rape or non-sexual assault and could add value to community intervention programmes.11.2
Magnitude of rape and non-sexual assault in South Africa

Recent statistics published by the South African Police Service (SAPS, 2005/2006/2007) show that reported rape increased from 44 751 in 1994/1995 to 52 617 in 2006/2007 (SAPS, 2007). The escalation of reported rape in South Africa over the past decade has conferred upon South Africa the status of having one of the highest per capita incidences of rape in a war-free country (Artz & Kunisaki, 2003; Britton, 2006; Statistics South Africa [Stats SA], 2000). In 2001 Interpol rape statistics revealed South Africa to have an incidence of 104.6 reported rapes per 100 000 of the population – the highest incidence of rape for that year when compared to twelve other economically similar countries (South African Institute of Race Relations, 2004, p. 402).

Police statistics, however, represent a fraction of the incidence of rape in South Africa as many rapes go unreported (Jewkes & Abrahams, 2002). Several community based surveys, qualitative studies and NGOs indicate that many women choose not to report a rape to the police (Stats SA, 2000; Khau, 2007; Wood, 2006). For example, in the National Victims of Crime Survey conducted by Stats SA (2000), 43.8% of the total sample of rape survivors who participated in the survey stated that they did not report the incident to the police. International surveys and qualitative research similarly attest to the underreporting of rape to the police (Koss, 1993; Ahrens, 2006).

Several barriers to reporting rape have been identified in contributing towards it being one of the most underreported crimes internationally and in South Africa. Internationally these barriers have been cited as being a product of both contextual and individual factors (Gavey, 2005; Wyatt, 1992). This includes fear of retribution by the perpetrator, awareness or experience of secondary victimisation, and the internalisation of rape supportive beliefs and myths which may cause a survivor to fear not being believed, or to anticipate being blamed and/or stigmatised (Koss & Harvey, 1991; Ward, 1995). Factors influencing non-disclosure of a rape to the police are similar in South Africa, added to which there is a historical mistrust of the police in some communities and instances where there is difficulty with physically accessing the police such as for rural women (Jewkes & Abrahams, 2002). Fear of the

forensic examination and/or that medical staff will breach confidentiality, and fears of criminal proceedings have also been reported (Christofides et al., 2003). A low number of cases that reach trial, a poor conviction rate and case-handling by the police (Smythe, 2005) also do little to instil hope of restitution through the criminal justice system.

Rape that falls outside of the parameter of what is culturally defined as a 'real rape' is also subject to underreporting internationally and locally. Non-violent rapes and non-consensual sex within marriages and intimate relationships are often not interpreted as constituting a rape in many communities (Jewkes & Abrahams, 2002; Lira, Koss, & Russo, 1999; Wood, 2007) and hence are not reported to the police. For example, research on a sample of South African youth suggests that sexual coercion and physically forced sex within intimate relationships are often understood as normative heterosexual practice (Wood & Jewkes, 1998; Wood, Maforah & Jewkes, 1996) and therefore young women do not view it as necessary to report these incidents to the police. There are also several other socio-cultural factors that may influence women's decision not to report or disclose a rape to others. In a study on Basotho women in Lesotho who were raped by an intimate partner or an acquaintance, married women's decision to disclose a rape was mitigated by their ambivalence whether forced sex by a spouse constitutes a rape (Khau, 2007). According to Khau (2007), the reason for this is because of the cultural belief that once a husband pays for his wife through the practice of *lobola* (dowry or bride price), the wife is owned and the husband is therefore entitled to sex on demand. In research on female survivors of rape in the Rakai district of south-western Uganda, women's decision to remain silent about their experience was found to be reinforced by a culture of secrecy and shame in response to sexual violence against women (Kraegel, 2007). Some of the women also feared that their chances of marrying one day would be reduced because of stigmatisation and loss of social status should they disclose (Kraegel, 2007).

Arriving at a single rape incidence figure is thus fraught with difficulties because it is underreported to the police, statistics are obtained through diverse methodologies in community-based surveys, prevalence estimates are vulnerable to non-disclosure (Koss, 1993), and rape is subject to different cultural and legal definitions. For instance, police statistics only account for rapes that meet the legal criteria according to the common law of

the country. Until recently South African Common Law defined rape as being intentional, unlawful sexual intercourse with a woman (Burchell, 2005). Male rape and other forms of penetrative sexual violation were classified as indecent assault. The new Sexual Offences Amended Bill, which was promulgated by parliament on 16 December 2007, gives a broader definition of rape and is no longer gender and orifice specific. Current published police statistics in South Africa do not yet reflect rapes that fall within the new legal definition.

Similarly to rape, the high incidence of other reported violent crimes has given South Africa notoriety in the international media. Although police statistics reflect a slight downward trend in violent crimes between 2003/2004 and 2005/2006 (Louw, 2006), common assault, assault with the intent to do grievous bodily harm, common robbery, robbery with aggravating circumstances, and car-jacking have remained consistently high over the past 13 years. For instance, there were 116 736 incidents of robbery with aggravating circumstances between April 2001 to March 2002 compared with 126 558 reported cases between April 2006 and March 2007 (SAPS, 2007). Other contact crimes such as common robbery have also remained steadily high with 71 156 reported incidents in 2006/2007 (SAPS, 2007). The South African Police Service does not disaggregate these crime statistics in terms of gender. However, according to NGOs and national surveys, crimes such as common assault and assault with intent to do grievous bodily harm include a large proportion of reported incidents of domestic violence perpetrated against women (Bollen, Artz, Vetten & Louw, 1999).

Findings in a national victimisation survey conducted by the Institute of Security Studies (ISS) suggest that not all violent crimes are reported to the police, and that official police statistics do not give an accurate reflection of the levels of crime in South Africa (Burton et al., 2003). For instance, the ISS survey found that only 29% of all robberies were reported to the police even though many of these robberies were serious and included the use of a weapon (Burton et al., 2003). According to the survey, some of the reasons for not reporting a crime such as a robbery to the police are: mistrust of the police, lack of police availability, believing the crime not to be important enough, and finding other means to resolve the crime such as vigilantism (Burton et al., 2003).

Notwithstanding the difficulties discussed above in determining the scope of rape and other non-sexual contact crimes, the pervasive occurrence of interpersonal violence in South Africa is undeniable and necessitates investigation into the psychological impact it has on its victims. To date no comparative study has been conducted on the differences in the psychological impact of trauma between female survivors of rape and non-sexual assault in South Africa. The current study attempts to contribute to this gap in the trauma literature, and forms part of a larger, longitudinal doctoral study on the psychological impact of sexual assault in South Africa. The broader study was conducted on a sample of women who received post rape medical treatment at the Thuthuzela Care Centre at G.F Jooste Hospital in the Western Cape. Thus participants in this study were a subset of the larger study.

1.2 Definitions and terminology

1.2.1 Rape

The current study defined rape as the experience of any form of unwanted sexual penetration. All five rape survivor's experience of sexual violation met the criteria of the previous South African Common Law definition as mentioned above.

1.2.2 Non-sexual assault

South African Criminal Law states that assault constitutes the unlawful "application of force" or "inspiring of a belief... that force is to be applied" (Snyman, 2003, p. 430). Assault is further qualified by the intention to commit another crime such as rape, robbery, or murder (Snyman, 2003). Guided by this definition, the current study defined non-sexual assault as crimes committed against another person by a non-partner which involved physical contact (which may have included the use of a weapon), or a direct threat to life by the use of a weapon and without physical contact. Assault within the context of an intimate relationship was excluded from the definition of non-sexual assault for the purposes of this study; the rationale behind this is discussed in Chapter 3. Each of the five non-sexual assault survivors in this study was assaulted with the intention of being robbed of their money, cell phones,

and/or jewellery. Four of the participants' were punched, kicked, pushed, or slapped. One participant's assailant pressed a gun against her forehead but did not use any other form of physical force to attack her. Weapons were also used in two of the other assaults.

1.2.3 Survivor versus Victim

In deciding whether to refer to participants in the current study as survivors or victims the implications of being a researcher with the power to discursively construct an identity for the women was considered. To this end, the findings in a retrospective feminist qualitative study conducted by Thomson (2000), investigating the impact of rape on women informed the decision to refer to all participants in this research as survivors.

In Thomson's (2000) study participants were found to be conflicted in their choice to identify themselves as victims or survivors and at times most preferred to use both terms. The term survivor connoted agency, strength and determination whereas the term victim connoted being powerless, weak, without self-agency and as not having 'recovered', but also as blameless and worthy of support from others. These two identities were regarded as dichotomous and as having salience in different contexts. Although participants perceived that assuming a survivor identity minimized the trauma of the rape they all chose to refer to themselves as survivors. Identifying oneself as a survivor was understood as entailing a process and journey of moving away from being a victim (Thompson, 2000).

The dilemma women were found to experience in positioning themselves as either a victim or a survivor is described by Thomson (2000, p. 329) as a "Victim-Survivor Paradox". In the current research these two identities are not understood as existing in binary opposition to each other as discourses of being a victim or survivor were drawn on simultaneously by participants. The decision to use the term survivor is however preferable from a feminist standpoint when considering that women found it to be an empowering term in Thomson's study.

1.2.4 Racial terms

Whilst it is acknowledged that race is a social construct, the role of racial categories, social stratification, oppression, and racist ideologies in shaping the lives and identities of South African individuals cannot be denied. Under the apartheid regime's Population Registration Act of 1950, 'non-whites' were forced to be registered at birth as African, Indian, coloured or white (West, 1988). This racialised classification system was founded on essentialist theories of racial purity and superiority of whites over all other races (Hendricks, 2001). African peoples, also referred to as black, were sub-divided into ethnic groups such as Xhosa, Zulu, Sotho, and so forth. 'Non-whites' described as having a 'mixed' racial heritage were classified as coloured (West, 1988). The Population Registration Act allowed the Nationalist government to enforce a rigid hierarchical stratification system in South Africa with whites occupying the highest status followed by Indians, then coloureds, with blacks at the lowest end of the strata.

Based on the Nationalist Party's Group Areas Act, South African suburbs were segregated, ensuring that coloureds, Indians, blacks and whites lived separately. One of the purposes of the Group Areas Act was to increase spatial and psychological boundaries between groups, and to reinforce the belief in racial difference. Coloureds, Indians and blacks were allotted areas lacking in developed infrastructure, with blacks allocated to areas that were the most inadequately resourced.

The remnants of apartheid practices such as The Group Areas Act of 1950 (West, 1988) continue to disempower communities. Although some improvement has been made to alleviate a poorly developed infrastructure in coloured and black areas, inequalities in resource distribution and infrastructure created under apartheid are still in need of redress. It is possible that disparities in access to resources could influence women's post trauma recovery and meaning-making. Although it is likely that particular types of racial oppression and trauma may not have been experienced by all participants in the current study, for e.g.: forced removals, segregated schooling, political riots and violence, etc., community psychologists contend that collective memories of racial trauma spans generations, impacts on identity, and the experience of other interpersonal traumas (Tummala-Narra, 2007).

The participants in this study would all have been classified as coloured under the apartheid dispensation's Population Registration Act. I will refer to the women using the term 'coloured' but wish to move beyond its limited and essentialist conceptualisation as a mixed 'race', and towards acknowledging it as an identity that evolved through being assigned a racial category. This is not to imply that there is a fixed coloured identity as identities are multiple, historically located and are "made and re-made" (Erasmus, 2001, p. 16). It should also be noted that the coloured identity has always been a contentious, complex one and remains a contested category for many (Hendricks, 2001). During the apartheid era many coloured people rejected this enforced classification; there are also those who currently call for a broader South African identity (Adhikari, 2005). However, 'colouredness' has mostly been re-embraced and asserted as a social identity in post-apartheid South Africa for many different reasons, one being the perception that coloureds are being marginalised and continue to hold an intermediate position between black and white as a population under the new democratic dispensation (Adhikari, 2005).

The term coloured was therefore used in this study as a way of being attentive to 'race' in terms of marginalisation created under apartheid and the identities of women in a particular political and cultural context. It is postulated that participants' race and coloured identity/ies may influence the impact and meaning of their trauma and that individuals' "narrative style" personal accounts of violence, and socio-economic status are 'talked through "race"' (Fine, Weis, Weseen & Wong, 2000, p. 112), identity and culture. In the current study the women tended to use racial categories only when the race of the perpetrator differed to their own and mine. For example, two non-sexually assaulted women described their assailants as black or African. Because we shared the same 'race' the participants may have assumed that it was implicit that their assailants were 'coloured' if they did not refer to a racial term. This could also imply a need to 'other' their assailants by differentiating themselves racially and reflects the historical salience of racial difference as marker of social identity.

1.2.5 Cape Flats

The Cape Flats is a colloquial term that refers to the vast expanse of low-lying, wind-swept land in Cape Town that when viewed from afar appears *flat*. With the introduction of The

Group Areas Act in 1950 the government began the process of forcing non-white South Africans residing in Cape Town to move from more centrally located urban areas into townships designated coloured or black in the Cape Flats. Resistance against relocating often resulted in violent forced removals by the police and many people had their homes bulldozed. The poor infrastructure in townships on the Cape Flats and the physical and social density of many of these areas resulted in a range of on-going social problems such as violence, crime and gangsterism.

1.3 Outline of dissertation

The next chapter charts the history of psychological trauma studies within which, the contribution of feminism towards reconceptualising understandings of rape is considered. International and South African studies on rape and non-sexual assault are reviewed, included in this is a discussion of the limitations and gaps in the literature. An overview of some of the contemporary models of trauma will be outlined with a view to locating this study. Chapter three describes the feminist location of this thesis: the methods used, and the rationale for the methodological and epistemological orientation of the study. Chapter four introduces each of the participants in the study, included here are: demographics of the women, a summary of their assault, and relevant person and socio-contextual factors. Chapter 5 presents the results and an analysis of the quantitative and qualitative components of the study. In the final chapter a more nuanced discussion of the implications of the results is given, followed by an overview of the limitations of this study, and recommendations for future research on non-sexual assault and rape. The dissertation concludes with a brief reflection of the meaning of the findings from a feminist perspective.

CHAPTER 2

LITERATURE REVIEW

This chapter begins by tracing the history of research on psychological trauma and highlights that progress in this field is dependent on a socio-political context that affirms and validates its existence. Linked to this, the pivotal role of second wave feminism in shifting and challenging understandings of rape prevalence, myths and the emotional trauma of rape is presented. The conceptualisation of Rape Trauma Syndrome (RTS) within the context of the feminist movement is outlined for its contribution to providing an initial understanding of the psychological impact of rape. The tendency to later describe rape trauma in psychiatric terms is noted with reference to the dominant focus on Posttraumatic Stress Disorder (PTSD) in international trauma studies. The applicability of PTSD as a construct to account for the cluster of distress-related symptoms experienced amongst rape survivors is discussed with the understanding that RTS was subsumed under it because it had more scientific authority, and reflected the increased medicalisation of psychological trauma. A discussion of the limitations of RTS, PTSD, and the symptomatology trauma literature on rape and non-sexual assault are given with a focus on feminist concerns that are linked to this study. Following this, the posttraumatic growth and resilience literature are considered for its utility in providing alternative discourses to the traditional trauma paradigm. Much focus is then given to an ecological model of trauma for its value in conceptualising trauma response as a multidimensional, diverse phenomenon, and for its emphasis on the socio-culturally derived meaning of trauma. Thereafter, relevant research to the current study in South Africa on rape and non-sexual assault is outlined which leads into the focus of this dissertation.

“Without the context of a political movement, it has never been possible to advance the study of psychological trauma.” Herman, 1992, p. 32

2.1 History of the study of psychological trauma

The study of psychological trauma has a history that is marred by “episodic amnesia” (Herman, 1992, p. 7), lapses of interest have been interspersed with a “fascination” for this

phenomena (van der Kolk, Wisaeth & van der Hart, 1996, p. 47). According to Herman (1992), renewed interest and investigation into specific types of psychological trauma have always been dependent on alliances forged with political movements. Three separate episodes of inquiry into it emerged because of this. The first was the study of hysteria, which arose from an alliance between psychiatry and the secularist movement in late nineteenth-century France. Then an episode of investigation into combat neurosis or war 'hysteria' was precipitated by the two World Wars. The systematic study of combat related trauma peaked after the Vietnam War on account of the advocacy of the anti-war movement. The third, and most recent inquiry was the study of female sexual trauma and domestic violence, this was spurred by the feminist movement in the U.S.A and Western Europe (Herman, 1992; Neville & Heppner, 1999). A more detailed discussion of the progress of these inquiries into trauma will follow.

The study of hysteria occurred within the context of political conflict between proponents of a monarchy, who had a long-standing religious base, and advocates of a secular, republican government. Motivated by the secularist quest to prove that scientific enlightenment was superior to religious beliefs or superstitions, the French neurologist Jean-Martin Charcot of the Salpêtrière, initiated investigation into hysteria (Herman, 1992). Up until this time, hysteria had not been systematically defined and popularist understanding held that it was a disease that afflicted women and had its origins in the uterus, hence the name *hysteria* which is derived from the Greek word for uterus, *hysteria*.

Later in the mid-1890s, Freud, a follower of Charcot, recognised an aetiological link between the experience of sexual abuse during childhood and female hysteria (van der Kolk et al., 1996). Based on the findings in his case studies he formulated a theory of trauma in which he asserted that the origins of hysteria were connected to childhood sexual trauma. However, the implications of acknowledging that sexual abuse, in particular incest, could be endemic amongst all classes of society including the bourgeoisie ran counter to the scientific endeavour of Freud's peers. Not only did it pose a threat to their patriarchal values, as hysterical women were merely 'subjects' to be studied, it also undermined the social mores amongst the bourgeoisie whom they represented and therefore Freud's theory of trauma was rejected. Following this, Freud reneged on his original theory of trauma and formulated the

seduction theory in which he claimed that psychological trauma had its roots in repressed infantile sexuality (van der Kolk et al., 1996). In his autobiography Freud emphatically states that his belief in the reality of his female patients' claims of experiencing incest was a "mistake" (Freud, 1950, p. 62) and that he realised what they described were merely "seduction-phantasies" (Freud, 1950, p. 61).

In keeping with Freud's focus on intrapsychic reality, psychiatry ignored the possibility of real-life trauma (Herman, 1992). The reality of women's experiences of sexual violence was thus dismissed and suppressed from entering into academic and public discourse. It was not until the second political alliance with psychiatry was forged that interest and research into 'real-life' psychological trauma re-emerged. Freud's decision and the reaction from his peers illustrate that progress in understanding a particular type of psychological trauma is largely dependent on a social and political context that is receptive to its existence, and in many ways reflect the status of different groups of people at particular points in time.

The course of the second episode of investigation into psychological trauma occurred intermittently during both World Wars, but it was only after the Vietnam War that large-scale studies were undertaken on combat related psychological trauma (Herman, 1992). Studies based on male combat veterans were instrumental in leading to the formulation and classification of Posttraumatic Stress Disorder (PTSD) by the American Psychiatric Association (APA) as a psychiatric disorder in 1980 (Herman, 1992). The formal recognition of PTSD as a diagnostic category validated the existence of psychological trauma and finally ended debate in psychiatry over its aetiology. Up until then, the dominant model of understanding trauma conceptualised it as intrapsychic in origin and the locus of pathology was thus thought to be within the individual. This was replaced with a new conceptualisation of the aetiology of trauma as being precipitated by an external event, and importantly gave credibility to the experience of both war-related trauma and trauma in civilian life (van der Kolk et al., 1996).

The third episode of inquiry into psychological trauma derived its impetus from the feminist movement in the U.S.A and Western Europe (Herman, 1992; Neville & Heppner, 1999). In response to feminist activism against rape in the U.S.A, federal congress established the

National Centre for the Prevention and Control of Rape (NCPR) in 1975 (Koss, 2005). This provided funding and structure for research on rape, and subsequently stimulated a growth in research on the topic (Neville & Heppner, 1999). The advent of research on rape as a legitimate field of study, a theoretical understanding of the role of patriarchy as an underlying cause of sexual violence, and improved awareness across different spheres of society of the psychological harm of it is attributed to feminist activism and scholarship. The contribution and challenges of feminism towards understanding rape will be expounded more in the next section.

2.2 The feminist movement: challenges to understanding rape

The second wave of feminism in the U.S.A is thought to be pioneering for its contribution to reconceptualising and reinterpreting rape on a micro and macro societal level in several ways that will be outlined in this discussion. It is worth noting that before the resurgence of feminism in the early 1970s, the civil rights movement of the 1960s had already made favourable inroads into creating a social and political milieu in which opposition to oppression and human rights concerns were publicly expressed. For this reason the civil rights movement has in many ways been credited for setting the stage for the activism of the grass-roots rape crisis centre movement and stimulating feminist debate, ideology and action which led to important transformations in how rape was understood (Koss & Harvey, 1991; Brownmiller, 1999).

Feminists' collective action on both a grass roots and academic level began by challenging the public and private silences around rape and in so doing raised public, social and political awareness of the high prevalence of sexual violence committed against women. An example of this is the first public speak-out campaign and a conference on rape held in 1971 by the New York Radical Feminists soon followed by the establishment of the first rape crisis centres in 1972 (Brownmiller, 1999). Early second wave feminism thus 'demystified' rape and empowered women to come forward to share their experiences of this previously 'silent' trauma. The founding of rape crisis centres also provided invaluable counselling services at a time when women's experiences with institutional services often resulted in them feeling revictimised (Koss, & Harvey, 1991). According to Ward (1995), professionals working

within the medical, legal and mental health fields were often misguided by misconceptions of rape, and their attitudes towards sexual assault survivors were largely informed by pervasive rape myths. To this end, feminists were driven by the goal of improving service provision for survivors of rape and through their advocacy work “articulated the physical and emotional trauma” of it (Koss & Harvey, 1991, p. 123). Their efforts at conscientising and sensitising professional institutions about rape led to significant reforms to service provision which feminists criticised as being fundamentally hierarchical and treating raped women in a perfunctory manner (Koss & Harvey, 1991; Ward, 1995).

Alongside grass roots activism, important feminist scholarship emerged which substantiated feminists' claims that rape was a common experience for women (Gavey, 2005). Russell's research on “wife rape”, which she began in the early 1970s, demythologised the stereotypical view that rape is an act which always embodies extreme violence perpetrated by a stranger (1990, p. 9). In the 1980s epidemiological studies on rape in the U.S.A, spearheaded by Russell and Koss, revealed that rape prevalence was grossly underestimated and dispelled the myth that it was a rare event thus giving it recognition as a social problem (Gavey, 2005).

Susan Brownmiller's seminal book on rape, *Against Our Will*, published in 1975 had an influential role in feminists' analyses, debate and theory on the historical causes, and the ideology that underpin it. Her work provided a stimulus for feminists to engage in a socio-political analysis of rape, from which challenges to traditional victim-blaming discourses ensued (Koss & Harvey, 1991; Gavey, 2005). In their analysis, feminist scholars and activists asserted that patriarchy and patriarchal institutions, which perpetuate dominance-submission gender roles for men and women, be viewed as fostering a society in which sexual violence committed against women is condoned and justified (Ward, 1995; Koss & Rozee, 2001; Gavey, 2005).

Patriarchal gender-differentiated discursive constructions of sexuality within heterosexual relations were problematised by feminists as being the “building blocks” of social and cultural tolerance of rape (Anderson & Doherty, 2008, p. 7) which set the preconditions for it to be viewed as “just sex” (Gavey, 2005, p. 136). Thus, for example, women's sexuality has

commonly been constructed as a paradoxical combination of being asexual yet “rabid and dangerous” and therefore in need of “control” (Hollway, 2001, p. 232). The “male sexual drive discourse” as referred to by Hollway (2001, p. 231), construct men as biologically driven heroes who are merely acting on their ‘naturally’ uncontrollable libidos and by so doing are unleashing or controlling women’s teeming sex drive (Brownmiller; 1975; Gavey, 2005). Feminists argued that gender-differentiated discourses of sexuality could thus be used to justify and/or minimise the harm done by rape and has led to a culture that condones rape or what some feminists call a “rape culture” (Gavey, 2005; Koss & Rozee, 2001; Ward, 1995). These essentialist notions of sexuality found support in the field of sexology which popularised the belief that forced sex is natural and normal (Gavey, 2005). Brownmiller’s work (1975) was pivotal in drawing attention to how popular culture and patriarchal ideology diminished male responsibility for rape. Her scholarship added insights to feminist theory on rape and motivated a feminist critique of essentialist gender-differentiated constructions of sexuality and rape myths (Ward, 1995).

Rape myths are broadly defined in the literature as widely held stereotyped or false beliefs about rape (Lonsway & Fitzgerald, 1994). This includes beliefs in victim masochism, victim precipitation, and victim fabrication (Koss, Heise & Russo, 1994). Until the second wave of feminism rape myths had gone unchallenged and thus became ingrained and normalised in dominant discourses on heterosexuality (Brownmiller, 1975; Gavey, 2005). Feminists vocalised how justifications for rape were promoted in rape myths which erroneously apportion blame to a woman by accusing her of ‘asking for it’ or being a ‘tease’ by the way she dressed and/or behaved, for example. A claim of rape that did not conform to stereotypical definitions of what a ‘real’ rape is (i.e. an excessively violent act committed by a deranged stranger against a chaste woman) informed the belief that rape allegations needed to be treated with caution (Brownmiller, 1975; Gavey, 2005). Brownmiller (1975) also pointed out how Freud’s seduction theory was used in psychoanalysis to explain rape by fathers or authority figures as pure fantasy. This view further cemented the myth that women secretly harbour a rape wish (Brownmiller, 1975; Ward, 1995). Current research findings internationally and in South Africa suggest that rape myths continue to be propagated and contribute significantly to post rape adjustment and meaning-making (Bletzer & Koss, 2004; Booley, 2007; Lebowitz & Roth, 1994; Sonnie, 2003). International cross-cultural studies on

rape proclivity indicate that men who endorse rape myths are more likely to perpetrate sexual assault against a woman and that men who are inclined to commit a rape are motivated by domination over women (Chiroro, Bohner, Viki & Jarvis, 2004). These findings lend further support to the feminist argument that sexual violence is an expression of male dominance in a society where women occupy subordinate roles.

To conclude, feminist activism and analysis of rape is credited with helping to create a turning point in the way rape was understood and changed the focus of trauma research in the U.S.A, which up until 1974 focused almost “exclusively on its effects on white males” (van der Kolk et al., 1996, p. 61). Burgess and Holmstrom’s (1974) documentation of the pattern of symptoms experienced by rape survivors in their research, described as Rape Trauma Syndrome (RTS), is considered to be a landmark study which occurred within the context of the feminist movement (Brownmiller, 1975). Their research helped further feminists’ efforts to conscientise the medical, legal, and mental health professions of the noxious impact of rape. Although RTS is no longer widely used amongst researchers and clinicians because it has been eclipsed by PTSD, it will be briefly discussed in the next section in view of its contribution to providing an initial description for the cluster of symptoms experienced by rape survivors.

2.3 Rape Trauma Syndrome: an initial understanding of rape trauma impact

Professor of nursing, Ann Burgess and Associate Professor of Sociology, Lynda Holmstrom used the term RTS to describe the pattern of symptoms observed in survivors of rape in their research (Burgess & Holmstrom, 1974). Based on their findings they outlined the symptoms of RTS as being a two-phased reaction. The first phase is described as the acute phase and follows in the immediate aftermath of rape. In the acute phase survivors may show one of two emotional styles of coping: the expressed style and the controlled style. According to Holmstrom and Burgess (1974), the expressed style of coping is characterised by the expression of a wide range of feelings, such as fear, anger, anxiety, crying, smiling, etc. In contrast to this, the controlled style is when feelings are “masked” and the survivor appears

calm (Burgess and Holmstrom, 1974, p. 982). The acute phase includes physical trauma, gastrointestinal irritability, somatic manifestations such as muscle tension, and sleep disturbances (Burgess and Holmstrom, 1974). Humiliation, self-blame, fear and anger are some of the emotional reactions recorded in their findings (Burgess and Holmstrom, 1974).

Burgess and Holmstrom (1974) termed the second phase of RTS recovery as the phase of reorganisation. This is seen as being a long-term process in which survivors of rape make lifestyle changes in an effort to restore their sense of autonomy (e.g. relocating, changing telephones numbers, more frequent contact with family members, turning to support from close friends, etc.). In a follow-up study Burgess and Holmstrom (1979) noted that sexual difficulties continued unabated four or six years after the rape, thus suggesting that this is one of the more enduring post rape symptoms. This finding has since been confirmed in several studies (Resick, 1993).

Although Burgess and Holmstrom's study (1974) was not the first to document the psychological effects of rape (see Sutherland & Sherl, 1970), it has been described as groundbreaking because the constellation of post rape symptoms were for the first time defined as a syndrome. The publication of their findings was also timely as it coincided with a new acceptance by the mental health profession that rape was a reality and not a fabrication based on fantasy (Stefan, 1994).

2.3.1 Critique of RTS

Although not included in the Diagnostic and Statistical Manual of Mental Disorders (DSM), RTS is considered to be a variant form of PTSD (Stefan, 1994). Despite its feminist underpinnings, RTS has subsequently been criticised for being anti-feminist for several reasons, including the suggestion that a diagnosis or a syndrome depoliticises rape and isolates rape survivors (Stefan, 1994; Trowbridge, 2003). For example, the use of RTS in a court of law to prove the authenticity of a rape locates the pathology within the individual rather in a society that fosters rape. Stefan (1994) therefore argues that RTS undermines an initial goal of feminist activists in the early 1970s which was to articulate the trauma of rape within a social and political context.

The main crux of the critique by feminists against the use of RTS is that it pathologises women's adaptive reactions to rape, and in so doing it displaces the focus onto a survivor's symptoms instead of the perpetrator's actions and the realities of a society in which women are vulnerable to rape. The trauma of rape thus becomes an individualised experience stripped of context (Gilfus, 1999). While these criticisms against RTS are valuable in broadening the conceptualisation of trauma, Burgess and Holmstrom's (1974) noteworthy contribution to understanding the sequelae of rape at a time when no formal recognition existed of this trauma must be acknowledged.

Because of the overlap between the main presenting features of RTS and PTSD, RTS became "subsumed" under PTSD as a diagnostic category (van der Kolk et al., 1996, p. 61). RTS has also generally not been accepted as a legitimate diagnostic category within psychiatry because it has not been scientifically validated. Since its formulation, PTSD has dominated the focus of post rape pathology and reflects a broader medicalisation of the impact of rape. An overview of the utility of PTSD is given, followed by an outline of some its limitations.

2.4 Posttraumatic Stress Disorder (PTSD): the medicalisation of understanding the impact of rape

"An experience does not really exist until it can be named and placed into larger categories"

(van der Kolk & McFarlane, 1996, p. 5).

The inclusion of PTSD in 1980 by the APA in the Diagnostic and Statistical Manual (DSM) provided a scientific explanation framed within a cause-and-effect model for understanding the effects of trauma (Wasco, 2003). A cause-and-effect model negated previous theories of hysterical individuals as being inherently predisposed to mental pathology. The essential causative factor to precede PTSD is currently defined as the experience or witnessing of an extreme stressor that evokes feelings of intense fear, helplessness, or horror (APA, 2000).

An overwhelming corpus of empirical research indicates that PTSD is the most frequently experienced mental health consequence to follow rape and non-sexual assault (Foa, 1998), but that rape survivors are diagnosed with PTSD more than any other group of traumatised

individuals (Foa, Rothbaum & Steketee, 1993). The diagnostic criteria for PTSD outlined in the DSM-IV-TR (APA, 2000) require that individuals experience the following three symptom clusters: 1. re-experiencing of the trauma (e.g., distressing recollections, flashbacks) 2. avoidance of any stimuli associated with the trauma and numbing, and 3. increased arousal (e.g., sleep disturbances, irritability and anger, hypervigilance). A diagnosis of PTSD can only be made if the symptom criteria persist for longer than one month. During the first month post trauma, a diagnosis of Acute Stress Disorder (ASD) is given.

PTSD has provided a useful construct for describing and understanding common post rape symptomatology. It connects rape survivors to a broader community of individuals who have experienced a trauma, and because it falls with a medical framework it has enabled trauma survivors to access mental health services more readily (Gilfus, 1999). Importantly, PTSD gave post rape trauma an external, measurable reality through locating it within a larger medical paradigm and marked a critical shift towards understanding female sexual trauma as 'real'. Recognition within psychiatry that PTSD largely encapsulated women's responses to sexual trauma gave it a scientific credence which prompted the growth of empirical research on this subject. This in turn paved the way for important developments in theoretical and clinical understanding of the effects of rape on women, and also effective therapeutic interventions (Wasco, 2003). However, within this growth, rape research became increasingly quantified which resulted in deflection away from attention to subjective meaning-making and the influence of the socio-cultural context on post rape trauma. Thus, whilst the application of PTSD to describe rape survivors' post trauma response has been of value, there are several limitations which will be outlined in the following discussion. Included here is an overview of mental health difficulties, which according to empirical findings, typify rape survivors' distress-related symptoms.

2.4.1 Limitations of PTSD

Trauma theorists have increasingly criticised researchers' continued emphasis of PTSD as a primary diagnosis for survivors of rape (Yuan, Koss, & Stone, 2006). Although empirical studies concur that PTSD is the most frequently experienced psychiatric disorder amongst rape survivors (Foa & Rothbaum, 1998), PTSD does not cover the full spectrum of

psychiatric, psychological and somatic symptoms that commonly follow this trauma. Some of the characteristic features reported amongst survivors of a rape are: gastrointestinal disturbance (Burgess & Holmstrom, 1974; Goodman, Koss, Russo, 1993), sexual dysfunctions (Burgess & Holmstrom, 1974; Neville & Heppner, 1999; Resick, 1993), perceptions of poor physical health (Goodman, et al., 1993; Kimerling & Calhoun, 1994), self-esteem difficulties (Resick, 1993), suicidal ideation and attempted suicide (Kilpatrick, Best, Veronen, Amick, Villepontoux, Ruff, 1985; Resick, 1987). Obsessive-compulsive symptoms such as frequent body washing have also been reported by some survivors of rape (Boudreaux et al., 1998; Kilpatrick, Resnick, Best & Saunders, 1998; Dahl, 1989; Ellis, 1983; Resick, 1993; Sonnie, 2003). These findings provide compelling evidence to suggest that the sequelae of rape is pathogenic in ways that are not only accounted for by PTSD as argued by several trauma theorists (Yuan et al., 2006). However, the focus is still on pathological post rape outcomes, which give a uni-dimensional, medicalised perspective of trauma. Instead, feminists have argued for a broadening of the medicalised trauma paradigm because it renders the psychological aftermath of rape for a survivor as an individual, pathological response devoid of social and cultural context (Gilfus, 1999; Wasco, 2003).

Although PTSD as a clinical diagnosis has been immensely useful in understanding women's reactions to rape and non-sexual assault, feminists and community psychologists have also questioned the extent of its utility on underresearched populations because it has an inherent gender and cultural bias (Harvey & Tummala-Narra, 2007; Wasco, 2003). The formulation of PTSD was largely based on the experiences of white, male, war veterans (Wolfe & Kimerling, 1997), and thus its applicability to minority groups in the U.S.A, and populations in non-Western and developing countries is questionable. Some feminists therefore argue that the usefulness and cultural appropriateness of PTSD may be limited since it offers an ethnocentric paradigm for understanding trauma, and overlooks how the interaction of contextual variables such as race, gender, culture and class may inform the meaning of a trauma (Regerh, Marziali & Jansen, 1999; Wasco, 2003). An over-reliance on PTSD as a measure to account for trauma response, may thus exclude other possible manifestations of traumatic response in particular by women in underresearched populations (for example, marginalised and historically oppressed women in South Africa).

In the same vein, although socio-culturally derived cognitive appraisals of a traumatic experience are known to impact on PTSD symptoms (Foa, 1998), the trauma research has tended to use PTSD to focus on individual pathology. The application of PTSD in most research has thus erased socio-cultural contextual factors which may interact with PTSD symptoms. Wasco (2003, p. 312) states the traumatic event is “not the only source of harm” for survivors of rape as the experience of trauma may be compounded by the intersection of racial and sexual oppression, socio-economic status, and exposure to elevated levels of interpersonal violence and crime in some communities.

There is also an argument against clustering rape together with different traumatic events in the DSM – criterion A in the PTSD diagnosis – because it effaces the social and cultural context in which women are vulnerable to rape (Gilfus, 1999). Thus sexual violence against women is not differentiated from the experience of another trauma because its political and gendered dimension is factored out. Feminists contend that this depoliticises rape as an act of gender-based violence predominantly perpetrated against woman (Gilfus, 1999; Stefan, 1994; Wasco, 2003).

Similarly to RTS, PTSD is also criticised for constructing the reactions of rape survivors as pathological and for this reason it is thought to be disempowering. However, this particular criticism should not be weighed against the experience of women who find that a diagnosis of PTSD is empowering (Brison, 2002; Gilfus, 1999). Many survivors of a rape describe that the process of being able to ‘name’ their symptoms normalises their experience of trauma (Farley, Baral, Kiremire & Sezgin, 1998). Nonetheless a more critical, circumspect, and holistic approach to the traditional framework of understanding post trauma responses to rape and other traumas such as non-sexual assault may be useful.

2.5 International comparative research on rape and non-sexual assault

There is consensus in empirical research that although the sequelae following rape and non-sexual assault are similar; the intensity and duration of post assault psychiatric disorders and psychological reactions are more severe for survivors of rape (Boudreaux et al., 1998; Foa & Rothbaum, 1998; Marksteyn, 2002; Resick, 1993). The psychiatric disorders identified as common to both survivors of rape and non-sexual assault are: depression (Frank & Duffy Stewart, 1984; Boudreaux et al., 1998; Carlson & Dutton, 2003; Kilpatrick & Acierno, 2003; Faravelli et al., 2004), PTSD, anxiety, dissociative reactions, social adjustment difficulties (Foa & Rothbaum, 1998), substance abuse, agoraphobia, social phobia, specific phobia, and panic disorder (Boudreaux et al., 1998; Carlson & Dutton, 2003; Kilpatrick & Acierno, 2003; Faravelli et al., 2004). Of these disorders, PTSD occurs the most frequently in rape and non-sexual assault survivors (Foa, 1997; Janoff-Bulman, 1985; Kilpatrick et al., 1989; Riggs, Rothbaum & Foa, 1995). However, studies that have compared the sequelae following rape and non-sexual assault have repeatedly found PTSD – in both its acute and chronic forms - to affect a significantly larger proportion of rape survivors than survivors of non-sexual assault (Kilpatrick et al., 1989; Rothbaum et al., 1992; Faravelli et al., 2004; Campbell & Wasco, 2005). Similarly, many of the psychiatric disorders and psychological difficulties common to rape and non-sexual assault are more likely to affect survivors of rape than survivors of non-sexual assault (Boudreaux et al., 1998; Resick, 1993; Wirtz & Harrell, 1987; Astbury & Cabral, 2000).

Emotional responses following rape and non-sexual assault are also similar, for instance, feeling shame (Andrews, Brewin, Rose & Kirk, 2000), a sense of loss (Foa, 1998; Sales, Baum & Shore, 1984), self-blame (Goodman, et al., 1993; Kimerling & Calhoun, 1994; Eagle, 1998), and a lowered self-esteem (Resick, 1993), but is experienced more frequently and intensely by rape survivors (Foa, 1998).

From the above international empirical findings, it is evident that the impact of rape and non-sexual assault share similarities, but that rape affects women in profoundly different ways. The wider spectrum and chronicity of mental health difficulties affecting rape survivors suggests that the impact of sexual violence is more damaging when compared to non-sexual

assault. However, published qualitative research that compares and explores the differences between rape and non-sexual assault survivors' trauma, and how meaning-making is informed by their socio-cultural context is an underresearched area. It is important to consider how the socio-cultural context influences the meaning of a trauma especially as a way of understanding why the impact of rape may follow a different trajectory to that of non-sexual assault. This gap in the literature is of particular pertinence to the current study and will be explored in more detail within a discussion of other limitations in trauma studies that are of relevance.

2.6 Limitations in current international research

The most critical of the limitations to this study, as noted above, is that the specificity of the psychological sequelae following rape is not always emphasised in the literature as being distinct from the experience of other life-threatening trauma such as an assault or robbery. Given the aforementioned quantitative focus of comparative trauma studies, it is not clear from this literature how the differences between post trauma outcome for rape and non-sexual assault survivors are mediated by socio-cultural contextual variables. It is apparent from the qualitative international findings that the meaning of a rape is related to a complex interweaving of socio-cultural discourses on rape, sexuality and womanhood or gender identity, and that this meaning mediates post rape recovery (Anderson & Doherty, 2008; Lebowitz & Roth, 1996; Thompson, 2000; Ward, 1995). Rape survivors have historically been constructed in discourses of stigma, damage to womanhood, defilement, and shame, unlike social constructions of non-sexual assault survivors who tend to be framed in more positive, blameless, and sympathetic discourses (Ward, 1995). Several international and local qualitative studies concur that pervasive negative social constructions of rape survivors have an adversarial impact on their recovery and meaning-making (de Swardt, 2006; Khau, 2007; Kraegel, 2007; Lebowitz & Roth, 1996; Wood, 2007).

On account of the paucity of comparative qualitative studies, the different social constructions of these traumas have not been emphasised. Comparative studies that explore socio-culturally derived meaning-making could add important insights into how the meaning of a trauma is influenced by discourses that construct survivors of a rape and non-sexual

assault differently. Such research could also elucidate how meaning-making may interface with post trauma symptoms and improve understanding of why rape survivors tend to experience more negative outcomes. The implications of such findings could inform social intervention and educative community programmes. Currently research on men's attitudes to rape in South Africa is developing as a means to counter pervasive discourses that legitimate it (Sikweyiya, Jewkes & Morrell, 2007). Transformative research of this kind could be conducted with communities to challenge victim-blaming discourses and negative attitudes towards rape survivors. Findings from comparative research on these traumas could also be useful for improving service provision for rape survivors, who based on empirical findings, are more likely to experience secondary victimization from medical, legal and mental health care works than survivors of other traumas (Campbell et al., 1999). Much focus has been given to the above discussed limitation in comparative research on rape and non-sexual assault survivors because it has particular relevance to the current study.

A second limitation in current published research on female sexual trauma and comparative studies on rape and non-sexual assault is that it has mainly been conducted on white women in the U.S.A (Farley et al., 1998; Rozee & Koss, 2001). For this reason the generalisability of findings from these studies is limited. Ethnic minority women in the U.S.A, and women in developing countries - for example, South Africa - are underrepresented in the research on sexual victimisation (Farley et al., 1998). Marginalised women living in these countries often face multiple stressors such as poverty, unemployment, living in areas with a high incidence of crime, lack of access to medical and psychological support, etc. It is likely that these difficulties could exacerbate the psychological impact of trauma on women (Astbury & Cabral, 2000; Atkeson, Calhoun, Resick & Ellis, 1982; Sales et al., 1984; Wasco, 2003).

Another limitation is that the heterogeneity of women is ignored and by implication dominant research findings universalise women's experiences of trauma. This trend in research is reflected in the popular theory which postulates that rape and non-sexual assault shatters women's assumptions about their world as being a safe and just place (Janoff-Bulman, 1985). Contrary to this theory, Wasco (2003) states that rape is not necessarily a 'world shattering' experience for some women who have encountered multiple forms of oppression such as

racism, sexism, poverty, child abuse, domestic violence, etc., but merely confirms their status as vulnerable citizens in an unjust or unsafe world.

Furthermore, common post rape emotional difficulties, such as pain and anger should also be located within a wider context. An acontextual model of understanding a woman's response to rape attributes pain to the experience of being raped and anger as being directed at the rapist alone. Many rape survivors' trauma is compounded by the experience of secondary traumatisation caused by ineffective police management of their rape case, poor treatment by medical personnel and unsupportive responses from significant others (Campbell et al., 1999).

Trauma theorists have recognised that the expressions of trauma are varied, and that a uni-dimensional trauma paradigm may be too limiting to account for the wide-ranging expressions of trauma (Gilfus, 1999). To broaden an understanding of the diversity of trauma response in recovery amongst rape survivors, the influence of multiple variables have been considered such as: demographics, prior psychological functioning, cognitive appraisals, assault characteristics, and post assault factors (Briere & Jordan, 2004; Resick, 1993). These variables will be discussed in more detail as delineated by a multidimensional ecological model understanding of trauma later in this chapter. Current directions in trauma research, in particular in the field of community psychology, are moving towards an understanding of the role of multiple contextual factors in determining the diversity of trauma response (Harvey, 2007). This is significant for understudied populations within psychology as little is known about how women express and recover from trauma in minority cultures in the U.S.A, and in non-Western and developing countries.

Finally, there is a proclivity in the international trauma literature to focus on negative post trauma symptomatology and psychiatric illness (Burt & Katz, 1987, Tedeschi & Calhoun, 2004, Thomson, 2000). Negative post trauma mental health outcomes have thus almost come to be viewed as the norm (Bonnano, 2004, Tedeschi & Calhoun, 2004). The cause-and-effect model of PTSD in particular suggests it to be an inevitable outcome. Contrary to this conceptualisation of trauma impact, research findings have shown that many trauma survivors do not develop complete or chronic PTSD (Harvey, 2007). The limitation in this

trauma paradigm is that it excludes the possibility of a more hopeful or positive outcome for survivors of a trauma (Linley & Joseph, 2004). The following section discusses new directions in trauma research which have attempted to address some of the limitations outlined.

2.7 Current trends in trauma research

2.7.1 Resilience and Posttraumatic growth

Although recognition of both resilience and posttraumatic growth in the face of trauma have a longstanding history in philosophy, literature and religion (Linley and Joseph, 2004, Park & Helgeson, 2006), these phenomena have only recently begun to flourish as an area of research in psychology (Frazier et al., 2004; Park & Helgeson, 2006). Exploring alternative outcomes to trauma ameliorates the bias toward researching negative posttrauma sequelae and presenting a unidimensional trajectory for post trauma recovery.

Resilience is regarded as a concept closely related to posttraumatic growth (Tedeschi & Calhoun, 2004). Unlike posttraumatic growth, resilience is considered to be the ability to maintain a pre-trauma exposure level of functioning. It is hypothesised that resilient individuals have coping capacities that buffer them against trauma and for this reason, these resilient individuals engage less in processing a trauma as an adversarial event that is psychologically distressing.

The construct of posttraumatic growth is defined as a positive life change following a highly stressful or traumatic event in which a “struggle” with the trauma must be cognitively processed (Park & Helgeson, 2006, Tedeschi & Calhoun, 2004, p. 4). Posttraumatic growth is reported to be transformative and areas of pre-trauma psychological functioning are surpassed (Park & Helgeson, 2006, Tedeschi & Calhoun, 2004). Growth, however, is not an outcome that inevitably follows a trauma or highly stressful event and often occurs concurrently with psychological distress (Tedeschi & Calhoun, 2004). The process of posttraumatic growth involves the restructuring and rebuilding of cognitive schemas about

self, and the world as previously experienced and understood by an individual (Tedeschi & Calhoun, 2004).

Positive outcomes to trauma have mainly focused on populations experiencing bereavement or with life threatening illnesses such as cancer or HIV. Research on posttraumatic growth amongst rape and non-sexual assault survivors is sparse. However, there is recognition that posttraumatic growth research needs to be extended to more diverse trauma populations. Recently studies have begun to explore correlates of positive changes amongst sexual assault survivors. In a quantitative study on patterns of positive life change following sexual assault, it was found that initial reports by women of posttraumatic growth were not always maintained (Frazier et al., 2004). Factors associated with the maintenance of positive post trauma life change over time were: increases in social support, an approach-coping style (cognitive re-structuring and expressing emotion), religious coping and perceived 'control' over the recovery process (Frazier et al., 2004). Findings thus seem to indicate that social support is a significant mediating factor in the recovery process, however it would have been useful to consider the role of other contextual variables in facilitating recovery (for example, access to resources, socio-economic status, race and ethnicity, community/cultural constructions of rape) and subjective meaning-making. Research that explores the impact of these variables could enhance an understanding of the multiplicity of factors that may contribute to recovery.

Thus whilst the current research on posttraumatic growth has made an important and a necessary contribution to broadening the conceptualisation of post trauma sequelae, there is still a tendency to present a diluted link between the role of contextual variables in post trauma responses. This is indicative of traditional psychology's construction of the individual as being "self-contained" and who acts independently of a socio-cultural, political and historical context (Mkhiza, 2004, p. 27). This Western ontology of being is not necessarily applicable to non-Western societies and communities such as those in South Africa where self is defined in relation to family and the larger community (Mkhiza, 2004). A model that attempts to capture the interconnectedness amongst contextual factors and the multiple expressions of post trauma responses and recovery is Harvey's (1996) multidimensional ecological model of psychological trauma.

2.7.2 Ecological View of Trauma

An ecological view of psychological trauma impact and recovery draws on the perspective of community psychology which accounts for human adaptation to trauma as a result of interactions between the individual and environment (Harvey, 1996). Whereas other models attenuate the role of the environment on individual recovery patterns, an ecological view is concerned with the interrelatedness between ecological or “nested systems” (Neville & Heppner, 1999, p. 46). Neville and Heppner’s (1999) Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMAR) for example, posits that recovery from rape is multiply determined by a complex interconnection and interactions amongst macro-systems (the broader socio-cultural context), micro-systems (person variables, assault characteristics, and an individuals' environment), and meso-systems (social support systems). However, whilst the CIEMAR is useful in broadening the understanding of the complexity entailed in recovery from rape, and this model could be applied to survivors of other traumas, it does not encompass trauma survivors’ strengths and resiliency.

Harvey’s ecological model (1996, 2006) arguably provides a more holistic conceptual framework which takes account of multiple expressions of trauma impact, recovery, strengths and resiliency and is not limited in its application to sexual assault survivors. This model postulates that post trauma responses are mediated by an individual’s membership in a host of social categories such as racial, linguistic, religious, professional, etc., from which they draw their identity. According to this model, trauma recovery is defined as multidimensional, evolving over time, and not merely the abatement of symptoms. This is an important difference to the traditional trauma paradigm, which understands traumatic response as a unidimensional phenomena. An example of this is PTSD, this model conceptualises recovery as the absence of symptoms, however this understanding does not consider the persistence of feelings of shame or mistrust for survivors of a traumatic event. Coupled with this, trauma survivors who are ‘symptomatic’ are viewed in terms of their psychopathology only, but this narrow understanding of trauma response overlooks the co-existence of women’s agency and strengths with their suffering and distress (Regerh et al., 1999).

Furthermore, the traditional trauma paradigm understates the nuances and complexities of post trauma response and the mediating role of individual, event and environmental variables. Harvey's (1996) ecological model accents the interrelationships amongst these factors in determining post trauma response and recovery. Although the literature documents the influence of these variables (see Resick, 1993), the interrelationship amongst them is generally underemphasised. The next section gives a brief overview of these variables as they are understood within an ecological model of trauma (Harvey et al., 2003), but will also connect them to the broader trauma literature.

2.7.2.1 Person/individual variables

Person/individual variables such as age, socio-economic status, pre-traumatic coping skills and psychological functioning, experience of prior trauma, life stressors, and the relationship to the perpetrator have long been noted in the quantitative literature as potentially bearing significance on a survivor's post trauma response (Resick, 1993, Briere & Jordan, 2004; Yuan et al., 2006). Whilst findings on the relationship of most of these variables to post-trauma outcomes tend to be equivocal, prior psychological functioning and the experience of previous trauma or life stressors seem to be the most strongly linked to recovery difficulties after the experience of a rape or non-sexual assault (Resick, 1993; Yuan et al., 2006). Pre-trauma mental health problems such as anxiety, depression, and prior trauma are also associated with an increased vulnerability to developing PTSD following the recent experience of interpersonal violence (Yuan et al., 2006).

While considerable research documents the association of the above variables with post-trauma mental health difficulties, less attention has been given to factors that shape post-traumatic response in survivors' communities of reference (Sorsolli, 2007). For example, the cultural meaning of trauma and encountering the modelling of hope, resilience, and tenacity within community relationships may influence an individual's understanding of their trauma (Harvey & Tummala-Narra, 2007). The ecological model of trauma attempts to compensate for the attenuation of these factors in the trauma literature.

2.7.2.2 Event factors

Event factors outlined by the ecological model of trauma are similar to what are described as assault variables in the trauma literature (Briere & Jordan, 2004; Resick, 1993; Yuan et al., 2006). As proposed by other researchers (Resick, 1993; Koss & Figuerdo, 2004), Harvey et al. (2003) contend that when documenting trauma accounts, several assault factors/variables be considered salient for an individual. This is because the cognitive appraisal or interpretation of the event, the perceived level of distress, degree of violation, terror and feeling of humiliation withstood, may impact in diverse ways on trauma survivors (Harvey, 1996; Harvey et al., 2003). Although these factors are subjective, it should be noted that individuals who experience an overwhelming sense that their lives are in danger during an assault are more vulnerable to chronic PTSD (Resick, 1993).

2.7.2.3 Environmental factors

Similarly to other scholars, Harvey and Tummala-Narra (2007,) contend that there are several environmental factors which may influence a post traumatic response. These include initial reactions and type of support from significant others, professionals working with trauma survivors, as well as the wider community (Campbell et al., 1999). The theory underpinning Harvey's ecological model (1996) is akin to feminists' contention that community attitudes, beliefs, values and socio-cultural constructions of race and gender could mediate the meaning of a trauma for an individual (Ward, 1995; Sorsolli, 2007).

According to Harvey's (1996) multidimensional model of trauma, being mindful of the mediating role of environmental factors is essential when conducting research on women underrepresented in trauma studies as it may differ from white, middle-class women traditionally represented in the literature. For example, trauma survivors who occupy a low socio-economic status, may have limited access to service provision and this could undermine their recovery.

2.7.2.4 Trauma impact and recovery

Harvey et al. (2003) have outlined eight interrelated domains of psychological experience which may be impacted by trauma, these are: 1. authority over memory, 2. integration of memory and affect, 3. affect tolerance and regulation, 4. symptom mastery and positive coping, 5. self-esteem, 6. self-cohesion, 7. safe attachment and 8. meaning. A traumatic event may or may not impact negatively on any of these eight domains depending on the interaction amongst individual, event and environmental variables (Harvey et al., 2003). These domains will be discussed in more detail in the Methodology Chapter.

This chapter began by tracing the historical progress of trauma studies. In this discussion it was noted that growth in particular areas of psychological trauma is usually a reflection of the political tenor at the time. Considerable attention was given to the input of the feminist movement in catapulting female sexual trauma studies and for its role in the reconceptualising of rape. International research on rape and non-sexual assault was reviewed which was followed by an outline of more contemporary trauma models, the utility of these models was considered. In the next section an historical overview of research on psychological trauma in South Africa will be discussed in which some of the reasons for past omissions of female sexual trauma from research are explored. The South African literature on rape and non-sexual assault will be reviewed and gaps in the research will be identified.

2.8 Historical overview of research on psychological trauma in South Africa

Internationally the study of psychological trauma has been subject to silence, denial and dissociation. It is only when a political movement has been able to resist and challenge the silences and denial of atrocities experienced during times of war, political unrest or other human rights violations such as rape, domestic violence and so forth, that the study of psychological trauma has been able to flourish. In South Africa the study of psychological trauma parallels the initial slow progress of research on female sexual trauma in particular. In

addition, these silences and denial have been exacerbated because of South Africa's repressive past under apartheid rule.

The limited research on female sexual trauma in South African psychology points to the historical marginalisation of women's experiences of trauma from research. This can be attributed to one of several wider exclusionary research practices that were pervasive during the apartheid years (Duncan, Stevens, & Bowman, 2004). Exclusionary practices were a product of institutionalised racism and state censorship of research that recognised the impact of racism and trauma on the lives of blacks (Duncan et al., 2004). Added to this, deeply entrenched patriarchal ideologies resulted in the particular neglect of research on women's experiences of trauma irrespective of race. Research in psychology thus placed import on the white, middle class, male experience at the exclusion of all other groups (Duncan, et al., 2004). Substantial redress of gender and racial imbalances in psychological research has since occurred in post-apartheid South Africa. There has, for example been notable growth in research on gender-based violence against women, but in comparison to the U.S.A and Western European countries, South Africa has generated little research that focuses on the subjective experiences of female sexual trauma. This may be attributable to the latent effects of exclusionary research practices, coupled with the absence of research funding and support from a political movement. To avoid an oversimplification of the causes of slow advancement in research on the subjective experience of female sexual trauma in, it is necessary to expound upon the latter statement.

During the apartheid years, an issue such as the oppression of women through gender-based violence did not enter into public consciousness and dialogue for two broad reasons: 1. gender politics was overshadowed by mobilisation against the racist laws that governed South Africa (Walker, 1982; Postel, 2005), the ANC for example maintained that national liberation take precedence over gender equity (Berger, 2007), 2. the conservative, patriarchal rule of the Nationalist Party promoted a repressive socio-political and cultural climate in which gender-based violence was relegated to the private domain (Moffet, 2006). An issue such as sexual violence against women under apartheid rule had little opportunity to surface into public awareness as being a serious social problem (Postel, 2005). Progressive research on the oppression of blacks and gender-based violence was stymied because the ruling party

embodied a patriarchal system (Moffet, 2006) which on account of the belief in white, male, Afrikaner racial and gender superiority created a hierarchy of masculinities and gender (Britton, 2006). This hierarchy of masculinities and gender was mirrored by state controlled institutions such as universities which remained almost exclusively white and male during the apartheid years (Duncan et al., 2004). This ensured that a socially stratified society was maintained and that knowledge production was regulated and exclusionary of marginalised groups within a discipline such as psychology. It is therefore important that psychology in post-apartheid South Africa engages critically with previous discriminatory practices and seeks to compensate past omissions from research. The advancement of human rights enshrined within the South African constitution, linkages between sexual violence against women and HIV/AIDS, and government's commitment to addressing high levels of gender-based violence have spurred research in this field (Wood, 2007). These studies have mainly, but not exclusively, been quantitative and fall within the public health domain (Moffet, 2006). Studies on gender-based violence in South Africa can be grouped into several themes which will be briefly discussed.

2.9 South African studies on rape

2.9.1 Epidemiological and rape prevalence studies

A number of epidemiological and rape prevalence studies have been conducted on rape in South Africa (See Jewkes, Penn-Kekana, Levin, Ratsaka, Schrieber, 1999; Stats SA, 2000; Jewkes & Abrahams, 2000). There have also been an extensive amount of media articles, research reports and papers on the subject of rape published by the Centre for the Study of Violence and Reconciliation (CSVR). Their publications range from highlighting the high incidence of rape (Vetten, 1997), to debates on rape statistics (Vetten, 2000a/2004/2005). However, none of their publications focus exclusively on the psychological effects of this trauma. The CSVR have also published sociological works that investigate the underlying social, cultural, historical and economic factors that contribute to rape in this country (Huber, Donaldson, Robertson & Hlongweni, 1997; Vogelmann, 1990), as well as research on the features of gang rape (Vogelmann & Lewis, 1993; Vetten & Haffejee, 2005).

2.9.2 Rape research as a public health issue

A linkage between sexual violence and increased vulnerability to HIV-AIDS infection has directed much needed attention to rape as a serious public health issue nationally (Wood, 2007). Resultantly there has been a proliferation of local quantitative research on rape within the field of public health. Since its inception in 2001, The Gender and Health Research Unit of the South African Medical Research Council (MRC) has been host to two initiatives: the Sexual Violence Research Initiative (SVRI), and the South African Gender-Based Violence and Health Initiative (SAGBVHI) which together have produced a steady flow of internationally published research on sexual violence. Their research has made important contributions in revealing problems in sexual assault services (Christofides et al., 2003), the associations between gender-based violence and HIV infection (Dunkle et al., 2004), sexual health and violence among township youth in South Africa (Wood, 2005), and girls experiences of sexual coercion in schools (Abrahams, Mathews & Ramela, 2006). It should be noted that this is not an exhaustive list of research on sexual violence produced by the SVRI and SAGBVHI (see: <http://www.svri.org.za>).

2.9.3 Rape as a social problem

The feminist journal, *Agenda* has recently profiled rape as a serious social problem within South Africa and connects this concern with other emerging research areas in countries on the African continent such as Lesotho, Liberia, Malawi and Uganda. Some of the research areas covered are: the impact of rape (Kraegel, 2007), cultural practices that sanction sexual violence (Kamlongera, 2007), processes of gender transformation (Sikweyiya et al., 2007), and sexual offences law reforms (Kalwinski, 2007). Findings from research published in this issue of *Agenda* have been referred to where relevant in this study.

2.9.4 Understanding rape prevalence in South Africa

2.9.4.1 Social-historical perspectives

From a sociological perspective, the increase in rape prevalence and violent crime in post apartheid South Africa is understood as being emblematic of a country undergoing transition (Bruce, 2006). The high prevalence of sexual violence in townships in particular is thought to be a result of the interplay amongst a complex range of historical, social and cultural factors, which include economic deprivation, state repression, “political emasculation”, and patriarchal gender ideologies (Wood, 2007, p. 278).

Bruce (2006) contends that the ‘culture of violence’ in South Africa is also a reflection of the normalization of state violence under apartheid which is now “‘spilling over’ into the social and domestic arenas”, coupled with a continued sense of disenfranchisement amongst members of previously oppressed communities. Furthermore, in the context of a democracy in which women’s rights are being advanced, men who aspire to emulating a hegemonic masculinity may experience insecurities, feelings of marginalisation, powerlessness and/or emasculation which some have dubbed to be “a crisis of masculinity” (Bruce, 2006; Wood, 2005, p. 304). The rise in the incidence of rape can therefore be considered as a “masculinist response to transition” (Morrell, 2001, p. 28).

2.9.4.2 The social construction of masculinity/ies

A recent growth in research on masculinity/ies in southern and other parts of Africa has highlighted that masculinities are diverse, but that a hegemonic masculinity dominates and is oppressive towards women and ‘silences’ other masculinities (Ampofo & Boateng, 2007). Thus a “particular version of masculinity has supremacy and legitimacy in society” (Ampofo & Boateng, 2007, p. 54). Feminists maintain that hegemonic constructions of masculinity in patriarchal societies create the preconditions for sexual violence committed against women. Several findings from studies in South Africa support this contention.

Ethnographic research on violence towards young women in intimate relationships and sexual coercive practices amongst Xhosa youth has shed some important understandings on the link between the social construction of masculinity and the motivation of violence against women in a localised South African context (Wood & Jewkes, 1998; Wood, Maforah & Jewkes, 1996). The findings reveal that coercive sex and violence is widespread amongst youth and that prevailing constructions of masculinity or rather machismo, contributed to the normalisation of gender-based violence (Wood & Jewkes, 1998). In a recent attitudinal study on a sample of South African men, the majority of the participants endorsed rape myths (Sikweyiya, et al., 2007). This suggests that hegemonic masculinity is constructed through, and also reproduces pervasive discourses on heterosexuality which in turn legitimate or minimise the trauma of rape. Since the purpose of this research was to begin engaging in a process of countering rape myths which men may support, it also suggests that unless these myths are challenged they will continue to be perpetuated.

2.9.5 Research on the psychological impact of rape in South Africa

Studies focussed on understanding the psychological impact of female sexual trauma in South Africa are mainly constituted of unpublished theses. These studies include investigation into therapeutic interventions (Singer, 1983; Mongale, 1992), the effects of rape and stigma (Smith, 1991), a literature survey (O'Sullivan, 2003), subjective experiences of post rape adjustment (Booley, 2006), recovery from sexual assault (Duma, 2006) and a narrative analysis of women's post rape accounts (de Swardt, 2006). Findings from research that have relevance to the current study will be reviewed.

Smith (1991) examined the clinical notes of all female admissions at two in-patient psychiatric units. She identified 75 cases of women with a history of sexual assault and used these case notes to determine the effects of perceived rape stigmatisation. Narrative extracts from four of six representative case notes in Smith's study (1991) show that most women expressed feelings of shame and guilt, based on expectations of being blamed for the rape. In one of the case studies a woman reported distress over anticipated sexual problems because she perceived her sexuality as damaged on account of being raped (Smith, 1991). The narratives of two other women reveal that their feelings of shame were exacerbated by

unsupportive significant others. Although Smith's findings (1991) are reliant on clinical records rather than personal interactions with rape survivors; her findings confirm that shame, guilt and sexual fears are some of the common psychological responses to rape as reflected in the international research (Andrews et al., 2000). More research on the effects of perceptions of shame, stigmatisation and guilt in sustaining psychological distress amongst rape survivors in South Africa needs to be undertaken. Findings from such research may be of value to improving service provision and could inform psycho-educative programmes on sexual assault in communities.

Smith's study (1991) also offers evidence that unsupportive responses of significant others can be harmful to rape survivors' recovery. Her findings point to a need for further research on the role of support from significant others in the recovery process for survivors of rape in South Africa, and how this may differ for non-sexual assault survivors.

Duma (2006) used grounded theory to qualitatively explore a sample of ten black female sexual assault survivors' descriptions of their recovery, and the meaning attached to their recovery over a six month period from the time of the sexual assault. According to Duma (2006), the direction of recovery for the participants was to a great extent dependant on positive or negative support from significant others. Unsupportive relationships in which women felt that they were being blamed for what happened resulted in the maintenance of post trauma symptoms or "regression" and hindered their ability to 'move forward' (Duma, 2006, p. 245). The role of negative reactions in compounding post trauma distress is well accounted for in the international trauma literature but this is an area of focus that needs to be expanded in South Africa (Campbell et al., 1999).

Duma's findings (2006, p. 233) revealed that "returning to self" was a goal for most women, but that there was a perception that aspects of their former self were lost and could not be restored. This is similar to the subjective sense of loss described by rape survivors in de Swardt's study (2006). These findings are commensurate with international research on rape which indicates that sexual and non-sexual assault survivors often report a feeling of loss after their trauma (Bletzer & Koss, 2006). International research does not however elucidate the differences between perceptions of loss between these two groups of trauma survivors,

nor does it examine cross-cultural perceptions of loss; findings are mainly described in broad generalities.

Duma's (2006) and de Swardt's (2006) studies highlight that there are commonalities amongst rape survivors' post trauma accounts, but that the impact of rape is also highly personal and subjective. Similarly to this, in Booley's (2007) retrospective, qualitative study on the subjective accounts of ten rape survivors, participants' individual meaning-making were found to impact more on their post rape adjustment than demographic variables or characteristics of the assault itself. According to Booley (2007) participants who had been raped many years ago still struggled with aspects of the trauma in a similar way to more recent rape survivors. This is congruent with international research findings which have found the trauma of rape to have a more chronic outcome in comparison to other forms of trauma such as non-sexual assault.

2.10 Research on the impact of non-sexual assault in South Africa

Similarly to research on rape in South Africa; there is a gap in published research on the psychological impact of non-sexual assault. Limited research on non-sexual assault in psychology reflects an international trend (Markesteyn, 2002). In South Africa, research that exists on the psychological impact of non-sexual criminal victimization are a few unpublished postgraduate theses that focus on the experiences of car-hijacking (Friedman, 1996; Reid, 1997) and on the experiences of both car-hijacking and armed robbery (Eagle, 1998). Of these studies Friedman (1996) and Eagle's (1998) research will be reviewed because they explored PTSD, distress related to feelings of loss, powerlessness, and shame in their respective studies. These are some of the common post assault psychological reactions that are of interest to the current study.

Friedman (1996) investigated posttraumatic responses in a sample of 42 male and female individuals who had experienced a car-hijacking 2 to 18 months prior to the study. Friedman (1996) found that 28.6% of the sample had levels of intrusion and avoidance which signalled the possible presence of full-scale PTSD. This finding is considerably

lower compared to reported levels of PTSD amongst survivors of rape and non-sexual assault in most available international research conducted retrospectively and prospectively (See Foa & Rothbaum 1998, for a review). However, this discrepancy may be attributable to the use in Friedman's study of a revised version of the Impact of Events Scale (IES-R). The IES-R does not measure the full range of PTSD symptomatology (Briere, 1998). Therefore the statistic in Friedman's study (1996) cannot be interpreted as a complete diagnosis of PTSD.

Eagle (1998) explored the interface between the social and personal constructions of masculinity and post assault trauma adjustment in a sample of white, male survivors of car-jacking and robberies. Eagle (1998) found that a sense of loss, powerlessness, anger and shame presented as challenges to male participants who attached the perception of being powerful and in control to their gender identity. Women's sense of loss, powerlessness, anger and shame are likely to be based on very different social and personal constructions of their gender identity. Based on Eagle's findings (1998), it is clear that men's coping styles are inextricably linked to social and individual constructions of masculinity. It can thus be inferred that meaning-making amongst female survivors of a rape or non-sexual assault will be interlinked to social and personal constructions of their gender identity.

In a retrospective study (Pooley, 2000) exploring PTSD and posttraumatic stress response amongst survivors of an actual or attempted car-jacking, hijacking, robbery, mugging, or physical assault, 56% met the requirements for a posttraumatic stress response within the first month post assault and 24% of the participants met the criteria for a diagnosis of PTSD after one month. Almost all participants who were PTSD symptomatic were classified as experiencing it in its chronic form. However, assessment of PTSD was conducted using a non-standardized, on-line questionnaire thereby compromising the generalisability of the data.

Despite feminists' concerns with the limitations of PTSD, substantial evidence in international research that reveals it to be the most common mental health outcome in the aftermath of rape and non-sexual assault cannot be ignored. It would therefore be useful to explore whether a similar trend exists amongst South African survivors of these traumas.

There is preliminary evidence from local qualitative studies on post rape adjustment, that survivors may indeed have symptoms that match some of the criteria for PTSD (Booley, 2007; de Swardt, 2006; Duma, 2006; Sonnie, 2003). Because no quantitative instruments were used in these studies it is difficult to know whether the post rape symptoms experienced by women in these studies would have been captured by a PTSD psychometric instrument. However, in view of recent directions in trauma research and concerns amongst researchers about the limitations of PTSD, a model of understanding trauma that accommodates diversity, subjectivity and contextual variables may have greater utility in a South African context such as Harvey's (1996) multidimensional ecological model of trauma.

2.11 Aims of the study

The primary aim of the current study was to prospectively investigate whether the impact of trauma is different between female rape and non-sexual assault survivors, and if this changed over a period of three months. It was hypothesised that the impact of rape would be significantly different to survivors of non-sexual assault. A quantitative measure was used to investigate whether the participants developed PTSD or symptoms thereof. The qualitative component, which formed the larger part of this study, explored differences between rape and non-sexual assault survivors' trauma accounts in an attempt to supplement and broaden an understanding of ways in which meaning-making may inform PTSD symptoms. A qualitative guide was also used to examine ways in which the women's post trauma response extends beyond a PTSD diagnosis and may include other manifestations of distress, while also being attentive to the women's strengths, recovery and resiliency. The trauma of rape is foregrounded as a way of attempting to understand why rape may have more deleterious outcomes for women than a non-sexual assault. This does not in any way attenuate the trauma of a non-sexual assault or preclude that it may have a similar outcome for women.

CHAPTER 3

RESEARCH METHODOLOGY

The current research project is located within a feminist paradigm, therefore this chapter begins with a summary of the main feminist critiques of traditional psychological research and variations in feminist epistemologies, followed by an overview of the epistemological framework that guided this project. The rationale for a mixed-method approach is discussed, and thereafter the research methods, and procedure are outlined with attention given to reflexivity. For the purposes of clarity it is useful to follow Harding's (1987a) distinction between method (techniques for gathering data), methodology (theory and analysis of the research process) and epistemology (the philosophy guiding what type of knowledge is legitimate). This chapter will refer to these terms based on Harding's differentiation thereof.

3.1 Feminist critiques of traditional psychological research

Beginning in the 1960s Western feminists' overarching critique of mainstream psychology was against its androcentricism, sexism, and its role in the perpetuation of gender inequalities. Feminists argued that psychology had historically been centred on the male experience, and that many theoretical frameworks were not applicable to women because they were developed with white, heterosexual, middle-class men as the frame of reference (Burr, 1998). According to Burr (1998), androcentricism became rooted in psychological research practice through the historic marginalisation, within psychology departments, of topics that focus on issues that pertain to women, and therefore research topics have often been more relevant to men than women. This bias led to the devaluation of women's experiences internationally and in South African psychology; which as discussed in the Literature Review Chapter is exemplified by the historic domination of white, South African males in the production of knowledge. Internationally feminists' critiques of traditional knowledge production created the impetus for a proliferation of feminist research and journals informed by feminist research principles. However, this is dissimilar to South Africa where there is still a relative underrepresentation of published feminist research on women in the discipline of psychology.

Another central, although not distinct, feminist critique of mainstream psychology is against its emulation of the natural sciences which operate in the positivist tradition, and is founded on the principles of neutrality, objectivity and knowledge that is value-free (Burr, 1998; Gergen, 2001). The principles of positivism are manifested in the preference for the experiment as a research design, choice of semantics, for example the use of 'subjects' with reference to the research participants, and the use of neutral or passive language, which has been criticised by feminists for obscuring the role of the researcher in the research process (Burr, 1998; Gergen, 2001). These practices create and reinforce power differentials between the researcher and the researched, which are not addressed by psychologists working within the positivist tradition. To counter this, feminists and critical psychologists alike, seek to acknowledge and also actively address power relations within the research process as a way of being more democratic and accountable to participants in the study, and as a point of departure from the pretence of neutrality which Banister (1994, p. 13) describes as "disingenuous". A rejection of the belief in research neutrality corresponds directly with feminists', critical psychologists' and qualitative researchers' espousal of reflexive analysis at the level of theorising, of the research process and data interpretation, and is what Burman (1994, p.123) claims makes "feminist research 'feminist'".

Feminist critiques of traditional psychology such as those discussed, also acknowledged that the elevation of the white, male experience as the norm not only constructs women, but also members of different races, ethnicities and classes as the 'other' (Sampson, 1993). Despite this acknowledgement, women of colour have contested the singular discursive construction of the category *woman* by Western feminists and objected to mainstream feminism's homogenisation of women's experiences (Collins, 2000; Salo, 1999). Black feminists in Western countries (Burr, 1998) and within Africa and South Africa (Kiguwa, 2004) point out that Western feminist critiques of research practices in psychology constructs feminism as a universalist and essentialist paradigm. Western feminism has to a large extent assumed a unitary female experience with a shared perspective, when in fact it has largely been representative of the perspectives of white, Western, middle-class women. Feminists have more recently begun to acknowledge the heterogeneity of women and that oppression extends beyond gender (Salo, 1999). It is therefore imperative that feminist practice be attentive to the multiplicity of oppression and difference at the level of race, class, sexual

orientation, ethnicity, disability and religion (Burr, 1998). For example, many black women in South Africa such as domestic and farm workers are subject to oppression informed by race, gender, and class, this has been termed “triple oppression” (Kiguwa, 2004, p. 293).

3.1.1 Feminist epistemologies

Although not specific to psychology, three feminist epistemologies arose in an attempt to address the main critiques of traditional psychology (Harding, 1987b), namely: feminist empiricism, feminist standpoint theory, and feminist postmodernism.

Feminist empiricists argue that sexism and androcentricism can be eliminated if scientific research practices are reformed to be more gender sensitive and inclusive (Harding, 1987a), and that biases in research are merely products of “bad science” (Harding, 1987b, p. 182) and not science itself. Therefore instead of rejecting scientific methods, feminist empiricists adopted a positivist paradigm and argued that existing scientific practices be followed but with more rigorous attention to ensuring that the research is not biased against women. To counter criticism against them by positivist ‘purists’, they maintain that their political values influence their approach to research, but that it does not “corrupt the integrity to their scientific practice” (Gergen, 2001, p. 15).

Feminist empiricists have made great strides in reforming research practices in psychology, for example, there has been an exponential growth in the number of articles on gender differences and women’s experiences published in mainstream journals (Gergen, 2001). According to Gergen (2001) feminist empiricists have made a significant contribution to advancing feminist causes and tend to hold more influential positions in the field of psychology than feminists who have adopted a different epistemological position. Feminist empiricists have however been criticised for their focus on the interior world of the individual and for their failure to accommodate social and political contexts into their theoretical framework. Gergen (2001, p. 18) claims that because feminist empiricists operate within a positivist paradigm, they have not “developed a tradition of skepticism” and subsequently their paradigmatic practices do not incorporate critical reflexivity.

Feminist standpoint theory, is a second feminist epistemological position that emerged in response to criticisms against traditional positivist research practice in psychology. Feminist standpoint theorists assert that knowledge is gained from experience (Harding, 1987a; Weedon, 1999) and that women's experiences of subjugation and oppression "provide a potential grounding for more complete and less distorted knowledge claims than do men's" (Harding, 1987b, p. 185). Feminist standpoint theorists called for a new science to distinguish it from what they dubbed "Men's Science" (Gergen, 2001, p. 20), and insist that women's lives can only be made "visible" through the work of a feminist (Maynard, 1994, p.18). Some standpoint theorists claim that a science that represents women's knowledge is superior to men's standpoint, but this stance has been criticised for off-setting one standpoint position against another (Harding, 1987b). Although the feminist standpoint position has appealed to many female researchers within psychology, in particular because of its pro-woman stance, there have also been many dissident voices against its theory (Gergen, 2001). For instance, several scholars from minority groups in the U.S.A have called into view that standpoint theory privileges the views of white, heterosexual, middle-class women and has silenced the voices of women who are of a different race, ethnicity, class and sexual orientation in the same way that men have excluded women from psychological research in the past. Similarly to empiricism, it has also been criticised for subscribing to the tenets of Western individualism and its resistance to questioning the discursive construction of lived experience.

The third feminist epistemological position; feminist postmodernism and strands thereof, feminist poststructuralism, and social constructionism appropriated the tenets of postmodernists (Gergen, 2001). Postmodernism is described as an intellectual movement, which challenged Western Enlightenment's grand narratives of truth, knowledge and language (Weedon, 1999). Feminist postmodernists, poststructuralists and social constructionists, contested the view that language represents a fixed truth or reality and turned to deconstructing its socio-political significance in constituting realities. Drawing on several theories from the work of post-Saussurean linguists, Foucault, Derrida, Lacan, Althusser, and French feminists such as Kristeva, Cixous, and Irigaray (Gavey, 1989; Weedon, 1999), poststructuralists in particular challenged the notion that language reflects a fixed meaning and that identities are unitary. Poststructuralists, following Foucault, put forth

the argument that meanings are fluid, culturally produced under specific socio-historical conditions and are located within institutionally located discourses for example: psychology, medicine, religion, etc., which reproduce power relations (Weedon, 1999; Wilbraham, 2004). Thus meaning ascribed to bodies and gender for instance, exists not only linguistically but also has a material reality which defines lived experience. Embedded within discourses are ideologies that construct feminine and masculine subjectivities which position men and women differently to each other (Shefer, 2004). This is not to imply that meanings are “singular” or “stable” as elements of gendered subjectivity may be shared by women “across races, classes, and cultures” (Weedon, 1999, p. 102). Critics of poststructuralist theory have questioned whether individuals are “mere passive effects of discourse, bereft of agency” (Weedon, 1999, p. 104), but poststructuralist feminists maintain that individuals position themselves within competing and contradictory discourses and assume a subjectivity (Gavey, 1989).

The utility of this perspective in feminist research is that attention is given to discursive socio-cultural constructions of womanhood in a local context and could shed some understanding on how that local context impacts on women’s response to a traumatic experience. Attention to hegemonic discourses on normative heterosexual relations and gender is also important in examining why there are differences in the construction of a female rape survivor to a non-sexual assault survivor.

Although it is evident that feminist epistemologies are divergent, feminist research practice, irrespective of epistemological position can be identified through its theoretical and political critique of dominant knowledge-production. Although this may not be true, for feminist empiricists, feminist epistemologies promote attention to reflexivity in the research endeavour as a counter to scientific neutrality and objectivity. A reflexive analysis not only enriches a research account, but calls into question relations of power within the research project (Macleod, 2004) and for this reason should be regarded as a “resource” and not a problem to be screened out (Banister, 1994, p. 13) as attempted by researchers working in the positivist tradition. More contemporary feminist research practice and critical psychologists, are also concerned with expanding the breadth of the research focus to increase the representation of minority and non-Western women.

In South Africa there is a convergence of the philosophy underpinning feminist research practice and critical psychology. There are a multiplicity of perspectives that inform critical psychology, thus a single definition is elusive. However, it can best be described as an orientation rather than a theory, a central tenet of critical psychology is its concern with the relationship between power and psychology on a macro and micro political level (Hook, 2004). Both feminists and critical psychologists interrogate the notion that psychology is a neutral 'science', and state that power is embedded at every level in psychological knowledge and practice. In South Africa critical psychologists are concerned with challenging dominant forms of knowledge production and transforming psychology as a "discipline of equity" rather than "an instrument of continued exclusionary practice" (Duncan et al., 2004, p. 362). The current research thus attempts to make a contribution in representing the experiences of previously marginalised voices in South African psychology.

The epistemological position of the current study broadly draws on the main tenets of the various epistemologies outlined and utilized some of the methods they encompass. For instance, both quantitative and qualitative tools were employed, and reference is made to poststructuralists' understandings of discourse and subjectivities in the data analysis. Some feminist standpoint theorists and poststructuralists may contest and reject the use of a mixed-method approach in a feminist project on ideological grounds. However, as stated by Oakley (1998, p. 708) dichotomising quantitative and qualitative methods is "ultimately unhelpful to the goal of an emancipatory social science". According to Oakley (1998, p. 725), most feminists who are opposed to the use of quantitative research tools "concede that there *is* a social reality which has an objective existence". For example, large-scale epidemiological studies on rape prevalence in the U.S.A during the second wave of feminism revealed the scale of rape to be of epidemic proportions (Gavey, 2005; Russell, 1990), the implications of these findings were important for championing the work of feminists. The dichotomisation, and hence gendering of quantitative and qualitative research stymies critical thinking about ways in which a traditional positivist epistemology can be transformed or adapted to be sensitive to feminist principles (Maynard 1994; Oakley, 1998). Finally, because there are shared concerns amongst critical theorists in the social sciences and feminists in South Africa, the current research project is described as employing what Kiguwa (2004) describes as a feminist critical orientation.

3.2 Quantitative and qualitative research instruments: a mixed-method approach

International comparative research on rape and non-sexual assault has tended to be dominated by the use of quantitative research methods, methodology and epistemology. There has been a fairly recent burgeoning of qualitative studies that focuses on rape, but there is a dearth of qualitative research on non-sexual assault, and studies that compare the impact of non-sexual assault and rape. Quantitative studies using validated trauma assessment tools have given much needed insight into the differences in post assault psychological sequelae, recovery patterns, and the frequency or duration of assault-related PTSD between survivors of rape and non-sexual assault (refer to Literature Review). The merits of using validated trauma-specific assessment instruments and quantitative analyses are noteworthy for enabling researchers to continue to gain understanding and predict differences between reactions to sexual trauma and non-sexual assault. These findings have been of vital use in health-care and therapeutic settings (Carlson & Dutton, 2003). However, a limitation of using quantitative instruments exclusively in research on sexual violence and non-sexual assault is that the subjective experiences of survivors are lost and little insight is given into how meaning-making may either sustain post trauma symptoms or facilitate recovery over time. For instance, research shows that women who have been raped are more vulnerable to developing and maintaining PTSD symptoms because of “dysfunctional beliefs” (Foa, 1998, p. 177), yet little is known about whether this differs for survivors of non-sexual assault and if so, why this differs.

To broaden the understanding of why rape has a different impact for women to non-sexual assault, in particular PTSD symptoms, current research instruments need to be supplemented. Campbell and Wasco (2005, p. 130) encourage a move towards a mixed-method approach and state that there is a need for “expanding the methodological diversity of the trauma literature”. Banister (1994) argues that quantitative and qualitative research methods need not be construed as diametrically opposed approaches, but rather that researchers need to shift away from a process of reducing and abstracting research findings through quantification alone at the expense of supplementing research findings with qualitative data.

Given these commentaries this study adopted a mixed-method approach in the hope that such an approach may complement each other when guided by the main principles endorsed by a feminist epistemology, this includes a focus on context, subjectivity and reflexivity.

A semi-structured interview schedule was purposefully chosen as a qualitative tool to expand on the findings revealed through the use of a PTSD psychometric questionnaire, and to investigate how the trauma impacts on the women in ways that may not be represented by a PTSD score. In keeping with a tenet of critical feminist psychology in South Africa, semi-structured interviews could also document the subjective experiences of women underrepresented in trauma research. Regehr, Marzilli & Jansens (1999) contend that a blending of quantitative and qualitative research methods allows for a more comprehensive understanding of the complexities of post trauma response. Qualitative interviews also give women the opportunity to be “experts in their own experience” (Regehr, Marzilli & Jansens, 1999, p. 173). This is important when considering that the women in the current study are from communities that have been historically marginalized under apartheid and disempowered on multiple levels. Finally, as argued by Miles and Huberman (1994, p. 10), the value of qualitative data - elicited through semi-structured interviews - is that it has the “potential for revealing complexity”, and can “provide ‘thick descriptions’ that are vivid” and nested in a real context.”

3.3 Aims

The aims of the study were to investigate whether the impact of trauma is different between female survivors of rape and non-sexual assault in a South African context using a mixed-method approach. The study prospectively explored differences and similarities between: 1. the impact of the rape and non-sexual assault on PTSD symptoms; 2. and how women’s subjective accounts and meaning-making impacted on their post trauma response. A quantitative scale was used to measure PTSD symptoms while a qualitative semi-structured interview was used to explore participants’ subjective accounts. The aim of using semi-structured interviews was to elicit an understanding of how context, subjectivity and meaning-making may result in differential outcomes for rape and non-sexual assault survivors over a three month period, and whether this affects symptoms of PTSD. Data

collection began within the first week of the assault, and then continued at 4 weeks and 12 weeks post assault.

3.4 Method

3.4.1 Recruitment sites

3.4.1.1 G.F Jooste Hospital

G.F Jooste Hospital is located in Manenberg, a historically disadvantaged coloured area in the Western Cape. The hospital has a trauma and in-patient unit. G.F Jooste services predominantly black and coloured townships on the Cape Flats such as Khayalitsha, Langa, Gugulethu, Mitchells Plain, Hanover Park and Heideveld. These areas have high levels of unemployment, crime and violence.

3.4.1.2 The Thuthuzela Care Centre

The Thuthuzela Care Centre, based at G.F Jooste Hospital, is a joint initiative between The Department of Health, The National Prosecuting Authority (NPA), The South African Police Service (SAPS), and various non-governmental organisations (NGOs). Its opening in 2000 followed the development of the Western Cape Department of Health's policy and standard guidelines on providing integrated, comprehensive care for rape survivors that reduces secondary traumatisation (Meerkotter, 2002). The aims of this centre are to offer dignified, multi-disciplinary treatment to survivors of rape and sexual assault, to decrease the risk of HIV/AIDS infection through the free provision of post-exposure prophylaxis (PEP), treatment and HIV/AIDS counselling. After the forensic examination rape survivors are asked to attend the clinic for follow-up treatment at three days, four weeks and three months post assault. Follow-up treatment is administered on Monday to Thursday mornings. Rape survivors are often escorted to The Thuthuzela Centre by the police after reporting the incident to them, or are referred by NGOs for example: Rape Crisis, or they could self refer.

3.4.2 Recruitment procedure

Ethics approval for this study was granted after a research proposal was presented to the University of Cape Town's Department of Psychology. Access to G.F Jooste Hospital to recruit rape survivors from the Thuthuzela Care Centre, and non-sexual assault survivors from the hospital's trauma unit and female wards was permitted because approval was passed by the superintendent of the hospital for the broader longitudinal study. The purpose of recruiting both groups of women from G.F Jooste Hospital was to attempt to broadly 'match' the samples in terms of race, ethnicity, socio-economic status and culture.

3.4.2.1 The interview site

Interviews were conducted in an office at The Saartjie Baartman Centre in Heideveld, an area in close proximity to G.F Jooste Hospital. The Saartjie Baartman Centre is a shelter for abused women and their children, and host building to ten NGOs working predominantly with women and children in the areas of counselling and women empowerment.

3.4.3 Inclusion criteria

To be included in the study, survivors of rape and non-sexual assault had to be 18 years or older. Women who were younger than 18 were excluded from the current study due to anticipated difficulties in obtaining parental consent. Added to this, psychological reactions to trauma may be different for female adolescents and female adults.

Another inclusion criterion was that the assault had to have occurred in the last week prior to the first interview. The reason for this was so that changes in post trauma response could be tracked at particular points across a three month period.

Since English is my first language and I am proficient in Afrikaans, it was decided against the inclusion of Xhosa speaking participants. By being able to communicate in the same language it was also felt that I would be able to establish a better rapport with the participants who were asked to give highly personal and detailed accounts of their lives. Language as an

inclusion and exclusion criterion was thus decided upon to ensure that language barriers were minimised and also for practical reasons. For example, including Xhosa speakers would have required employing a Xhosa speaking research assistant to conduct the interviews, and to translate and transcribe the interviews into English.

3.4.4 Exclusion criteria

Survivors of ongoing domestic abuse were excluded from the study, as it was postulated that they may present with psychological reactions that are chronic and not a direct result of a recent rape or assault. Findings show that prolonged, repeated exposure to interpersonal violence can result in a range of mental health problems such as personality changes, disturbances in identity, difficulties in affect regulation, consciousness and relationships with others (Briere & Jordan, 2004; Herman, 1992). This cluster of symptoms has been described as “complex posttraumatic stress disorder” (Herman, 1992, p. 119). The term ‘battered woman syndrome’ has also been used to conceptualise the specific psychological effects of intimate partner violence (Briere & Jordan, 2004). Thus the complexity and insidious nature of trauma in the context of domestic violence would possibly have been difficult to differentiate from the experience of a single, recent traumatic event, for this reason it was decided not to include women in on-going abusive relationships.

Male rape survivors were not included in the sample for the current study for several reasons. First, several epidemiological studies show that gender is a strong risk factor for specific types of assault (Kilpatrick & Acierno, 2003). Women are more likely to be survivors of early childhood sexual abuse, and are more at risk of domestic violence and rape, whereas men have a greater likelihood of being non-sexually assaulted by other men in a range of contexts (Gavranidou & Rossner, 2003). Prevalence studies in South African also consistently indicate that women are invariably the victims of rape. (Stats SA, 2000).

Whilst it must be noted that research on male rape is in its infancy in South Africa and in other countries, findings from a South African study suggest that male rape occurs predominantly within a prison setting (Harvey, 2002) whereas the rape of women is pervasive across different contexts. There are also several reactions that characterise the post trauma

response amongst male rape survivors that may have deflected the focus away from the aims of the current research. For instance, although research indicates that there are similarities in the psychological impact of rape for men and women; confusion about sexual orientation and gender shame are common reactions that appear to be more specific to heterosexual male survivors of rape (Porche, 2005; Singh, 2004) than female survivors of rape. Based on a phenomenological investigation into the psychological effects of male rape, Roos (2003, p.67) states that there is “a subjective sense of shame” and “perceived stigma attached to being a male survivor of rape” that may be different to the impact of rape on women. It is likely that these perceptions are rooted in the social construction of masculinity and require a divergent focus to that of the current research; which is to understand how rape affects women differently to non-sexual assault.

3.4.5 Recruiting rape survivors

After discussion with The Thuthuzela Centre’s staff, it was decided that it would be best to recruit participants who attended the clinic for their three day post rape follow-up medical visit to the centre. Given the possibility of secondary traumatisation following the forensic examination, and contact with the police, as well as taking into account the immediacy of the trauma and its subsequent psychological and physical effects, it was felt that approaching women on the day that they first presented at the clinic for medical treatment would not be ethical.

After meeting with the staff nurse of The Thuthuzela Centre, she agreed to inform women who met the inclusion criteria about the research and to refer them to me if they expressed an interest in participating in the study. However, this procedure did not always take place, which may have been on account of the logistical demands of the staff nurse’s work. Therefore in most instances I approached the women attending the clinic directly. Despite the assistance of a research assistant (who was employed for the larger study within which this study was located) and attending the clinic every Monday to Thursday morning for six consecutive weeks, only three participants were recruited to my study over that time; one by myself, two through the assistance of the research assistant and a third participant was recruited by a staff nurse who agreed to contact me telephonically if a woman indicated a

willingness to take part. It took a further 24 weeks from the time of first beginning to recruit to find a fifth participant. Difficulty in recruiting rape survivors who met the criteria for the current study is by no means a reflection of the number of women reporting to the clinic for treatment, but could be a result of a disproportionately larger representation of Xhosa speaking women attending the clinic. Other reasons for difficulties in recruiting are further discussed below.

3.4.6 Recruiting non-sexual assault survivors

Initially a sample of five female non-sexual assault survivors was to be recruited from the trauma unit at G.F Jooste Hospital. However, it was necessary to explore alternative recruitment sites owing to few female admissions for non-sexual assault who met the recruitment criteria. After attending G.F Jooste's Trauma Unit and female admissions wards almost daily for 12 weeks including weekends, I succeeded in recruiting only one participant who was later excluded from the study. The reason for excluding her will be discussed later.

Based on statistics which indicate that levels of reported crimes that generally fall within the category of non-sexual assault are high (SAPS 2007), it was decided to recruit from police stations. Five police stations namely: Manenberg, Athlone, Lansdowne, Mowbray, and Rondebosch were approached. Police stations were targeted where women from the same areas serviced by G.F Jooste were likely to report a crime. Although areas such as Mowbray or Rondebosch are predominantly 'white', many women from areas on the Cape Flats travel through or work in these areas.

After gaining permission from the superintendent of these stations to recruit women who report a crime of non-sexual assault, it was suggested that I seek the assistance of the Victim Support Unit's counselling team at these stations. To improve the chances of recruiting five non-sexual assault survivors with similar demographics to the women who present at G.F Jooste, the director of The Trauma Centre for Survivors of Violence and Torture in Woodstock, Cape Town agreed to assist with recruiting participants who met the inclusion criteria. After attending two meetings with the counselling team at Athlone police station four non-sexual assault survivors were recruited. The fifth non-sexual assault survivor was

recruited from Mowbray police station.

3.4.7 Difficulties in the recruitment process

Recruiting participants for the study proved to be a difficult process for several reasons other than accessing the target population as discussed, and hence spanned a period of seven months. For instance, three rape survivors who were interested in participating in the research after being briefed on what it entailed expressed a need for further time to consider if they were wanted to give their consent to participate. Amongst the reasons given by two women who eventually decided not to participate in the research was discouragement from parents for fear of re-traumatisation, mental confusion, and family difficulties. The third participant, who could only be contacted via her neighbour's cell phone left to visit her family in the Eastern Cape for Christmas. The trip was planned before she was raped.

Some of the difficulties in recruiting and retaining participants for the study were directly related to the women's socio-economic status and living circumstances. For instance, some of the women who at first agreed to participate in the study could not be contacted again after the initial briefing due to not owning a cell phone or having access to a land-line. Several women did not have a fixed address and therefore could not be contacted by post. Phoenix (1994) described encountering similar difficulties in recruiting from a 'mobile' population of women in England.

Negotiating participation in the study also included problems of repeated unkept appointments. For example, one rape survivor who did not have a cell phone or land-line gave me her neighbour's telephone number and assured me that I could ring the number. However, when I rang the number I was told by a woman that she could no longer accept calls on behalf of her neighbours, but eventually agreed to call the rape survivor to the phone. Following arrangements for an interview date and a collection point by car, the rape survivor failed to keep her appointment with me. She later contacted me on the same day from a public phone, apologised for not attending the interview and explained that she had no money for public transport. I offered to collect her by car from a place that was convenient for her, but once again she did not arrive. It is difficult to know what this particular rape survivor's

reasons were for agreeing to be interviewed, contacting me and then not arriving on two occasions.

Additional difficulties arose in terms of accessing a sample of non-sexual assault female survivors presenting at G.F Jooste Hospital for treatment. Medical staff reported that more men than women are treated for non-sexual assault by a stranger, whereas women present more frequently for medical treatment for a non-sexual assault within an intimate relationship.

3.4.8 Attrition and participant exclusion

At 4 weeks one rape survivor decided to withdraw from the study citing that she was 'okay' as her reason for not wanting to continue. This was a participant who felt that coming for interviews was a form of counselling for her. The message was relayed to me via the participant's mother. Prior to her withdrawal from the study there was concern that the participant was cognitively impaired which hindered her understanding of the questionnaires. In my last interview with her she told me that she found the questions difficult to understand, it is thus likely that this was a reason she decided to withdraw from the study.

A second rape survivor could not be contacted for a follow-up interview at 12 weeks. She did not have a fixed address and the only means of contacting her was through a relative who informed me that her cell phone number was longer in use. She eventually contacted me and told me that her phone had been stolen. We arranged for an interview date and she expressed an eagerness to be interviewed again, but she did not arrive for the interview. When I rang the new number she had given to me it too was no longer in service. Data from the interviews with her are still included in the study because time constraints did not allow for a new participant to be recruited.

One non-sexual assault survivor was excluded at 4 weeks after several attempts to arrange an interview with her failed. On two occasions she did not arrive for her interview and when I contacted her home I was told that she had not returned from attending a party at a shebeen (an informal, unlicensed drinking establishment). Another non-sexual assault survivor who

agreed and consented to participate in the study was excluded from the study as she moved to an area almost outside of Cape Town. Travelling to the research location would thus have taken her several hours by public transport.

After careful consideration it was decided to exclude a fourth woman (a rape survivor) who consented to participate in the study when it became evident after an initial interview with her that she found it difficult to understand the questions irrespective of re-wording the questions as simply as possible. Her difficulty in comprehending the questions may have been on account of cognitive impairment compounded by poor literacy skills because of very limited education. It is acknowledged that women who are intellectually impaired are underrepresented in research on trauma, but it is likely that meaning-making for a cognitively impaired person and their expression of distress will be different to someone without a cognitive impairment, and this was not the focus of the study. Arguably addressing difficulties in cognitive impairment can be achieved through support, but the extent of this participant's cognitive difficulties impeded her understanding of the interview questions even after careful rephrasing. This was different for another participant who may also be intellectually impaired. She was able to understand the questions after they were paraphrased and clarified, and could articulate her answers clearly using a broad range of vocabulary.

3.5 Ethical considerations

3.5.1 Informed consent (see Appendix 1 and 2)

Obtaining consent from survivors of a recent rape or non-sexual assault to participate in research poses several challenges. A major concern is that traumatised individuals' emotional state may impact on their ability to concentrate and their ability to consider the implications of being part of a study. Added to this, there is an inherent power differential in the participant-researcher relationship. Participants may perceive the researcher as someone who occupies a more 'powerful' position and therefore feel compelled to give consent. To address these concerns the current research followed Du Mont and Stermac's (1996, p. 190) recommendations by ensuring that "appropriate, sensitive, and valid research consent procedures" were implemented. Thus, before asking women to sign consent forms, the

purpose and procedure of the study was first discussed. The women were verbally informed that they were not obligated to answer any questions against their will and that they could choose to withdraw from the study at any point. Rape survivors were told that refusal to participate at any point in the study would not compromise their treatment at the Thuthuzela Centre in any way. The women were also told that all interviews would be tape recorded and that some information would be written down. If participants were unsure about any aspect of the research they were able to contact the principal research investigator during office hours. The consent forms, outlining issues mentioned above, were available in both English and Afrikaans.

3.5.2 Language barriers

To ensure that participants fully understood the research process and interviews, they were asked at the time of obtaining consent which language they would prefer to communicate in. All quantitative questionnaires were translated using the process of back-translation as outlined by Brislin (1986). The questionnaires were first translated into Afrikaans by a bilingual speaking clinical psychologist and then translated back into English by a bilingual lay-person who was unfamiliar with the original questionnaire. This procedure allowed for the comparison of conceptual equivalence between the English and Afrikaans versions of the questionnaires (Swartz, 2000). The semi-structured interview schedule was translated by an Afrikaans educator (see Appendix 6). Interviews were conducted in Afrikaans for two first language Afrikaans speakers.

3.5.3 Identity protection

Participants were assured that their identities would be protected through assigning a number to all data collection forms, and through changing any identifying data disclosed in interviews; such as their names and those of other people, names of specific locations where the assault happened, and the area where they lived, etc. The participants were informed that although their identities were anonymous, confidentiality was limited because information relating to their experience of trauma would be used for this study and the findings made available to other researchers.

All data was stored in a lockable filing cabinet in the office where the interviews were conducted at the Saartjie Baartman Centre. Access to the filing cabinet was restricted to the research team.

3.5.4 Participants' emotional well-being

Concern has been raised over whether survivors of sexual assault and physical assault are at risk of further psychological "harm" through participating in psychological research (Du Mont & Stermac, 1996; Griffin, Resick, Waldrop, & Mechanic, 2003, p. 221). Empirical evidence indicates that some distress is experienced for participants in trauma studies (especially PTSD symptomatic women), but that most women do not undergo retraumatisation and instead describe their participation as helpful (Du Mont, Stermac, 1996; Griffin et al., 2003) and "emotionally rewarding" (Campbell, 2002, p. 142).

Participants were informed at the time of obtaining consent that interviews would be reconvened or terminated if it became too distressing for them. However, although on two occasions the same rape survivor became visibly distressed when discussing certain aspects of her rape and experienced flashbacks, she insisted on wanting to continue because she described the interviews as helpful to her and stated that she felt safer at the research site than at home. Since I am a trained Rape Crisis counsellor I felt competent at 'containing' her emotions and resumed the interview once her flashbacks stopped and safety was re-established for her. Nonetheless, I continued to have concern for this participant's level of psychological distress and referred her to Rape Crisis for counselling on both these occasions, but due to her own difficulties in travelling by public transport independently, the participant never attended the counselling sessions.

Most of the interviews were conducted in a private office at the Saartjie Baartman Centre. It was hoped that this 'woman friendly' and supportive environment would help to minimise distress or perceived threats for the participants. Three interviews with the same participant were conducted at her place of employment to avert difficulties for her in coming to the Saartjie Baartman Centre after work or over weekends. The interviews were conducted in a private and quiet office.

Whilst all participants were given contact numbers for 24-hour crisis counselling services provided by Rape Crisis and Life Line, none of the women chose to make contact with these N.G.O's for counselling. All ten participants reported that talking about their post trauma symptoms and also past traumas, was a cathartic experience. Four of the women felt that they had suffered emotional distress (as a result of various traumas) silently for a large portion of their adult lives and felt it to be a liberating experience to finally verbalise their thoughts, feelings and emotions for the first time. Three of the women stated that through coming for interviews they felt encouraged to employ strategies in their lives to improve strained relationships with their families. Six participants also reported that they felt a greater sense of agency to overcome the fear and anxiety they experienced after their trauma through speaking about their experiences in the interviews. As supported by other research (Campbell, Sefl, Wasco & Ahrens, 2004) the women seemed to feel that they benefited from their participation in the research.

The participants regarded both the quantitative and qualitative interviews to be a counselling service even though it was explicitly stated that they were being interviewed for research. All participants perceived the interviews as helpful (or counselling as they preferred to call it) because it gave them a space to talk about their post trauma response and also other difficulties in their lives. Much like the participants in Skeggs' study (1994, p. 81) it was evident that these women were rarely afforded much "listening space" in their lives and therefore seem to value the interest in their stories. The metaphor of "bottling up" negative emotions and also remaining silent about past difficulties was a recurrent theme that emerged in women's narratives. In asking questions and listening to the women's disclosures it was often necessary to acknowledge and normalise the women's post trauma symptoms. Although, researchers operating within a positivist epistemology would be critical of emotional engagement within an interview, a feminist epistemological stance is guided by what Campbell (2002, p. 123) describes as an "ethic of caring" through being attuned to one's own and the participants' emotions and well-being.

3.5.5 The issue of payment

Payment for participation in research is a contentious issue, some researchers state that it may coerce women who have low incomes or are unemployed into participation, and that it further creates a power imbalance between the researcher and participants (Hollway & Jefferson, 2000). The current study aligns itself with many feminist researchers who disagree in this regard and state that payment that is commensurate with the time women give (Sullivan & Cain, 2004) and may in fact equalise the relationship between the researcher and research participants (Hollway & Jefferson, 2000). From this feminist stance, a payment is understood as being respectful of the willingness of participants to disclose personal details about themselves, to give their time irrespective of possible childcare difficulties, busy schedules, and unemployment or earning a low income (Sullivan & Cain, 2004). Many of the women in the study expressed worries over their financial difficulties and were grateful that they received compensation for their time. It is thus likely that receiving payment was an incentive for them to participate in the study, but most of the women agreed to participation before payment was mentioned. A R50.00 supermarket shopping voucher and a R20.00 to cover transport costs, if they travelled by their own means, was given to all participants at each follow-up interview.

3.6 Research Instruments

3.6.1 Quantitative questionnaires

Two of the research instruments used in this study were designed for the broader study, these were the demographics and details of the assault questionnaires. The scale used to assess PTSD in the current research was also used in the broader study and was administered with several other quantitative questionnaires for that study only in a separate interview to the qualitative interview.

3.6.1.1 Demographics questionnaire (see Appendix 3)

A non-standardised questionnaire was used to collect demographic details (age, race, language/s spoken, marital status, level of education, employment status, income, etc) within the first week following the rape and non-sexual assault.

3.6.1.2 Details of the assault (see Appendix 4 and 5)

Non-standardised questionnaires were used to gather data on the circumstances of the rape and non-sexual assault (date and time of the assault, relationship to the assailant/s, the number of assailants involved, whether the assault occurred in the context of alcohol and/or drug use, etc).

3.6.1.3 The Posttraumatic Diagnostic Scale (PDS)

The PDS (Foa, 1997), a 49-item self-report symptom scale was used to assess the presence of PTSD, it includes a screen for trauma history. A PDS repeat scale was added by the researcher of the broader study, to assess whether participants' experience of other traumas caused them current distress. The PDS scale has not been validated in South Africa.

The diagnostic criteria of the PDS corresponds with all three symptom classes outlined in the DSM-IV-TR (2000). The level of severity for each symptom cluster and impairment in functioning can be rated and used to compile individual profiles. PTSD profiles are useful for researchers and clinicians who are interested in evaluating and/or tracking changes in symptom severity and impairment. Validation of the psychometric properties of the PDS scale show that it is a reliable and valid measure for assessing PTSD (Foa, Cashman, Jaycox, Perry, 1997). The PDS scale has been standardised and is suitable for use by non-clinically trained researchers. Before commencing with data collection I was given training in administering the PDS scale by the supervisor to the current research, a qualified clinical psychologist. Although the PDS scale is a self-report measure, it was administered verbally to ensure that participants with limited literacy skills would understand the questions. A card with the answer choices as stipulated by the PDS scale was given to participants. All

participants were assessed for PTSD at 4 weeks and 12 weeks following the date of the rape or non-sexual assault to explore whether the participants met the criteria for a PTSD diagnosis, whether this differed between the two groups of women, and if this changed over time.

3.6.2 The qualitative interview:

3.6.2.1 The Multidimensional Trauma Recovery and Resiliency interview (MTRRI)¹

3.6.2.2 An ecological perspective

For the purposes of this study the MTRRI was translated into Afrikaans (see Appendix 6). The MTRRI is a semi-structured interview developed by Harvey et al. (1994) to assess trauma survivors' impairment, recovery, resiliency and strengths, it operationalizes the ecological framework as delineated by Harvey (1996). Data can be used together with the MTRR-99, an observer-rated Likert-type questionnaire, to generate quantitative data (Liang, Tummala-Nara, Bradley, Harvey & Tummala-Narra, 2007). Findings from research on the psychometric properties of the MTRRI indicate that it has sound reliability and validity, and that it has utility in both clinical and research contexts (Harvey et al., 2003).

The MTRRI was formulated as a means to address some of the limitations of extant post trauma assessment tools which usually assess one domain of psychological functioning only, and focus on symptomatology. The MTRRI offers a multidimensional evaluation of trauma response and rather than focusing on post trauma symptomatology only, it includes an assessment of symptoms, strengths, recovery and resiliency. This may be of particular usefulness in enabling an understanding of the variations and the complexity underlying post trauma response over time. It was therefore decided that it would be an appropriate tool to expand and supplement the findings elicited through the use of the PDS scale in the current prospective study.

¹ I am grateful to Harvey et al. for permission to use the MTRRI.

The MTRRI gathers information and assesses trauma impact, recovery and resiliency across eight domains of functioning, which are outlined below.

1. *Authority over memory.* This is the point in recovery where a trauma survivor is able to selectively recall events that were previously intrusive. The survivor is able to assign a new meaning to the events and it becomes integrated into their life narrative.
2. *The integration of memory and affect.* Traumatized individuals experience memory and affect as two separate entities, when this stage of recovery is reached affect and memory are conjoined.
3. *Affect tolerance and regulation.* This refers to the ability of a trauma survivor to experience affect associated with the trauma without engaging in defensive numbing and dissociation or feeling overwhelmed. Recovery in this domain is signified when the survivor is able to access different feelings and can tolerate experiencing them in a wide range of intensities.
4. *Symptom mastery.* This occurs when a survivor is able to predict and manage persistent symptoms such as hyperarousal or intrusive memories, and is attuned to stimuli that may trigger distressing symptoms.
5. *Self-esteem.* Recovery from trauma in this domain is reflected in a survivor gaining a renewed positive self-worth, this is expressed through improved self-care practices and a reduction in harmful behaviour.
6. *Self-cohesion.* This refers to the degree of integration or fragmentation of a survivor's thoughts, feelings and actions.
7. *Safe attachment.* Survivors of interpersonal violence often experience a loss of trust, isolation from others and the sense that relationships have altered. During recovery a survivor regains trust in others and is able to negotiate physical and emotional safety within a relationship.
8. *Meaning-making.* This is the process whereby a survivor ascribes a new meaning to their experience of trauma. The transformative quality of meaning-making is apparent in trauma survivors who believe that they have gained a new found strength, or in the instance of a rape survivor who may become involved in social action.

Similarly to Lynch, Keasler, Reaves, Channer & Bubowski (2007) the aim of the current study was not to confirm domains delineated by the MTRRI, but to conduct an exploration of

trauma impact, recovery and resilience in trauma survivors' narratives. The purpose of using the MTRRI was also to explore if there were any changes in women's post trauma meaning-making, and whether this was different for rape and non-sexual assault survivors. A further aim was to investigate if rape and non-sexual assault survivors' meaning-making impacted on PTSD symptoms.

Following the protocol, the MTRRI was introduced to participants with a brief outline of the interview content, procedure and rationale for the questions, and participants were acknowledged for their participation in the study. The interview then began by gathering a life narrative, including a trauma history, family background, questions on the nature and quality of past and current relationships with family, friends and significant others, descriptions of posttraumatic stress symptoms, thoughts and feelings about themselves and others, coping skills/strategies, and feelings about their future. A series of specific prompts as set out by the MTRRI helped guide the interview process so that further detail could be probed for when it was not conveyed in the participants' accounts. A few questions were adapted for the current study, for example participants were not asked to recount their recent rape or assault again, but they were asked if they have experienced other traumas as an adult. The questions on changes in relationships, feelings and coping were also asked in a way that focused specifically on the impact of the assault or rape. Although the interview schedule was semi-structured, similarly to Parr (1998), I tended to make an allowance for the women to move the interview along in their own direction and elucidated my understanding of what they described in their narratives through reference to the questions. This allowed for the interviews to take on a conversational tone.

Due to the length of the quantitative interviews and MTRRI there was concern for participant fatigue, it was therefore decided to conduct the interviews on separate days. The MTRRI was conducted at 4 weeks following the date of the rape or non-sexual assault and was completed on a separate day to the administration of the quantitative interview. The PDS scale was conducted together with several other quantitative interviews for the broader longitudinal study. The time between interviews ranged from between one day to one week. The MTRRI was repeated at 12 weeks post trauma, however an appended version of the MTRRI was used. This decision followed a concern that it was not always logistically possible for women

to come for consecutive interviews within a short time-frame, and an increasing difficulty in re-contacting some participants, thus this made an allowance for the quantitative interview for the broader study to be administered on the same day and may have reduced participant fatigue. In the follow-up MTRRI interview participants were not asked to give a life narrative again and instead the interview commenced with questions on changes in the nature and quality of relationships since the interview at week four. It was felt that omitting the life narrative would not compromise the aims of the current research since data from the MTRRI was not intended to be scored.

3.7 Transcription of interviews

All interviews were transcribed verbatim. I transcribed 7 of the 19 interviews and the remaining 12 were transcribed by a trained transcriber. According to Kelly, Regan & Burton (1998, p. 41) feminist research practice should extend to all relationships in the research process; they state that treating a transcriber merely as someone performing a “technical” job is exploitative. To this end the content of the interviews were discussed beforehand to ensure that the transcriber would be comfortable with the material.

3.8 The interview process and researcher reflexivity

For practical reasons, such as avoiding transportation difficulties and delaying the interview process I attempted to arrange for interviews with rape survivors on the same day that they attended their follow-up treatment at the Thuthuzela Care Centre. I collected all rape survivors by car, either from the Thuthuzela Care Centre or a convenient pick-up point. Four non-sexual assault survivors and two rape survivors for whom travelling by public transport to or from the research site was sometimes difficult, asked to be collected from or taken home. Initially I was reluctant to do so as this posed an ethical dilemma, I felt that going to participants’ homes would be an infringement of their privacy because they had been assured that their addresses would be kept anonymous. However, given the women’s fears for their own safety after their assault and difficulties travelling by public transport, it seemed justified to do so also given that the request came from them.

At first I was concerned that the journey by car and ensuing informal conversation would create a familiar tone between the women and myself, and possibly influence their responses in the interviews. This concern seemed at odds with a feminist position which advocates establishing a more 'friendly', egalitarian relationship with participants to that of researchers working within a traditional positivist paradigm, and as Gergen (2001, p. 2) states any interaction between the researcher and researched "constitutes relatedness". From a feminist position the rationale for a more emotionally engaged relationship with participants is not only to equalise power differentials, but also for its potential to impact on how forthcoming women may be in interviews (Phoenix, 1994). My initial ambivalence may have been because of my own anxieties as a novice researcher. I then soon realised that the journey in the car was a resource because it was a useful way of establishing a rapport with the women, an opportunity for participants to dispel any fears or concerns about the interview process, and for them to develop a sense of trust in me. Language was initially the entry point of conversation in our first meetings and was often the 'ice-breaker' in my relationship with the women. Three first language Afrikaans speaking rape survivors found my attempts at speaking Afrikaans to them as amusing at first. One participant remarked that I sounded 'funny' when I spoke Afrikaans and insisted that it would be best for her to speak to me in English. Since she was bilingual I felt comfortable in deciding to conduct all interviews with her in English. The two other Afrikaans speakers were appreciative of my willingness to speak to them in their first language because they were embarrassed to speak in English.

Subsequent informal conversations in the car allowed for a slight shift in the power differentials between myself and the women as they often initiated conversations about a range of subjects such as music, clothes, their children, crime, etc., and they usually asked me questions in relation to it. I was conscious though that that most of the women never asked me personal questions apart from two who wanted to know where I lived and whether I was married and/or had children. This may suggest the women perceived the researcher-researched relationship to be a hierarchical in one in which they positioned themselves as having less power.

Before interviews commenced participants were offered refreshments to establish a level of comfort. All participants were reminded that interviews would be audio-taped and that I would record their answers by hand when doing the quantitative questionnaires. They were also reminded that their identities would not be disclosed in the writing up of my results and that they need not answer questions which made them uncomfortable.

The quantitative interviews which included the PDS scale took approximately 100 minutes to administer, the longest lasting 3 hours, while the MTRRI ranged in length from between 90 to 100 minutes.

3.9 Reflections on similarities and difference between the researcher and participants in the research encounter

Critical psychologists and feminists within the social sciences insist that the researcher place themselves in the same “critical plane” as the researched and avoid constructing themselves as an “anonymous voice of authority” (Harding, 1987a, p. 9). This is because each researcher’s gender, race, class, culture, interests and epistemological stance ultimately shapes the research process and interpretation of the data. Thus the researcher’s reflexivity should be regarded as part of the empirical evidence (Harding, 1987a). It is from this point of view that the next section presents a reflexive account of the ways in which 'sameness' and 'otherness' entered into the researcher-researched relationship each with inherent power positions.

There were several points of similarity between the women and myself in this study, for instance: being of the same gender, race, and sharing cultural attributes and the same religion with some participants. I also live in a formerly designated coloured area on the Cape Flats as do all the women in the study. Although the area in which I live is considerably less physically dense and violent than many of the townships the participants reside in, I could, to some extent, understand the context of the women’s experiences.

While there were similarities between the participants and myself, there were also many ways in which we differed from each other, for example my age (either older or younger than most participants), higher level of education, occupying a relatively privileged social class, and being a research student affiliated to a university. It is likely that these similarities and differences affected the women's interactions with me as well as their level and manner of personal disclosure.

The intersection of gender, race, and cultural attributes with participants sometimes evoked a sense of 'sameness' with them, one participant for example spoke about "our [coloured] people" in informal conversation. Several of the women linguistically identified their 'sameness' with me through using Cape Flats' colloquialisms. Participants with the same religious background to me assumed commonalities by using references to Islamic terminology, it is possible that these women felt that they could trust me as an 'insider' to their world which may have facilitated their level of disclosure in the interviews. However, it is difficult to know the extent to which my 'sameness' impacted on how forthcoming the women were in the interviews. Boonzaier (2005) notes that assumptions of cultural similarity by research participants can sometimes inhibit them from elaborating on a comment thus leaving some things unsaid. Some researchers have also pointed out that similarities in race and gender between the researcher and researched are often overridden by other differences (Olesen, 2000) such as social class and lived experience.

'Otherness' or difference was evident in my interaction with two participants in particular, who differed more from me than the other women in terms of their socio-economic position, exposure to daily violence in their communities and experience of other traumas. One of these participants spoke to me in a manner of deference and avoided using the second person personal pronoun 'you' when referring to me, instead she used my first name at all times. In Afrikaans this is a sign of respect to someone in 'authority', or older, and deference to someone perceived as occupying a more privileged position. I was concerned that her deference to me would have implications for her level of disclosure in the interviews or that she would construct her answers in a way she thought would be 'desirable', however this did not seem apparent in the interviews. She often contacted me for 'counselling' which further convinced me of her trust in me and her honesty when answering questions.

Power differentials may also have influenced the women's perceptions of me, and their own subjective positioning with the research-researched relationship. Most of the women positioned me as someone knowledgeable on the effects of trauma and psychological difficulties and hence referred to the interviews as 'counselling sessions'. I was therefore often contacted telephonically to provide brief 'counselling' to participants. One participant rang me on a number of occasions to briefly tell me about problems with her family. Another rang me for 'counselling' when her teenage daughter became suicidal following difficulties at school. Since I was acutely aware of establishing boundaries and the limits of what I could do as a researcher, I arranged for her and her daughter to attend counselling at Life Line. The perception of me as an 'expert' or counsellor impacted on the nature of the research-participant relationship as several of the women chose to 'invite me' into their lives, their degree of trust in me may have facilitated their openness and honesty in the interviews.

Power differentials are viewed as an inevitable part of the interview process, despite attempts at equalising the relationship, to assume that the relationship can be equal is naïve (Skeggs, 1994). Hollway and Jefferson (2000, p. 85) suggest that power difference need not be assumed to be marginalising to participants and that it should be viewed in more "relational, dynamic and positive ways". It is with this view in mind, that instead of understanding being more 'knowledgeable' as a cause for participants to assume that I occupied a superior position to them, this perception could have meant that many of the participants perceived me to be someone who understands, sympathises and recognises their difficulties. This in itself could have had a "powerful emotional effect" (Hollway & Jefferson, 2000, p. 85) on them, and may explain why the women felt participation in the research was a service to them.

3.10 Data analysis: Theoretical framework

A feminist application of grounded theory was used to thematically analyse the qualitative interviews. A dilemma faced by many feminist researchers when analysing qualitative data is choosing a method of analysis that retains the voices of participants while subscribing to academic language convention (Edwards & Ribbens, 1998). Grounded theory was

considered to be appropriate because it resists fitting data into a pre-existing framework and categories (Parr, 1998). It thus complements a feminist methodology because it allows the “voices of the participants” to be heard as they tell their stories (Keddy, Sims & Stern, 1996, p. 450).

Grounded theory offers a flexible set of tools and guidelines for conducting qualitative research whereby theoretical frameworks or theories are built inductively through the analysis of data (Charmaz, 2006; Henwood & Pidgeon, 2000). This is compatible with a feminist epistemology because it allows for a coding technique that is focused on the participant's experiences, and meaning is interpreted as closely as possible to their narratives (Lynch et al., 2007). Unlike a positivist approach which uses a formulaic set of data collection techniques and deductive analysis, grounded theory does not prescribe a rigid method of data collection and analysis is an emergent process. It offers a method of coding data that leads to formulating analytic categories and interpretations, and developing a theory. Codes are emergent and analytic categories are ‘grounded’ in the data (Strauss & Corbin, 1998).

The current study uses a constructivist grounded theory rather than an objectivist grounded theory approach. A constructivist grounded theory approach encourages a reflexive stance and importantly from a feminist epistemological stance, it acknowledges that data and analyses are context specific, and that emergent theory is an interpretation of data (Charmaz, 2000, 2006). In keeping with feminist research practice, the production of the research findings is not purported to be a value-free and objective account of reality. This differs to classic objectivist grounded theory as developed by Glaser and Strauss, which has recently been criticised for its positivist leanings (Charmaz, 2000, 2006). Objectivist grounded theory views data as 'real', and research as an objective, neutral process. It purports that data and theory are 'discovered' separately from the researcher whereas a constructivist approach emphasises that emergent data is an interactive process between the researcher and the participants, and subsequently the interview material (Charmaz, 2006).

3.10.1 The process of doing grounded theory

3.10.1.1 Coding

Charmaz (2006, p. 46) describes coding as the “pivotal link between collecting data and developing an emergent theory to explain these data”. Grounded theory begins with a microanalysis of words, lines or segments in interview transcripts. This process entails initial coding of data followed by focused coding in which significant and/or frequently occurring codes are used to guide the suitability of codes to large segments of data (Strauss & Corbin, 1998). When doing a microanalysis of the data the researcher is compelled to “listen closely to what the interviewees are saying *and* how they are saying it” and to avoid premature conclusions (Strauss & Corbin, 1998, p. 65). Segments of data are compared across cases for similarities and differences and organised into categories, which represent phenomena, and are then given an appropriate label (Creswell, 1998; Strauss & Corbin, 1998). The phenomena in each category depict the issues of concern to the study, for example in the current study any descriptor that captured participants' response to their trauma was organised into categories and given a code or label. This will be discussed in more detail in Chapter 5.

3.10.1.2 Memo-writing

Memo-writing refers to a specialised written record used in grounded theory. It is an essential analytic method because it involves analysis of codes that “stand out” and allows the researcher to begin formulating theoretical categories (Charmaz, 2006; Strauss & Corbin, 1998). It crystallizes questions and gives direction to the researcher's thoughts, insights and ideas, but is not meant to be used in a mechanical manner (Charmaz, 2006). Memo-writing is described as the intermediate phase between data collection and writing drafts, and it allows for the conceptual connection of codes that constitute a category. In the current study memo-writing was a useful method for an initial analysis of the data and for articulating comparison of data with data across cases.

3.10.1.3 Theoretical sampling

Theoretical sampling is described as a process that allows the researcher to enrich 'thin' data and is a way of defining categories more robustly. To do this it may be necessary to gather more data that hones in on a particular category, for example through undertaking additional interviews (Charmaz, 2006; Creswell, 2003; Strauss & Corbin, 1998). Ideally theoretical sampling should be done until categories are *saturated* i.e.: no new properties emerge. In the current study, follow-up interviews at 12 weeks were used as an opportunity to saturate categories and to build on "emerging insights" (Henwood & Pidgeon, 2000, p. 350). Theoretical sampling from three quantitative interviews was also done in instances where the participants elaborated on and/or made comments that they did not in the qualitative interview.

This chapter delineated the rationale for the epistemological orientation of the current study. Guided by the tenets of feminist critical psychology, a detailed overview of the research methods and methodology was presented as a way of being accountable in this research endeavour. Further to this, the discussion included a reflexive engagement with the research process. In view of the feminist location of this study, the next chapter provides an introduction to the women in the study in an attempt to make the participants more 'visible' in this research.

CHAPTER 4

THE SAMPLE

In this chapter I will present an introduction to the women in the study to contextualise each of their experiences. Included here are: demographic details, a brief history of previous traumas, a summary of the assault, and relevant person and environmental factors that may have impacted on their reaction to their trauma.

4.1 Demographics (Refer to table 4.1)

The women ranged in age from 18 to 50 years old. The mean age range for rape survivors was 25 years and for non-sexual assault survivors the mean age was 35 years. I have indicated the participants' preferred language or mother tongue by placing it first for bilingual-speakers of English and Afrikaans. An asterisk is used to indicate a change in a participant's employment status during the course of the three month period in which they participated in the study. Changes in employment status have been included to highlight that the participants in this study are often faced with the stress of their precarious financial circumstances which may possibly have influenced their post trauma response. Each participant's age and relationship status represent these demographic details at the time of their last interview. For the purposes of the current research, participants will be referred to under pseudonyms which reflect their real name as a means of capturing an aspect of their identities, for example, an Arabic name is replaced with an Arabic pseudonym.

Table 4. 1: Demographics of participants

Pseudonym	Age	Languages	Relationship status	Children	Education	Current Occupation/ Employment status
Liesel	20	Afrikaans and English	Boyfriend	1	Grade 12 + 1 year of studies at a tertiary college	Unemployed
Chantel	24	Afrikaans	Single	0	Grade 10	Unemployed
Laila	18	Afrikaans and English	Single	0	Grade 10	Unemployed
Veronica	22	Afrikaans	Boyfriend	0	Grade 10	Unemployed
Adele	42	English and Afrikaans	Divorced	3	Grade 10	Unemployed *
Fatima	31	English	Married	2	Grade 12	Unemployed *
Amanda	24	English	Boyfriend	1	Grade 12	Factory worker
Melissa	22	English	Boyfriend	1	Grade 12 + 1 year diploma course at college	Receptionist/ Secretary
Zubeida	18	English	Separated	0	Grade 10	Domestic worker
Zahra	30	English	Married	3	Grade 10	Cleaner

4.2 Introduction to the women

i) Liesl

Liesel, a bilingual speaker of English and Afrikaans, was 20 years old at the time of last interviewing her and was living with her parents, younger sister and brother, and her one-year old daughter. She was in a long-term relationship with her current boyfriend who is the father

of her daughter. Liesl attended a tertiary college for one year, but did not complete her studies after becoming pregnant and is currently unemployed. It was especially difficult for her to leave her home to find work because the perpetrators live in the same road as she did and threatened her almost daily. At first Liesl could not recall the details of what had happened to her, but by the time I interviewed her using the MTRRI her memory of the rape had almost completely returned.

Summary of the assault

Liesl was raped three months after witnessing a crime being committed by her assailants. She was abducted while walking to church one Sunday morning. Two women pulled her into a taxi and forced a pill into her mouth, she was then gang raped by four men who were in the taxi. Liesl lost consciousness at some point during the assault but was not sure when. Immediately after the rape she could not remember being sexually assaulted, but after experiencing a burning sensation when urinating realised that she may have been raped. She was taken to G.F Jooste Hospital by her family and a forensic examination confirmed that she had been raped. A month after the rape she was twice abducted and tortured by the same assailants, she was not raped again during these abductions. The first time she was abducted after the rape the assailants punched and hit her repeatedly, then took her back to her home leaving her with a warning not to go to the police. Two days later they abducted her a second time, together with her young daughter and repeatedly beat her again. They did not hurt her daughter but locked them up together in a kennel outside a house in a township close to where she lives and then drove away. After screaming for help a passer-by helped them to escape. Liesl reported that she received almost daily telephonic threats against her life by her assailants in an attempt to coerce her into withdrawing the rape charge. Although all incidents including the harassment were reported to the police, no arrests were made.

Unlike the other participants in the study, I met Liesl for the first time at four weeks after the rape for the quantitative interview and had thus not established a rapport with her. She was initially interviewed at one week by a research assistant who was conducting interviews for the longitudinal study to which this study is attached. After completing the quantitative questionnaire I proceeded to pilot a semi-structured interview schedule that I had designed. However, Liesl mostly gave monosyllabic or very brief answers. The reasons for this could

be that the phrasing of the questions did not elicit detail or that she did not trust me sufficiently. Her silence could also have been directly related to the trauma of her recent abductions. She had been abducted two days prior to the interview.

I arranged to interview her again using the MTRRI. When interviewing her for the second time it felt as if she was beginning to trust me, this may have been because during the interim I had established a rapport with her mother. This was a result of having been asked by her mother if I could assist in finding a place of safety for Liesl to stay. I agreed to do so with the assistance of Rape Crisis because the police had not offered any assistance in this regard. Within 24 hours Rape Crisis found a place for her in a shelter, however the family decided against accepting the offer because they felt that that shelter was not secure enough. Eventually an acquaintance offered her temporary accommodation.

ii) Chantel

Chantel turned 24 years old during her participation in this study. She is a first-language Afrikaans speaker who left school in Grade 10. When last interviewing her she was unemployed and living with her parents in a one-roomed flat in a township where gang violence often spills over into the lives of ordinary people. Chantel has witnessed many incidents of gang-related violence. She appeared soft-spoken and timid. Chantel found the wording and format of the quantitative questionnaires difficult but showed a good understanding once the questions were paraphrased. She also had difficulty in relating a coherent life story which did not seem to be completely on account of her trauma, this was supported by her acknowledgement of always having been forgetful. Although she was not psychometrically assessed, it is possible that she may be intellectually impaired. Her cognitive difficulties were confirmed by her mother's comment to me one morning while I was recruiting at Thuthuzela. She told me that Chantel could not 'look after' herself and that she did not allow her to travel alone because she often got lost on her own. There is also a likelihood that Chantel's difficulties with some of the interviews may have been because she was under the influence of crystal methamphetamine (commonly referred to as Tik in South Africa) which she started using after her rape. Chantel reported a history of family violence and had a very troubled relationship with her mother. Chantel was aware of her cognitive

difficulties and seemed to think that it was a reason her family, in particular her mother, often conveyed to her that she was incompetent.

Summary of the assault

Chantel was raped by her half-brother while alone at home one night. She was asleep in bed when he attacked her. Before raping her he told her that he had always been attracted to her and that he would buy her a cell phone. While holding her down he forced her to drink alcohol until she felt drunk and then raped her. He had molested her on a previous occasion but her family did not believe her when she told them about the incident.

iii) Faiza

Faiza was 18 years old at the time of her last interview. She is a bilingual speaker and is the youngest of three daughters, her sisters are married and live with their spouses. Faiza remained unemployed during the time she participated in this study and lived with her parents in an area on the Cape Flats with especially high levels of interpersonal violence and crime. She left school in Grade 10 because she did not feel motivated to continue with her education at the time. In one of her last interviews with me she expressed an interest in completing her high school education, but was uncertain about the type of work she would like to do. Faiza's unemployment was a great source of conflict between her and her parents. During the time that Faiza participated in this study I was contacted by her mother several times to ask if I could encourage or assist her in finding employment.

Faiza appeared to be a confident young woman who was determined not to be typecast as a victim. She was very aware that the quantitative questionnaires focused on negative symptomatology and asked me why the questions were "so down". She constantly reiterated throughout all the interviews that she was still "normal" after the rape, but did on one occasion tell me that her outward appearance since the rape was a "mask" for how she really felt.

Summary of the assault

Faiza was raped early one morning on her way home from a friend who lives close to her. She described her assailant as a gang member and convicted criminal who was out on parole.

He approached her while she was walking and asked if she had a boyfriend. While talking to her he suddenly pulled out two knives and said that he had been watching her for a long time. He told her that she had belittled him on several occasions while in the company of others and that her behaviour towards him made him feel that he was not a man. Faiza explained to me that she had walked away from a group of friends as soon as he joined their company on several occasions. Faiza's assailant forced her to walk with him until they reached his car, he pushed her into it and then raped her. While raping her he told her that she had a nice body and that she should use it more. Faiza told me in the initial interview that she wished that she could have died during the rape because she would have been "better off", but subsequently did not express any desire for death. When I saw her for her follow-up interview at 12 weeks her assailant had been arrested for the rape and several other charges.

iv) Veronica

At the time of interviewing her, Veronica was 22 years old. She is an Afrikaans-speaking woman who was living with her parents on a farm where they were employed. Veronica spent a large portion of her childhood living with her grandmother who worked and lived on her employer's farm in Cape Town. Social Services temporarily removed her from the care of her parents because they were alcoholics and often neglected her. Veronica's high school education was curtailed after she completed Grade 10 because her family could not afford to keep her at school. She is unemployed and is supported financially by her boyfriend who is a bricklayer. Veronica described herself as having a difficult relationship with her parents and often moves away from them to live with other family members. Her 'mobility' is one of the reasons she could not be contacted again for a follow-up interview at week 12. Veronica reported witnessing daily interpersonal violence in the community where she lived.

Summary of the assault

Veronica was accosted by two women and two men after leaving a shebeen to buy beer with a friend. She and her friend met up with her boyfriend and another friend who were waiting outside in the road for them when the attack happened. One of the men pulled out a knife in an attempt to attack her boyfriend but he ran away leaving her behind with their two friends. Veronica also tried to run away but two women restrained her. During this time her two friends escaped. The man who later raped her forced her into going with him to his house in

an informal settlement. Once at his home he told her that her boyfriend owes him money for alcohol and that she would have to pay for the outstanding debt. When she asked him how she was expected to pay him he said that she would have to have sex with him. She said no, and that he could not expect her to have sex with him because she did not owe him anything. Her assailant told her that she had no choice but to have sex with him or else he would hurt her. He then took out a piece of paper and demanded that she sign it in agreement that her boyfriend's debt would be cleared if she had sex with him. Veronica told me that she was so terrified and fearful for her life that she signed the paper. Following her rape, Veronica was insulted by several people on the farm where she lived because of the rape.

v) Adele

Adele is a bilingual speaker who was 42 years old when she was last interviewed. She had been divorced for several years and has three daughters from her former husband. Two of her daughters were living with her and the other lived with her sister because she could not afford to care for all three. Adele lived in an area where gangsterism, drug addiction, and interpersonal violence was high and hoped to move from there some day. She had come to live in this area after her family was forcibly removed from a more central area when the Group Areas Act was passed.

Adele left school after Grade 10 to help support her family financially. At the start of participating in the research she was employed on a short-term contract, but was without work when I saw her for her final interview. When I first met Adele at Thuthuzela she seemed suspicious of me, later while driving to Saartjie Baartman to conduct the initial interview, she told me that for some time now she has found it difficult to trust people. She then added that she felt it may be beneficial for her to begin trusting people again to help her cope with her trauma, and that it would therefore be "good" for her to talk to me.

Summary of the assault

Adele was raped early one morning after returning from a nightclub with friends. Her friends had asked her to wait for them to arrange a ride home by car. Because Adele was anxious to prepare for work that morning, she decided to walk home instead. While walking she was approached by three men who told her that they were from the neighbourhood watch. One of

the men offered to walk home with her. They talked as they were walking and then, as they approached a park, he suddenly became aggressive, pushed her against the wall of a house and tried to kiss her. When she resisted her assailant pushed her to the ground and took what she believes was a weapon out of his pocket and pressed it in her side. She is not sure whether it was a knife or gun. After raping her, Adele's assailant took her phone and cigarettes, and told her that she that could go home. He then walked away.

A few weeks after her rape, Adele received a letter from the police enquiring whether she would like to continue with her charge of rape against her assailant. Adele told me that she was angry with the impersonal manner in which her case was handled, and the length of time it had taken the police to contact her. Adele felt disillusioned with the police and also feared that her assailant might harm her if the case were to go to court, for these reasons she was considering withdrawing her charge of rape.

vi) Melissa

Melissa is a first-language English speaker. She was 23 years old at the time of her last interview and was living with her parents and her five year old son. She completed a one year tertiary level diploma course and was working as a receptionist/secretary. Melissa was in a long-term relationship with the father of her son. During the course of her participation in the research Melissa revealed that she had been sexually abused as a child by her aunt's boyfriend. It was very difficult for her to disclose this experience to me as memories of her sexual abuse had only started to surface again in the past year, and she had not told anyone about it before. There was also a sense that she was struggling to accept that the abuse had happened and therefore seemed to prefer to dissociate herself from it. When she told me about it the first time I was conscious that she avoided referring to herself in the first person. In follow-up interviews she alluded to the sexual assault as causing on-going emotional difficulties for her, but it was clear that she did not want to continue to talk about it.

Summary of the assault

Melissa was abducted by a taxi driver and his 'guard' (a term used on the Cape Flats for the person who collects the taxi fare) after work one Friday afternoon. She got into a taxi to go home as she usually did, but she was alone with the driver and 'guard' as there were no other

passengers. While driving, the taxi driver told her that they could not take her where she needed to be because they had an errand to run. After briefly stopping somewhere, the 'guard' suddenly attacked her on instruction from the driver. He pinned her down and she immediately thought that he was going to rape her. Her assailant did not loosen her clothes so it does not seem to have been the intention.

Melissa's assailant continued to assault her by kicking her. He also hit her with a spanner across her knees. During the assault the driver turned up the volume of the music to drown out her screams. Her attacker tapped her pockets for her phone and money and demanded to know if she had been paid, and where she lived and worked. While searching through her wallet he removed a photo of her which he put into his pocket and kept, Melissa was very troubled by this in the interview. He took her bank card from her wallet and asked for her pin number. Both he and the taxi driver wanted to know how much money she had in her account and they then took her to an ATM to draw the balance from her account, an amount of R80. She was worried that they would kill her because the money was very little, but they seemed satisfied. Melissa thinks that they were desperate for money to buy Tik because she saw the driver handing a substance wrapped in paper to her attacker earlier on. They let her go shortly after she gave them the money by physically throwing her out of the taxi outside of a cemetery. Her ordeal lasted for two hours. Melissa was badly bruised and swollen after her assault but did not need hospitalisation.

A month after her assault the police contacted her to inform her that they would be closing the docket to her case because they were unable to find her assailants. Melissa expressed a lot of dissatisfaction and anger toward the police for not pursuing her case.

vii) Fatima

Fatima is a bilingual-speaker who was 32 years old at the time of her final interview. She was married and lived with her husband and children. They have a five-year old son and she has an eight year old daughter from a former marriage. Fatima completed her high school education and was working as a receptionist when she first began participating in the research. When I saw her for follow-up interviews she was unemployed. She and her husband had been retrenched within a month of each other, this was a major stressor for her and she

spoke about it often during the qualitative interview at week 12. Fatima had had a previous incident of being held up at knife-point which she believed only affected her after her recent trauma.

Summary of the assault

Fatima was held up at gun point early one morning while opening the business where she worked as a receptionist. Her assailant pressed the gun against her forehead and demanded all the money in the cash register. He also asked her to give her wedding rings to him. Her husband had only recently given the rings to her because he could not afford to buy them when they got married. Fatima described herself as angry that her assailant simply walked away very calmly after taking the money and her rings.

Following the robbery Fatima was rushed to hospital because she thought she was having a heart attack. After being examined by doctors it was determined that she had had a severe panic attack. She was referred to a community psychiatrist at a clinic close to where she lived whom she saw for one session. For several weeks Fatima was unable to recall any events that had taken place during the three days following the assault. Her memory returned by the time I saw her for her 12 week follow-up interview.

Fatima laid a charge at the police, but they soon informed her that they were doubtful whether they could follow-up on her case because they had lost the photo album which she was meant to use to try to identify her assailant.

viii) Amanda

Amanda is a first-language English speaking woman who was living with her parents, older brother and three year old daughter when she attended her last interview for this study. She was 24 years old at the time and in a long-term relationship with her daughter's father. She completed her high school education and was working in factory where she makes plastic files and other stationery.

Summary of the assault

Amanda was attacked one afternoon while walking home alone from a bus stop. Her assailant pushed her to the ground, grabbed her cell phone and ran away. He was arrested by the police on the same day and later sentenced to 18 months in prison.

ix) Shariefa

Shariefa is a bilingual-speaker who was 42 years when she attended her last interview. She left school after Grade 10 and was working as a domestic worker for two families. During the course of her participation in the study Shariefa separated from her third husband. Her two children from her second marriage, a 17 year old son and a 14 year old daughter who has a six-month old baby, lived with her. They were living in a serviced shack which she rented. Shariefa has two other children from her first marriage. In a qualitative interview Shariefa disclosed that her second husband had been physically abusive to her, she appeared reticent to talk about the circumstances of the marriage initially during the interview. She had recently recovered from ovarian cancer and while participating in the research had another cancer scare. At the time of her last interview she was cancer-free and did not perceive her experience with cancer to be a trauma, instead she understood it as a challenge. Shariefa struggled to survive daily and expressed distress over her financial difficulties. Many times when she came to interviews there was no food in her home.

Summary of the assault

Shariefa was attacked one afternoon after leaving the house of one of her employers by two young men, whom she describes as well-dressed. They demanded her cell phone and money. When she tried to resist, one of the assailants slapped her and pushed her to the ground. During the attack they called her a "bitch" a number of times. They searched through her bag and took the money from her wallet and pulled her wedding rings off her fingers. Once they had the money and rings they put her bag on the ground and threw her keys and identity book across the road and walked away. When she saw them reaching a busy road she decided to chase them in the hope that this would draw the attention of a security company which ran patrols in that road. Her assailants, however, ran away before she could summon any assistance in this way.

After laying a charge with the police, she was told that, given the scale of people involved in criminal activity it was highly unlikely that they would be able to find and arrest her assailants.

x) Zubaida

Zubaida is a bilingual woman who was 50 years old at the time of attending her final interview. She lived with her husband and has two daughters and a son, they were all married and lived on their own when she was interviewed. Violence and crime are endemic in the area where Zubaida lives and she reported often hearing gun shots being fired by gangsters.

Zubaida left school after Grade 10 to work so that she could support her family. She described her job at a school as being a general assistant, which entailed cleaning and after-care work. Zubaida's husband was unable to work because of poor health and a large portion of her salary was spent on buying chronic medication for him. Zubaida expressed a lot of frustration in her marriage and anger towards her husband because of his continued relationship with a woman he had had an extra-marital affair with many years before. In addition to this, she also experienced a lot of distress on account of her son's drug addiction.

Two days before her assault Zubaida witnessed a fellow commuter being knocked down by a motor vehicle as he was crossing the road and greeting her. Although she did not know him personally, they always exchanged pleasantries in the morning on their way to work. He passed away a few days later. Zubaida told me in an interview that witnessing the accident was a more traumatic experience than her assault.

Summary of the assault

Zubaida was attacked early one morning while walking from the taxi stop to her work. Her assailant held a knife to her throat and demanded her handbag and cell phone. Once he had her phone and bag he ran away. Zubaida's screams alerted the residents to her attack and they contacted the police.

No arrests were made. However the police conducted a follow-up investigation into the accident she had witnessed.

It is evident from their stories that most of the women in this study experienced multiple stressors such as unemployment, financial difficulties, and exposure to violence in their communities. It is likely that these stressors had an influence on the women's post trauma response.

There were also similarities in the women's experiences, for example, weapons were used in five of the ten participants' assaults and two women were abducted and tortured. A notable difference between the two groups' experiences was that the non-sexual assaults were all motivated by material gain whereas the motive for the sexual assaults seemed to have been personal and informed by pervasive patriarchal beliefs about women's sexuality and womanhood. This was overt in the following cases: Faiza's assailant told her that she had emasculated him and Veronica's sexual assault was treated like a business transaction in which her sexuality was the commodity that was exchanged for the money owed to the perpetrator by her boyfriend. Liesl was raped to 'silence' her from reporting a crime to the police which she had witnessed her assailants committing. The belief underlying this motivation for her rape seems to be that women's behaviour can be controlled through the use of sexual violence.

The next chapter presents the main findings in the results and data analysis within which the complexities and interconnectedness of person, event and contextual factors on the women's post trauma response women will be considered.

CHAPTER 5

RESULTS AND DATA ANALYSIS

“The essence of trauma is the abrupt disintegration of one’s inner world...Survivors experience “cornered horror,” for internal and external worlds are suddenly unfamiliar and threatening.” (Janoff-Bulman, 1992, p. 63).

The current study explored whether there are similarities and differences in the impact of trauma between non-sexual assault and rape survivors at 4 weeks and 12 weeks following the date of their assault. Of particular interest to this study was how women’s narratives and subjective meaning-making may account for differences in post trauma response between these two groups. The current study positions the participants’ post trauma response within Harvey’s (1996) ecological framework which as explicated in Chapters 2 and 3, understands trauma and recovery as a multidimensional phenomena; namely a result of the interaction of person, event, and environmental variables. In this chapter, the results and analysis of the quantitative data will be presented first, followed by a grounded theory analysis of the MTRRI qualitative interviews.

5.1 Quantitative data and analysis

Following the protocol, administration of the PDS began by asking participants to indicate if they had experienced or witnessed one or more traumatic events from a check-list of 12, (an ‘other’ category is included on the scale). If more than one traumatic event was indicated by a participant, they were asked to choose which of those caused them the most distress in the past month. Many of the women had experienced or witnessed a range of other traumas but all chose their recent experience of non-sexual assault or rape as being the most distressing for them. To proceed with the PDS, the requirement for Criterion A had to be met (experiencing the event with intense fear, helplessness and horror) as set out in the DSM-IV-TR (APA, 2000). Next, a list of 17 PTSD symptoms which correspond with the DSM-IV-TR (APA, 2000) were read out to the participants, and with reference to the selected traumatic

event they were asked to assign a rating to indicate the frequency of experiencing each of those symptoms using a 4-point scale (0 = not at all or only one time; 1 = once a week or less; 2 = 2 to 4 times a week; 3 = 5 or more times a week). A PTSD diagnosis was given using the PDS scoring directions which conforms to the DSM-IV-TR (APA, 2000) diagnostic criteria.

Table 5. 1: PTSD scores

Sexual assault sample	Week 4	Week 12
	PTSD criteria met?	PTSD criteria met?
Liesl	Yes	No
Chantel	Yes	No
Faiza	No	No
Veronica	Yes	
Adele	Yes	Yes
Non sexual assault sample		
Fatima	Yes	No
Amanda	No	No
Melissa	Yes	No
Shariefa	No	No
Zubeida	No	No

As represented in table 5.1, four of the five rape survivors and two of the five non-sexual assault survivors met the criteria for a PTSD diagnosis at 4 weeks post trauma. There were no noteworthy differences in the total scores for the three PTSD symptom clusters (Avoidance, Re-experiencing, and Arousal) between the non-sexual assault and rape survivors. However, there were notable differences in specific avoidance symptoms between the two samples and the rating scores given, these areas were: *diminished interest or participation in activities; feeling of detachment or estrangement from others; restricted affect or feeling emotionally numb; and feeling that future plans or hopes would not come to fruition.* Four of the five rape survivors, Liesl, Chantel, Veronica and Adele, expressed difficulty in these particular areas. Emotional numbing was experienced by all five of the rape survivors, with Liesl, Chantel and Adele giving it the maximum rating score of 3. In contrast to this, none of the

non-sexually assaulted women reported *diminished interest or participation in activities*, nor *feeling detachment or estrangement from others*. Two non-sexual assault survivors experienced emotional numbing (a rating score of 1 and 2 were given respectively), and one other non-sexual survivor indicated sometimes feeling that her career plans were foreshortened (a score of 1 was given), in comparison to this, three of the rape survivors gave this particular area of difficulty a score of 2, and another rape survivor gave it a rating of 3.

At 12 weeks post trauma there was a considerable diminution of PTSD symptoms in both groups of women. Only one participant, Adele, a rape survivor, continued to meet the criteria for a PTSD diagnosis, despite this, she reported that she no longer felt disinterested in social activities or detached from others. This area of difficulty was unchanged for two of the other sexually assaulted participants, Liesl and Chantel, who remained in the study at 12 weeks. Liesl gave a rating of 3 to the frequency of experiencing *diminished interest or participation in activities*, which was a higher score than she had given at 4 weeks. Two of the rape survivors, Chantel and Adele, and one non-sexually assaulted woman, Fatima, continued to experience emotional numbness. Another non-sexually assaulted woman, Melissa, reported problems across all the avoidance areas described, yet at 4 weeks she did not indicate experiencing any of these symptoms. The interaction of the meaning of the trauma with these particular avoidance symptoms will be discussed in more detail in Chapter 6, which will attempt to elucidate why there were differences between and within the two samples.

Although the sample size in the current study is small and any comparison to large scale, longitudinal studies should be tentatively made, the results seem to be consistent with international findings. As discussed in the Literature Review, international research has repeatedly found PTSD to be a common response to non-sexual assault and rape at 4 weeks post trauma, and a significant reduction of PTSD at 12 weeks (Foa, 1997; Janoff-Bulman, 1985; Kilpatrick et al., 1989; Riggs, Rothbaum & Foa, 1995). International findings have also shown that that the incidence of PTSD tends to be higher amongst rape survivors than non-sexual survivors (Kilpatrick et al., 1989; Rothbaum et al., 1992; Faravelli et al., 2004; Campbell & Wasco, 2005). In the current study, there seems to be some evidence to support this finding at 4 weeks.

At 12 weeks, one of the four rape survivors, Adele, met the criteria for a diagnosis of chronic PTSD, while none of the non-sexual assault survivors continued to have PTSD. Again since the sample size is small, comparison to international findings needs to be interpreted with caution. One rape survivor, Veronica, did not return to the study, thus it is not known whether she continued to have PTSD. Furthermore the results are not intended to be used to confirm international research findings or to be generalisable. Instead the quantitative results will be used as a platform to qualitatively expand on the PTSD findings and will explore the following:

1. Whether there is an interface between women's PTSD scores and their subjective accounts of their trauma.
2. If women experience post trauma related distress that is not reflected by a PTSD scoring.

5.2 Transcription convention (Refer to transcription key)

All interviews with the women were transcribed verbatim, including pauses, grammatical errors, repetition of words or phrases, and latching of conversation (this refers to instances where participants have answered a question or responded to a comment before it had been completed). Two interviews were translated from Afrikaans into English. Quotes have been chosen that best represent a theme and I have sometimes included my questions or comments for clarity. Where a participant's response is lengthy, only an excerpt of the most relevant part of the full quote is given. Although the inclusion of pauses or hesitations in speech is more akin to a discourse analytic approach, I have indicated these because it is my contention that the women's pauses are significant. In listening to the interviews several times it was clear that the lengthy pauses - longer than 10 seconds - in women's narratives were often indicative of distress or a resistance to talking about particular aspects of their trauma. The transcription key is displayed in the table below and is guided by some of the conventions used in discourse analysis. All quotations are indicated in italics.

5.2.1 Transcription key

S	Denotes where I have posed a question or made a comment.
...	Omission of text
(.)	Pause of 0 - 10 seconds
(...)	Pause of < 10 seconds
	Explanatory note or translation
,	Natural pause
-	Latching of conversation
	Indicates emphasis for analytic purposes
^a	Name change of person or place referred to by participant
.	End of statement or complete quote

5.3 Coding procedure (Refer to table 5.2 and 5.3)

The coding procedure was derived from a grounded theory approach (Charmaz, 2006; Strauss & Corbin, 1998) and informed by Lynch et al.'s (2007) application of it to generate qualitative data from Harvey's (1996) MTRRI. Each interview was read through line-by-line several times to openly explore elements of distress, recovery, strength and resilience in the participants' narratives, whole segments or phrases in each interview were coded that represented these elements. The grounded theory analytic method of constant comparison of data with data (Fletwood & Pidgeon, 2000) was used to explore similarities and differences between the two samples of women. The emergent codes were then grouped into the following conceptual categories: distress/affect codes, relational life codes, and meaning-making codes. Several broad thematic categories were identified within each of these respective codes that pertain to both groups of women, these were: *strategies for re-establishing safety, reaching out vs. withdrawing, and understanding the event: increased meaning vs. loss of meaning to life*. The category *strategies for re-establishing safety* was divided into the following themes common to rape and non-sexual assault survivors: *fear of environmental reminders, fear of retaliation, loss related anxiety and shattering of 'assumptive world'*. The coding procedure generated the following additional sub-themes that

only related to rape survivors' post trauma response: *fear of overwhelming negative affect, fear and anxiety about negative social judgement* within the thematic category of *strategies for re-establishing safety*. The theme *reaching out vs. withdrawing* was common to both groups with an additional sub-theme for rape survivors, which is *a fear of sexual intimacy*. *Understanding the event: increased meaning vs. loss of meaning to life, and finding meaning through participation in the study* were shared by both groups, with an additional sub-theme related to *increased religiosity/spirituality* for non-sexual assault survivors. A *sense of self-concept* was a further conceptual code specific to rape survivors. In this code the themes identified in rape survivors' narratives were: *loss or dying of former self and disruption to womanhood and sexuality*.

These themes and sub-themes overlap and are inextricably linked to each other, but are divided for clarity and as a means of focusing on the most salient aspects thereof for the participants. The themes and sub-themes are presented in an order that suggests a layering or scaffolding of themes and sub-themes. However, the ordering of themes in this chapter does not suggest a linearity to the women's post trauma response and recovery as this would be an oversimplification of a process that is complex, and which Herman (1992, p. 155) describes as "turbulent".

Themes that are shared by the two groups of women will be presented first and will be followed by a discussion of additional themes and sub-themes identified in the non-sexual assault and rape survivors' narratives. Each theme and sub-theme identified at 4 weeks will be followed by a discussion of the interviews at 12 weeks, as a means of exploring changes in the women's subjective accounts of their trauma. The themes and sub-themes are discussed under the four relevant broader coding categories, these are: distress and affect, relational life, meaning-making and self-concept codes because they were conceptualised into relation to these. Reference to Harvey's (1996) eight domains of psychological functioning (*authority over memory, integration of memory and affect, affect tolerance and regulation, symptom mastery, self-esteem, self-cohesion, safe attachment and meaning-making*) will be made in the analysis of the themes.

Table 5. 2: Codes and themes illustrating trauma response amongst non-sexual assault and rape survivors at weeks 4 and 12

Conceptual codes	Codes illustrating post assault response	Themes and sub-themes common to rape and non-sexual assault survivors	Sub-themes specific to rape survivors	Sub-themes specific to non-sexual assault survivors
Distress and affect codes	<ul style="list-style-type: none"> PTSD symptoms: fear, anxiety, hyperarousal, anger, irritability, intrusive thoughts and memories. 	<p><i>Strategies for re-establishing physical and psychological safety</i></p> <p><u>Sub-themes:</u></p> <ul style="list-style-type: none"> fear of environmental reminders fear of retaliation loss related anxiety Shattering of 'assumptive world' 	<ul style="list-style-type: none"> fear of overwhelming negative affect fear and anxiety about negative social judgement 	
Relational life codes	<ul style="list-style-type: none"> Reconnection Disconnection 	<i>Reaching out vs. withdrawing</i>	<ul style="list-style-type: none"> fear of sexual intimacy 	
Meaning-making codes	<ul style="list-style-type: none"> Loss, re-evaluation and/or reaffirmation of life and self. Acceptance and hope. 	<p><i>Understanding the event: increased meaning vs. loss of meaning to life</i></p> <p><u>Sub-theme:</u></p> <ul style="list-style-type: none"> Finding meaning and recovery through participation in the research 		<ul style="list-style-type: none"> Increased religiosity/spirituality

Table 5. 3: Additional codes and themes illustrating trauma response amongst rape survivors at weeks 4 and 12

Conceptual codes	Codes illustrating post trauma response	Themes
Sense of self-concept code	<ul style="list-style-type: none"> • Confusion about gender identity, feeling womanhood sullied, dirtied, devalued • Shame 	<ul style="list-style-type: none"> • Loss or dying of former self • Disruption to womanhood

5.4 Qualitative results and data analysis

5.4.1 Strategies for re-establishing physical and psychological safety

Herman (1992) writes that the first stage of recovery is signified by the need to re-establish safety, this conceptualisation is useful because it could explain why the women in the current study foregrounded the impact of the trauma on their lives in terms of their fears and anxiety at 4 weeks. Several of the fears and anxiety identified in the participants' narratives corresponded with the three PTSD symptom clusters: *re-experiencing*, *avoidance* and *hyperarousal*. Therefore many of the distress codes, themes and sub-themes relate to these PTSD symptoms and manifested in fear and anxiety which peaked at 4 weeks and tapered off at 12 weeks as reflected by the PTSD scores.

In an attempt to cope with the distress caused by fear and anxiety all participants employed various strategies aimed at re-establishing physical and psychological safety. These strategies included avoidance of stimuli associated with the trauma, rationalising, and social withdrawal or retreating into silence.

This section discusses the similarities and differences in the post trauma fears and anxiety amongst the participants and the coping strategies they mobilised to resist against negative affect. Coping is broadly defined as strategies utilised to reduce the distress caused by threats to a trauma survivor's physical and psychological safety (Burt & Katz, 1988). Burt and Katz (1988, p. 345) state that the "interference of the stimuli" associated with a traumatic event can cause a significant impact on a survivor's ability to function. While this understanding of

coping is useful, there is an emphasis on viewing physical stimuli as cues for trauma related distress with much less focus on the impact of the cultural context and meaning of a traumatic event on an individual's functioning. In the current study all participants experienced 'interference' of stimuli connected to the trauma in the form of fear and anxiety. However, while the most salient source of fear and anxiety for non-sexual assault survivors was exposure to environmental cues that reminded them of the trauma, rape survivors' fear and anxiety was closely interwoven with their identities as women, and the negative reactions or lack of support from others. The themes that emerged within women's narratives revealed that the socio-cultural meaning of rape is distinct from non-sexual assault and that it had a powerful influence on the subjective accounts of the women's trauma. Rape survivors' fear and anxiety was thus substantially different to that of the non-sexual assault survivors in the current study.

5.4.2 Similarities and differences between non-sexual assault and rape survivors' post trauma fears and anxiety: distress and affect themes

5.4.2.1 Fear of environmental reminders at 4 weeks

Although only two of the non-sexual assault survivors met the criteria for a diagnosis of PTSD, avoidance of environmental reminders of the trauma caused all of the non-sexually assaulted women significant difficulties in their daily lives. The most prominent fear for four of the non-sexual assault survivors, Melissa, Fatima, Amanda and Zubaida, was for their physical safety while travelling to or from work and re-experiencing the helplessness and terror they felt at the time of the incident. Since these four women were all attacked either en route to or from a taxi or bus stop to work or home they all changed their normal journey to avoid the anxiety of re-experiencing or being reminded of the trauma. One non-sexual assault survivor, Fatima, resigned from her job because the incident occurred at her place of work. This decision was based on her fear of re-experiencing the trauma and having what she termed a "relapse" should she return to the place where the incident occurred.

For some, changes to their normal travelling routine included walking different routes to get to a bus or taxi stop or asking someone who owned a car to take and collect them from work.

These self-protective measures taken by the women often meant that their journey to work was more difficult, an inconvenience to others, costlier than before, and their travelling time was longer, thus it would seem that they had to 'pay a price' for being survivors of an assault. Here Amanda explains how her journey to work has become lengthier, but a necessary strategy for her to avoid feeling threatened by reminders of the assault:

If he's [her boyfriend] not there then I must get off at the other bus stop and walk a further way home (.) which (.) okay I never used to travel that way but for me I just don't feel safe that way, not yet.

Fear of environmental reminders of the trauma differed slightly for three of the rape survivors', Liesl, Veronica and Adele, because they were assaulted in places that they did not frequent. These participants therefore did not have to find strategies to avoid the place where the incident occurred. Interestingly after an interview, a rape survivor, Adele, asked me to drive past the spot where she was raped because she wanted to show me where it happened and to 'see' how she would feel, while Faiza, who was raped in a car parked in the road where she lives, told me that she refused to stop walking in that road. This could be seen as an attempt by the two women to gain mastery over overwhelming feelings associated with the trauma, as well as their strengths and desire to re-establish a feeling of normality in their lives.

Exposure to triggers or stimuli that precipitated re-experiencing symptoms for one rape survivor, Chantel, was almost inescapable for her because the incident took place in her home. As a result her fear of re-living the event seemed more severe than for other participants, but could also be a result of the interaction of this fear with individual variables (e.g. cognitive limitations, experience of physical abuse and verbal abuse by her mother, prior sexual molestation by the rapist, etc.). In many ways the rape confirmed Chantel's underlying feelings of hopelessness, worthlessness, and being a 'victim', which she conveyed in her life narrative. Chantel's fear seemed almost unremitting and is further discussed below.

Unlike four of the non-sexual assault survivors who felt safe at home, four of the rape survivors' were fearful of the assailant/s coming to their home or in Chantel's case returning to her home. Of the rape survivors there were two women, Chantel and Veronica, who had no

strategies to allay this fear, and from their narrative accounts it seemed that they remained in a state of almost perpetual hyperarousal. Herman (1992) writes that a traumatic event often spontaneously intrudes into consciousness even in an innocuous environment. This was apparent when doing the quantitative interview with Chantel. During the interview I briefly left the room and shut the door, when I returned she leapt out of her chair as I opened the door and looked at me with complete horror and fear. I realised my entrance into the room may have triggered a flashback because Chantel continued to stare at me as if she did not recognise me. I had to reassure her several times that she was safe and that it was me she was seeing and not the perpetrator. Once she was 'present' in the interview room again and felt that safety had been re-established, I asked her what she had experienced as I walked into the room. She told me that she saw what had happened to her "playing over" in front of her like a movie. Both Veronica and Chantel's response to their trauma seemed to have caused severe impairment across the domains of affect tolerance and regulation, and symptom mastery.

Veronica's fear of the perpetrator returning or another man coming to harm her was as intense as Chantel's, her fear was fuelled by rumours of a dangerous man 'running around' in an almost deranged manner seeking female victims to harm. Below her description of this fear hints at popular stereotypes of potential rapists being deranged strangers and thus legitimizes her fear in a social environment that she experienced as contemptuous towards her since the rape (refer to the introduction to Veronica).

Veronica: ...at home if I've been outside and I go inside (.) then, then I'll never just walk in (.) I'll always look around to see if someone is there, maybe at the back by us I'll look behind the door because they say there's a man running around there by us, and now, now (.) now the other day when they told us, so I was so scared I said to my mother, "shut the door!" I said to her "come inside!" because she was outside and ... I was so scared because they said there's a man walking around outside (.) and I'm always very careful, I'll always lock the door (.) and or I'll always make sure (.) I'll always go check again to see if the door is locked.

All participants were fearful when they walked in the road and reported being hyperalert and on guard for potential dangers.

Shariefa: No (.) look my incident now with the assault I had now with this robbery (.) I find myself still doing this, you know looking around and (.) I still find myself doing that, in that sense ja (.) but other than trust, I am,

I trust, I trust, you know, but it's just like I say now walking in the road because I still find myself doing it, looking around and I, I just (...) just noticed last week (.) "Why are you still doing this"?

Zubaida, a non-sexual assault survivor described being almost paralysed with fear when having to cross the road to reach a taxi-stop. Her fear of travelling alone in the dark and crossing the road was exacerbated by the trauma of witnessing a horrific accident involving an acquaintance two days before the assault.

Zubeida: I was very, very fearful of crossing the road, especially because I get home after six so it's quite dark and I stand there for five to ten minutes before I have the courage to cross the road.

Hyperarousal and avoidance symptoms were experienced by all women irrespective of them meeting the criteria for a PTSD diagnosis. Even though these symptoms also caused the four participants who were not diagnosed with PTSD distress, they did not perceive it to be impacting on their overall level of functioning.

Fear for two non-sexual assault survivors, Fatima and Shariefa, was aroused when they saw men who resembled their assailant/s. Shariefa disclosed this fear to me before we commenced the interview. In the excerpt given, Fatima describes her fear of men who reminded her of her assailant.

S: When you think back to that day do you still have the same feelings that you had at that time?

Fatima: Em, it's not so bad like as it was before (.) but the feelings are still there (.) I'm still battling to look at an African [black] you know (.) it's it's not that I'm blaming all of them (.) but em (.) sometimes then I walk in the road, and it looks like that person (.) you know, so, so because of that I rather don't look at them at all because I don't want to see him you know...

Whereas Fatima and Shariefa were fearful of men who resembled their assailants, two rape survivors, Veronica and Adele, were fearful and distrusting of strange men in general. Bletzer & Koss (2006) reported a similar fear among three populations of rape survivors in Southwest America. In the current study Veronica and Adele struggled against their fear of men by rationalizing that not all men are the same. Here Veronica describes travelling alone in a train cabin with strange men, in this instance she turned to prayer to control her anxiety.

Veronica: ...like now also, so I was the only girl sitting in a train with a lot of men but, I just thought no, okay, I can keep myself strong, and all that I thought was that I'll have to trust you all, I mean sometimes if you trust Him [God] then he won't let it happen to you again, and so (.) and sometimes when I go somewhere then I ask the Lord to protect me and so (.) I just thought (.) all men are not the same and I have that thought (.) so I just kept myself strong.

Veronica described herself as a committed Christian before the rape, but did not report an increase in spirituality or religiosity since the rape as did four of the non-sexual assault survivors following their trauma. However, it is evident from the above excerpt that she retained her commitment to her Christian beliefs and that her religious world-view was a useful means for her to cope with her anxiety. Increased spirituality or religiosity will be discussed more under the theme of *making-meaning*.

5.4.2.2 Fear of environmental reminders at 12 weeks

Fear and avoidance of environmental cues of the trauma remained unchanged for four of the non-sexual assault survivors, Amanda, Shariefah, Fatima and Zubaida, for this reason they continued to travel alternative routes to work. All rape survivors remained fearful of potential dangers when walking alone in the road and reported being hyperalert. Thus although almost all the participants did not meet the criteria for a PTSD diagnosis at 12 weeks, avoidance and hyperarousal symptoms continued. Below two of the women, Adele and Fatima, speak of being 'on guard' and hyperalert, there is a sense that these fears have affected their daily lives, however they did not report that it caused them significant levels of impairment in their functioning when completing the PDS scale. From the perspective of Harvey's ecological model (1996), this could be a reflection of the women's strengths and recovery in the domain of affect tolerance and regulation.

S: Now you said you still feel 'on guard', but you are not so jumpy as before.

Adele: Jumpy yes (.) I throw my eyes more (.) you know, being aware what is happening around me.

S: Are there ways that you think that the traumatic experience has affected your day to day life?

Fatima: Yes (.) it has (.) it has affected my day to day life because (.) you know I'm more (.) I'm more (.) em, I won't say I'm afraid, but I'm more aware of what I am doing when I go out with (.) especially with my children. I'm more cautious when I'm walking with them in the road (.) even when we're driving. My doors will be

locked, my windows will be up, you know (.) em (.) I'm just more alert of whatever I do, especially when my kids is around.

5.4.2.3 Fear of retaliation at 4 weeks

Two rape survivors, Liesl and Veronica, and one non-sexual assault, Melissa, feared retaliation by their assailants. Melissa, a non-sexual assault survivor who was abducted from outside her work, restricted her movements when at work to prevent herself from re-experiencing the terror of her assault, and to avoid her anxiety and lessen her fear of retaliation. Melissa feared that the perpetrators would retaliate if they knew that she had reported the assault to the police, since they knew where she worked this fear seemed realistic. She described her anxiety when alone at work and her struggle to contain her emotions as feeling that she was “malfunctioning”, Herman (1992, p. 160) explains that trauma survivors usually feel that their emotions are out of control and that they are “unsafe” in their own bodies. To gain control over her environment and to feel safe within her own body Melissa completely avoided going outside of her place of work. She was also particularly fearful of her memory failing her and being unable to recognise her assailant should she encounter him when outside.

Melissa: ... I just fear that, my fear is, can I tell you, my fear is that I am so on guard now that one day I'm not gonna take note, that one day they will come in, that is my biggest fear, I'm gonna forget how he looks.

For Liesl, the fear of retaliation was a constant concern because the perpetrators lived in the same road as her and harassed her and family through threatening telephone calls almost daily. They also often stood very close to her house and followed her family on several occasions when they went out. Although the family reported the matter to the local police station and were told to ring them on an emergency number, the police did not respond to their calls.

Liesl: I'm afraid if I must talk [about witnessing a crime] they will do something, because during the day it's only my mother and my brother that's at home, my father's working and my sister. I'm just afraid of that because my mother, mother say they [the perpetrators] just stand in front of the gate (.) and wait, and if my father's there then they, they won't, they won't stand there because they're too afraid of him.

Veronica explained that she feared her assailant would retaliate should he discover that she spoke about her rape to others.

Veronica: If I talk to someone, then I 'm scared another person is listening and will tell (..) I'll never know if the person who raped me has asked someone to watch me ...

5.4.2.4 Fear of retaliation at 12 weeks

Veronica did not return to the study, so it is not known if this fear changed for her. Fear of retaliation at 12 weeks did not continue for Melissa and Liesl, the reasons for this change for these two participants are different. From the time of the last interview Liesl had moved to a place of safety with her boyfriend and daughter, only her immediate family knew where she was living. Liesl therefore no longer experienced direct threats from her assailants and felt a sense of control over her environment. The change in Melissa's feeling of safety at work could be attributed to her utilisation of a new coping strategy, whereby she actively resisted feeling distressed through what she describes as being positive. There also seemed to be a new element of humour in her appraisal of response to her trauma, which may reflect recovery in the domain of symptom mastery as described by Harvey (1996).

Melissa: I'm trying to become more positive because I can be very negative, I become a negative person and then I think a whole lot of nonsense (.) I had to sort myself out [laughs].

5.4.2.5 Loss related anxiety at 4 weeks and 12 weeks

Two participants, Zubaida, a non-sexual assault survivor, and Adele a rape survivor, experienced anxiety that seemed to be a manifestation of their sense of post trauma loss, in what could in psychiatric terms, be described as obsessive-compulsive like symptoms.

Zubaida: I've noticed now I'm forever looking for my purse, you know, I know my purse is in my bag, or my phone, but I'm just going to check if it is here. Like last night too I bought a couple of things ... I had my purse in my pocket, so I took it out and I put it [in my bag] and as I was sitting in the taxi, the taxi driver actually asked what am I scratching for and I said "I'm checking where my purse is." And even if I'm at home I keep on checking to see if my purse [is there].

Zubaida's compulsive checking may have been rooted in her anxiety over the loss of her money when she was mugged. This was particularly distressing for her because she was struggling financially. When I first interviewed her she expressed a concern over her financial difficulties and barely being able to cover her daily expenses from her monthly salary.

In the next extract, which is from Adele's follow-up qualitative interview at 12 weeks, she reflects on her compulsive re-arranging of furniture in the month after the rape. At this point she had stopped her compulsive behaviour after telling herself not to behave like a 'mad' person.

S: What made you start [re-arranging the furniture]?

Adele: [Laughs]. Because I was always thinking (...) I think I did it [re-arranged the furniture] mostly out of anger (...) you know (...) if I used to pick up things and I can't get my way with anything else [if nothing else goes the way she wants it to] but maybe because the anger stopped, that stopped. Then I said to myself (...) no (...) I'm like a mad person and my children used to tell me: "What is mommy a circus every time to rearrange? And every time I come then this is different and that is different!"

For Adele, her compulsive re-arranging of furniture a few times a day seemed to be about regaining control over lost autonomy during the rape and as she stated, continuing to feel that she could not "get [her] way with anything". During the 4 week qualitative interview she expressed a profound feeling of loss as a result of the rape. In the above excerpt she recognises that her compulsive behaviour was also a release for her feelings of anger which she was finding difficult to contain at the time.

5.4.2.6 Shattering of 'assumptive world' at 4 and 12 weeks

Interwoven with the participants' fear and anxiety of the trauma was a sense of disillusionment with their assumptions about their safety in the world both at 4 and 12 weeks. Even though most of the women in the study were exposed to environmental violence (for example many of the women lived in areas where they witness on-going gang fighting), they still believed in their own invulnerability. Jannoff-Bulman (1992) describes criminal victimization as resulting in the shattering of the assumption in a benevolent world, consistent with this, most of the women voiced their new fear of a world that had become threatening at

4 weeks post trauma. In their follow up qualitative interview at week 12, this perception remained unchanged.

Melissa: ...the world is a bit scarier than from what I know it before, stuffed up, yoh [colloquialism expressing exasperation], you must really be careful.

S: When did you start seeing the world as a dangerous place?

Zubaida: Until it happened to me.

S: Until the =.

Zubaida: Until it happened to me, because, I mean if you walk out here you don't think you are going to get mugged or robbed, you think you are walking out here safe, you are getting into your car, you are going home but all of a sudden something you know (..)

S: Happens to you.

Shariefa: ... I'm a very positive person (.) until it now happened to me (.) it just opened up so many things that you know (.) my children walk to school, I think of that. My daughter is at home alone with the baby, and then all of a sudden these things just opened up (.) and then I saw the danger out there.

Even though Adele had an awareness of the pervasiveness of rape in the area where she lives prior to her own rape, she felt invulnerable and said in the interview that she believed that “nothing could touch me”. Adele’s view of herself as being safe from harm altered substantially after the rape, and she became fearful for her own and her children’s safety.

Adele: I feel like I tell you, I feel on edge ...you know in the morning, I will take myself to the terminus, that's six o'clock in the morning, I'm so scared that what happened to me is going to happen to them [her daughters] you know, that type of thing.

S: And previously would you think back of the world being a dangerous place?

Adele: No.

S: No.

Adele: Yes, it's like you are fighting a battle all on your own, and I'm trying to do that, and it's actually dangerous...

At 12 weeks Adele’s perception that the endemic violence in her community had ‘touched’ her, coupled with her view that there is little restitution through a court of law, resulted in her feeling an increased disillusionment with her social world.

Adele: ...look, like there, the facilities [the flats] that we live in we hear everyday of this rape, rape and the guys get away with it, you know, and there was things that she [her daughter] already grew up with, is eh the people go to court and they will witness [a crime] or whatever, and then they get killed, or they get hurt, or you know...

Some feminists have argued that women who experience multiple forms of oppression and live in communities with elevated levels of violence may not necessarily experience criminal victimization as a 'shattering' experience, and instead understand a rape or non-sexual assault to be a confirmation of their vulnerable status (Wasco, 2003). However, in the current study the women all experienced their assault to be shattering on some level, but there was a striking difference in the extent thereof between non-sexual assault and rape survivors. While both groups of women experienced a shattering of their assumption of their own safety in the world and trust in strangers, this extended to a shattering of meaning in life and self for rape survivors. The latter will be discussed in more detail below.

Whilst non-sexual assault survivors mostly experienced fear and anxiety of returning to the place of the incident and being exposed to environmental reminders of the event, there was more variation in rape survivors' fear and anxiety both at weeks 4 and 12 post trauma. As mentioned earlier, several fear and anxiety related sub-themes and additional themes were identified in the rape survivors' narratives. These sub-themes and themes will be discussed in the next section.

5.5 Distress and affect themes and sub-themes identified amongst rape survivors

5.5.1 Fear of overwhelming negative affect at 4 weeks

All rape survivors were fearful of being overwhelmed by intrusive memories and negative affect and either dissociated from the trauma or used alcohol or drugs to cope with this fear. Fear of overwhelming negative affect is consistent with a theme identified in a study on sexual trauma by Roth and Lebowitz (1988). Similarly in their study the participants

dissociated from the trauma but also used denial, while none self-medicated with alcohol or drugs.

Although two of the non-sexual assault survivors, Fatima and Zubaida, reported an increase in smoking to cope with their post trauma anxiety, none of them used alcohol or drugs to alleviate their distress. Two rape survivors, Chantel and Adele tried to achieve a numbing effect through either abusing alcohol or drugs, while a third rape survivor, Liesl, reported that she was tempted to use drugs as she had in the past to cope with a painful experience. International research findings on addictive behaviours amongst rape survivors support a self-medication hypothesis. According to this hypothesis, female sexual trauma survivors are more likely to increase alcohol and prescriptive drug use to cope with their anxiety following their trauma (Sturza and Campbell, 2005; Ullman, Filipas, Townsend, Starzynski, 2006). There is also evidence that there is a comorbidity between PTSD and substance abuse. Ullman et al. (2006) investigated pre-assault and post assault factors that differentiate sexual assault survivors with PTSD only from survivors with PTSD and drinking problems. Their results show that rape survivors with less education, a disadvantaged socioeconomic status, a history of previous traumas, a belief that alcohol would reduce their distress, and those who encountered negative social reactions from others are more likely to have PTSD and a drinking problem than women with PTSD only (Ullman, 2006). Interestingly, these findings are consistent with person and environment factors for the women who engaged in substance addiction in the current study. Both were PTSD symptomatic, believed that alcohol would create a numbing effect and had encountered negative social reactions to their rape. They also had limited education and came from economically deprived backgrounds. However, their profiles do not differ vastly from the other rape survivors in the current study. Below Adele describes achieving a desired state of being in a “daze” and feeling numb to negative affect associated with the rape.

S: When you think back to that day [of the rape], do you actually re-experience the feelings?

Adele: Ja, all over, that's why I say (.) eh (.) it's there's where the drinking (.) it's like I'm in there because when I do that it's almost like I forget about it.

S: How often does that happen?

Adele: It's now it's now [...] how can I say (.) it's like [...] always when I used to go to a party I sit with a glass whole night, I don't drink, sit with a glass whole night, I used to minimise myself but at this moment it's like (.) it's almost like I want to be in a daze.

S: You want to be in a daze?

Adele: Ja, if I'm in a daze then I forget about it, that type of thing and I feel it is becoming a problem you know, because that's not me, I know myself.

Chantel also briefly described that she used alcohol to help her to forget about her problems related to the rape. Chantel's re-experiencing symptoms were quite severe, the increase in her use of alcohol may therefore have been an attempt to reduce these symptoms.

S: Do you use any alcohol or drugs?

Chantel: Yes, Sadia I drink, me and my friends for fun.

S: Do you drink more now after the rape?

Chantel: Yes.

S: And does it help you?

Chantel: It helps me to forget about my problems.

A few weeks after this interview Chantel's mother informed me that Chantel had started using Tik.

From an ecological understanding of psychological functioning, the differences between the two samples fear of negative affect and attempts at dissociating, suggests that the trauma of rape impacted more severely across the domains of integration of memory and affect, affect tolerance and regulation, symptom mastery and self-cohesion.

Faiza was the only rape survivor who did not meet the criteria for a PTSD diagnosis at 4 weeks, but she expressed distress related to her fear of thinking about the rape which seemed more pronounced than for the other women. Faiza consciously blocked out all thoughts of the rape and became increasingly silent with each follow up interview although she was always eager to continue participating in the research. She admitted to having experimented with drugs briefly in the past but did not return to drug use to achieve a numbing effect. Herman (1992, p. 44) states that trauma survivors who are unable to "spontaneously dissociate" have a stronger likelihood of abusing substance. It is likely that Faiza's ability to block out thoughts

of the event precluded the need for drugs or alcohol. In a study by Thompson (2001) rape survivors also used blocking as a strategy to reduce distress and as a means of avoiding acknowledgement of their trauma. Some trauma theorists suggest that blocking is an adaptive response because the trauma of rape is difficult to assimilate (Thompson, 2001). In the current study only one non-sexual assault survivor, Zubaida, described using blocking to cope sometimes. Since most non-sexual assault survivors coped without using blocking it could imply that the trauma of non-sexual assault is less difficult to assimilate.

Although Faiza told me that she could talk about the rape, her responses to my questions were more brief, and lacked detail when compared to the narratives of most of the other participants. Her answers were punctuated by long silences and her speech slowed down when she spoke about the rape, it was apparent that she was resisting answering my questions, and when I tried to probe for further detail to her answers her tone often became agitated.

Faiza: ... I (.) try so much (.) not to think about it but if I'm going to think about it then I'm going to disappoint myself, then I'm going to get upset and I don't want to be upset [...] but I can handle it cos I know I didn't didn't ask for it, cos I walked that path for as long as I can remember and loads of people (.) I know people that stay, I know people that stays on that path so (.) I weren't looking for it.

In contrast to the rape survivors, the three non-sexual assault survivors who continued to experience intrusive memories at 4 weeks did not experience it to be as distressing as the rape survivors and instead used it as way of making sense of the event. When asked if she experienced intrusive memories, Melissa, a non-sexual assault survivor told me that preferred to allow memories to enter into her awareness as a way of understanding her assault. Similarly to Melissa, the other non-sexual assault survivors did not experience intrusive memories as shattering to their sense of self which may imply that the domains of self-esteem and self-cohesion remained relatively intact in comparison to the rape survivors.

Melissa: I don't prevent myself, I just let it go, I just think about it because I was (.) why must I lie to myself you know. I sit there and I actually think (.) really think (.) I don't know if there is something wrong with that, I have no idea...

5.5.2 Fear of overwhelming negative affect at 12 weeks

All four rape survivors who remained in the study at 12 weeks, Liesl, Chantel, Faiza and Adele, continued to experience varying degrees of fear that traumatic memories would intrude into their consciousness and subsequently result in them feeling overwhelmed by negative affect. However, the women found more adaptive or positive coping strategies to dissociate from reminders of their trauma. For instance, Adele and Chantel both stopped abusing substances to cope with their distress. From the perspective of Harvey's (1996) ecological model, both these women showed improvement in several domains such as: integration of memory and affect, affect tolerance and regulation, symptom mastery and self-cohesion.

At 12 weeks it became more apparent that both Faiza and Adele's memories of the trauma were associated with 'seeing' an event that was "bad" and unbearable if held in consciousness. When administering the PDS questionnaire, Faiza did not report feeling emotionally numb when thinking about the rape, but it was evident in the qualitative interview that numbing was a strategy she used to modulate and avoid intense affect. In the excerpt below although not indicated, Faiza's voice became increasingly strained and agitated when I attempted to probe for reasons she chose to avoid thinking about the rape.

Faiza: ...I feel nothing when I think about it because I don't think about (.) I just avoid thinking about it.

S: You avoid thinking about it completely. Why do you avoid thinking about it?

Faiza: Because I don't want to because of the bad things it might show me (.) who would like to think of something that's not pleasant!

At 12 weeks Adele was able to spontaneously dissociate from intrusive memories of the trauma without using alcohol to self-medicate. Adele had however become addicted to painkillers which she took for tension headaches.

Adele: ...I try not to think of it (.) you know if I do get a glimpse then I just block it out of my mind (.) I'm working on that (.) but but it works (.) I think it works.

Faiza and Adele's fear of overwhelming negative affect differed from four of the women who were non-sexually assaulted as recalling the trauma for them was bearable and did not symbolise 'seeing' an event that was intolerable. This is exemplified in Melissa's response to experiencing intrusive memories:

S: So do you ever get so overwhelmed by memories that you just, you feel you can't do anything?

Melissa: No.

S: No, okay.

Melissa: I'll never let it have full control over me, so I get out of it.

S: And are there things you deliberately avoid doing to keep from getting upset?

Melissa: No (...) no.

S: You don't do anything to avoid =.

Melissa: No I don't do anything, if I want to get upset (...) if I'm upset then I'm supposed to be upset but I don't lash out, I just get upset.

5.5.3 Fear and anxiety about negative social judgement at 4 weeks

One of the most striking differences in the impact of trauma between the two groups of women was a fear amongst all rape survivors of being negatively judged or not being believed by others, such as friends, family and the community. Within a psychiatric model, rape survivors' fear and anxiety is often thought to signal mental pathology. However, from a feminist perspective rape survivors' fear and anxiety of social judgement is understood as deriving from their social realities, this point of view is supported by evidence in the current study.

The embeddedness of rape myths within the social construction of rape and its meaning exerted a powerful influence over the women's fear and anxiety of social judgement. This was illustrated in the endorsement of rape myths by others conveyed through their overt, or sometimes subtle behaviours towards participants following their rape. For example, two rape survivors, Adele and Faiza, were accused of fabricating the rape. A few days after her rape, a friend of Faiza's told her that she does not look or behave like someone who was raped. Later in the interview she told me that her friends did not realise that her outward appearance was

merely a mask for what she felt inside. In the extract below she describes what she was told by a friend with whom she subsequently terminated her friendship.

Faiza: [He said that] everyone is under the impression that it didn't happen because I'm still the same person...he's not the first person that told me that...

Here Adele relates how a friend whom she had been out with on the night of the rape reacted with disbelief and doubt about the rape:

It's like, "ja iets het nie gebeur saam met jou nie, jy praat nonsense because it kan nie gebeur het nie" ["something didn't happen to you, you are just talking nonsense it couldn't have happened."](.) you know that type of thing (.) it's almost like she don't believe that it really happened, you know in her mind it's like this, but how can it happen to you because it's unfair, it's the same things that is going through my mind, why did it happen to me? But I also don't want it to happen to somebody else, she just got to come to terms it happened and it's klaar [finished]. I went through the ordeal, I needed her comfort and trusting you know.

The international research indicates that rape survivors encounter far more unsupportive behaviour and victim-blaming from significant others (partner, family, close female friends) than do non-sexual assault survivors. Male partners in particular have been found to be less supportive than family or friends because they often perceive rape as a sexual rather than a violent act (Davis & Brickman, 1996). Negative reactions from others, which include blaming and or insensitive responses, can be detrimental to a rape survivor's recovery and can serve as a "silencing function" (Ahrens, 2006, p. 263).

Beyond reactions from partners, family and friends, less is known about the differences in responses from others in the broader community towards rape and non-sexual assault survivors. In the current research all the rape survivors were concerned with how their social status would be affected if others knew about their rape and/or were distressed when they felt people in their communities who knew about it looked at them in a way they perceived to be disapproving. This perception and experience of unsupportive responses from the communities within which rape survivors lived resulted in feelings of guilt, self-blame and shame and caused impairment in the domain of safe attachment. None of the non-sexual assault survivors in the current study reported unsupportive responses or lack of support from

other people in their immediate social network or communities, for this reason the domain of safe attachment was not negatively affected for them.

In the excerpt below Liesl explains why she felt ashamed and guilty about being raped. There is a sense that her womanhood will be devalued and dirtied if other people knew that she had been raped. She refers to a fear of people “pointing fingers” and possibly questioning her sexual conduct prior to the rape to justify why it happened. Liesl also perceived other people’s “funny” stares as proof to herself that she would be blamed for the rape.

S: What do feel ashamed about exactly?

Liesl: Em (..) that other people know what they did to me and (.) because you know how friends are (.) one tell the one now maybe I walk in the road and [they are] pointing fingers and stuff like that.

S: And do other friends know?

Liesl: I don't actually know.

S: Which friends are you talking about?

Liesl: They're their friends [the perpetrators].

S: Oh their friends, but has that ever happened to you, where people look at you?

Liesl: But my friends (.) I don't have friends now and they don't know (.) I've walked in the road and seen people look at me funny but I don't actually know why and stuff like that.

The anxiety of negative social judgement points to how women too have accepted rape myths such as those that perpetuate the notion that a rape survivor’s reputation is sullied, her sexuality ruined, or that her behaviour provoked the rape. There was also a new awareness amongst the rape survivors that women are often ostracised after a rape by the very community from which they draw their identity. Here Chantel relates that she feels disconnected from her community because she believes that they have ignored her or “talk” about her since the rape.

Chantel: I don't feel like I'm part of the community (.) I feel like they put me down.

S: Do they ever say anything to you?

Chantel: No.

S: Is this just what you think?

Chantel: It's just in my head (.) I think they ignore me and they talk about me because of the rape.

Similarly to Liesl, the inference that can be drawn from what Chantel says is that she perceives that others in her community will judge and talk negatively about her because she was raped. Liesl and Chantel's fear of being stigmatised is a common perception amongst rape survivors in Africa and in Western countries (Khau, 2007; Kraegel; 2007; Lebowitz & Roth, 1994; Ward, 1995). For example, in Khau's study (2007) on Basotho rape survivors in Lesotho, the participants cited that a reason they chose to conceal their rape from others was that they feared being thought of as having 'damaged' reputations and subsequently bringing shame to their families.

To allay the anxiety of being negatively judged by others or not being believed, all rape survivors retreated into silence at times or became 'secretive', these avoidance coping strategies assisted them in feeling cognitively 'safe'. In a phenomenological study by Smith and Kelly (2001, p. 342) rape survivors described a similar coping strategy and used the metaphor of retreating into a "cocoon" to establish safety. Booley (2007) also reported a phenomenon akin to this in her qualitative study on the subjective accounts of rape survivors in South Africa. Below Liesl explains that she has become secretive and silent because she feared being disbelieved, blamed and stigmatised should she talk about the rape and her two abductions by the perpetrators.

S: Do you tend to keep secrets, or work hard to keep different parts of your life quite separate?

Liesl: No, after now [after the rape] yes, because em, I'm afraid of what people will say and think.

S: Have you changed in the way you manage your distress or cope with your problems?

Liesl: Before em (.) I would talk to him [her boyfriend] about it if I felt so (.) but now I'm too afraid of, of what they'll say or think.

S: Of what who will say?

Liesl: Anybody who I talk to em [..]

S: What do you think other people will think?

Liesl: Would (.) would say I asked for it or tell me something, that's why I'm too afraid to say or tell them anything.

S: What do you think people would think if you told them about some of the things that have happened to you like one of the kidnappings?

Liesl: What do I think they'll think em, I'm making a joke or something.

S: Are you afraid people will judge you?

Liesl: Mostly yes.

Veronica expressed anxiety about being judged as 'bad' or devalued by her family because she was raped. Her strategy for coping with the negative judgement from her family was to remain distant from them.

Veronica: Every everything is (.) sometimes then with my family em (.) sometimes then I just feel so guilty when I look at them then I think they probably think something bad about me now ...

Veronica and Adele developed an anxiety of being watched by others in social situations. In psychiatric terms this anxiety would be described as a social phobia, but to pathologise the fears of these women would be to ignore the social context of the women that evidences the reality of their fears. For example, Veronica's 'phobic' anxiety was precipitated by negative comments and insults following her rape, from others who lived on a farm with her. In one particularly unpleasant incident, Veronica was chased away by a woman from the farm community. The woman told her that she should go away because she was a "naai", a colloquial term of abuse used against women who are thought to be promiscuous. Veronica stated that she worried that people on the farm would think that she was 'bad' as a result of being raped, and/or that it happened because she was a 'bad' woman. Subsequently to the abusive comment and 'stares' by others on the farm, Veronica became fearful of people on the farm watching her and "thinking [bad] things" about her. She thus avoided social contact with them because she felt embarrassed and had the perception that her reputation as a woman was defiled, and that her conduct was under surveillance. Discourses of damaged womanhood and social status are pervasive in many communities (Khou, 2007; Wood, 2007) and are found to impact negatively on rape survivors' posttraumatic response (Kraegel, 2007). In this excerpt Veronica alludes to perceiving her social status and womanhood to be tainted because of the rape:

...sometimes then people stare at me as if they're thinking things about me because I went through this business [the rape] and so but (.) then I ask why they are staring at me?

Adele became fearful of others watching her at work or home. Adele's 'phobic' anxiety was preceded by an argument with a colleague who spread rumours at work that the rape did not really happen, the same friend's mother lived in a flat above hers and she told other people in the block of flats about the incident. Adele's lack of support and disbelief from friends was

especially devastating for her given that her friend who had attended the night-club with her on the night of the incident also questioned whether the rape really happened. To resist the anxiety of being disbelieved and others judging her, Adele became socially withdrawn. Her fear of being negatively judged was so severe that she thought her colleagues and people in the community were “watching” and talking about her rape. Similarly to Liesl and Chantel, there seems to be a feeling of shame associated with others knowing about the rape and “staring” at them. The ‘stares’ of people were interpreted as judgemental and perceived to confirm that their reputation as women was tarnished. Here Adele describes how her interaction with colleagues at work and people in her community is marked by fear of social judgement and concerns over “what’s going through their minds”.

Adele: After this (..) it's more like I don't want to be in a crowd [a social group and not a mass of people]. I just want to be on my own and it's like I feel people watching me and I don't know what's going through their minds and stuff like that.

S: Is that at work?

Adele: Yes at home too it it's actually at home too (..) because the mother lives on top [her friend's mother] by me so that is the reason why I don't want to go out so it comes to the same thing whether at home and at work...

5.5.4 Fear and anxiety about negative social judgement at 12 weeks

At 12 weeks the rape survivors continued to use strategies to avoid the anxiety of feeling negatively judged by others or blamed for the rape. For two rape survivors, Adele and Faiza, this included remaining estranged from former friends who expressed disbelief about the rape. Below Adele relates how she has continued to remain distanced from her friends who doubted her when she disclosed the rape to them. She describes her distancing from them as an effective means of “protecting” herself.

Adele: ... it's still the same I try and stay away from friends.

S: Okay are you referring to those friends who =

Adele: I'm talking about that friends and (.) but friends that didn't even do something, but I'm trying to just (.) you know (.) protect myself again a lot and I mostly spend time with my kids and my family now (.) my sister.

S: And em, have those friends ever made contact with you?

Adele: Yes, but I'm not being abrupt with them or anything but...I'm just trying to keep my distance as I can say that is more or less like protecting yourself, but I won't say that I'm being rude or anything to them, but just I'm

trying to stay away, and I'm just being with my family, where I get more encouragement and you know support...

Being negatively judged by others was a source of considerable distress for Faiza which was reinforced by the comments of friends and her ex-boyfriend. Although Faiza was relatively emotionally contained in the qualitative interview, she became visibly distressed in a follow-up quantitative interview when recounting that her former boyfriend had recently started making abusive phone calls to her about the rape. He claimed that everyone who knew her believed that she had had a clandestine relationship with the perpetrator, a former convicted criminal, and when others found out about her 'relationship' she decided to accuse him of raping her to be vindictive and to protect her social reputation.

The two other rape survivors, Liesl and Chantel, resisted their fear of social judgement through reevaluating their feelings of self-blame, this was achieved through their reconnection with friends, family and partner who were supportive of them. The role of a supportive partner, friends and/or family who bear witness to an individual's trauma is known to lessen feelings of guilt, shame, and self-blame, and assists trauma survivors in formulating a realistic judgement of the event (Ahrens, 2006; Herman, 1992). This is apparent in Liesl and Chantel's renewed sense of self-worth presented in the excerpts below. Supportive others also facilitated recovery in the domain of safe attachment for them.

Liesl: I don't put myself down any more as before (.) em because now [there are] people [I] talk to and I don't put myself down anymore because (.) by people talking to me and telling me that it wasn't my fault...

S: Have your feelings about yourself changed?

Chantel: Yes.

S: Tell me how again it has changed?

Chantel: It changed when I started a new life now Sadia (..) getting myself together (.) my mother (.) my friends(.) and my father.

Feminist scholars have analysed and documented the relationship between the psychological impact of the trauma of rape on women and the broader cultural framework (Anderson & Doherty, 2008; Koss & Rozee, 2001; Ward, 1995). From a feminist perspective, responses such as fear of judgement amongst rape survivors is seen as a reflection of the pervasive

nature of hegemonic socially constructed discourses that stigmatise and blame women for rape (Gavey, 2005). In the current study it is evident that many of the rape survivors' fears are connected to the social and cultural meaning of rape, which is not dissimilar to that for women represented in the international literature. For instance, the experiences of lack of support from others amongst the rape survivors in this study are comparable to findings in a study by Lebowitz and Roth (1994, p. 370) in which participants stated that there is a "unique stigma" attached to rape survivors that is different to the meaning of being non-sexually assaulted. According to Lebowitz and Roth (1994, p. 370), this may be because rape is often socially constructed as an "expression of sexuality rather than of violence". All the rape survivors in this study reported negative experiences with others and shared the perception that their womanhood would be subject to scrutiny, and hence felt ashamed, guilty, and fearful of people staring at them. None of the non-sexual assault survivors encountered negative social responses or had the perception that their womanhood was devalued or dishonoured as a result of their assault. This is consistent with findings in Lebowitz and Roth's (1994) study where the common thread in the participant's narratives was that a women's value is often equated with their sexuality which in turn is constructed as a commodity that can be used, 'owned', defiled and sullied. To conclude this section, the utility of a dominant theory of understanding post trauma fear and anxiety will be discussed and a feminist perspective will be considered.

Fear and anxiety are cited as being the most frequently observed and long-lasting distress responses following in the wake of a rape or non-sexual assault and it is usually understood in terms of PTSD. Foa (1998) and her colleagues have advanced emotional processing theory (in the field of trauma studies) which integrates learning, cognitive and personality theories of PTSD, to explain and understand the role of fear and anxiety in sustaining PTSD symptoms. According to emotional processing theory, fear reflects pathological cognitive structures based on "erroneous evaluations" of environmental reminders of the trauma (Foa, 1998, p. 74). From this theoretical perspective, fear and anxiety are understood as being a result of the trauma's interference with internal pre-trauma schemas of the world and self. Although the response of others and the broader context are noted as factors that contribute to an individual's evaluation of the world as dangerous, they are not understood as being central to the development of fear. The context and hegemonic discourses that influence pre-trauma

schemas are thus underemphasised. This study draws on a feminist theoretical understanding of post rape fear and anxiety, from this orientation it is postulated that the meaning of a sexual assault and its impact are informed by heterosexist world views held by both men and women. The participants' fears and anxieties in this study are thus not constructed in terms of pathology that resides within the individual women; rather it is evident that most of the women's fear responses are derived from their social realities. Liesl, Vanessa and Marianna's fear of judgement and stigmatisation from others about being a raped as well as Vanessa and Marianna's 'phobic' anxiety cannot be viewed as symptoms of pathology but should instead be understood in relation to a social context that is often hostile towards survivors of rape.

In the next section post trauma changes in the relational life of both groups of women will be presented. The reactions of others to the women's non-sexual assault or rape informed how the women perceived their relationships with others and ultimately how they made meaning of their trauma. All non-sexual assault survivors received positive support and validation of their trauma from significant others which facilitated their recovery. Thus it would seem from the reactions of others, that the socio-cultural meaning of being a non-sexual assault survivor does not pose challenges to a survivor's womanhood. This differed for rape survivors' whose feelings of loss and sense of their own self-worth as women were connected to the negative social-cultural meaning ascribed to rape. The rape survivors' feelings of loss and a damaged self-worth in many ways explains their retreat, social withdrawal and disconnection which will be discussed below. It was apparent that the trauma impacted on the non-sexual assault and rape survivors' relationships with others in different ways. From the above findings it seems that the difficulties the rape survivors experienced had a negative impact on the domain of safe attachment for them which affected their relational life.

5.6 Relational life themes

5.6.1 Reaching out vs. withdrawing at 4 weeks

Herman (1992, p. 197) states that traumatic events are usually damaging to relational life and that reconnection with others is the "core" experience of recovery from trauma. The need for

support and reconnecting with partners, family, friends, and in one instance, colleagues was important for all women in helping them to cope with their post trauma recovery. Seeking support from others is essential for trauma survivors to rebuild basic trust in others and themselves (Herman, 1992). Interactions with other people are important for survivors to answer questions and validate their own self-worth after a trauma (Janoff-Bulman, 1992). At 4 weeks post trauma relationships with significant others such as partner, children, and parents were reaffirmed by all non-sexual assault survivors because they reported experiencing positive support. Fatima described the support she receives from her sister and brother-in-law who also had recent experiences of non-sexual assault, as “therapy”. Below Fatima reports that her husband used the Internet to do “research” on how people react to trauma so that he could be more supportive to her.

Fatima: I can only thank the Almighty that I've got this loving, caring and understanding husband and em (.) he does, he's doing research about this [the assault] so most of the time he'll tell me this is what I'm feeling right now, because of the fact that he wants to help so now he's doing research of, of, of, this so he can know how to handle me and how to treat me.

Similarly to Fatima's husband, Amanda's post trauma experience with a friend illustrates a level of concern with her mental well-being and an interest in how to provide support.

Amanda: ... this one friend also a guy, he's always quiet around me, so I asked him "Why, what's wrong, why are you always so quiet?" He said "No", like last time when I told him I'm coming here [for the interview], so because he didn't know what the place was about and whatever, so he told me he doesn't know what to say because nothing ever like this ever happened to one of his friends so he doesn't know what to say to me. So I told him "No, just speak normal, don't still ask other kinds of questions, just speak normal to me, I am still normal." He said "No", he just didn't know what to say because he think maybe he say something and I might start crying or like be scared or something.

The above extracts typify the non-sexual assault survivors' post trauma response from others in their social network. Contrary to the rape survivors encounters with others, the element of blame or doubt about their assaults was absent. Significant others did not seem to display similar interest in wanting to understand rape survivors' post trauma response as did Fatima's husband and Amanda's friend. This may be symbolic of the societal silences around rape and reiterates the different positionings of rape and non-sexual assault survivors.

There was also a sense that the trauma did not challenge or shatter the non-sexual assault survivors' belief system in the same way that it did for the rape survivors.

Melissa: I value my relationship but it hasn't actually taught me anything that I already didn't know before this thing happened. Stuff that I had known before this incident it hasn't changed, I still have my values and I still got what I had when I was kidnapped (.) it is not like I didn't take the time or day to really think of my life and think of how I treat people, it's not like that.

While all participants described decreased trust in strangers, problems of increased mistrust extended to family, friends, colleagues, and the community for sexual assault survivors. Unlike non-sexual assault survivors whose relational life with significant others was viewed more positively, all five rape survivors encountered significant disruption to their relationships either with family, children, friends, colleagues, or the community where they lived. Four of the rape survivors, Liesl, Chantel, Faiza and Adele, terminated friendships where they felt support was negative, trust was broken or could be compromised, and also where a friendship could result in destructive coping such as the use of drugs. This is illustrated below in the responses given by these women when asked about changes to their relationships with others since the assault.

S: You mentioned a good friend you had from primary to high school. Are you still friends with her?

Liesl: No. She's on drugs and he [Liesl's boyfriend] doesn't approve of her and neither does my parents. And for me she's negative and not part of my life now. Because she would like (.) if I see maybe she do it and with the problems I have now then maybe I'll go back to it.

Adele: I had a lot of friends, I still got but I don't allow them in my life anymore.

S: Since when?

Adele: Since this incident that happened.

S: Those were the friends you were out with that night?

Adele: Yes, especially them. I don't speak (.) the one that I was with like I told you the last time, Amy, I don't speak to her at all. It's like I don't want to look at her anymore you know, I only (.) to tell you the honest truth her mother lives right next door to me, yesterday was the first time that I opened my mouth with her since that incident.*

For three rape survivors, Faiza, Liesl and Adele, past difficulties in trusting and feeling supported by family or friends resurfaced, even though three of the non-sexual assault

survivors had past and current difficulties in relationships with family their recent trauma did not cast doubt on their ability to trust them. For instance, Veronica, a rape survivor had what she described as a difficult childhood because her parents were alcoholics and neglected her. As a young child she realised that she could not depend on them or trust them to support her. Since the rape her feelings of mistrusting her parents, especially her mother, continued to leave her feeling alone in her trauma. It is likely that this perception was amplified after her rape.

Veronica: ...the thing is my mother and father drink a lot if I tell them something then they don't take me seriously...

S: Do they know what happened?

Veronica: Yes, they know what happened they were very unhappy (.) but (.) for me em it's still (.) my mother still scolds me a lot (.) say if I tell something to my aunt then she will tell my mother what I said then my mother will say "Why does she tell other people? Why doesn't she tell me?" I never shared with my mother (.) I never em talked to my mother (.) that's why I'm still like that (.) I'll rather talk to someone else (.) talk about my feelings how I feel and so but I won't talk to her then she'll always say to me I must talk to her and so but then I don't.

Faiza was reticent about revisiting her experience with her previous friends who questioned whether she was really raped and merely stated that she had trouble trusting others because she had been "hurt too much".

The rape survivors in the study oscillated between wanting to reconnect, but preferred to disconnect at times. Herman (1992, p. 56) refers to this oscillation, also often experienced in trauma survivors' inner life, as the "dialectic of trauma". The quotes below represent Liesl and Adele's description of wanting to reconnect with supportive others, but also choosing to disconnect.

Here Liesl expresses a readiness to connect with others through talking and believing that it benefits her, yet at times she preferred to avoid talking about her trauma and disconnected by isolating herself.

S: Do you feel now that you're more ready to talk about it?

Liesl: Mostly (.) mostly because em, I feel when I'm talking about it I sleep more than I used to sleep (.) but before when I was keeping in [not talking] I couldn't sleep, and I was having nightmares about it.

Later in the interview she relates how she often walks away from her boyfriend when new memories of her trauma surface.

S: Have your feelings in any way changed over the past few months about how you feel?

Liesl: Yes, em, how would I say (.) for anything that I feel or remember then I just cry or something or walk out [on her boyfriend] and not talk about it and stuff like that.

In the quote below Adele states that she wants to 'open up' to her estranged sister who has been supportive since the rape, thus suggesting a need to reconnect.

Adele: I need to open up with her [her sister] but it's gonna take (.) not that much time because I feel I'm (.) the way I feel now at this moment it's like I can say anything to anybody (.) that is the way I feel. Like yesterday with the meeting that I told you (.) I just felt like saying what I wanted to say there (.) I'm not interested or whatever (.) so you made me aware that I can speak my mind out to the way you feel (.) you shouldn't keep it bottled up.

Later in the interview it is clear that Adele shifted between a desire to reconnect with a supportive other but preferred to disconnect. For instance, she stated that she found it difficult to reconnect with her children and to show any loving feelings towards them. Her difficulty with showing affection towards her children reflected emotional numbing, which corresponded with her PTSD avoidance symptoms. Adele also preferred to isolate herself from her children to avoid talking to them about her rape because she feared not being able to "explain it to them". She described herself as parent who used to "go out of her way for [her] children" but as having become disinterested and not "putting too much effort in it [parenting]."

Adele: ... there is times that I think in my mind, "Why the hell can't this child [her daughter] go play or why is she sitting in my face?" ... She is forever in my face and it makes me feel crowded man...you know it feels like she's smothering me ... I know I'm spending little time with them. Now all this small little things it's affecting me only now and I'm scared it's gonna go even further. Before I do something that is not gonna be right because they [her daughters] need to understand I need my (.) I need to have my time.

Whilst trauma survivors seek the support of others, relationships are often characterised by ambivalence; a wish to reconnect coupled with avoidance and attempts to remain

disconnected. Disconnection is a common post trauma response because trauma undermines a survivor's trust and positioning of self in relation to others. In the current study there was a significant difference between non-sexual assault and rape survivors' post trauma relational life. It is possible that these differences could be accounted for by the understanding that rape unlike non-sexual assault, is a violation of the body in which control over bodily autonomy is lost. Arguably non-sexual assault also results in the loss of bodily autonomy, but it does not entail the same level of personal violation whereby the body is physically penetrated and 'owned' by another person. In addition to this, Herman (1992, p. 67) explains that rape survivors' disconnection from others is often a result of their realisation that their actual experience and their social realities are at a disjuncture, and that "they are not only violated but dishonoured." The findings also seem to show that the trauma of rape for the women in this study caused more disruption to their psychological functioning in the domain of safe attachment (Harvey, 1996), when compared with non-sexually assaulted women for whom this domain remained relatively unaffected.

5.6.2 Reaching out vs. withdrawing at 12 weeks

Three of the non-sexual assault survivors, Amanda, Melissa and Zubeida, continued to view their relationships with significant others as positively as they did at 4 weeks, while Shariefa and Fatima experienced some difficulties in close relationships that were not related to the assault. A significant change for three of the four remaining rape survivors in the current study, Adele, Liesl and Chantel, was an improvement in their relationships and ability to trust significant others, this finding suggests that the trauma of rape may have a more damaging impact to relational life initially but that it improves over time. In the extracts below the rape survivors speak of how their relationships with supportive others has strengthened their ability to trust again.

Adele : Well, at this moment (.) em (.) my children has been there with me all the way. I speak openly now to my eldest daughter about what happened and how I feel (.) and em and I got a better relationship towards my sister too, but I have been trying (.) it's still the same I try and stay away from friends.

S: Do you ever have trouble trusting people?

Liesl: Not now any more.

S: That, that has changed since the last time I saw you, because I remember that was an issue for you.

Why do you think that has changed for you?

S: Em, because we're speaking now mostly openly and em (.) I'll maybe at night think about it, and then first I was mostly scared of them, but not now any more.

Liesl: Scared of who?

S: Em, maybe when we had a conversation (.) and em we would talk about it and someone would say something (.) afterwards I wouldn't maybe talk to that person because of what they said.

S: Do you think it's got anything to do with you moving [to a place of safety]?

Liesl: Yes, because where we're staying is mostly quiet and they'll come to us [friends] and we'll talk and stuff like that.

Chantel: Em, Sadia ... my life has come right a bit (..) but if I think back on what happened (..) then I don't put my mind on it (.) because it's through my mother and my friends(.) they always there for me

Difficulties in re-establishing safety within relationships for Liesl, Veronica, and Adele at 4 weeks may have impacted on their fear of sexual intimacy. Whilst they showed some recovery in the domain of safe attachment at 12 weeks post trauma (Harvey, 1996), the fear of negotiating safety in an intimate relationship seemed to be unabating. It is with this perspective that these women's fears of sexual intimacy will be discussed.

5.6.3 Fear of sexual intimacy at 4 weeks

Three of the rape survivors, Liel, Veronica and Chantel reported a fear of sexual intimacy or of being able to have a relationship with a man. Fear of sexual intimacy has long been documented as one of the most distinct consequences of rape when compared to other crimes (Bletzer & Koss, 2006; Burgess and Holmstrom, 1979). Below Liesl talks about her fear of having sex with her boyfriend, and briefly relates how she explains to him that she does not feel ready to be sexually intimate because of the rape.

Liesl: I would say mostly I'm afraid [of sex] but he [her boyfriend] understands and em, and we talk about it, so he would ask me why [she does not want to have sex] and then I'd say and he'd understand it's because of the rape and stuff like that.

Chantel seemed to feel that she would not be able to resume a sexual relationship with a man again because she was raped and does not feel the same anymore. There is a sense that the rape has damaged her sexuality.

Chantel: I won't like to have a boyfriend anymore (.) in the time when the rape happened (.) I will always feel uncomfortable, I will never feel the same (.) my life will never be the same again.

Similarly Adele stated that she would be unable to have an intimate relationship with a man because she found it difficult not to judge all men as “pigs” and by implication potential rapists. There also seemed to be a sense of anger towards all men when she says in the extract below: “I won’t even look at a man because...you know he is a pig”, this may be because by looking at men she was reminded of her rapist.

Adele: I don't even feel like having a relationship, I won't even look at a man, because if I look at a man, because if I look at a man, now then it's like, you know, he is a pig. It doesn't matter who eh, eh, a gentleman, you're still a pig in my eyes, but that man is not actually to blame for what happened.

5.6.4 Fear of sexual intimacy at 12 weeks

Fear of sexual intimacy persisted for two of the four rape survivors, Adele and Chantel, although Liesl alluded to continuing struggles with her sexuality since the rape, she along with the Faiza remained silent about sexual intimacy. I respected their choice by not probing this issue.

Adele’s continued fear of sexual intimacy seemed to be related directly to her loss of bodily autonomy as she continually described herself as being more protective over her body since the rape. Adele stated that she recoiled from any form of physical contact even from her brother. Below her statement “to me it’s like, that’s men, it’s just normal, I saw men as men” conveys an understanding that men are inherently sexually aggressive. This understanding highlights the ubiquitous nature of the myth that men who rape women are merely acting on their uncontrollable sex drive (Hollway, 1998).

Adele: I feel more protective over it [her body] than anything else (.) like eh (.) there is a change in where I'll say if I do stand next to even if it is my brother (.) I will stand a distance from him and they shouldn't hang on me and you know (.) but hopefully that will change because (.) maybe it's because it is just what happened and the way it happened you know.

S: Is it just with men that you react like that?

Adele: Yes, I don't like the contact, it is almost like "don't touch me!" (.) I'm scared (.) look for me it's like this with what happened that night (.) that incident (.) it's like he forced himself and em to me it's like, that's men, it's just normal, I saw men as men, you know, so em, I eh, eh, I can't allow myself yet (.) maybe in time to come while I'm dealing [with it]...

Although Chantel's post trauma fears and anxiety had lessened at 12 weeks, and she hoped to get married in the future, her fear of sexual intimacy was unchanged and she believed that it would continue to be a problem for her because she did not "feel the same" again after the rape. The persistence of this difficulty for Chantel and Adele is supported by findings in longitudinal and retrospective research which have found problems with sexual intimacy for rape survivors often to be unremitting and sometimes lasting for several years (Bletzer & Koss, 2006; Burgess and Holmstrom, 1979; Kraegel, 2007). Rather than viewing these sexual difficulties as pathological or 'dysfunctional', feminists contend that fear of sexual intimacy is a self-protective, adaptive strategy for survivors of rape who are learning to cope with their trauma and with the reality and/or heightened awareness of the widespread prevalence of sexual violence (Stefan, 1994).

5.7 Sense of self-concept themes

5.7.1 Loss/dying of former self at 4 weeks

One of the most distinct differences in the impact of trauma on four survivors of rape, Liesl, Chantel, Veronica and Adele, was the perception that they were irrevocably changed. These women experienced a profound sense of loss, disruption and destruction to their identities. These findings are similar to both international (Bletzer & Koss, 2006; Roth and Lebowitz, 1988; Thompson, 2001) and South African research on women's rape narratives (Booley, 2007; de Swardt, 2006; Duma, 2006) in which the participants described feelings of loss and mourning for their former selves. This is also congruent with research on interpretations of

sexual assault in which women used analogies of theft to describe a loss that was likened to a destruction of one's identity (Chasteen, 2001). Consistent amongst the participants in these studies and the current research was the perception that something had been taken from them that could not be replaced, for some of the women it left them feeling like a different person and dehumanized. For instance Adele told me that she felt like "a pig inside" and not human after the rape. The extracts from Veronica, Adele and Chantel's narratives reflect their profound feelings of loss of their former selves, and signifies that their trauma had caused distress in their psychological functioning in the domains of self-esteem and self-cohesion.

S: Do you feel basically consistent or 'whole' as a person, or do you sometimes feel like the different parts of you don't fit together?

Veronica: A other person

S: You feel like another person, do you not feel whole any more?

Veronica: No (.) something has been (.) it's like something has been taken away from me (..) something I can't get back again for myself (..) if someone has raped you then (.) then there isn't anything that you can get back to make right what was taken away (.) that's how I feel but there's nothing I can do about the problem.

S: What do feel has taken away from you?

Veronica: Em (..) because it was another man who used me (.) for me it's like (.) it's not how (.) it's not how I like it (.) and for me it's almost like look I can't em, like they told me at hospital that his blood is dirty and so (.) and then I thought em if he has AIDS (.) they say there is something that can stop it hey? But it still feel it still feels (.) if it had been that he does have AIDS and they had given me medication then it would have been with me everyday that I have that kind of illness.

Adele: It's like your body was invaded man, you know, somebody went overboard without (.) imagine somebody come up to you and just take what they want (.) it's eh (.) it's something that you can't get over because that's really not nice, it's not a nice feeling.

S: How do you feel about yourself in general?

Chantel: I don't feel like a person any more.

S: You don't feel like a person. Like what do you feel?

Chantel: Like anything.

5.7.2 Loss/dying of former self at 12 weeks

At 12 weeks three of the four rape survivors who continued to participate in the study, Liesl, Chantel and Adele, resisted against their feelings of loss and were more optimistic about their lives. The support from others was pivotal in assisting the women to feel that their lives were validated. Unlike at 4 weeks, these participants seemed to have made some recovery in the domains of self-esteem and self-cohesion (Harvey, 1996).

Below Adele continues to use the analogy of fighting a battle since the rape as she did at 4 weeks. A notable change for Adele was her ability to draw on her strengths in the domain of safe attachment, this allowed her an opportunity to re-establish a relationship with her sister and children. Her perception of their support as positive facilitated this process and gave her a sense of validation of her life.

Adele: At this moment I feel (.) like I'll say in that fighting spirit and em (.) feel like living everyday and you know because there's a challenge everyday, that I'm, and even though there isn't one I'll always see that there is one (.) you know, and I feel better about myself (.) I am a human being (.) that time with what happened I felt (.) you know dirty and useless and stuff, but I make myself useful now ...I'll just take a ride through to my sister and spend the day there and you know (.) they give me the power to see what they're doing, so I'm not a lost cause (.) you know (.) they make me feel like I'm still there...

Chantel describes the central role of positive support from her mother and friends in negating feelings of worthlessness after the rape. Chantel had previously described often feeling unloved and rejected by her mother who was sometimes physically abusive to her. In many ways Chantel's trauma reopened childhood and adolescent conflicts with her mother that left her feeling incompetent. A few weeks after the initial qualitative interview with her, the problems between her and mother escalated when Chantel started abusing drugs and alcohol. Before her follow-up interview, Chantel and her mother reconciled their differences and she reported that had she stopped using drugs and alcohol. Although Chantel's distress had diminished substantially at 12 weeks, her perception of being damaged because of the rape persisted which signals that there are aspects of her psychological functioning in the domains of self-esteem and self-cohesion that remain impaired. Below she alludes to not being able to return to a self that existed before the rape and instead creating a new self.

Chantel: I feel good Sadia (.) and like a new person because it's a new year (.) everything is just good for me now.

S: Why do feel so good about yourself now, like a new person, what has made you think so?

Chantel: My mother has since the beginning Sadia (.) since the rape (.) has always walked with me to hospital and my friends have encouraged me and so.

Later in the interview she reiterated her strategy to cast off her damaged self in the quest for starting her life over again.

Chantel: It [her life] changed when I started a new life now Sadia (.) getting myself together (.) my mother, my friends, and my father.

5.7.3 Disruption to womanhood and sexuality at 4 weeks

The theme of disruption to the rape survivor's womanhood and sexuality is closely interconnected to the theme of loss, separating these themes is thus artificial, but merely done to add further understanding to a facet of distress that is unique to women who have been raped and to highlight that their greatest loss was for their identities as women. Burt and Katz (1987, p. 59) state that symbolically rape can be thought to violate what a "woman learns is the core of her being, her feminine identity". This interpretation is illustrated below in four of the five rape survivor's accounts of confusion about their identities as women, lowered self-esteem, and loss of autonomy over their sexuality.

S: Do you ever feel that your body is unreal?

Liesl: Yes, em (..) sometimes when I'm bathing then I just think em (.) is this the body that someone else hurt and stuff like that mostly that.

S: How do feel about yourself as a woman?

Liesl: I would say (..) like (..) I don't know what actually because I don't feel like I know anymore now what to do because of everything I've been through.

S: Have your feelings about yourself, the way you treat yourself and your body changed in any way?

Liesl: Yes em (..) sometimes I don't feel (.) I always think negative things about myself.

S: What are these negative thoughts?

Liesl: Em (..) mostly that I'm ugly and (..) that nobody would like me and stuff like that mostly eh.

S: How do you feel about yourself as a woman?

Adele: ...where a woman is concerned that was taken away that is the only part that was missing in my life ...

Later in the interview Adele elaborated on her feeling of devaluation and loss of respect for her body and self as a woman.

Adele: ... You feel that (.) you feel worse than a whore (.) you know, that type of thing. Somebody is taking something from you that you didn't allow, that type of thing, that's the way I feel, that is what is making me angry, somebody taking something over from you and you didn't say "yes" or "no", it's not right.

Chantel's comment below that she wishes she could have been a man illustrates that rape often reinforces female socialisation that to be a woman is to be inferior, weak and vulnerable to sexual victimisation. There also seems to be an awareness that manhood is not socially constructed as a gender identity that can be damaged, destroyed and subject to degradation like womanhood. Chantel's negative feelings about being female and increased sense of vulnerability echoes the response of a participant in Thompson's (2000) study, who similarly expressed a wish to shed her femininity after she was raped to protect herself from it happening again. This speaks to the embodiment of the self as discussed in Brison's (2002) philosophical account of her post rape adjustment. In her book she describes how in an attempt to regain control and safety over her body, she opted for a 'masculine' hair-cut so that she could be mistaken for a man when viewed from behind. In addition to Chantel's desire to 'shed' her female identity, she may also have been expressing her frustration with the social stigma of being a rape survivor. This view is consistent with Mexican American women's emphasis on the social stigma of rape in their narratives, and their feeling that it had resulted in control over their womanhood being taken away (Bletzer & Koss, 2006).

S: How do you feel about yourself as a woman?

Chantel: (..) Sometimes I ask myself, couldn't I just have been a man? Because why did this have to happen to me, couldn't it have happened to someone else?

S: How do you feel about your body?

Chantel: Sometimes I look after my body and other times I don't feel like.

S: Is this before or after the rape?

Chantel: After.

S: Why do you think so?

Chantel: Because my life is messed up.

S: Has the way you treated your body changed?

Chantel: I don't feel like a woman anymore, I always feel depressed.

Earlier in the interview Chantel also alluded to her understanding that women are 'weaker' than men and are hence not able to recover from the trauma of rape.

Chantel: ...he will, how can I say, he will still feel the way he used to feel, but I'm a woman so I won't get over it.

Veronica used the metaphor of losing an arm to convey her loss of bodily autonomy and damage to her womanhood and sexuality.

Veronica: ...I'm still Veronica (.) but it's just that my arm is missing (.) it's just that (.) I'm still Veronica but my arm is missing for example (.) I still feel like Veronica (.) but it's just the rape business that has made me weak (.) it's almost like I can't depend on myself (.) I can't I couldn't help myself when it happened (...) and it's almost like I'm a loser.

The following day during the quantitative interview Veronica explained that she found it difficult to express what she had meant when using the metaphor of losing an arm. This may point to her feeling of shame and embarrassment about the rape and it may also be indicative of sexuality being a taboo subject in many communities. Similarly to the women in Chasteen's study (2001), Veronica used the analogy of theft throughout her narrative to explain the profound disruption and loss of her womanhood. She speaks of her "private parts" no longer existing and much like the other rape survivors implied that her womanhood has been defiled and ruined, and that it had caused a disintegration of her self-cohesion.

Veronica: Em, almost like (.) I wouldn't say my future (.) for me it's almost feels like em (.) how can I say almost like my arm is gone (.) almost like okay there where he you know (.) there where my private parts are (.) it's almost like it's not there any more (.) I don't have that part of my body any more (.) my private parts don't exist any more.

The non-sexual assault survivors in this study also reported feelings of loss in the month after their trauma, some were similar to that of rape survivors such as lost trust in strangers and their feeling of safety, and loss of control over negative affect such as irritability and anger. Apart from the latter, a significant difference in the experience of loss between the two samples of women was that rape survivors described a loss that was intangible while non-

sexual assault survivors conveyed a sense of anger about their material loss after their robbery.

5.7.4 Disruption to womanhood and sexuality at 12 weeks

Although three of the four rape survivors expressed less confusion about their identities as women and an improvement to their self-esteem, they continued to struggle against distress over their loss of bodily autonomy and integrity. Liesl vacillated between improved self-cohesion and feeling depressed when reminded of her lost autonomy during the rape. She refers to her vagina sometimes feeling as if it did not belong to her body, and as if it were a disembodied part of her. Symbolically this connotes images of being damaged or fractured and that she has been 'robbed' of the essence of her womanhood because of being 'possessed' by her assailants.

S: How do you feel about your body?

Liesl: I would say it's whole now again (.) because at first I would think because of what happened in the past (.) I don't it don't belong there and stuff like that (.) and maybe when I used to go wash and stuff like that (.) and just thinking about what happened that (.) that was all (.) the pain and that.

S: And what part if you don't mind me asking, what part did you feel didn't belong?

Liesl: Mostly my vagina (.) because of them, and all that men and stuff.

S: Have your feelings about yourself changed?

Liesl: I would say not (.) because my feelings change a little about my body and stuff but I sometimes (.) when I'm alone and I feel depressed or so then I feel it happens.

S: Then you think what?

Liesl: That, that part of my body doesn't belong there.

Here Adele speaks of how her role as a mother has validated her gender identity, but she still grapples with feeling that her sexuality has been damaged:

Well, at this moment I feel more like a woman by being a mother, and not (.) I'm still not where a relationship is concerned. I still just feel as Adele, still being on my own and with my kids. I don't think I will be able to cope now with any relationship.

Later in the interview Adele expressed a loss over her autonomy and bodily integrity that has not been restored, this resulted in her feeling 'protective' over her body.

S: ... the last time I saw, you told me that your body didn't feel like it was human.

Adele: Yes, so it's coming step by step but I feel (.) mine (.) I'm protective over it (.) and then the other side it's like (.) you know I don't want them to touch me (.) so maybe this sensation will go away (.) hopefully (.) I hope it will and it will be back to normal again (.) but at this moment I feel protective where my body is concerned.

S: Because you said to me you felt like he took your dignity away from you, your self-respect =

Adele: That's why I say it's not altogether back yet you know.

5.8 Meaning-making themes and sub-themes

5.8.1 Understanding the event at 4 weeks: increased meaning vs. loss of meaning to life

The posttraumatic growth literature is replete with accounts of trauma survivors who experience a new appreciation of their lives, a recognition of their vulnerability, a change to their philosophy of life, changes in relationships, perceptions of being 'stronger', an increase in empathy and compassion for others, and increased spirituality (Tedeschi and Calhoun, 1995). Some of these posttraumatic outcomes were reported by four of the non-sexual assault survivors, Melissa, Amanda, Fatima and Shariefa, at 4 weeks. All of these women reported a new meaning to their lives as a result of recognising their own vulnerability, which motivated them to become more spiritual or religious. One non-sexual assault survivor, Zubaida, stated that her life was not more or less meaningful than before the robbery, but expressed a new appreciation for her life. These women's evaluations of their lives as more meaningful after their assault are reflected in the following excerpts, and from an ecological perspective evidences posttraumatic growth.

Fatima: It's more meaningful because realising that you know, at any point and any time any body can come and, and, just take your life away, so I try the best to em, do everyday, I try to the best to do, to fulfil, fulfil, to fulfil, whatever I can fulfil ...

S: Does life seem more or less meaningful to you now than it use to?

Amanda: More.

S: What makes it feel meaningful now?

Amanda: Em, I think it could have been worse for me, I could have gotten hurt or something, I could have died and the people around me should be glad for that, even me myself, because I mean it could have been much worse and I couldn't not have been here even today, I think it is more meaningful.

S: And does life seem more or less meaningful to you now that it used to?

Shariefa: Yes, yes definitely (.) because I see it now in my own home (.) yes.

S: Are you referring to the bonding with your family?

Shariefa: Yes, because look even before (.) eh (.) actually this counselling thing even made me realise and [it's] through this counselling that I have a family night, and that is a Monday night, I spend with my children playing games or whatever they want to do.

The non-sexual assault survivors' positive re-evaluation of their lives was in stark contrast to four of the rape survivors, Liesl, Chantel, Veronica and Adele, who struggled to find meaning in their lives after their trauma. These four women all reported feeling dead and either alluded to or expressed thoughts of suicide. Chantel attempted suicide a few weeks after the rape. This is similar to findings in international studies, which have found rape survivors to have more thoughts of suicide and higher levels of attempted suicide than survivors of other traumas (Kilpatrick, Best, Veronen, Amick, Villepontaux, Ruff, 1985; Resick, 1987). Below Liesl, Veronica, Chantel and Adele relate that their lives have lost meaning because of the rape, for Liesl and Adele feeling "dead" was sometimes a desired state.

S: Does life meaningful to you?

Liesl: No (..) em sometimes I just feel I'm dead or something just to forget and that my worries would go away that's all mostly that.

S: What would make life meaningful to you?

Liesl: If they would go to prison because maybe I'm not the first one and I won't be the last one that they have got that's why.

S: Before the rape would you say that life was meaningful to you?

Liesl: Yes, because em (..)I had a reason to live and to being able to walk freely outside without having to look over my shoulder that.

Later in the interview she countered her thoughts of suicide by stating that she was hopeful that she would be able to "show" other rape survivors who are suicidal that talking to someone can be beneficial to their recovery.

Liesel: ...[I'd like] to show other people that went through the same thing that I went through that it isn't worth it to die or to kill yourself because if you can talk about it mostly then everything will go better.

Veronica's thoughts of suicide were most pronounced when she was alone and experienced feeling of hopelessness and worthlessness because of the rape.

Veronica: ...sometimes when I lie down (.) sometimes if you lie down then there's a lot of thoughts that come into your head (.) then I feel so like someone who wants to kill herself (.) I feel I'm not worthy of this life anymore (.) then I feel almost like someone who wants to kill herself (.) but I won't do it (.) it's just that it comes into my head.

Chantel expressed a sense of hopelessness, exasperation and futility about the meaning of her life.

S: Does life feel meaningful to you?

Chantel: It feels hard.

S: But does it feel meaningful or not to you?

Chantel: No (.) I'm tired of life.

Here Adele explains that her responsibility as a mother deters her from possibly harming herself:

To tell you the honest truth now at the moment (.) like I tell you (.) I feel like dead (.) like (.) I will still look after myself because I have to because of my kids...

Later in the interview Adele used the metaphor of fighting a battle to convey her resistance to feeling that her life has lost meaning.

S: Does life seem more or less meaningful to you that it used to?

Adele: It seems (.) how can I say (.) it's more like a battle to me now, makes me aware of a lot of things because before this I was very trustworthy (.) I used to feel anything is possible for us, nothing can touch me, nothing can touch my children, it makes me more aware of the situation where my kids are concerned it makes me more stronger.

Only one rape survivor, Faiza, reported feeling that life was more meaningful for her because it made her stronger. Faiza had told me in the interview that she believed women were

'strong' and coupled with this, she felt that her own 'strength' or resilience was evinced by her aspirations which were unaltered post trauma.

Faiza: I still have to reach my goals, I still have to ja, I have to reach my goals, and my parents the important people in my life (..) that makes it (..) makes it meaningful.

Understanding and making meaning of the event was a difficult process for the rape survivors and placed them in a state of confusion within the first month after the assault, thus causing considerable difficulty in their psychological functioning in the domain of meaning-making. This resulted in feelings of frustration, anger, and self-blame for most of them. Rape myths seemed to be incorporated into some of the women's perceptions of self and understanding of the event. In the excerpts below both Faiza and Liesl experience self-blame by drawing on the rape myth that women provoke rape. Faiza also constructs meaning of her trauma by referring to a male sexual drive discourse (Hollway, 1998) when stating that her assailant possibly "just felt like that", this conveys the image of men having an uncontrollable libido. When asked if she had any negative feelings when thinking about the rape Faiza responded by saying:

Was it me? What did I do something wrong? Why did I have to go walk that way? Maybe he just just felt like that. A lot of questions but I don't have anger I can't say it's in the past it's still with m ...

Below Liesl describes how she struggled to assuage her feelings of anger towards herself for witnessing a crime committed by her assailants, which later motivated them to rape her as a means of silencing her. Implicit in her response is an understanding that the rape was intended to cause her severe psychological damage to the extent that it would silence her.

S: How are you feeling right now? Or how have you been feeling the past few weeks since I last saw you?

Liesl: Very angry for myself mostly.

S: How do you generally feel about yourself?

Liesl: Disappointed (..) because if I hadn't been there then this wouldn't have happened.

At 4 weeks Veronica found her inability to understand and make meaning of her trauma to cause her to feel helpless, frustrated, guilt and angry with herself.

S: Do you ever get so upset by a memory that you feel as if you can't do anything else?

Veronica: Yes (.) sometimes then then (..) then it upsets me a lot (.) then it's almost like em (.) you did something and you don't know how to get out of it then em it's almost like your hands are em (.) almost like you can kill someone now or so (.) for me it's always like that (.) then I don't know how to help myself out of it (.) then I think (.) if I didn't go there then maybe it wouldn't have happened to me (.) or maybe it would have happened in another way but then maybe I would've helped myself out of it and so (.) a lot of times when I look at myself in the mirror (.) then I talk to myself (.) then I'll always I'll ask myself a question (.) why it happened (.) and (.) what this means to me.

Similarly to Veronica, Adele struggled to make sense of why the rape happened, her difficulty with finding meaning in the event resulted in her dissociating and feeling generalised anger towards men.

Adele: Like I tell you it's still that anger and it's confusing, why did it happen? You know (.) is it possible? And you know (.) sometimes it still seems unreal (.) and (.) although I got three kids whatever, like I tell you your body is more of a (..) so that is still in my mind that I am trying to get off (.) but it's in there...somewhere along the line I think there is something that's dead inside of me because if a guy should come up to me now and ask me this or this or this (.) I'm going to put him on his place you know (.) it's like I'm trying to build a hedge around me now.

Four of the non-sexual assault survivors, Melissa, Amanda, Zubaida, and Fatima, understood their trauma as a random incident motivated by material gain. This was different to four of the rape survivors, Liesl, Chantel, Veronica and Faiza, who perceived their assault to be personal and intended to cause psychological harm. Fatima's comment in this extract resonates with that of the other three non-sexually assaulted women:

Fatima: Em (.) you know what what what I actually em realised was that shame [colloquial expression of sympathy] I actually feel sorry for this guy (.) you know in a in a in a small part of me I feel sorry for him (.) because they are so drugged and so you know (.) mad and so desperate they would do anything just to get money for that one fix you know em (.) I always say parents please help your children then then this will be a brand new but em (..) I'm not so angry like I was before you know (.) I was very upset about my rings I was completely upset about my rings.

Zubaida's perspective differed to that of the above non-sexual assault survivors, she endorsed a religious world-view to make meaning of her assault and stated that the assault was "put out" out for her. During the interview she reiterated that a traumatic or difficult experience is God's way of 'testing' one's faith.

Zubaida: ... I don't say anybody is responsible, I think that was meant to be (.) it was put out for me. I wouldn't say I was being neglectful, I shouldn't have walked that way. If I had taken another route something would have happened and maybe even worse, so it was meant for me that something was going to happen that day (.) and to me it was put out for me.

5.8.2 Understanding the event at 12 weeks: increased meaning vs. loss of meaning to life

The participants in the study used various strategies and appraisals of their trauma to find new meaning in their lives. Minimisation of the event was a strategy used by all five non-sexual survivors to evaluate their lives as more meaningful. Two of these women, Fatima and Shariefah, stated that they felt a greater appreciation of their lives because they were not raped, while the other three felt a sense of gratitude that they were not further physically harmed and that their lives were spared. In the extracts below the women all reflect on why they feel their lives have become more meaningful.

Fatima: Normally, normally they rape the ladies, and then they kill the ladies afterwards...I am so lucky, I am so lucky he didn't even em, put a finger or nothing, nothing like that. He didn't even touch me, as much as to take the rings off because he said to me "Take it off". The only thing that really touched me was the gun against my head, that was basically all that touched me, nothing else on his body touched me so in a way I'm actually (.) I'm, I'm, I now know how lucky I am and how much Allah [God] loves protecting me, in that possible way that I'm actually (.) em (.) nothing like that happened to me, alghamdoellilah [all praise is due to God].

Zubaida: I actually feel cross with myself that I think maybe I could have done something to avoid it but then on the other hand I think em what he could have done to me, he could have pulled me into the park (.) eh (.) he could have raped me, he could have killed me, he could have done anything to me, but on the other hand em I feel good that I'm still alive you know.

Melissa: After that incident (.) they could have killed me (.) they could have easily killed me (.) they could have easily killed me (.) I mean really, what was stopping them from killing me(.) just because I prayed (.) they could have killed me, so everything for me is actually meaningful. I actually feel that I'm not doing enough to show that I'm grateful actually to be alive.

Amanda: It [life] feels more meaningful (.) ja because em, because I could of died.

S: Em do you think that that was the worse thing that could have happened to you?

Amanda: Yes. That could have happened, I mean I could have gotten badly hurt or something.

Four of the rape survivors, Liesl, Chantel, and Veronica, who had expressed a loss of meaning to their lives at 4 weeks, re-evaluated their lives as more meaningful at 12 weeks post trauma. They described counter narratives of hope to that expressed at 4 weeks. From the point of view of Harvey's ecological model of trauma (1996), this signifies aspects of recovery in the domain of meaning-making. However, renewed meaning in these women's lives often co-existed with distress in this area of psychological functioning. This was apparent in Liesl's narrative, although she perceived her life to be more meaningful it sometimes felt meaningless to her when she became depressed.

S: Does life feel meaningful?

Liesl: Yes.

S: Does life ever feel meaningless?

Liesl: No (.) not anymore.

S: And when you get depressed?

Liesl: Meaningless (.) but eh now I've got a reason to live because my daughter (.) and I know something will happen to them (.) they're hurting people, not just me other people as well, so someone has to somebody has to stop them.

S: What makes life meaningful?

Liesl: The idea that I've got something to live for and there are other people that care for me and I care for them as well.

Adele reframed her experience of trauma at 12 weeks through feeling a greater sense of reconnection with her sister and children.

S: And does life feel meaningful to you?

Adele: Much more.

S: What makes it more meaningful?

Adele: I think because I'm now more in contact now, not in contact, I'm speaking more to my kids than anything else, I'm opening up to them [her sister and children].

A significant change for the rape survivors at 12 weeks was their ability to make meaning of their trauma, which reflects that there was some recovery in this particular domain as noted above. All of these participants reported posttraumatic growth outcomes as a result of a re-evaluation of self, relationships with others, and increased empathy for others. Faiza stated

that the rape made her “stronger” because it did not affect her desire to achieve her goals in life.

Faiza: It made me stronger (.) I don't think back on it, and I keep on going, but I know what happened and if I had to be weak, I never would have had goals and I've got goals that I must or that I want to reach, and if I've to keep hoping, so I just need more and more courage to go forward.

Liesl's ability to make meaning of her trauma was a considerable shift for her as she had expressed suicidal thoughts at 4 weeks. In the following excerpt Liesl describes feeling that her rape has given her empathy and insight into other trauma survivors' experiences. Her ability to assign a new meaning to her experience of trauma seemed to reduce her distress.

S: Do you feel special of different in any way?

Liesl: Eh I would say (.) special now because em (.) if I if I talk about it and this wouldn't have happened then I wouldn't know how other people feel em, because we used to read in papers and on the news and so (.) but if you don't how it feels you think it can never happen to you (.) that's why.

Adele used minimisation to make meaning of her trauma, and as a way attempting to accept and integrate the incident into her life narrative. Adele cites the rape of young children and a different type of rape as being a worse trauma to endure than her own in the extract below. Her acceptance of her trauma also gave her a desire to help others who have been raped. Herman (1992, p. 207) refers to this frequently experienced post trauma desire as a “survivor mission” and as a means for individuals to transcend their trauma.

Adele: ...I feel I can talk freely about it (.) I can open up (.) I can say (.) the last time I couldn't, but the thing is this em (.) like I I'm making an example to you with (.) it's not that I will say this that happened to me is minor (.) it was for me very heavy but if you must look at the world now and if I look at the newspapers it make me stronger thinking em it could have been worse...I can maybe be there to help the next person, you know that went through a harder thing than what I had, that is what made me stronger. I think that I can speak to people and I can listen to what happened and it's made me feel more that mine was smaller.

S: Like what kinds of things for example do you see in the paper?

Adele: Like the children that's being raped and the way they are being mishandled, hulle word ge (.) [they get] they were, how can I say (.) sodomised and all this, and that didn't happen to me, he just got on top of me and got off and walked away. I still got to be thankful for that.

Similarly, for Shariefa, a non-sexual assault survivor, the process of meaning-making entailed minimising her assault and motivated a desire to want to help other trauma survivors.

Shariefa: A friend of mine was also robbed on his way home, I suggested him coming here or Athlone Police Station, I even took him to Athlone Police Station to go for counselling, he is still thanking me. I kept on, "Go for counselling!" because his was a big robbery thing, you know where there was gun point and like ten thousand statements taken from him. I felt so sorry for him, I kept on, I kept on, I said this was a major thing compared to [mine], that's why I am so strong that I could even you know defend myself now, I can even help other people, anything, and walking with them day to day, to counselling you know, that's how it helped me.

In making meaning of the assault, the non-sexually assaulted women continued to understand it as being motivated by the need for money by their assailants to sustain a drug addiction.

Zubaida: I think it's just the society in which we live in today, the drugs, the unemployment rate (..) they on drugs, they need money so they've got to mug someone or the other to get something, so I feel it's society and the life that we are living in today that you know, is responsible for what happened.

Fatima: ... Allah does help you em, when you make salaah [pray] you ask Allah to guide this people out there that's gone crazy, you can't say the world is crazy, the people on it is crazy, with this drugs and the things that they do, you ask Allah to open their eyes and to show them the right way...

In contrast to the non-sexual assault survivors, there was still a sense amongst the rape survivors that their assault was intended to cause psychological damage and to 'rob' them of something intangible. This is reflected in Chantel's meaning-making of her rape in the quote below.

S: Who or what do you think is responsible for what happened?

Chantel: Em Sadia (.) I think my brother (.) because he was the one who raped me (.) to spoil my future (.) I'll never (.) I'll think about it (.) but I'll never forgive him.

5.8.3 Increased religiosity/spirituality at 4 and 12 weeks

Negative life events often result in enhanced religious faith or spirituality, but can also cause religious and spiritual doubts for some individuals (Kennedy, Davis & Taylor, 1998). A religious world-view can be an effective coping style for many trauma survivors because it

provides them with beliefs that allow them to reframe and find meaning in their trauma. In the current study four of the non-sexual assault survivors, Melissa, Amanda, Fatima and Shariefa, reported that they were more spiritual or religious because they believed that God had protected them from further harm during their assault. The two women who had clinically significant levels of PTSD symptoms, Melissa and Fatima, used prayer, and their faith in God to cope with their anxiety. Although international studies have found that sexual assault survivors also often report an increase in their spirituality none of the rape survivors in the current study described themselves as more spiritual or religious following their trauma (Kennedy, Davis & Taylor, 1998). This could be because they did not endorse a religious world-view before the trauma.

Posttraumatic growth and a reduction in negative affect are positively associated with religious coping while a negative change in religious beliefs is associated with increased distress (Linley and Joseph, 2004), this could also explain the differences in the extent of distress experienced between the two groups of women at 4 weeks. The same four non-sexual assault survivors' continued to draw on a religious coping style to make meaning of their trauma. Below Amanda and Melissa describe an increase in their religiosity since their assault.

S: Are you in any way more religious since then or spiritual or is it still the same?

Amanda: I would say more.

S: Why?

Amanda: Because even though at that time that this thing was happening I found a chance in my heart to pray.

S: Really.

Amanda: Yes, I mean just to say (.) please don't kill me please, so that's why I feel a bit more religious.

Melissa: Lately I've been (.) I'm starting to draw nearer to God (.) not that I wasn't, not that I never believed in my faith you know, but I feel like I'm getting back there I was praying in the taxi... and I was praying in my mind and that prayer helped me, I must say it helped because nobody else was there only God was with me the whole time so that was the difficulty for me but he did save me out of that (.) they could have killed (.) I would have been dead.

5.8.4 Finding meaning and recovery through participation in the research

All the women in the current research described their participation in the research as having had a therapeutic value which gave them a sense of relief, helped them to feel supported and to re-build a sense of trust in themselves and others. Several researchers have reported that women who have experienced a trauma derived a therapeutic benefit from participation in their research (Booley, 2007; Campbell, 2002; Duma, 2006; de Swardt, 2006; Phoenix, 1994). Experiencing interviews to be helpful and healing is thus a common, but an unintended effect of research participation (Peddle, 2007). In the following extracts Liesl and Adele respectively use metaphors of “healing” and being given the ability to “breathe again” to convey their sense of emotional release and feeling of empowerment through talking about their trauma in the interviews.

Liesl: ... at first I was afraid to talk, but now em I talk to other people (.) I've learnt to be more open (.) if you're open then you get more eh healing (.) that's why.

S: How are you feeling right now?

Liesl: Relieved.

S: Why would you say relieved?

Liesl: Em, mostly because to talk about it (.) and there are people that listen to me, and I can speak openly.

Adele: You can speak your heart... it's like something opens your lungs and you can breathe again. With other people your shoulders are all up and stuff and you feel crushed, but when you come to a person [to talk to] and you think about what has been happening in the month, it's like them putting something into your lungs, and your lungs is opening up and you can breathe for a little while, like giving you oxygen.

Shariefafa felt that participating in the research had strengthened her emotionally and given her an opportunity to engage in a constructive meaning-making process. She also disclosed that by relating her life narrative, which included multiple traumas, she realised that she should ‘open up’ more to her family and refrain from suppressing her feelings as she did in the past. Trauma survivors who narrate biographical aspects of their lives in interviews often experience a new desire to speak and to share their feelings (Rosenthal, 2003). Here as earlier, she refers to the interviews as counselling:

Shariefa: ... you have helped me through this, and, and by the end of this session, I mean I am 100% positive when I walk out here, I can defend myself, I can, you know walk tall, I don't have to look around, you know what I mean, it helped me...I think coming for counselling and the questions I was asked and with you really helping me through this and I think this counselling did me wonders.

S: You mean coming here?

Shariefa: Coming here.

When I saw Fatima for the week 12 interviews, she stated that participation in the research gave her insight into what the “the real issue” was that caused her current distress. Fatima and her husband were both retrenched shortly before I interviewed her and she had started feeling anxious, irritable and depressed but initially thought that it was because of the robbery. Improved insight into stressors has often been cited as a perceived benefit of research participation (Newman & Kaloupek, 2004).

Fatima: ... Speaking to you is making me realise what the real issue is, it's not the robbery issue anymore, it's become now the retrench issue (.) em (.) I wouldn't say I forgot about the robbery, I don't think I will ever be able to forget about it completely, but I just think it's the retrench issue that is building up so much emotions inside of me. I'm worried, I'm a mother, I've got two children and that is (.) it's too overwhelming to actually just accept it just like that...The whole issue didn't come from the robbery, it came from the losses, it came from the losses that I had ...the robbery was part of it, but the whole thing triggered it was the fact that I was retrenched, and the fact that my husband was retrenched... and I didn't even think that maybe that was why I was so depressed, and so miserable, and so morbid, and so edgy, I didn't realise that was it, it is only now that I am speaking to you that I realise.

In the positivist tradition research interviews are usually conceptualised merely as a data collection encounter factoring out the emotions of the researcher and researched in the quest for objective science. But from a feminist perspective interviews are seen as providing an emotional space wherein participants feel that they to have been given and opportunity to have their experiences validated (Campbell et al., 2004). Guided by this feminist tenet, it was hoped that a safe emotional space was created for the participants in the current study.

The qualitative analysis in this chapter attempted to augment an understanding of the differences between non-sexual assault and rape survivor's posttraumatic response that could not be entirely accounted for by a PTSD score. Based on a tenet of feminist research, an

analysis of the MTRRI was 'grounded' in the participant's voices and elicited nuanced accounts of their posttraumatic response that cannot be captured in an empirical instrument. The use of the MTRRI which is underpinned by an ecological theory of trauma impact provided a framework that enabled an exploration of the influence of socio-cultural mediators on trauma response, and afforded an understanding of why the trauma of rape and non-sexual assault may result in differential outcomes. Finally, another aim of the qualitative analysis was to explore whether the women's subjective accounts of their trauma and contextual factors interact with PTSD symptoms, a discussion of this will be presented in the next chapter.

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CHAPTER 6

DISCUSSION AND CONCLUSION

The current study used a mixed-method approach to explore differences and similarities in the impact of trauma between survivors of rape and non-sexual assault at two different time points over a period of three months post assault. This chapter presents a summary and discussion of the main findings, considers limitations of the study, and provides recommendations for future research.

6.1 Summary of findings

Even though the aim of using the PDS scale was not to produce results comparable to international empirical trauma studies, in addition to which the small sample size in this study limits generalisability, the findings discussed below are noteworthy.

The PDS scores indicated differences between the two groups of women at one month post trauma, with four of the five rape survivors and two of the five non-sexual assault survivors meeting the criteria for a PTSD diagnosis. These findings seem to be similar to international comparative studies on the prevalence of PTSD amongst trauma survivors. This body of research provides unequivocal evidence that the experience of a sexual assault is more likely to produce PTSD than other crimes (Foa, 1998; Kilpatrick et al., 1989; Resick, 1993). However, because of the small sample size in this study, a conclusive interpretation of the differences in the PDS scores between the two samples cannot be made.

At 12 weeks post trauma there was almost no difference in the PDS scores between the two groups of women with only one participant, a rape survivor, developing chronic PTSD. The abatement of PTSD amongst the participants corresponds with the international literature which consistently shows that PTSD typically decreases over a three month period for survivors of trauma (Resick, 1993; Rothbaum, Foa, Riggs, Murdock, Walsh, 1992). Trauma studies have also continually found that rape survivors are more likely to develop chronic PTSD than individuals who have experienced a non-sexual assault (Kilpatrick et al., 1989;

Rothbaum et al., 1992; Faravelli et al., 2004; Campbell & Wasco, 2005). In the current study there was almost no difference in the number of women meeting the criteria for a PTSD diagnosis in the two groups at 12 weeks post assault. The significance of one rape survivor developing chronic PTSD as opposed to none of the non-sexual assault survivors is again difficult to make inferences from because of the small sample size.

Regardless of meeting the diagnostic criteria for PTSD at 12 weeks, six of the nine remaining participants continued to experience anxiety symptoms such as fear and hyperarousal, this corroborates international findings which show that fear and anxiety remain elevated amongst trauma survivors (Foa, 1998; Riggs et al., 1995). Although findings suggest that re-experiencing tend not to be endorsed by trauma survivors without PTSD, seven of the women in this study who did not have PTSD at 12 weeks reported re-experiencing symptoms (Riggs et al., 1995).

Findings in the current study seem to be both consistent and conflicting with the hypothesis that a greater perceived level of life-threat contributes to persistent PTSD (Kilpatrick et al., 1989; Riggs et al., 1995). For instance, all participants reported that they believed their lives to be in danger yet not all of them developed acute or chronic PTSD. However, at 4 weeks the assault characteristics and resultant perceived level of threat had an impact on whether the non-sexual assault survivors met the criteria for a PTSD diagnosis. For example, two non-sexual assault survivors, Melissa and Fatima, who were highly PTSD symptomatic had attempts made against their lives. Melissa was severely tortured for two hours while Fatima had a gun pointed against her head. This may explain why, although these women continued to find meaning in their lives, the level of threat during their assaults resulted in a profound sense of increased vulnerability. In this study, the inconsistencies in the association of assault variables and perceived level of threat on PTSD symptoms highlight that the impact of trauma on non-sexual assault and rape survivors is variable and subjective (Briere & Jordan; 2004; Harvey, 2007; Resick, 1993).

The PTSD questionnaire was a useful starting point to begin formulating a profile of the impact of trauma on the two groups of trauma survivors in a South African context. But the following key research questions needed to be addressed: 1. Does the meaning of trauma

affect PTSD symptoms? 2. Does the impact of trauma extend beyond a PTSD diagnosis? 3. Are there similarities and differences between non-sexual assault and rape survivors' subjective accounts of their post trauma response? A semi-structured interview, the MTRRI (Harvey et al., 1994) was thus used to generate qualitative data to supplement and expand on the PTSD scores.

The qualitative data analysis revealed that either the presence, or absence of PTSD did not completely capture the impact of the trauma on the women. Since the PDS scale is an instrument that measures negative symptomatology only, the qualitative interviews provided an opportunity for women to give subjective accounts of their trauma that included aspects of recovery, resiliency and posttraumatic growth. Using a grounded theory data analysis, similarities between rape and non-sexual assault survivors' subjective accounts of their trauma were grouped into the following broad thematic categories: *strategies for re-establishing safety, reaching out vs. withdrawing, and understanding the event: increased meaning vs. loss of meaning to life*. Whilst several similarities were identified in the two groups of women's narratives, the data analysis also revealed that there were considerable differences in the impact of trauma on rape and non-sexual assault survivors. Several additional themes and sub-themes specific to rape survivors' accounts of their post trauma distress were revealed, namely: *fear of overwhelming negative affect, fear and anxiety about negative social judgement, fear of sexual intimacy, loss or dying of former self, and disruption to womanhood and sexuality*, while the sub-theme of *increased spirituality/religiosity* pertained to non-sexual assault survivors only. The themes and sub-themes were discussed under the following four relevant coding categories: distress and affect, relational life, meaning-making and self-concept codes because they were conceptualised into relation to these.

Although the themes were presented and discussed as separate categories, they are closely interconnected for instance, *fear and anxiety about negative social judgement* is interwoven with *disruption to womanhood and sexuality*. Other researchers have observed that themes are not "discrete" categories as features in one theme connect to those identified in another (Thompson, 2001, p. 328). The women in the study often drew on several themes simultaneously; segments of their post trauma narrative accounts were replete with

coinciding themes that illustrated their distress, recovery, strengths and resiliency. Smith and Kelly (2001, p. 343) note that in pragmatic terms, it is often difficult to determine where “one theme begins and another ends”. The distinction amongst several themes is also not in any way intended to fragment the experiences of the women or to imply that their post trauma response embodied a static, uncontested process. The women’s attempts to re-establish safety and their feelings of hope despite struggling to make sense of their trauma (which was especially difficult for rape survivors) is indicative of their strengths and resilience.

There is evidence from findings in the current study to suggest that there is an interface between the meaning of the trauma for rape and non-sexual assault survivors, and their PTSD symptoms. For instance, four rape survivors, Liesl, Chantel, Veronica and Adele, who struggled to find meaning in their lives at 4 weeks post trauma, all met the criteria for a PTSD diagnosis. Although the two PTSD symptomatic non-sexual assault survivors, Melissa and Fatima, reported continued and/or increased meaning to their lives, aspects of their cognitive appraisals of the trauma resulted in an increased sense of vulnerability (as discussed above).

According to the PDS scale, a key difference between the rape and non-sexual assault survivors with PTSD at 4 weeks post trauma was that all four of the rape survivors, Liesl, Chantel, Veronica and Adele, experienced a diminished interest in important activities, and a feeling of being detached and estranged from others. None of the non-sexual assault survivors reported difficulties in these areas. This corresponds with the differences between the two groups of women's narrative accounts of their post trauma response in the theme of *reaching out vs. withdrawing and understanding the event: increased meaning vs. loss of meaning to life*. Difficulties with the aforementioned PTSD symptoms also contributed to the additional sub-theme of *loss or dying of former self* identified in the narratives of four of the rape survivors.

Based on the PDS scale, at 4 weeks post trauma, all five of the rape survivors experienced emotional numbness, irrespective of one of these participants, Faiza, not having PTSD. The frequency of emotional numbness was rated as being experienced 5 or more times a week by three of the women from this group: Liesl, Chantel and Adele. In the narrative accounts of these women at 4 weeks post trauma, emotional numbness was sometimes expressed as a

desired state and hence two of the women, Chantel and Adele, self-medicated. The severity of the rape survivors' emotional numbness together with feeling estranged from others manifested in thoughts of suicide, one of the women, Chantel, made an attempt against her life. Emotional numbness also compounded feelings of loss of meaning to life amongst the rape survivors. The two non-sexual assault survivors with PTSD, Melissa and Fatima, also reported emotional numbness, but did not experience it as frequently as most of the rape survivors, neither was it a desired state. This may be because their cognitive appraisals of their trauma did not result in a loss of meaning to their lives.

It is likely that at 12 weeks post trauma, the ability of two of the four remaining rape survivors in the study, Liesl and Chantel, to find meaning in their lives again had an influence on them not continuing to have PTSD. Similarly, a re-evaluation of their trauma and new insights into their distress by Melissa and Fatima at 12 weeks, may have resulted in them not developing chronic PTSD.

International research on the role of demographic variables and assault characteristics on trauma impact and recovery are equivocal (Kilpatrick et al., 1989; Koss & Figueredo, 2004). This corresponds with Booley's (2007) research on South African women's post rape adjustment and findings in the current study, both these studies indicate that participant demographics and assault characteristics did not seem to contribute to trauma impact and recovery as much as the meaning assigned to the trauma. The meaning of the trauma was found to differ vastly between the two groups in the current study. This finding accented the importance of an ecological understanding of trauma and recovery (Harvey, 1996, 2007), as it was apparent that contextual factors had a significant influence on the women's post trauma response and impacted on their psychological functioning across several domains.

Although the MTRRI interviews were not scored to psychometrically assess the participants' distress, recovery or resilience in the eight psychological domains of functioning as delineated in Harvey's (1996, 2007) ecological model, reference to these domains was made in the analysis. This provided a useful way of conceptualising posttraumatic response as multidimensional. It also facilitated an understanding of the contextually embeddedness and meaning of the trauma of rape and non-sexual assault, and how these traumas may have

similar, but also different impacts. Both groups experienced some impairment in these three domains: authority over memory and regulation, symptom mastery, and affect tolerance and regulation. However, the rape survivors experienced impairment across several other domains which remained unaffected for the non-sexually assaulted women, these were: integration of memory and affect, self-esteem, self-cohesion, safe attachment and meaning-making. Contrasting socio-cultural constructions of female survivors of rape and non-sexual, and the reactions of others contributed substantially to the differences between the two groups of women's experiences of distress and recovery in these domains.

Findings in the current research suggest that the impact of trauma causes distress that is not represented by a PTSD scoring alone. There also seems to be evidence in this study that rape survivors' post trauma distress is more wide-ranging than it is for non-sexual assault survivors, as is suggested by the number of additional themes and sub-themes identified in rape survivors' narratives. A striking difference between the two groups of women was the profound impact of the trauma on rape survivors' gender identity, whereas for non-sexual assault survivors the trauma did not evoke any challenges to their identities as women.

Based on the findings, it is clear that the meaning of the trauma of rape was largely informed by hegemonic discursive constructions of womanhood within the broader socio-cultural context. In their narratives, rape survivors referred to several rape myths that are pervasive in Western societies, this exacerbated their post trauma distress and difficulties with meaning-making. Rape myths were also drawn on by others in their immediate social network, such as the belief that accusations of rape by women are fabricated and that women's behaviour provoke rape. These responses, as well as their own perceptions of how rape survivors are socially constructed informed their positioning of themselves as blameworthy and damaged.

The endorsement of rape myths by the women and individuals in their social networks, negative reactions from those towards them, and the motivation of the perpetrators to commit an act of rape (as described in Chapter 4) illustrate that the construction of femininity and masculinity are located within discourses that perpetuate patriarchal ideology. For example, before raping her, Faiza's assailant told her that she made him feel emasculated because she had disrespected in the company of other people. Underpinning the remark by Faiza's

assailant seems to be a belief that if a woman does not conform to dominant notions of femininity (i.e. being demure and/or deferential towards a man), she can be justifiably raped to 'punish' her for her disrespect of normative heterosexual relations. Sikweyiya et al. (2007, p. 48) note that "discourses of violence" against women are "rooted in gender inequity and particular constructions of masculinity" which legitimate and motivate violence.

The assimilation of rape myths into the belief system of both rape survivors and those in their social network corresponds with some of the findings in other South African research on this topic, such as Booley's (2007) and de Swardt's (2006) studies. But unlike the sample of women in Booley's study (2006) whose trauma narratives may have been mediated by a feminist counselling model at Rape Crisis, the rape survivors in this study did not seem to have access to a repertoire of counter discourses to contest rape myths. It can be inferred from this that the meaning of rape is mediated by discourses which women are able to draw on to position themselves either as damaged and accountable for being rape; or to begin to engage in a process of challenging pervasive victim-blaming discourses of rape survivors. This does not imply that positionings are binary opposites as they are often multiple and conflicting, however, subjective positioning is dependent on the availability of discourses to women in their particular social contexts.

From findings in this study, it is evident that discourses of rape intersect with gender, sexuality, and patriarchal ideology in a specific way and are dissimilar to the social construction of a non-sexual assault survivor because it excludes the gendered dimension. In the current study it is clear that female non-sexual assault survivors are constructed by others as being blameless, worthy of sympathy and support, and most importantly their stories of assault were never disbelieved or questioned. It is also apparent that the absence of the sexual aspect to their assaults did not disrupt their sense of womanhood and cause problems with their sexuality, neither did it cause others in their immediate social network to construct them as being tainted because of their rape. Hence, it would appear that the social construction and meaning of being a survivor of a rape or non-sexual assault bear little resemblance to each other.

Gavey's (2004) fusion of a feminist and Foucauldian analysis of sexuality is useful in examining the different ways in which rape survivors and non-sexually assaulted women are positioned. From this perspective, socio-cultural sense-making resources derive from normative heterosexist social constructions of gender and sexuality (Anderson & Doherty, 2008; Gavey, 2004). These normative understandings of femininity, womanhood and sexuality are thought to subvert sympathy for female survivors of rape in comparison with survivors of non-sexual assault. Furthermore, according to this feminist analysis, it is argued that negative attitudes, rape-supportive beliefs and stereotyping of female sexual assault survivors on a micro and macro social level regulate heterosexual relations, gendered identities and sexuality, which perpetuates the social stratification of patriarchal society in which men exert domination over women (Anderson & Doherty, 2008; Gavey, 2004; Ward, 1995).

To conclude, the findings in this study suggest that the experience of rape causes a wider-range of posttraumatic distress responses when compared to the impact of trauma on non-sexual assault survivors. The analysis of the MTRRI interviews illustrates that the differences in the posttraumatic response between the two samples were largely derived from the socio-cultural context and meaning attached to these traumas. The analysis also highlights that the degree of distress for rape survivors is informed by hegemonic heterosexist discourses on womanhood and sexuality. It should be noted that whilst both groups of survivors experienced some impairment across multiple domains, their distress was not unmitigated and co-existed with attempts at accessing their strengths and resilience, there were also posttraumatic growth outcomes for several women.

6.2 Limitations of the current study

Participants in the current study are all women who accessed a community service. The rape survivors all presented for medical treatment at the Thuthuzela Care Centre and both samples of women reported their assaults to the police. Thus the participants in this study may be more resilient to begin with than women who do not come forward to report the experience of a rape or non-sexual assault. As discussed in the Literature Review most rapes go unreported and there is some evidence to indicate that non-sexual assault is often not reported either.

Future comparative research on the impact of rape and non-sexual assault therefore needs to target populations of women who choose not to report their assault.

Findings in this study are also limited in its generalisability because it is based on the experiences of a small sample of coloured, mainly working class women. Women who differ in race, class and culture may have different post trauma responses to the participants in this study. However, the goal of this research was not to be generalisable, but to begin understanding how rape and non-sexual assault impacts differently on a sample of South African women.

Another limitation in the current study is that the qualitative component relied on the use of a semi-structured interview, which may have hindered a more free-flowing narrative by the women. Nonetheless, since many of the women reported that they were not familiar with talking about themselves, it was useful to be guided by a semi-structured interview schedule. Also, the MTRRI was used because it is underpinned by a multidimensional ecological understanding of trauma.

6 3 Recommendations for future research

Future research should consider comparing the post trauma narrative accounts and meaning-making by women from different race, class and cultural backgrounds. Bletzer and Koss (2006) have, for example, found that women's narrative constructions and understanding of their trauma varied across different cultural populations of women in the U.S.A. This is potentially an important research focus in view of South Africa's repressive past in which the voices of oppressed groups were silenced. It is likely that the complex dynamics of subordination under apartheid may influence how women from historically disadvantaged communities will narratively construct a trauma in ways that may differ to women from previously advantaged groups.

Researchers interested in a narrative approach should also consider exploring linguistic differences between rape and non-sexual assault survivors' accounts of their trauma. For example, in the current study non-sexual assault survivors' narratives tended to be more

detailed and lengthier than that of the women who were raped. This may speak to the silence around rape and could be a reflection of cultural scripts that allow women to construct their traumas in different ways.

Since the reactions of others had a considerable effect on the women's post trauma response in the current study, it is important that more research be undertaken on the differences between the support and attitudes of significant others, friends, family, and community service providers, etc., towards non-sexual assault and rape survivors in South Africa. The experience of "secondary traumatization" amongst rape survivors is well documented in the international literature (Campbell et al., 1999; Campbell, Wasco, Ahrens, Sefl & Barnes, 2001). Although similar research has been conducted in South Africa (see Stanton, Lochrenberg, & Mukasa, 1997), it is still a largely underresearched area. Findings from such research may have far-reaching implications for professionals who work with trauma survivors.

Whilst the current study reports substantially on distress related post trauma responses amongst the women, the findings which indicate that almost all the women reported posttraumatic growth at 12 weeks should not be obscured. A focus away from symptomatology is an important direction for future research in South Africa. Thompson (2001, p. 341) argues that research on posttraumatic growth should be made available to a wider audience so that "an alternative discourse" can be accessible to women who do not come into contact with support services.

6.4 Reflections on the findings

It is imperative that reflexivity in feminist research is attentive to "how we view the knowledge we produce" (Edwards & Ribbens, 1998, p. 2). Therefore it is necessary to be cognisant that our own subjectivities influence the data elicited in interviews, and also the interpretation and analysis thereof. In this instance, my feminist beliefs shaped the research process at the level of method, methodology and epistemology, and ultimately the analysis of the data. The data itself (in particular the qualitative interviews) may have been mediated by

perceived similarities and differences between the participants and myself (as discussed Chapter 3), and my positioning as a feminist researcher. My own subjectivities, personal background, and training as a voluntary Rape Crisis counsellor may thus have influenced the analysis of the findings. However, the influence of researcher biases and the dynamics of the researcher-researched relationship on the data elicited, and subsequently the analysis of it are inevitable, and as Denzin and Lincoln (2000, p. 19) succinctly state: “there is no clear window into the inner life of an individual. Any gaze is always filtered through the lenses of language, gender, social class, race, and ethnicity.”

A further important element to consider when reflecting on the findings in the current study is that power inequalities extended beyond the researcher-researched relationship to the process of interpreting the women’s stories into academic language. Standing (1998, p. 189) contends that despite efforts at minimising power differentials, the researcher still holds “the real power” because we decide which segments of interview transcripts to use and how to represent the women’s voices in ways that may not be meaningful to them. Inasmuch as I have attempted to represent the findings in a way that does not fragment or distort the participant’s narratives; their voices (like in all research endeavours) are subject to my “interpretive skills” as the researcher and “the regulatory forms that membership in a community of scholars requires” (Gergen, 2001, p. 4).

6.5 Conclusion

This study has shown that although there are similarities between South African female rape and non-sexual assault survivors’ post trauma response, the meaning that these two groups of women assign to their trauma is considerably different from each other. The research findings suggest that the experience of rape elicits a more extensive range of post trauma related distress than it does for non-sexual assault survivors. Rape survivors’ accounts of their trauma have thus been foregrounded, but this by no means attenuates that non-sexual too can have a negative and traumatic impact. This research project has highlighted how subjective accounts of trauma and meaning-making are derived from a socio-cultural context that positions rape survivors differently to non-sexual assault survivors.

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APPENDICES

University of Cape Town

Appendix 2: Consent to join a research study (non-sexual assault)

Why is this study being done?

Ms Anastasia Maw and her research team are doing a study about physical assault. You are being asked to join this study because you were assaulted. We want to understand more about how people feel over time after an assault has happened.

What happens in the study?

If you join the study,

- On that day you will be asked to give your contact details and you will be asked questions about how you feel.
- At your follow-up visits at 1, 4 and 12 weeks you will be asked questions about what happened to you, how you are feeling and about your life.

Other things you should know

- Each interview will last about 1 ½ hours. The interviews will take place at the Saartjie Baartman Centre.
- You will be given R20.00 for transport costs and a R50.00 Pick and Pay shopping voucher for each visit you make to the centre for the study.
- It will not cost you anything to be part of this study.
- The questions are personal and may make you feel sad or unhappy. Sometimes people find that talking about the assault helps them to feel better. If you feel very upset after the interview you can call the researcher and she will tell you where to go for help.
- You do not have to answer any questions that you think are too personal or make you feel uncomfortable.
- Some of your answers to questions will be written down and some will be taped. The researcher will keep information about you confidential. Your name will not be used in any reports or anything written about this study.
- If you decide to join this study you can leave it at any time.
- If you do not join in this study, you will still get the same care as someone who joins the study.
- If you have questions about the study you can call Ms Anastasia Maw at 6503420 on weekdays between 9.00am and 5.00pm.
- In the case of an emergency please contact Life Line on the 24 hour emergency line at: 0800 012322 or 083 2225158.

If you decide to join the study you should sign here:

_____	_____	_____
Participant's signature	Printed name	Date
_____		_____
Signature of person obtaining consent		Date

You will be given a copy of this signed and dated consent.

Appendix 3: Demographics report form

Participant Number:	_____			
Date of interview:	_____			
Interview no.: Baseline	1 wk	4 wks	12 wks	24wks
Interviewer's name:	_____			

These questions are about your age, your relationships, who you live with and your work.

1. Age/ Year of birth

2. Race

- Black African = 1
- Black Coloured = 2
- Asian = 3
- Indian = 4
- White = 5
- Other = 6

3. First Language

- Sepedi = 1
- Sesotho = 2
- Setswana = 3
- siSwati = 4
- Tshivenda = 5
- Xitsonga = 6
- Afrikaans = 7

English = 8
isiNdebele = 9
isiXhosa = 10
isiZulu = 11

4. Relationship status

Single/ Never married = 1
Living with partner/ boyfriend = 2
Partnered but not living with partner/boyfriend = 3
Married = 4
Separated/ Divorced = 5
Widowed = 6

5. Sexual orientation

Gay/ lesbian/ homosexual = 1
Straight/ heterosexual = 2
Not sure = 3
Decline to state = 6

6. How many children do you have?

7. What area do you live in?

8. Where are you living?

House = 1
Shack on serviced site/ Pandock with water and electricity = 2
Shack on unserviced site/ Pandock without water and electricity = 3
Other. Specify _____ = 4

9. How many rooms are there in that dwelling?

10. How many people do you live with? _____

11. What is the highest level of education you have completed?

No formal schooling = 1

Grade 3/ Std 1 or less = 2

Grade 4/ Std 2 = 3

Grade 5/ Std 3 = 4

Grade 6/ Std 4 = 5

Grade 7/ Std 5 = 6

Grade 8/ Std 6 = 7

Grade 9/ Std 7 = 8

Grade 10/ Std 8 = 9

Grade 11/ Std 9 = 10

Grade 12/ Std 10 = 11

Post matric qualification/ Any tertiary/ university = 12

12. Do you have a job:

Yes = 1

No = 2

13. If you have a job, what do you do? _____

14. Have you been back to work since the rape?

Not applicable = 0

Yes = 1

No = 2

15. If you have not gone back to your job yet, do you think you will go back to this job when you have recovered?

Not applicable = 0

Yes = 1

No = 2

Unsure = 3

16. What is your current monthly income, before taxes?

Less than R800 = 1

R800 - R 1000 = 2

R1000 – R 1500 = 3

R1 500 – R2 000 = 4

R 2000 – R 3 000 = 5

More than R3000= 6

Declined = 7

17. How many people do you support on your income? _____

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Appendix 4: Details of the rape report form

Participant Number:	_____			
Date of interview:	_____			
Interview no.: Baseline	1 wk	4 wks	12 wks	24wks
Interviewer's name:	_____			

Now I am going to ask you about the rape. You do not have to answer any questions which feel too personal or difficult to answer and we can take a break at any time you feel you need to.

1. When were you seen for your first medical examination at Thuthuzela?

Date: _____

2. What time was it when you were first examined at Thuthuzela?

Time: _____

3. What was the medical/forensic examination at Thuthuzela like for you?

4. On what date were you raped?

Date: _____

Now I am going to ask you some questions about the details of the rape. You may have answered some of these questions already when you described what happened. Some of the questions are personal and may be upsetting, please remember that you do not have to answer any questions which you feel are too personal or difficult to answer and we can take a break at any time you feel you need to.

7. Were you conscious at the time of the rape?

Yes = 1

No = 2

Unsure = 3

8. If no, what is the last thing you remember happening before you lost consciousness?

9. If no, what is the first thing you remember when you woke up/ became conscious again?

10. How many perpetrators were there?

11. How would you describe your relationship with the perpetrator(s)?

(Allow for spontaneous response and then prompt: For example was he a stranger, ex-boyfriend, husband etc.)

	#1	#2	#3	#4	#5
Husband					
Partner/ Boyfriend					
Ex partner/ boyfriend/ husband					
Family member					
Casual sex partner					
Someone who paid for sex					
Friend					
Family friend					
Acquaintance					
Lives in neighbourhood					
Stranger					
Employer/employee/ colleague					
Other, specify: _____					

12. If perpetrator(s) is (are) known to the survivor: Do you live with the perpetrator(s)?

#1	#2	#3	#4	#5
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No

13. How old was/ were the perpetrator(s). If you don't know for sure can you estimate/ guess?

	#1	#2	#3	#4	#5
Younger than 20					
20 – 30					
31-40					
41 – 50					
51 – 60					
Older than 60					

Known					
Estimate					

14. What race was/ were the perpetrator(s)

	#1	#2	#3	#4	#5
White					
Black					
Coloured					
Asian					
Indian					
Muslim					
Other					

15. Did the perpetrator(s) say anything to you when he/they attacked you?

Yes = 1

No = 2

Can't remember = 3

Declined = 4

16. If yes, what did he/they say?

17. Did the perpetrator(s) say anything to you while he was/they were raping you?

Yes = 1

No = 2

Can't remember = 3

Declined = 4

18. If yes, what did he/they say?

19. Did you say anything to the perpetrator(s)?

Yes = 1

No = 2

Can't remember = 3

Declined = 4

20. If yes, what did you say?

21. How did you react when he/they assaulted you? (Allow spontaneous response and then prompt re: did she physically resist and if so how – kicking, screaming, scratching, trying to run, freeze, submit etc.)

22. How did you react when he/they was/were raping/raped you? (Allow spontaneous response and then prompt re: did she physically resist and if so how – kicking, screaming, scratching, trying to run, freeze, submit etc.)

23. Why do you think you reacted to the assault in that way?

24. Why do you think you reacted to the rape in that way?

25. Can you describe how you felt during the assault? (Note: it is important to establish degree of perceived threat, i.e. did the survivor think she may be killed or die as a result of the assault?)

26. Can you describe how you felt during the rape(s)? (Note: it is important to establish degree of perceived threat, i.e. did the survivor think she may be killed or die as a result of the rape?)

27. Were you abducted/kidnapped to another place?

- Yes = 1
- No = 2
- Don't know = 3

28. Where did the rape occur?

- Survivor's home = 1
- Perpetrator's home = 2
- Motor car = 3
- Work place = 4
- Alley = 5
- Beach = 6
- Public toilet = 7
- Open space = 8
- Don't know = 9
- Other: Specify _____ = 10

9. Can you remember experiencing any of the following? (Can circle more than one)

No = 0

Punched (with fist)= 1

Kicked = 2

Hit = 3

Throttled = 4

Stabbed = 5

Slapped = 6

Other: Specify _____ = 7

30. Was a weapon used?

Yes = 1

No = 2

Unsure = 3

31. If yes, what was used? (Can circle more than one)

Not applicable = 0

Knife = 1

Gun = 2

Bottle = 3

Screwdriver = 4

Don't know = 5

Other: Specify _____ = 6

32. Did any of the perpetrators put his penis into your vagina?

Yes = 1

No = 2

Don't know = 3

Declined = 4

33. Did any of the perpetrators use a condom when doing this?

Not applicable = 0

Yes = 1

No = 2

Don't know = 3

Declined = 4

34. Did any of the perpetrators ejaculate (finish) when doing this?

Not applicable = 0

Yes = 1

No = 2

Don't know = 3

Declined = 4

35. Did any of the perpetrators put his penis into your mouth?

Yes = 1

No = 2

Don't know = 3

Declined = 4

36. Did any of the perpetrators use a condom when doing this?

Not applicable = 0

Yes = 1

No = 2

Don't know = 3

Declined = 4

37. Did any of the perpetrators ejaculate (finish) when doing this?

Not applicable = 0

Yes = 1

No = 2

Don't know = 3

Declined = 4

38. Did any of the perpetrators put his penis in your anus (at the back/ bum)?

Yes = 1

No = 2

Don't know = 3

Declined = 4

39. Did any of the perpetrators use a condom when doing this?

Not applicable = 0

Yes = 1

No = 2

Don't know = 3

Declined = 4

40. Did any of the perpetrators ejaculate (finish) when doing this?

Not applicable = 0

Yes = 1

No = 2

Don't know = 3

Declined = 4

41. Did any of the perpetrators use an object in your vagina, anus or mouth?

Yes = 1

No = 2

Don't know = 3

Declined = 4

42. If yes, what object? (Wait for spontaneous reply and prompt only if necessary: For example a bottle, stick etc.)

43. Was there anything else that the perpetrator(s) did to you? (Allow for spontaneous response and then prompt, such as pulling her breasts, biting her, or other degrading acts. Indicate if interviewee was prompted)

Yes = 1
No = 2
Declined = 2

44. If yes, can you tell me what he/they did to you?

45. Can you describe any injuries you sustained as a result of the assault/ rape?

46. Could you smell alcohol on the perpetrator(s) breath?

Yes = 1
No = 2
Don't know = 3
Declined = 4

47. Was the perpetrator/ Were the perpetrators under the influence of alcohol/ drunk at the time of the rape?

Yes = 1
No = 2
Don't know = 3
Declined = 4

48. Did it look like the perpetrator(s) were under the influence of drugs at the time of the rape?

Yes = 1

No = 2

Don't know = 3

Declined = 4

49. If yes, what drug?

50. Had you been drinking before the assault/rape?

Yes = 1

No = 2

Don't know = 3

Declined = 4

51. Were you under the influence of alcohol/drunk at the time of the assault/rape?

Yes = 1

No = 2

Don't know = 3

Declined = 4

52. Were you under the influence of drugs at the time of the rape/ assault?

Yes = 1

No = 2

Don't know = 3

Declined = 4

53. If yes, what drug(s)?

54. Were you pregnant at the time of the rape?

Yes = 1
No = 2
Don't know = 3
Declined = 4

55. If no, following the rape did you receive treatment to prevent pregnancy?

Yes = 1
No = 2
Don't know = 3
Declined = 4

56. Are you pregnant as a result of the rape?

Yes = 1
No = 2
Don't know = 3
Declined = 4

57. Do you know the HIV status of any of the perpetrator(s)?

Yes = 1
No = 2
Declined = 3

58. Before the rape did you know your own HIV status?

Yes = 1
No = 2
Declined = 3

59. Following the rape did you receive treatment for prevention of HIV/AIDS?

Yes = 1
No = 2

Don't know = 3

Declined = 4

60. If yes, did you take all the medication?

Not applicable = 0

Yes = 1

No = 2

Don't know = 3

Declined = 4

61. If no, why not?

62. After the rape were you diagnosed as HIV+ve?

Yes = 1

No = 2

Don't know = 3

Declined = 4

63. Did you report the rape to the police?

Not applicable = 0

Yes = 1

No = 2

64. If yes, how satisfied were you with the way the police managed your complaint?

Not applicable = 0

Satisfied = 1

Dissatisfied = 2

65. If no, why did you decide not to report the rape to the police?

66. Other than this rape, have you ever been raped before?

Yes = 1

No = 2

Declined = 3

67. If yes, how old were you?

#1 _____

#2 _____

#3 _____

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Appendix 5: Details of the assault report form

Participant Number:	_____			
Date of interview:	_____			
Interview no.: Baseline	1 wk	4 wks	12 wks	24wks
Interviewer's name:	_____			

Now I am going to ask you about the assault. You do not have to answer any questions which feel too personal or difficult to answer and we can take a break at any time you feel you need to.

1. On what date were you assaulted?

Date: _____

2. What time were you assaulted?

Time: _____

3. Ask if participant sought medical treatment following assault. What date you seek medical treatment?

Date: _____

5. Can you briefly describe to me/ tell me what happened?

Thank you for telling me this.

Now I am going to ask you some questions about the details of the assault/incident. You may have answered some of these questions already when you described what happened. Some of the questions are personal and may be upsetting, please remember that you do not have to answer any questions which you feel are too personal or difficult to answer and we can take a break at any time you feel you need to.

6. Did you lose consciousness because of the assault/incident?

Yes = 1

No = 2

Unsure = 3

7. If yes, what is the last thing you remember happening before you lost consciousness?

8. If yes, what is the first thing you remember when you woke up/ became conscious again?

9. How many perpetrators were there?

10. How would you describe your relationship with the perpetrator(s)?

(Allow for spontaneous response and then prompt: For example was he a stranger, ex-boyfriend/girlfriend, husband etc.)

	#1	#2	#3	#4	#5
Husband					
Partner/ Boyfriend					
Ex partner/ boyfriend/ husband					
Family member					
Casual sex partner					
Someone who paid for sex					
Friend					
Family friend					
Acquaintance					
Lives in neighbourhood					
Stranger					
Employer/employee/ colleague					
Other, specify: _____					

11. If perpetrator(s) is (are) known to the survivor: Do you live with the perpetrator(s)?

#1	#2	#3	#4	#5
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No

12. How old was/ were the perpetrator(s). If you don't know for sure can you estimate/ guess?

	#1	#2	#3	#4	#5
Younger than 20					
20 – 30					
31-40					
41 – 50					
51 – 60					
Older than 60					

Known					
Estimate					

13. What race was/ were the perpetrator(s)

	#1	#2	#3	#4	#5
White					
Black					
Coloured					
Asian					
Indian					
Muslim					
Other					

14. Did the perpetrator(s) say anything to you when he/they attacked you?

- Not applicable = 0
- Yes = 1
- No = 2
- Can't remember = 3
- Declined = 4

15. If yes, what did s/he/they say?

16. Did the perpetrator(s) say anything to you while s/he was/they were assaulting you?

- Not applicable = 0
- Yes = 1
- No = 2
- Can't remember = 3
- Declined = 4

17. If yes, what did s/he/they say?

18. Did you say anything to the perpetrator(s)?

- Yes = 1
- No = 2
- Can't remember = 3
- Declined = 4

19. If yes, what did you say?

20. How did you react when s/he/they assaulted you?

What did you do?

(Allow spontaneous response and then prompt: did she physically resist and if so how – kicking, screaming, scratching, trying to run, freeze, submit etc.)

21. Why do you think you reacted to the assault in that way?

22. Can you describe how you felt during the assault/incident? (Note: it is important to establish degree of perceived threat, i.e. did the survivor think she may be killed or die as a result of the assault?)

23. Were you abducted/kidnapped to another place?

Yes = 1

No = 2

Don't know = 3

14. Where did the assault occur?

Survivor's home = 1

Perpetrator's home = 2

Motor car = 3

Work place = 4

Alley = 5

Beach = 6

Public toilet = 7

Open space = 8

Don't know = 9

Other: Specify _____ = 10

25. Can you remember experiencing any of the following? (Can circle more than one)

No = 0

Punched (with fist)= 1

Kicked = 2

Hit = 3

Throttled = 4

Stabbed = 5

Slapped = 6

Other: Specify _____ = 7

26. Was a weapon used?

Yes = 1

No = 2

Unsure = 3

27. If yes, what was used? (Can circle more than one)

Not applicable = 0

Knife = 1

Gun = 2

Bottle = 3

Screwdriver = 4

Don't know = 5

Other: Specify _____ = 6

28. Was there anything else that the perpetrator(s) did to you?

Yes = 1

No = 2

Declined = 2

29. If yes, can you tell me what he/they did to you?

30. Can you describe any injuries you sustained as a result of the assault/ assault?

31. Could you smell alcohol on the perpetrator(s) breath?

Yes = 1

No = 2

Don't know = 3

Declined = 4

32. Was the perpetrator/ Were the perpetrators under the influence of alcohol/ drunk at the time of the assault?

Yes = 1

No = 2

Don't know = 3

Declined = 4

33. Did it look like the perpetrator(s) was/were under the influence of drugs at the time of the assault?

Yes = 1

No = 2

Don't know = 3

Declined = 4

34. If yes, what drug?

35. Had you been drinking before the assault/assault?

Yes = 1

No = 2

Don't know = 3

Declined = 4

36. Were you under the influence of alcohol/drank at the time of the assault/assault?

Yes = 1

No = 2

Don't know = 3

Declined = 4

37. Were you under the influence of drugs at the time of the assault?

Yes = 1

No = 2

Don't know = 3

Declined = 4

38. If yes, what drug(s)?

Not applicable = 0

Yes = 1

No = 2

Don't know = 3

Declined = 4

39. Did you report the assault to the police?

Not applicable = 0

Yes = 1

No = 2

40. If yes, how satisfied were you with the way the police managed your complaint?

Not applicable = 0

Satisfied = 1

Dissatisfied = 2

41. If no, why did you decide not to report the assault to the police?

42. Other than this assault, have you ever been assaulted before?

Yes = 1

No = 2

Declined = 3

43. If yes, how old were you?

#1 _____

#2 _____

#3 _____

APPENDIX 6 – Afrikaans version of the Multidimensional Trauma Resiliency and Recovery Interview (MTRRI)

Multidimensionele Trauma Herstelling en Veervermoë Onderhoud (MTHVO)

Ek wil graag begin deur 'n paar vrae aan u te stel omtrent jou geskiedenis. Kan jy asseblief begin deur my van jou kinderdae te vertel. Begin so vroeg soos wat u kan onthou en baan die weg deur u tienerjare – amper asof u die verhaal van u lewe vertel of u eie outobiografie skryf.

Peil / Onderzoek een of twee spesifieke herinneringe as die persoon net oor die algemeen gesels.

Peil vir positiewe of negatiewe herinneringe as een of die ander afwesig is.

- 1. Nou as u kan, vertel my asseblief omtrent 'n pynlike of traumatise ondervinding van die jare wanneer u grootgeword het.**

Peil: Soos benodig vra: “Was daar ander gebeurtenisse in jou kinderdae of tienerjare wat pynlik of traumatise was?” En neem in ag die deelnemer se herrineringsvermoe en vermoë om toegang tot traumatise gebeure van kinderdae en adolessensie te kry en oor te vertel.

Peil: Ervaar jy emosies of gevoelens wanneer jy voorvalle soos hierdie (bogenoemde) herroep? Byvoorbeeld, onthou jy wat jy op daardie tydstip gevoel het, of ervaar jy eintlik weer daardie gevoelens en emosies wanneer jy die gebeure herroep?

- 2. Nou, kan jy my omtrent jou volwasse lewe vertel –soos byvoorbeeld wat jy doen of gedoen het wat jou werk situasie betref, wie is en was die belangrike persone in jou lewe; en enige ander voorvalle wat besonder betekenisvol vir jou was, goed of sleg. Onderzoek die volgende domeine as toepaslik, laat toe dat die persoonlike vertelling die orde van ondersoek bepaal.**

❖ **Vermoë** om 'n samehangende en deurlopende lewensverhaal te vertel.

Peil: Is daar enige gapings in jou geheue, enige lang periodes wat verlore of besonder vaag daar uitsien, vir selfs weke, maande of jare?

Peil: Kan jy oor die algemeen onthou wat gebeur van dag tot dag? Is jy geneig om onlangse gebeurtenisse maklik te vergeet?

❖ **Werk geskiedenis**

Peil: Kan die persoon effektief gedurende spanningsvolle tye werk, gebruik sy haar werk om van beangstigende gevoelens te vlug of om verhoudings te vermy, ensovoorts. Is die persoon betrokke met betekenisvolle werk? Gebruik die persoon werk op 'n positiewe wyse (bv, vir struktuur, roetine, finansiële selfonderhoudend, selfrespek)?

❖ **Familie verhoudings**

Peil: Het die persoon voortdurende verhoudings met familie van oorsprong/ herkoms? Het die persoon 'n familie van haar eie gestig, of 'n vriendskap netwerk wat funksioneer as 'n familie (en onderskei van vriendskappe in die algemeen).

Aansporing: Is daar familieledede – of vriende wat jy voel is soos familie op wie jy weet jy kan staatmaak? Is dit moontlik vir jou om oor intieme en belangrike dinge met lede van jou familie/gesin te gesels?

❖ **Romantiese en seksuele verhoudings**

Peil: Maak seker om die kwaliteit van verhoudings te ondersoek – liefdevolle, mishandeling, ensovoorts. As die deelnemer erken dat sy seksueel aktief is, peil vir informasie oor haar vermoë om te onderhandel en veilige en konsensuele seksuele praktyke te beoefen, of neiging om deel te neem aan willekeurige en uitbuitende seksuele gedrag.

Peil: Is dit in orde as ek jou ondervra oor seks? Soos wat is seks vir jou? Is seks iets wat jy oor die algemeen geniet, of voel jy somtyds angstig of ongemaklik oor seks? Vrees of vermy jy somtyds seks?

❖ **Sosiale lewe en kwaliteit van vriendskap**

Peil: Het die persoon durende en intieme vriendskappe?

Aansporing: Het jy vriende op wie jy kan staatmaak en weet hulle kan op jou staatmaak? Het jy vriende met wie jy intieme en belangrike dinge kan deel? Weet jou vriende van jou trauma geskiedenis?

Aansporing: Sluit jou vriende beide mans en vrouens in? Is jy ewe gemaklik met mans sowel as vrouens?

Aansporing: Sluit jou vriende, persone in wat dieselfde tipe ervarings ondervind het soos joune? Spandeer julle tyd deur met mekaar te praat oor hierdie ervarings? Praat julle ook oor ander dinge?

❖ Verhoudings Oor Die Algemeen

Peil mag dinamika van verhoudings.

Aansporing: Het jou verhoudings die neiging om gelykstandig te wees of het iemand gewoonlik die oorhand? Is jy bevoeg om te vra vir wat jy van 'n verhouding verwag of benodig? Is jy gemaklik daarmee om "nee" te sê, wanneer nodig?

Aansporing: Het jy probleme om mense vertrou? Is jy ooit te betroubaar (vertrou anders te veel)?

Aansporing: Is daar wyses waar jy na ander mense omsien? Is daar wyses waar ander mense na jou omsien?

Aansporing: Was jy al ooit in 'n verhouding met iemand wat jou mishandel het? Het ander mense al ooit bekommerd geraak oor jou persoonlike welsyn gedurende 'n verhouding met iemand?

Aansporing: Bekommer jy jou ooit oor jou woede/boosheid in verhoudings? Was jy al ooit emosioneel, fisies, of seksueel beledigend (mishandel) teenoor enigeen?

3. Was daar enige verandering in die aard of kwaliteit van jou verhoudings oor 'n tydperk?

Peil: Eksplorieer veranderinge van die verskillende tipe verhoudings, byvoorbeeld, met vriende, romantiese maats, familie van afkoms, ensovoorts.

Vir tweede en ander opvolg onderhoude, vra ook: "Was daar enige verandering in die aard of kwaliteit van jou verhoudings sedert ek laas onderhoude met u gevoer het?"

4. Nou wil ek graag hê u moet my vertel van, indien moontlik, van 'n pynvolle of traumatise ondervinding wat u ervaar het as 'n volwassene.

Aansporing: Wanneer jy pynvolle gebeurtenisse soos hierdie herroep, ervaar jy enige gevoelens? Byvoorbeeld onthou jy wat jy op daardie tydstip gevoel het, of ervaar jy werklik weer die gevoelens wanneer jy die gebeurtenisse herroep?

5. U het my van sommige baie pynvolle ervarings – [verwys na die pynvolle kinderdae en volwasse ondervindinge wat die persoon jou vertel het.] Spring herinneringe van bogenoemde/ hierdie of ander pynvolle gebeurtenisse ooit in jou gedagtes en verhoed dit jou daarvan om aan iets anders te dink of doen? (Indien ja, ondersoek hoe gereeld en hoe onlangs.)

Aansporing(indien geskik): Wanneer dit gebeur, is daar dinge wat jy doen om jou aandag te probeer af lei of om jou te help om van daardie herinneringe weg te kom? Werk dit?

Aansporings: Het jy verskillende gevoelens op die oomblik soos jy nou terugkyk op hierdie gebeure? Wanneer jy gebeure herroep wat jy eens op 'n tyd skrikwekkend gevind het, het jy ooit verrassende reaksies, soos om te lag?

Aansporing: Het jy ooit die sensasie gehad dat iets verskrikliks wat in die verlede met jou gebeur het besig was om weer te gebeur?

Aansporing: Raak jy ooit so ontsteld of oorweldig deur 'n herinnering dat jy nie rêrig kan funksioneer of werk toe gaan nie?

6. Het jy enige verandering oor wat jy onthou oor jou verlede of oor hoe jy dit onthou – soos hoe duidelik, of met hoeveel besonderheid / detail ervaar? (Weereens, as dit 'n tweede of ander opvolg onderhoud is, vra oor veranderinge sedert die laaste onderhoud.)

7. Is daar wyses wat jy dink die pynvolle of traumatiese gebeurtenisse wat jy ondervind het jou daaglikse lewe affekteer?

Aansporinge: Ervaar jy ooit 'n probleem met slaap? Het jy ooit nagmerries?

Aansporinge: Hoe sal jy jou eetgewoontes beskryf? (Peil beide depressief verwante aptyt hindernisse en eetsiektes)

Aansporinge: Word jy gou skrik op die lyf gejaag? Voel jy gereeld “op jou hoede” asof jy uitkyk vir moontlike gevare?

Aansporinge: Het jy enige traumatiese of rêrig skrikwekkende gebeurtenisse as 'n volwassene wat soortgelyk is aan dinge wat vroeër met jou gebeur het?

Aansporinge: Is daar dinge wat jy doelbewus vermy om te verhoed dat jy jouself ontstel? (Peil, indien ja, vra: Meng dit in met jou lewe?)

Aansporing: Was alkohol of dwelms ooit 'n deel van jou lewe?

8. Watter tipe dinge doen jy om dinge te hanteer of beheer wanneer jy spanningsdruk ervaar of angstig raak?

Aansporing: Is daar enige aktiwiteite wat jy doen vir genot of ontspanning of om jou van spanningsdruk te verlig?

Aansporing: Is daar ander dinge wat jy doen, soos groepe waarvan jy deel is, wat jou help om beangstigende gedagtes en gevoelens te hanteer?

9. Het jy die manier waarop jy jou angstigheid beheer of jou probleme hanteer verander? Onderzoek veranderinge sedert die laaste onderhoud.

10 Nou wil ek graag vir jou/u 'n paar vrae vra oor jou gevoelens/emosies en hoe jy/u dit hanteer. Wat is jou normale bui- dit wil sê hoe voel jy gewoonlik?

Aansporing: Is jy iemand wat baie verskillende gevoelens – soos gelukkigheid, droefheid, woede, vrees, opgewondenheid, en nuuskierigheid—of is daar emosies wat jy nie ervaar/voel nie?

Aansporing: Voel jy dikwels hartseer? Angstig of paniekerig? Beskaamd? Skuldig? Kwaad (Peil spesifieke emosies indien toepaslik). Is jy 'n emosionele persoon? Het jou gevoelens 'n neiging om intens te wees? (Peil vir 'n spesifieke voorbeeld).

Aansporing: Is daar enige gevoelens wat veral moeilik is om te hanteer? Byvoorbeeld, is dit moeilik vir jou om kwaad te voel? Of om gelukkig of hoopvol te voel? (Peil hoe die persoon dié hanteer, vra vir spesifieke voorbeelde)

Aansporing: Ondervind jy ooit probleme om te weet wat jy voel? Byvoorbeeld is daar tye wat jy opgehits voel, maar nie presies weet wat die gevoel is nie?

Aansporing: Ondervind jy periodes wat jy nie veel voel nie of jy voel net dood? Sluit jy oënskynlik jou emosies somtyds net af?

Aansporing: Het jy ooit intense emosies of eienaardige liggaamlike sensasies wat net uit die bloute gebeur ervaar?

11. Was daar enige veranderinge in wat jy voel, hoe intens jy dinge voel, of jou vermoë om moeilike/ ingewikkelde emosies te hanteer? (Indien toepaslik, ondersoek wat het verander en wat die veranderinge veroorsaak het.) (Weereens vra oor veranderinge sedert die laaste onderhoud).

12. Nou wil ek graag vir u/ jou 'n paar vrae vra oor hoe jy sien, voel oor, en na jouself omsien. Begin met gevoelens. Hoe voel jy in die algemeen oor jouself? Verander jou gevoelens oor jouself in 'n groot mate (baie) van dag tot dag of van oomblik tot oomblik?

Aansporing: Beskou jy jouself as verskillend of spesiaal op enige wyse, of positief of negatief? (As die deelnemer lae selfbeeld het, peil vir ervarings van self as uitlander, euwel/bose of beskadig.)

Aansporing: Voel jy basies konstant of heel as 'n persoon, of voel jy soms asof die verskillende dele van jou nie bymekaar pas nie? Het jy ooit 'n ander naam gebruik of verskillende name aan verskillende dele van jouself gegee? Voel jy ooit asof jy meer as een persoon is? Het jy 'n neiging om geheime te hou, of hard te werk om verskillende dele van jou lewe apart te hou?

Aansporing: Voel jy ooit asof jy jou liggaam verlaat of voel jou liggaam vreemd of onrealisties?

Aansporing: Bly jou verwagtings of doelwitte min of meer dieselfde van week tot week, of verander hulle dikwels?

Aansporing: Hoe voel jy oor jouself as vrou?

Aansporing: Hoe voel jy oor jou liggaam? Pas jy jouself en jou liggaam goed op, of is daar wyses wat jy dit nie doen nie?

Aansporing: Wat is die toestand van jou fisiese gesondheid? Ervaar jy gereeld hoofpyne, rugpyne, rêrig gespanne spiere, of maagpyne? Soek jy mediese hulp wanneer jy dit benodig? Wag jy ooit te lank voordat jy 'n dokter sien?

Aansporing: Het jy ooit 'n drang om jouself seer te maak, soos om jouself te sny of te brand? Het jy tattoëermerke, of het jy dele van jou liggaam behalwe jou ore laat deursteek? Neem jy ooit onnodige risikos, soos om gevaarlik te ry en om alleen in gevaarlike areas van die stad te loop wanneer dit nie nodig is nie, of om huistoe te gaan met vreemdelinge wat jou seer kan maak. Bevind jy jouself somtyds in situasies wat verkleinerend of vernederend voel?

13. Het jou gevoelens oor jouself, die wyse wat jy jouself sien, of die wyse waarop jy jouself behandel of jou liggaam op enige manier verander?

**14. Voel die lewe betekenisvol vir jou? Het dit ooit sonder mening gevoel?
(Indien toepaslik, peil vir besonderhede oor intensiteit en deurdringendheid.)**

Aansporing: Wat maak lewe betekenisvol vir jou?

Aansporing: Is daar mense of groepe wat mening tot jou lewe gee- mense met wie jy 'n sin van gemeenskaplike doelwitte en waardes deel? Voel jy asof jy deel is van 'n groter gemeenskap? Is jy betrokke by enige gemeenskaplike groepe, aktiwiteite of goeie sake?

Aansporing: Beskou jy jousef as 'n godsdienstige of geestelike persoon? (Indien ja) Is godsdienstige of geestelike praktyke 'n belangrike deel van jou lewe?

Aansporing: Is jy betrokke by enige kreatiewe belange wat jou lewe 'n doel en mening gee?

15. Hoe jy verstaan jy die pynvolle en traumatiese ervaring/s van jou lewe?

Aansporing: Wie of wat dink jy is verantwoordelik vir wat gebeur het?

Aansporing: Tot watter mate draai jou lewe nou om hierdie ervarings?

Aansporing: Sien die wêreld nou 'n gevaarlike plek vir jou? Skei die manier waarop jy die wêreld sien jou ooit van ander mense of veroorsaak dit ooit dat jy alleen voel?

16. Het jou begrip van hierdie ervarings oor tyd verander? Sien die lewe meer of minder betekenisvol soos dit gewees het? (Weereens vra oor veranderinge sedert die laaste onderhoud.)

17. Hoe voel u omtrent die toekoms?

Aansporing: Is jy hoopvol oor hoe jou lewe sal verloop? Wat sien jy jousef doen oor die volgende paar jaar? Is jy hoopvol oor die wyse waarop jou lewe of die lewens van ander mense sal ontvou?

Aansporing: By hierdie punt in die onderhoud moet die persoon wat die onderhoud voer bronne van mening en hoop en hantering wat taamlik individueel kan wees. Ondersoek deur te vra byvoorbeeld omtrent die belangrikheid van geliefkoosde troeteldiere, die rol van rituele, die betekenis van ouerskap, die belangrikheid van mediteer, geestelike en/of godsdienstige praktyke en die deel wat humor mag speel in die persoon se pogings om sin te maak van die verlede en om vorentoe te beweeg tot 'n meer hoopvolle toekoms.

Afsluitings Vraag: Ek waardeer die tyd wat jy afgestaan het om hierdie vrae te beantwoord. Hoe voel jy/u oor die onderhoud, hoe was die ervaring? Is daar enige

ander moeilike areas of sterk punte wat ons nog nie oor gesels het nie? Is daar enigiets wat jy/u wil byvoeg, of enigiets wat jy/u wil vra?

Sluit die onderhoud af deur die deelnemer te bedank, deur 'n geleentheid vir enige vrae in die toekoms aan te bied en vir haa te verseker van die waarde van haar bydrag aan jou work, aan die veld van navorsing en ander persone wie ook traumatiese ondervindinge ervaar het.

Assesseer geestelike status en emosionele welstand van persoon wat ondervra word, bide ondersteuning aan en, indien nodig, voorsien toepaslike verwysings en nabehandel.

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