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By

DE VILLIERS, Derika

University of Limpopo
(Medunsa Campus

Adult Rape Survivors' Experience of Self-Disclosure to Significant others at Mamelodi Hospitals Crisis Centre

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ADULT RAPE SURVIVORS' EXPERIENCE OF SELF-DISCLOSURE TO SIGNIFICANT

OTHERS AT MAMELODI HOSPITAL CRISIS CENTRE

Submitted by

DERIKA DE VILLIERS

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DECLARATION OF AUTHENTICITY

I, Derika de Villiers (201220183), hereby declare that this dissertation submitted to the University of Limpopo, for the degree of Masters in Science in Clinical Psychology has not previously been submitted by me for a degree at this or any other university, that it is my work in design and in execution and that all material contained herein has been duly acknowledged.

Derika de Villiers

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ABSTRACT

This study explored adult rape survivors' experience of self-disclosure to significant others at Mamelodi Hospital Rape Crisis Centre. Rape is a worldwide phenomenon that is reported daily, drawing attention to its devastating effects on rape survivors, their families and communities. A qualitative exploratory descriptive research design was employed. The researcher chose to utilise purposive sampling for this research study whereby individuals who experienced a rape and who were seeking treatment at the Mamelodi Hospital Rape Crisis Centre were interviewed on their experiences of self-disclosure to their significant others. An in-depth face-to-face semi-structured interview was utilised to collect data from the eight participants who participated in the research study. Data was analysed through content analysis following the Tesch Model of content analysis (Creswell, 1994). Results indicated that that five of the participants chose to disclose their rape experience to their mothers, four participants chose to disclose to their boyfriends and six participants chose to disclose their rape experience to their best friends. The motivating factors that encouraged disclosure were trust and a close emotional relationship. Although seven of the participants feared judgement and blame from their significant others, the motivating factors was seen as a stronger contributing factor for their disclosure. The participants also indicated that they were very apprehensive about the feedback they anticipated to receive if they would disclose their rape experience to others in their community and feared judgement, blame and stigmatization from them. Further results from this research study indicated that three

primary motivations exist for disclosure: to gain emotional support from their significant others, followed by a need to explain their whereabouts during or after the event and help-seeking. Data from the participants that were interviewed revealed that positive feedback such as emotional support from significant others about their rape experience reinforced participants' positive view of self and motivated them to disclose to more individuals in order to obtain emotional support. Negative support such as blame, judgement and pity lead to a negative view of self but did not inhibit future disclosures. Participants who received negative feedback said they were still motivated to disclose their rape experience to other individuals with the hope of gaining emotional support.

Keywords: rape survivors, self-disclosure, significant other

"The last thing I want to be known as is 'The girl who got raped'. The big turnaround you make in your head is from victim to survivor"

- Tori Amos

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Chapter One: Introduction

Introduction

Rape is a worldwide phenomenon that is reported daily, drawing attention to its devastating effects on rape survivors, their families and communities. The topic was chosen as the researcher is passionate about working with rape survivors. The researcher previously conducted research on the cultural interpretations of traumatic events and Posttraumatic Stress Disorder symptoms amongst isiXhosa speaking adults, and the sample consisted of rape survivors. The researcher realised that some of the rape survivors did not want to disclose their rape experience to their significant others and this factor influenced the progress they were making in their treatment. This realisation sparked the researcher's interest in researching rape survivors' experience of disclosure to significant others in order to gain an understanding of who rape survivors choose to disclose their rape experience to, their motivation for doing so, and how they valued the outcome of their disclosure.

The researcher chose to conduct her data collection at the Mamelodi Rape Crisis Centre as she previously built relationships with the Rape Crisis Centre in Port Elizabeth, and both these centres are part of the Thuthuzela Care Centres around South Africa at various public hospitals. These centres act as a one-stop facility led by the National Prosecutors Association's Sexual Offences and Community Affairs Unit (SOCA), aiming to reduce secondary victimisation, improve on conviction rates, and increase support for rape survivors. These rape crisis centres bring together needed services in one facility by providing medical examinations by a doctor and nurses, the opening of a case by a South African Police Services officer and the investigation of the case, counselling services from lay counsellors,

as well as a prosecutor to assists in convicting the offenders. The researcher was aware how these centres operated and thus chose to conduct her research at the Mamelodi Rape Crisis Centre in Pretoria. The following section will provide a brief introduction to the topic.

Research results indicate that South Africa is in a rape crisis (Rape Crisis, 2003). It is indicated that 66 196 sexual offences were reported during 2011, which is an increased of 0.2% in reported cases since 2010 (South Africa Police, 2011). According to a research study conducted by Jewkes, Sikweyiya, Morrell and Dunkle (2009) on the interface of rape and HIV in South Africa, findings indicated that rape is a common occurrence in South Africa.

Jewkes and her co-workers (2009) did a cross sectional survey on the link between HIV and rape amongst adult men between the age of 18 and 49 years in the Eastern Cape and Kwa-Zulu Natal provinces in South Africa. Results from this study indicated that 27.6% of the men have raped a woman and 2.9% have raped other men or boys. Attempted rape was reported by 16.8% of men and 5.3% have raped someone in the last 12 months. Nearly half (46.3%) of the men who raped, had raped more than one individual, with 7.7% of this group reported to have raped more than ten individuals (Jewkes et al., 2009). According to Ullman (2010), sexual assault is considered one of the traumas mostly associated with Posttraumatic Stress Disorder, which highlights the need for research in this field.

An international research study conducted in America by Ahrens (2006) focused on examining the impact of negative social reactions on the disclosure of rape by rape survivors. This study identified three routes to non-disclosure. First, negative reactions from professionals left survivors unsure of whether future disclosures would be effective. Second, negative reactions from friends and family reinforced feelings of guilt and self-blame. Third, negative reactions from either sources mentioned above reinforced doubt about whether their experiences qualified as rape.

International research suggested that supportive reactions to the rape survivor when disclosing their rape reaffirmed self-worth, while negative reactions by authorities and significant others increased feelings of shame and isolation and had a direct link to Posttraumatic Stress Disorder symptoms (Jacques-Tiura, Tkatch, Abbey & Wegner, 2010). The research conducted by Ahrens (2006) and Jacques-Tiura et al. (2010) illustrated that many rape survivors choose not to disclose their rape to others due to the fear of negative reactions. According to Rape Crisis (2003), in South Africa, many individuals do not disclose their rape which influences the accuracy of the crime statistics. The crime statistics produced by the South African Police Services (2003) already show shocking numbers of individuals who experience rape each year not even taking into account those that experience a rape but never disclose the experience.

It is important to conduct research on the topic of rape disclosure in order to help the survivors that experience this trauma, as well as to help the professionals who provide services for these rape survivors, be better prepared for post-rape interventions. This research can assist in gaining knowledge on the impact of rape disclosure, and the effect this disclosure may have on the consequences that rape victims experience. In South Africa there are many Rape Crisis Centres that seek to offer assistance to individuals that experience rape. However, these services are only utilised when the survivors disclose the traumatic event to professionals or significant others who direct them to the centres in order to obtain help. This help could be in the form of medical examinations, police reports of the crime, and counselling services to deal with the trauma.

International research on rape indicated that social support and network responses can be seen as strong buffers to the effect of trauma, especially rape trauma (Charuvastra & Cloitre, 2008; Ullman, 2010). According to Fisher, Diagle, Cullin and Turner (2003) in their

review on previous research studies that focused on rape disclosure, rape survivors were more likely to disclose their experience to family and friends than to authorities. However, in another study Fisher et al. (2003) found that disclosures were highest amongst individuals seeking counselling or medical treatment after the rape. Therefore, a discrepancy exists between previous studies conducted regarding whether rape survivors are more likely to disclose their rape to family and friends or to professionals who lends help-seeking services to the survivors.

Another research study by Littleton, Axsom, Breitkopf and Berenson (2006) investigated disclosure of rape. This revealed that sexual assault disclosure was lower in woman who did not self-identify as victims of rape but rather gave the experience a more benign label, such as a miscommunication. From the research studies discussed above it is evident that there are many reasons why rape survivors either disclose their rape to authorities or family, why they may choose not to disclose their experience, and that this choice has an effect on their well-being.

Most research on disclosure of rape victims focused on disclosing to authorities. Thus, a gap exists in investigating rape survivors' experience of disclosing to significant others, the reasons for disclosing to certain significant others, as well as the outcome of the disclosure. Ahrens (2006) stated that the experience of rape survivors who have been silenced due to negative reactions, or rape survivors not disclosing at all, have remained largely unexamined. The researcher hence endeavoured to do research on this topic as this study would bridge that gap that exists in the literature.

Motivation for the Research Study

When looking at the crime statistics by the South African Police Services it becomes evident that there is a high occurrence of rape in South Africa (South Africa Police Services, 2011). Not all rape survivors disclose their status, which influences the accuracy of crime statistics. Non-disclosure also influences attempts by mental health services providers to address this crisis through support for the survivors in terms of physical examination, counselling and possible prosecution of the perpetrators. Rape is a traumatic experience that may lead to Posttraumatic Stress Disorder. The experience of rape survivors disclosing to significant others have not been researched in South Africa, and thus a gap exists in the literature which needs to be explored. The researcher not only wanted to add to her knowledge regarding dealing with rape survivors in South Africa as a future clinical psychologist, but also wanted to add to the existing knowledge base for other professionals and counsellors who deal with these individuals both in the Public and Private sectors.

Primary Aim and Objectives of the Research

The aim of the research study was to explore and describe adult rape survivors' experiences of self disclosure to significant others at the Mamelodi Hospital Crisis Centre. The objectives were as follows:

1. To explore and describe to whom and to which significant others rape survivors disclose their status.

2. To explore and describe why rape survivors disclose to these particular individuals.

3. To explore and describe the outcome of the disclosure to significant others.

Defining Key Concepts

The following section gives a brief summary to clarify the key concepts relevant to this study:

Disclosure. One of the earliest definitions of disclosure was formulated by Jourard (1971) as he conceptualised disclosure on a verbal as well as non-verbal level of expression. He stated that "disclosure is the act of making yourself manifest, showing yourself so that others can perceive you" (p.19). Jourard's understanding of disclosure was of making information known to another that was not previously known before in order to illustrate the true self.

Rape victims versus survivors. Individuals who experienced a rape are generally referred to as 'survivors' or as 'victims'. The researcher decided to refer to these individuals as rape survivors in order to emphasise their physical survival of this traumatic event, even though the psychological consequences may still linger for numerous years. The researcher chose to use a positive connotation when referring to individuals that experienced this traumatic event.

Significant others. Significant others can be conceptualised as individuals who are subjectively important to an individual. For instance, family or friends would be considered significant others.

Chapter Outline

Chapter two deals with rape, disclosure of rape and the different models that have been described and researched by scholars in the field over the recent past. The first section of this chapter will define rape in South Africa, and explore the prevalence and research findings of rape internationally and nationally. The second section of this chapter will focus on the theoretical approaches that were used by researchers in the field who focused on rape and rape disclosure. The last section of this chapter will explore the different models used by researchers to understand rape disclosure. These models include the Fever Model of Disclosure, the Disclosure Process Model, the Disclosure Decision-Making Model (DD-MM), and the Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR).

Chapter three provides an overview of the research design and methodology that was utilised in this study. This chapter will include a synopsis of the research methodology with a specific focus on the research design, participants and sampling procedure, method of data collection, research procedure, data analysis and ethical considerations.

Chapter four presents the results in accordance with the research aim and objectives of the research study. Using a qualitative research design as a framework for this study, the researcher utilised content analysis to analyse the data. Several relevant themes were identified based on the information conveyed by the participants and are presented in this chapter.

Chapter five provides a discussion of the results of this research study. The results are discussed in relation to previous studies conducted in this topic. The limitations of the study and recommendations for future research are then described.

Chapter Two: Literature review

Introduction

This chapter deals with rape, disclosure of rape and the different models that have been described and researched by scholars in the field over the recent past. The first section of this chapter will define rape in South Africa and explore the prevalence and research findings of rape both nationally and internationally. The second section of this chapter will focus on the theoretical approaches that researchers in the field used to focus on rape and rape disclosure. The last section of this chapter will explore the different models used by researchers to understand rape disclosure. These models include the Fever Model of Disclosure, the Disclosure Process Model, the Disclosure Decision-Making Model (DD-MM) and the Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR).

Defining Rape

Rape is a universal phenomenon and has received widespread attention globally and nationally in South Africa. The law prescribes what constitutes rape in any given country. Defining rape is however a difficult task as definitional elements of rape differs around the world to reflect different attitudes towards the crime of rape. Thus no international definition of rape exists. In the context of South Africa, rape is defined in The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 as "…an act of sexual penetration with another person without the latter's consent…" (Snyman, 2008, p. 355).

Sexual penetration is conceptualised in the Act as:

any act which causes penetration to any extent whatsoever by (a) the genital

organs of one person into or beyond the genital organs, anus, or mouth of

another person; (b) any other part of the body of one person, or any object,

including any part of the body of an animal, into or beyond the genital

organs or anus of another person; or (c) the genital organs of an animal, into

or beyond the mouth of another person (Snyman, 2008, p.358).

Previously rape was defined as "unlawful intentional intercourse by a male with a

female without her consent", ignoring gender-related issues that became evident through

research, and case studies that highlighted that males can also be raped and that rape is not

limited to the experience of females or to so-called intercourse (South African Law

Commissions, 2002, p.125). The new Amendment Act was passed in December 2007 and

included all genders as possible victims of rape, as well as sexual penetration with an

inanimate object or animal genitalia.

Nevertheless, a broad common understanding of rape can be produced by reviewing

psychological literature, and rape can be conceptualised as forced, unwanted sexual

intercourse that is sometimes also referred to as sexual assault (Womersley & Maw, 2009).

According to Alarape and Lawal (2011), rape can take many forms; it can be forced

intercourse through the vagina, anus or mouth.

From a psychiatric perspective, Sadock and Sadock (2007) defined rape as "a forceful

coercion of an unwilling victim to engage in any sexual act" (p.882). Rape is an act of

violence and humiliation that happens to be expressed through sexual means. According to

Alarape and Lawal (2011), rape is primarily about power, not sex, as a perpetrator or rapist

uses force or violence – or the threat of it – to take control over another, their victim. With

the above conceptualisation of rape, the next section will focus on differentiating the types of rape.

Types of Rape

The following section will explore the various types of rape within the framework provided above. The types of rape include child and infant rape, elderly rape, intimate partner rape, male-to-male rape, and gang rape.

Child and infant rape. Child and infant rape commonly receive attention in the media and are increasingly being recognised as a global health problem (De Witt, 2009; Jewkes, 2007). The rape of children is defined as statutory rape and understood as the rape of a minor or child who cannot legally give consent. According to the Children's Act, no.38 of 2005, a child is a person under the age of 15 years (Children's Act, 2005). According to Pitcher and Bowley (2002), growing evidence supports the belief in the myth that intercourse with an infant or young child will rid the perpetrator of HIV/AIDS or other sexually transmitted infections.

Elderly rape. According to Burgess and Morgenbesser (2005), research on rape of elderly individuals has been neglected by researchers, therefore making it difficult to report on the prevalence rate, physical and psychological consequences these victims experience. Burgess, Commons, Safarik, Loop and Ross (2007) investigated clinical studies and reported that results suggested that rape of the elderly ranged between 2% and 7% of all reported rape cases in the United States of America. The elderly are seen as a vulnerable population.

According to the above-mentioned research study conducted by Burgess et al. (2007) on convicted rapists of the elderly, results indicated that different motives drive perpetrators to commit this crime. First, these authors found that most perpetrators were opportunistic offenders and commit this crime impulsively. Second, they found that other perpetrators used force and violence and were regarded as falling into the pervasive anger group. Individuals from this population may not disclose rape due to the power dynamics of caregivers being the perpetrators of the rape of the elder, or others that elders are dependent on in, for example, nursing homes (Burgess, Dowdell & Brown, 2000).

Intimate partner rape. Intimate partner violence is considered to include physical and sexual violence, threats of violence, or psychological and emotional abuse by an individual's intimate partner. Intimate partner rape is distinguished by the act of sexual penetration without consent by an individual's intimate partner (Jewkes, Sikweyiya, Morrell & Dunkle, 2009). Intimate partner rape is seen as a pervasive form of gender-based violence and, according to Fox (2007), various research studies conducted in South Africa revealed a high prevalence rate of sexual violence by intimate partners.

Jewkes et al. (2009) reported that research done in South Africa in the Eastern Cape and KwaZulu-Natal provinces in 2008 revealed that 42% of men had been physically violent towards their intimate partner, and 14% of this sample of men between 18 and 49 years had committed intimate partner rape. According to the National Intimate Partner and Sexual Violence Survey conducted in the United States in 2010, 51% of females reported being raped by an intimate partner (Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011).

Male-to-male rape. Male-to-male rape has been largely overlooked by society (Willis, 2008). The extent of literature on this type of rape is limited as a result of previous

laws not recognising this as a legitimate type of rape. According to South African common law, a male could not be raped by another male. However, in 2007 the common law definition of rape was extended to include rape of a male by another male. Therefore, some researchers have started to investigate and explore male-to-male rape (Snyman, 2008). Research by the Medical Research Council in South Africa reported that one in 10 men in the Eastern Cape and KwaZulu-Natal have been sexually assaulted by another male in 2008 (Mathews, Loots, Sikweyiya & Jewkes, 2012).

According to the National Intimate Partner and Sexual Violence Survey in the United States, one in 71 men have experienced rape (Black et al. 2011). Willis (2008) conducted a research study on male-to-male rape in the form of a case study and concluded that men often do not disclose their rape to authorities or mental health professionals. The author postulated that this was due to guilt, embarrassment and fear of being blamed. It is stated that men worldwide are expected to be in charge, powerful and fearless, which makes rape survivors experience powerlessness, a sense of fear and weakness.

Gang rape. Gang rape is the rape of an individual by two or multiple perpetrators. Vetten (2004) conducted research on gang rape in South Africa and found that more than one third of woman who reported being raped in South Africa had been gang raped. Vetten and Haffejee (2005) researched gang rape in South Africa during 1999 and focused on the inner-city of Johannesburg. These authors suggested that gang rape might be used as a form of punishment by friends or acquaintances of men whose girlfriends are suspected or known to have other partners. Alternatively it is suggested that gang rape may be used to put 'unattainable' woman in their place, or that it may serve as an act of initiation into a gang. Results from the abovementioned research study concluded that, in 588 of the 591 cases of gang rape investigated, two or more perpetrators were involved in the rape. Recent research

on gang rape in South Africa is limited and only the above-mentioned research study was found in the literature on this topic.

The following section of literature will explore research on rape myths that have been found to have influenced individual perpetrators' perceptions about rape.

Rape Myths

Burt (1980) coined the phrase 'rape myths' and defined this phrase as "prejudicial, stereotyped, or false beliefs about rape, rape victims and rapists" (p. 217). Examples of rape myths include 'only bad girls get raped', 'woman ask for it', or 'men can't get raped' (p. 217). Rape myths not only influence the individual's definition of rape but also the subjective meaning they attach to the experience, and the likelihood of the experience being reported.

Further research conducted by Burt (1980) resulted in consolidating rape myth beliefs into three categories. The first category is that only a certain type of woman is raped. The second category is that woman who were raped must have behaved inappropriately. The third category is that only crazy men rape. Lonsway and Fitzgerald (1994) reviewed rape myths and argued that rape myths are false beliefs that are widely held and included phenomena which serve to justify existing cultural beliefs. These authors argued that the acceptance of rape myths serves distinct functions. First, rape myths may serve to protect individuals and society from confronting the reality of rape by shifting the blame from the perpetrator to the victim. Second, rape myths support the notion of a 'just world'. This is a phenomenon where there is an inherent belief that good things happen to good people and

bad things happen to those who deserve it. Finally, rape myths commonly function to oppress and socially control woman (Lonsway & Fitzgerald, 1994).

Bohner, Siebler and Raaijmakers (1999) questioned why woman accept rape myths when these myths are essentially sexist and anti-victim. They found that rape myths function as a psychological buffer against one's perceived vulnerability towards the threat of rape. Heath, Lynch, Fritch, McArthur and Smith (2011) conducted research on rape myth acceptance amongst incarcerated woman in the United States. They found that one third of the women believed that others would hold them responsible for the rape, and that this belief influenced their willingness to disclosure.

Another research study was conducted in the United States by Hammond, Berry and Rodriquez (2011). They investigated the influence of rape myth acceptance and sexual attitudes on a date rape scenario. This research indicated that rape myth acceptance was more prevalent amongst men than woman. Results from this study indicated that gender predicted judgements of responsibility were present for both parties, and this effect was mediated by the individual's degree of rape myth acceptance. This research study concluded that the pre-existing beliefs that individuals have about rape myths may influence the individual's delegation of responsibility in date rape scenarios.

Egan and Wilson (2012) conducted research in the United Kingdom on rape victims' attitudes to rape myth acceptance. Their results indicated that approximately half of the participants reported their rape to the police and half did not. Further results from this study indicated that rape victims who reported their rape had lower levels of rape myth acceptance than the individuals who did not report their rape to authorities or their social network. Lee, Kim and Lim (2010) explored rape myth acceptance among Korean College students and their results indicated that rape myths were prevalent amongst the 327 Korean College

students. Mogapi (2000) conducted research on rape myths and self-blame in South Africa, and results from this study indicated that rape myth acceptance appeared in the belief system of both lay people and professionals in South Africa. Thus rape myths are an integral part of the aetiology of rape, and may affect perceptions and attitudes towards rape and sexual consent.

Lee, Kim and Lim (2010) reported that, although the incidence of rape is a common concern in many current societies, within each society the specific components of rape myths reflect the cultural values and norms of that particular society.

Given the finding that rape myths are such important cultural mediators in the disclosure of rape, the present researcher endeavoured to consider these myths in the analysis of the current research data. The next section will explore the prevalence of rape and previous research studies that investigated rape, disclosure and the effects, classifications and outcomes of the two concepts of rape and rape disclosure.

Prevalence of Rape Internationally

Research on rape has gained popularity on an international level over the last decade, and significantly more international research studies have been conducted. According to Tjaden and Thoennes (2006), one in six women will experience rape or an attempted rape in the United States, which equates to 17.7 million women. Elliott, Mok and Briere (2004) conducted research in the United States of America on the prevalence and impact of adult sexual assault and found that 22% of woman and 3.8% of men from a sample of 941 participants have experienced rape. These authors highlighted risk factors for sexual assault, which included being female, having experienced sexual abuse in childhood, having been

divorced, and having experienced physical assault in adulthood. The same study also found that men who experienced a rape have greater trauma symptomology when compared to women who experienced a rape.

Statistics from End Violence Against Woman (EVAW) in the United Kingdom found that 40% of individuals knew a woman whose boyfriends had coerced or pressurised her to have sex (Kelly, 2007). Research on rape in the United Kingdom also indicated that the majority of perpetrators were known to the rape victim (Kelly, Lovett & Regan, 2005). Wolitzky-Taylor, Resnick, McCauley, Amstadter, Kilpatrick and Ruggiero (2011) conducted a research study in the United States on the possible rise of rape being reported to authorities. A sample of 2000 college woman participated in 2006, and results from this research study found that fewer than one in six rapes were reported to the police, which produced inaccurate statistics according to these authors. Reporting of rape continued to be at historically low levels even though the reported rape cases were on the rise as seen in research studies on the prevalence of rape.

Onyeke and Fisher (2012) conducted a study in Papua New Guinea on the patterns, problems and consequences of rape. They found that rape is also a big concern in this country and results from their study indicated that opportunistic, gang and incestuous rapes were the most prevalent. Their results also indicated that rape was associated with many negative consequences such as physical injury, pregnancy and death. Research studies conducted on the African continent have also indicated a high prevalence rate. Muganyizi, Nyström, Axemo and Emmelin (2011) conducted research in Dar es Salaam, Tanzania investigating rape victims' and supporters' experiences of barriers within the police and the health care system. They found that 23% of women have experienced intimate partner rape and that 29% of women have been a victim of stranger rape. This research study also found

that in the Mwali tradition (an ethnic group along the coast of the Indian Ocean where the research study was conducted); girls are trained for their future responsibilities as a wife. These responsibilities include becoming submissive to men. Implications for this cultural group include the negatively impact on the reporting of rape events, which is illustrated by the large discrepancy between reports to police and health care services and disclosure to the social network. Their results suggested an overall rape prevalence rate of 10% when looking at police and health care services reports, and 34% when looking at disclosure to the social network.

Esere, Idowe, Durosaro and Omotosho (2009) conducted research on the causes and consequences of intimate partner rape and violence in Nigeria. They reported that rape within marriage (forced sexual intercourse between a wife and husband) was not recognised as a crime by the Nigerian Law. Participants from this study reported that the causes of rape were rooted in the cultural framework of their society in ascribing lower status to girls and woman compared to men, thus upholding male dominance over woman. This study also reported on the consequences of rape and found that 31.7% of the women experienced physical injury, 27.27% experienced frequent headaches, 18.18% experienced sleep disturbances, 9.09% experienced excessive fear and anxiety, and 9.09% had suicidal ideations as an aftermath of their rape experiences.

Prevalence of Rape in South Africa

Exactly a decade ago, rape was acknowledged as a major public health issue in South Africa by the National Department of Health (Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams & Kim, 2003). Today, South Africa has one of the highest rates of

violence as well as rape prevalence in the world. This is the case even with the true

prevalence rate being unknown because only a small proportion of rapes are reported to the

police or disclosed to authorities (Kaminer, Grimsrud, Myer, Stein & Williams, 2008;

Jewkes, Sikweyiya, Morrell & Dunkle, 2009).

A South African research study conducted during 2008 on the interface of rape and

HIV in South Africa in two provinces (Eastern Cape and Kwa-Zulu Natal) indicated that

27.6% of the sample of men had raped a woman, and 4.6% of the men had raped in the past

year (Jewkes et al., 2009). More results from this research study indicated that a high

percentage of men (46.3%) reported multiple rapes of woman and girls, and reported higher

rates of non-partner rape than partner rape.

When looking at the multiple rape reporting from this research study, it was indicated

that 23.2% of men had admitted to having raped two to three women, 8.4% had raped four to

five women, 7.1% had raped six to 10 women, and 7.7% had raped more than 10 woman or

girls (Jewkes et al., 2009). Amongst these men, 9.8% were under 10 years old when they

first forced a woman or girl into having sex, 16.4% were between the ages of 10 and 14 years

old, 46.5% were between 15 and 19 years old, 18.6% were between 20 and 24 years old,

6.9% were between 25 and 29 years old, and 1.9% were 30 years and older when they first

raped a woman or girl. According to the abovementioned study, age, parental absence,

trauma experienced in childhood, the experience of teasing or being bullied, and other risky

sexual behaviours such as multiple partners, sex with prostitutes, and heavy alcohol

consumption were significantly associated with the likelihood to have raped (Jewkes et al.,

2009).

According to the Victims of Crime Survey conducted by Statistics SA in 2011, 27%

of South African individuals reported rape as the most feared crime compared to all other

types of crime in South Africa. This survey also reported that 38,4% of rape victims were raped by a known community member. It is reported that 33.6% of rapes occurred in a field or park, 29.8% took place at the perpetrator or victim's home while 18.5% of rapes occurred at someone else's home, and 15.2% of rapes took place in the streets outside offices or shops (StatsSA, 2011).

With both international and national statistics one must be aware that researchers who investigate the incidence of rape only have access to victims who have reported the rape to the police, crisis centres or other authorities, and that this does not account for the numerous rapes that go unreported.

Consequences of Rape

Rape is seen as one of the most severe of all traumas (Campbell, Dworkin & Cabral, 2009). Rape can profoundly affect the emotional, physical, mental and social wellbeing of victims (Christofides et al., 2003). Injuries after a rape can be visible, as in the case where force used in the rape leads to observable wounds, or invisible as in the case where the victim suffers psychological distress due to the rape.

Rape victims are at risk of developing a range of health problems as a consequence of the rape. These health problems could include sexually transmitted infections, pregnancy and related problems, depression, Posttraumatic Stress Disorder, and suicide (Campbell, Dworkin, & Cabral 2009; Payne & Edwards, 2009). According to Vickerman and Margolin (2009), many women experience post-rape adjustment difficulties which can include self-blame, lowered self-esteem, panic episodes, disordered eating, sleep problems, health problems or somatic complaints. According to these authors, some individuals may appear to

cope after the experience of a rape and therefore not seek treatment, which leads to a high risk for adverse outcomes, often more than other traumas.

Campbell, Dworkin and Cabral (2009) used an ecological framework to conduct research on how sexual assault impacts on women's mental health. This model views an individual from multiple levels in order to gain a holistic view of the person as all levels influence each other and an impact on one level will affect the other levels as well. The different levels of impact explored in this research study included the individual level, the micro-system level, the meso-system level, and the macro-system level.

The individual level refers to the relationships, beliefs, boundaries and environment that the individual is in direct contact with on a daily basis. The individual level is also influenced by the personal decisions individuals makes within those interactions (Visser, 2007). The micro-system level surrounds the individual's immediate environment and refers to the primary systems of which the individual is a part, such as the family, home, neighbourhood and work (Sincero, 2012).

The meso-system refers to the interconnectedness of various micro-systems, as well as the location of the individual and how these micro-systems communicate. The individual involved has no direct contact within the communication being done between his or her micro-systems, such as the police station and the country's legal system (Visser, 2007). Finally, the macro-system refers to race or ethnicity as well as cultural influences and how these differences impact on, for example, an individual's perception of rape.

Results from the study by Campbell, Dworkin and Cabral (2009), investigating the impact of sexual assault on women's mental health, indicated that on an individual level those with poorer pre-assault mental health suffered more from negative outcomes, such as

depression, anxiety and avoidance coping strategies. These outcomes are also characteristics of Posttraumatic Stress Disorder. This study concluded that, on a micro-system level, the support from family, friends or significant others had a positive impact on the mental health of sexual assault victims and predicted less mental distress after the event.

Campbell, Dworkin and Cabral (2009) also found that women who perceived their life to be threatened during the rape were more prone to negative outcomes, such as depression, anxiety and Posttraumatic Stress Disorder symptoms. On the meso-sytem level, the research found that women who disclosed their sexual assault to legal systems, and who received blaming and minimal help (which produced secondary victimisation), had higher symptomology of Posttraumatic Stress Disorder and depression. Conversely, rape crisis centres and other community health programs that helped mitigate negative effects of the previous system had a positive impact on women's mental health post-assault.

On a macro system level, factors that had a negative impact on women's mental health post-assault included institutionalised racism, cultural differences in responding to rape, acceptance of rape myths that created a difficult socio-cultural context for sexual assault survivors to recover, as well as the rape-prone culture the women found themselves and society to be in (Campbell, Dworkin & Cabral, 2009).

Lastly, Campbell, Dworkin and Cabral (2009), found that self-blame as a multilevel meta-construct had a negative impact on women's mental health post-assault, and was associated with Post Traumatic Stress Disorder. Depression on the individual level and the experience of blame from family, friends or significant others on a micro-level only exacerbated the self-blame the individuals felt. It is evident from the research study above that the experience of rape influences individuals on multiple system levels. They experience various negative outcomes in different individual, social and cultural contexts, which is

important to explore as an individual cannot be seen in isolation but needs to be viewed holistically.

Womersley and Maw (2009) conducted another research study in South Africa which echoed the impact of rape penetrating multiple levels in society. The aim of this study was to contextualise the experiences of woman in the immediate aftermath of rape. Results from the study concluded that women experienced alienation after their traumatic rape, and experienced feelings of a disrupted sense of self as well as feelings of being estranged from prior identities within their different systems, and a lack of trust in others.

Rape Trauma Syndrome. Bramsen, Elklit and Nielsen (2009) conducted an analysis of the field of rape trauma and reported on the findings of Burgess and Holmstrom, two of the first researchers to examine women's reactions to rape who coined the term Rape Trauma Syndrome. These researchers were amongst the first to acknowledge the severe and lasting consequences of rape. In order to understand this phenomenon better they grouped all the symptoms experienced emotionally, psychologically and behaviourally by rape victims under this syndrome.

The Rape Trauma Syndrome encapsulates the intrapsychic experience of rape victims by conceptualising the experience of the syndrome in two phases. Phase one, the acute phase, was characterised by the immediate reaction to rape and the symptomology present, which may last for days or weeks, disrupting and disorganising the victim's life. Phase two, the reorganisation phase, constituted the process of coming to terms with the reactions of the rape, dealing with a new narrative and attempting to reorganise the victim's life and healing from the traumatic experience (Bramsen, Elklit & Nielsen, 2009).

The Rape Trauma Syndrome later fell away, and the experience and consequences of rape were categorised under Acute Stress Disorder and Posttraumatic Stress Disorder. These disorders were classified by the American Psychiatric Association (APA) in the Diagnostic and Statistical Manual (DSM), which facilitates our classification of rape presently.

Acute Stress Disorder. An Acute Stress Disorder is diagnosed when an individual has been "exposed to a traumatic event, witnessed or was confronted with an event that involved actual or threatened death or serious injury, or the physical integrity of self or others" (APA, 2000, p. 431). Symptoms of an Acute Stress Disorder include dissociative symptoms, persistent re-experiencing of the event, avoidance of recollections of the trauma, symptoms of anxiety or increased arousal, significant distress or impairment in social, occupational or other areas of functioning lasting for a minimum of two days and a maximum of four weeks. If these symptoms continue to persist after four weeks an individual's diagnosis will be changed to Posttraumatic Stress Disorder (APA, 2000).

According to Elklit, Due and Christiansen (2009), individuals who suffer a traumatic experience, such as rape, often report a variety of symptoms in the acute aftermath of trauma. These reactions to trauma may take the shape of Acute Stress Disorder, and consequently later develop into Posttraumatic Stress Disorder, or they may be symptoms of more general distress.

Research conducted on early intervention to prevent post-rape psychopathology in the United States indicated that acute distress in the first days after the assault is a universal reaction (Resnick, Acierno, Waldrop, King, Danielson, Ruggiero & Kilpatrick, 2007). Results from this study indicated that the average Subject Unit of Distress was 78 on a scale where 0 is equated to feeling calm and a 100 describes total panic or unbearable anxiety (Resnick et al., 2007). These researchers and many others have, since the acceptance of

Acute Stress Disorder as a diagnosis in the DSM, focused on Acute Stress Disorder and

Posttraumatic Stress Disorder as sequelae of rape.

Posttraumatic Stress Disorder (PTSD). Recent research both internationally and

nationally confirmed that a major consequence of rape is the high rate of Posttraumatic Stress

Disorder amongst rape victims (Campbell, Dworkin & Cabral, 2009; Bramsen, Elklit &

Nielsen, 2009; de Villiers, 2012). Posttraumatic Stress Disorder was first introduced in the

third edition of the DSM (DSM-III) in 1980 (APA, 1980). Posttraumatic Stress Disorder is

classified as an anxiety disorder in the revised fourth edition of the DSM (DSM-IV-

TR)(APA, 2000). It is characterised by anxiety-related experiences, behaviours and

physiological responses that develop after the exposure to a traumatic event which is severe

enough to interfere with an individual's ability to function in their everyday life.

According to the DSM-IV-TR (APA, 2000) a traumatic stressor or trauma:

involves direct personal experience of an event that involves actual or threatened

death or serious injury, or other threat to one's physical integrity; or witnessing an

event that involves death, injury, or a threat to the physical integrity of another

person; or learned about unexpected or violent death, serious harm, or threat of death

or injury experienced by a family member or other close associate (p. 463).

In their study on how sexual assault impacts women's mental health, Campbell,

Dworkin and Cabral (2009) found that between 17% and 65% of woman who had a lifetime

history of sexual assault developed Posttraumatic Stress Disorder. Similarly, Vickerman and

Margolin (2009) found that women who experienced a rape may experience Posttraumatic

Stress Disorder or rape trauma syndrome as a consequence of the traumatic event. Kaminer

et al. (2008) conducted research on the risk for Posttraumatic Stress Disorder associated with

different forms of interpersonal violence in South Africa and found that rape had the highest correlation with developing Posttraumatic Stress Disorder in both men and woman when compared to criminal assault, physical violence and political detention.

Gender differences in attitudes towards rape. Anderson and Quinn (2009) conducted a study in the United Kingdom on the attitudes towards female and male rape victims among 120 female and 120 male medical students. Results from the above-mentioned study indicated that that male respondents viewed rape victims more negatively than female respondents, and that male victims will be viewed more negatively than female victims. It was noted that gender differences in attitudes towards rape victims were prevalent amongst the youth in the United Kingdom.

According to Alarape and Lawal (2011), who conducted research in Nigeria on adults' attitudes about rape, male young adults fostered a more positive attitude towards rape than female young adults. This study found that traditional gender role stereotypes have an influence on rape perceptions, and the authors suggested that it is important to intervene and change the attitudes towards sexual violence against females in this African country. With regard to this study, an important question still remains as to why there are differences in perceptions of rape amongst gender, and how these differences have developed and persisted.

Self-disclosure of a Rape Experience

Self-disclosure can be defined as the intentional sharing of an individual's personal information about him or herself to another. Disclosure could include sharing both high-risk and low-risk information as well as experiences, ideas, attitudes, feelings, values, ambitions, and goals. In sharing information about oneself, the individual makes choices about what to

share and with whom to share it. Most individuals use self-disclosure selectively, making choices about disclosing information with caution, being aware of both the positive and negative consequences of doing so, and sometimes weighting the impact that disclosing information might have on a significant relationship (Campbell, Dworkin & Cabral, 2009).

One of the earliest definitions of disclosure was formulated by Jourard (1971), who conceptualised disclosure on a verbal as well as non-verbal level of expression. It was stated that "disclosure is the act of making yourself manifest, showing yourself so that others can perceive you" (p.19). Jourard's (1971) understanding of disclosure was of making information known to another that was not previously known before in order to illustrate the true self.

Chaudoir and Fisher (2010) viewed disclosure as an ongoing process as individuals choose to disclose or not to disclose certain information about themselves on a daily basis over the course of their lifetime. According to Derlega and Grzelak (1979), disclosure can be viewed as a functional behaviour in that it allows the individual who discloses information to pursue personal goals such as self-expression, self-clarification, social validation, relationship development, and social control. In summary, disclosure can be seen as a complex process involving many different aspects.

In terms of the rape survivor's context of disclosure or non-disclosure, the next section will deal with the barriers to disclosure.

Non-disclosure, stigmatisation and lack of trust. Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams and Kim (2003) conducted a research study on the state of sexual assault services in South Africa. Results from this study revealed that barriers which kept woman from disclosing their rape included a fear of further trauma, stigmatisation, fear

of retaliation by the perpetrator, fear of not being believed, as well as a perception that reporting would not result in punishment of the perpetrator. A more recent study conducted in South Africa indicated similar fears that lead to woman choosing not to disclosure their rape. Barriers that were identified included a lack of trust in the community, and a fear of being stigmatised after the rape, which consequently silenced the woman and prohibited disclosure of the trauma (Womersley & Maw, 2009).

According to Ahlers (2006), rape survivors who disclose their rape experience are often punished for doing so when they are subjected to negative reactions (such as blaming or doubting victims) from support providers, which results in secondary victimisation. According to this author, these negative reactions serve a silencing function to both the family, community, and the service providers, which reinforces powerlessness felt by the victims.

A more recent study by Wolitzky-Taylor et al. (2011) on the possible rise of rape being reported to authorities in the United States found that the greatest barrier to disclosure included potential negative responses from others, especially being blamed for the rape incident. This study also found that rape survivors who did not report their rape did so out of fear of revenge by the perpetrator. Possible predictors of disclosure were examined in this study, and findings suggested that stranger rapes were more likely to be reported in contrast to intimate partner rape, which was not significantly associated with reporting.

In contrast to the above research findings, Fisher, Diagle, Cullen and Turner (2003) found that rape survivors are more likely to disclose to close friends than to authorities. However, according to these authors rape survivors were more likely to disclose their experience to authorities when they had characteristics that made them more believable (such as the presence of a weapon) in fear of stigmatisation. Rickert, Wiemann and Vaughan

(2005) investigated who and when disclosure of date / acquaintance rape occur, and results from this study indicated that 58% of rape survivors disclosed their experience to one or more individuals in 12 months following the episode.

In the above sample, 58% of rape survivors disclosed to only one individual. Disclosing to a girlfriend was more evident from this research, with 50% disclosure; while 10% disclosed to a parent. From the sample of 86 participants, only one rape survivor disclosed the experience to police; while 9% of the survivors sought help from mental health professionals (Rickert, Wiemann & Vaughan, 2005). This research study did not focus on the reasons for disclosure to the particular parties, and this is the gap which the current researcher wanted to bridge with this study – investigating who discloses and why they disclose to certain individuals (friends, family members or community members) and not others.

Ahrens, Campbell, Ternier-Thames, Wasco and Sefl (2007) conducted research on expectations and outcomes of rape survivors' first disclosures. Results from this study of 102 female rape survivors in Chicago indicated that 75% of the participants disclosed their rape experience to their informal support system; 38.2% of the rape survivors disclosed to friends, and 22.5% disclosed to family members. First disclosures to formal support providers were the least common, with a mere 14.7%, and eight of the participants had never disclosed their rape prior to the research study.

Motivations to disclose differed according to either informal or formal support providers. Ahrens et al. (2007) found that 63.8% of the rape survivors disclosed their rape experience in order to seek help; 38.3% sought emotional support, and only 5.3% reported their rape with the motive to catch the perpetrator. Further results from the above research indicated that one third of the disclosure events were not initiated by the participants

themselves, and 12.8% of these disclosures occurred in order to explain behaviour by the survivor, 8.5% of disclosures initiated by others involved discussions of rape, while 7.4% of rape disclosures initiated by others occurred when a person was asked what was wrong with the survivor, and lastly 7.4% of the rape disclosures initiated by others were due to the other individual being present at the scene.

This study also indicated that 61.3% of the rape survivors who disclosed received positive reactions after their disclosure; while 38.7% of the rape survivors received negative reactions after their disclosure (Ahrens et al., 2007). Negative reactions involved blame, doubting the survivor, and being unsupportive which had a negative impact on their recovery (Ahrens et al., 2007).

Non-disclosure and fear. According to Chaudoir and Fisher (2010), disclosure can affect nearly every domain of an individual's life; psychologically, behaviourally and cognitively. Disclosure can impact an individual's well-being and an individual's health either positively or negatively. Previous research conducted on the disclosure of stigmatised identities illustrated that individuals benefit from receiving positive or supportive feedback from their confidants; whereas negative or neutral feedback will impact the stigmatised individuals in a negative manner (Rodriguez & Kelly, 2006). There is a great risk involved in disclosing a rape as survivors do not know how their confidants might react when they are told about the experience of the rape, and there is no guarantee of a positive outcome.

According to the South Eastern Centre Against Sexual Assault (SECASA) in Australia, there are two key factors that influence nondisclosure of sexual assault. These include the familiarity of the perpetrator and the nature of the relationship. These two factors may present barriers to disclosure. For example, rape by a family member that is responsible for a victim's living arrangements or school fees can induce enormous fear and helplessness

by the victim, as disclosing the rape might risk these necessities. Furthermore, a threat of violence to oneself or to loved ones can cause fear and thereby reinforce silence from the rape survivors (SECASA, 2013). The above findings have also been prevalent in South Africa. South African case study research has illustrated how a perpetrator threatened a victim numerous times after the multiples rapes he committed against the victim in order to secure her silence and immobilise the victim from reporting and disclosing the identity of the perpetrator (Padmanabhanunni, 2010).

According to Chaudor and Quinn (2010), individuals have an idea about what they would like to accomplish by disclosing, such as obtaining social support from their social network, obtaining treatment from professionals, or seeking justice by reporting the crime. These authors also argued that an individual's first disclosure event may have a great impact on their psychological well-being, and may affect their beliefs about disclosure and motivation for future disclosure.

In summary, the above section explored and described the concept of disclosure. The reasons why individuals choose to disclose or not disclosure to authorities, their social network, or mental health professionals have been examined by looking at the results from previous research studies on disclosure and non-disclosure. The following section of this chapter will explore and describe theoretical models of disclosure found in the literature.

Theoretical Models of Disclosure

Comprehensive theories of adult rape disclosure have not been proposed in the research literature as most studies concentrate on a particular aspect of disclosure such as one's motivation for disclosing, non-disclosure or the variables involved during the process

of disclosure. The researcher was interested in how individuals make decisions to disclose to certain significant others, how they choose confidants to disclose to, how they communicate about their identities to the significant others, their experience of disclosure, and how they are affected by their disclosure.

Applying the eco-systemic model of Bronfenbrenner (1995), Neville and Heppner (1999), and Campbell, Dworkin and Cabral (2009) reported that the negative psychosocial and mental health sequelae of rape stem from multiple factors, not just from characteristics of the victim. Aspects of the assault itself, post-assault disclosures, help seeking, socio-cultural norms, and meaningful relationships help shape the way in which the trauma of rape affects individuals (Campbell, Dworkin & Cabral, 2009). This section will explore and describe four models used in previous research on rape and disclosure. These models include the Fever Model of Disclosure, the Disclosure Process Model, the Disclosure Decision-Making Model (DD-MM), and the Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR).

The Fever Model of Disclosure. The Fever Model of Disclosure, developed by Stiles in 1987, proposes that distress – anxiety, sadness, anger or other uncomfortable emotions – causes people to disclose, and that this disclosure helps to relieve some or all of the distress (Niedermyer, 2008). According to the Fever Model of Disclosure, the relationship between disclosure (utterances that reveal subjective information) and psychological distress is analogous to the relationship between fever and physical infection. That is both are indicators of some underlying disturbance and part of a restorative process (Stiles, Shuster & Harrigan, 1992).

According to the Fever Model of Disclosure, disclosure is defined as information that is subjective rather than objective; and the content of disclosure, such as whether or not the

information may embarrass or shame the individual, is not taken into account (Stiles, Shuster & Harrigan, 1992). According to Womersley and Maw (2009), this is seen as a limitation of the model as stigmatisation can function as a barrier to disclosure. The Fever Model of Disclosure was originally designed for use in psychotherapy (Niedermyer, 2008). The Fever Model of Disclosure focuses only on one of the antecedents of disclosure – anxiety – and ignores other antecedents and possible outcomes.

The Disclosure Processes Model (DPM). The Disclosure Processes Model (DPM), developed by Chaudoir and Fisher (2010), investigates how individuals with concealable stigmatised identities self-disclose sensitive information. For example, this would deal with situations where individuals disclosing a raped or revealing their sexual preference might lead to stigmatisation. The Disclosure Processes Model seeks to explain the process of when and why individuals disclose. Most research that has been conducted using this model as a framework has been done on individuals with stigmatised identities related to health issues such as mental health status. However, other stigmas such as having experienced sexual assault, or revealing one's sexual orientation, are also applicable according to these authors.

The Disclosure Processes Model is developed as a goal-based model, and focuses on five components of disclosure. These include antecedent goals, the disclosure event itself, mediating processes, outcomes, and a feedback loop (Chaudoir & Fisher, 2010). Antecedent goals of disclosure are either approach-focused or avoidance-focused. Approach-focused goals include the pursuit of positive outcomes, while avoidance-focused goals are designed to prevent negative outcomes. These antecedent goals moderate the effect of disclosure on numerous individual, dyadic and social contextual outcomes by three distinct processes, including alleviation of inhibition, social support, and changes in social information (Chaudoir & Fisher, 2010).

The Disclosure Processes Model does not account for relational ties (Chaudoir & Fisher, 2010). Some of the long-term outcomes of disclosure in the Disclosure Processes Model , such as liking, intimacy and trust are relational. However, the model does not emphasise interpersonal characteristics of disclosure. Other long-term outcomes of disclosure are individual and include psychological, behavioural, and health benefits.

In summary, because the Disclosure Processes Model is goal-based, it rests heavily on individual calculations of risks and benefits of disclosure.

Disclosure Decision-Making Model (DD-MM). The Disclosure Decision-Making Model (DD-MM) was developed by Katherine Greene (2009). The Disclosure Decision-Making Model like the Disclosure Processes Model attempts to explain how people decide to disclose a non-visible illness to others. This model is based on the concept of uncertainty in illness (Brashers, 2001). The Disclosure Decision-Making Model attempts to unite some of the antecedents of disclosure with the affects of disclosure, explaining how the goals and motivations of the individual interact with perceived risks and benefits. Until the Disclosure Decision-Making Model was introduced, much of the theoretical work on disclosure focused either on the antecedents of disclosure, as in the Fever Model of disclosure which was explored above, or on the perceived effects of disclosure, as in the Disclosure Processes Model.

According to Greene (2009), the Disclosure Decision-Making Model focuses on disclosure as it relates to health decision-making. The Disclosure Decision-Making Model attempts to explain information management and disclosure. Information about one's diagnosis, treatment information, and health status can be concealed or revealed depending on a variety of factors explicated in the model. This model may also be applicable to the rape experience and being a rape survivor, health risks involved such as HIV infection or other

sexually transmitted diseases, and one's help-seeking behaviour following the medical and psychological consequences of rape. Although early work with the Disclosure Decision-Making Model by Greene (2009) was based on the disclosure of diagnoses, more recent researchers extended the model to other health information disclosure decisions (Greene, Magsamen-Conrad, Venetis, Checton, Bagdasarov & Banerjee, 2012).

In the Disclosure Decision-Making Model, the individual evaluates five components of their diagnosis before deciding to disclose to others. These five components include the stigma of their diagnosis, their prognosis, their symptoms, how prepared they were for the diagnosis or the information, and the relevance of the illness to themselves and others (Greene, 2009). These five components create a more multifaceted image of health status than previous models on diagnosis disclosure, where other models tended to focus on stigma alone (Greene et al., 2012).

According to Greene (2009), individuals making disclosure decisions also take three factors about their potential target into account. These three factors include their relationship quality, the anticipated reaction, and how confident they are in getting their desired response. Relationship factors have been researched in the disclosure studies and are not present in many of the other disclosure models. Thus the Disclosure Decision-Making Model has contributed to a greater understanding of the disclosure process by incorporating relational factors.

Finally, the individual assesses efficacy, or how easy and possible it will be to disclose the information in question (Greene, 2009). Thus, the Disclosure Decision-Making Model is seen as linear in nature as the individual first weighs up the information they might disclose, then they evaluate relationship factors, and finally individuals assess their own efficacy in disclosing.

Disclosure is a complex, multi-faceted and dialectical process. However, the Disclosure Decision-Making Model describes disclosure as a linear process. The Disclosure Decision-Making Model has been criticised as a parsimonious model of a complex process, yet it represents the most sophisticated understanding of how people disclose their diagnosis of a non-visible illness to date (Greene et al., 2012).

The Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR). Adapted from Bronfenbrenner's Ecological Systems theory (1995), Neville and Heppner (1999) developed the Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR). This model is grounded in the ecological framework, which suggests that human behaviour is dynamic and results from the dialectic between persons and environments. The aim was to devise a model to understand post-sexual assault adjustments, and account for differences in resiliency among survivors. CIEMSAR is embedded in the broader ecological framework that postulates that individuals are influenced heavily by their surrounding environments. This model was developed to explain the short- and long-term outcomes of sexual assault.

According to Neville and Heppner (1999), the focus of the Culturally Inclusive Ecological Model of Sexual Assault Recovery is on enhancing the recovery process for rape survivors. Ecological models stem from the belief that human behaviour is multiply determined by interrelations between subsystems within a larger ecosystem. Consideration is given to the potential impact of micro-systems (individual relationships to immediate environment), meso-systems (interrelationships between two or more identified micro-systems), and macro-systems (culture, customs, and values) on a rape experience.

Bronfrenbrenner (1995) identified four major subsystems in the ecological framework that influences human behaviour. This has been explored previously in this chapter under

research done by Campbell, Dworkin and Cabral (2009). The different subsystems will be revised in this section as adaptations have been made by Neville and Heppner (1999). In the Culturally Inclusive Ecological Model of Sexual Assault Recovery, Neville and Heppner (1999) joined the individual and micro-system so that these two systems are viewed in conjunction with one another. The four subsystems that influence human behaviour are discussed next.

First, the *micro-system* which can be defined as interpersonal interactions within a given environment, such as within an individual's school or home. Factors comprising the Culturally Inclusive Ecological Model of Sexual Assault Recovery include the following:

- Individual factors: previous abuse history, type and severity of sexual assault.
- Family, friends and peers and their level of support.
- Police officers or mental health workers and their level of support and assistance.
- Cultural factors on the individual level such as racial identity development and race of perpetrator.
- Cultural factors on the micro-system level such as racial and gender sensitivity of the specific police station or mental health agency.

Thus Neville and Heppner (1999) considered individual rape characteristics and individualised coping mechanisms to be part of the micro-system.

Second, the *meso-system* can be conceptualised as the system that constitutes interactions between two or more micro-system environments, such as relations between an individual's home and school environment. Factors comprising the Culturally Inclusive Ecological Model of Sexual Assault Recovery include:

- Police and family interactions and support.

- Counsellor and family interactions and support.

Thus Neville and Heppner (1999) considered social support and treatment interventions to be part of this subsystem.

Third, the *exo-system* that can be defined as the system which consists of linkage between subsystems that indirectly influence the individual, such as the health care systems linkage with an individual's neighbourhood. Factors comprising the Culturally Inclusive Ecological Model of Sexual Assault Recovery include:

- Police system (policies, organisational practices).
- Health care system (policies and organisational practices).
- Cultural factors (policies and practices toward racial minorities).

Fourth is the *macro-system,* which can be conceptualised as the system that includes the ideological components of a given society, such as norms and values being upheld by the citizens of a society. Factors comprising the Culturally Inclusive Ecological Model of Sexual Assault Recovery include:

- Broad socio-cultural contexts for example the rape-prone culture or level of rape myth acceptance.
- Cultural factors such as cultural rape myths, rape myth acceptance within certain communities.

Thus Neville and Heppner (1999) considered ethno-cultural and social values as unique to the macro-system that may influence an individual's experience of rape.
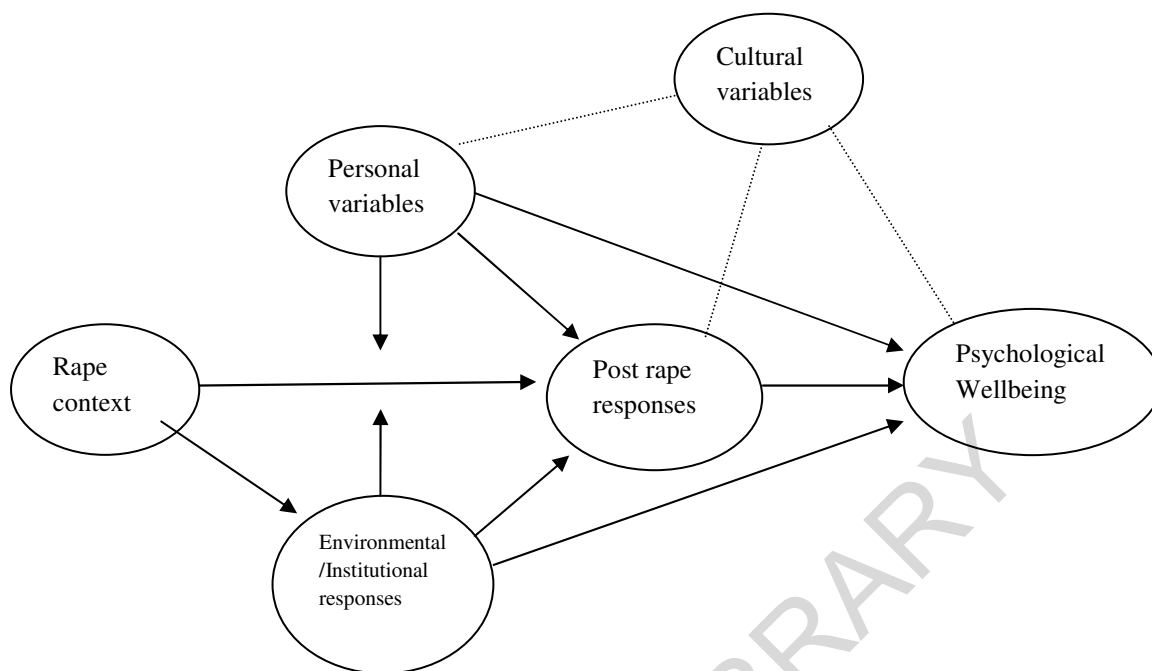
Figure 1. CIEMSAR model (Neville & Heppner, 1999, p. 46).

The Culturally Inclusive Ecological Model of Sexual Assault Recovery argues that sexual violence occurs in a specific socio-cultural context, and that the values and norms of our society implicitly condone rape and promote faulty beliefs about the causes of rape (Neville & Heppner, 1999). Consequently, our society supports a rape-prone culture. Although we believe that race, gender and class hierarchies influence the incidence and consequence of rape, general rape myths from the central macro-system-level component discussed earlier in this chapter also have an impact on disclosure and recovery.

The Culturally Inclusive Ecological Model of Sexual Assault Recovery also argues that cultural rape myths influence the context of sexual violence on a macro-system level (Neville & Heppner,1999). Thus, general and cultural rape myths affect the practices of other subsystems as well as the individuals. An ecological model that incorporates the

multiple influences of the individual, institution, community, social supports, and the overriding socio-cultural context is the most appropriate conceptual framework for considering rape in the context of not only culture but also with the belief that responses to sexual assault differ depending on a multitude of relevant individual and social factors (Neville & Heppner, 1999).

Thus, the Culturally Inclusive Ecological Model of Sexual Assault Recovery implies that predicting outcomes following sexual assault is complex, and emphasises a holistic approach to treatment. Personal variables and cultural variables affect both post-rape responses and psychological well-being. The context of the rape simultaneously affects environmental/institutional responses and post-rape responses. Furthermore, environmental/institutional responses affect post-rape responses and psychological well-being (Neville & Heppner, 1999).

The above section explored four models of disclosure. The researcher found that all four of the models contribute something new and differently to the overall understanding of the dynamics involved and processes present during disclosure. These models will each be considered in the final interpretation of the results of the present study. In this way, the study will explore each model's usefulness in explaining or understanding the current participants' experiences of disclosure.

From the literature review above it was evident that rape survivors experience barriers to disclosure, which include judgement and blame from family and friends, or stigmatisation from their communities, fear of retaliation by the perpetrator, fear of not being believed, as well as a perception that reporting would not result in punishment of the perpetrator. These barriers silence rape survivors and prohibit them from seeking support or treatment.

Conclusion

This chapter explored rape and disclosure. Rape was defined, and the most common types of rape were explored. The influences of rape myths on individuals' disclosure were described. Previous research studies on rape were explored both on a national and international level. Literature on the consequences of rape was presented, including a discussion of various mental illnesses that may result from this experience. The second section of this chapter focused on the disclosure models that have been used by scholars in the field. The different models explored in this chapter included the Fever Model of Disclosure, the Disclosure Process Model, the Disclosure Decision-Making Model, and the Culturally Inclusive Ecological Model of Sexual Assault Recovery.

The following chapter will explore and describe the research methodology that was used in this study.

Chapter Three: Research Methodology

Introduction

This chapter provides an overview of the research design and methodology that was utilised in this study. According to Yin (2011), a research design can be understood as a logical blueprint. This chapter includes a synopsis of the research methodology with a specific focus on the research design, participants and sampling procedure, method of data collection, research procedure, data analysis and ethical considerations.

The Primary Aim and Objectives of the Study

The aim of the intended research study was to explore and describe adult rape survivors' experiences of self disclosure to significant others at the Mamelodi Hospital Crisis Centre. The objectives were as follows:

1. To explore and describe to whom and to which significant others rape survivors disclose their rape experience.

2. To explore and describe why rape survivors disclose to these specific individuals.

3. To explore and describe the outcome of the disclosure to significant others.

Research Design

For the purpose of this study, a qualitative exploratory descriptive research design was employed. The reason for the choice of research design is that the researcher wanted to investigate and describe the experience of individuals in a certain context that has not been well researched in South Africa. The goal was to gain a better understanding as well as gather more in-depth information. According to King and Harrocks (2010), qualitative research is occupied with how individuals differ in relation to a certain phenomenon, as much as what individuals might have in common in understanding the meaning of real-life events. The researcher believed that a qualitative research design would provide insight and understanding from an insider perspective by the nature of this research design, data collection methods as well as how data was analysed.

According to Yin (2011), qualitative research can be defined according to five features. Firstly, qualitative research studies the meaning of people's lives, under "real-world conditions" (p. 7) and does not try to represent meaning by statistical averages, laboratory-like settings or responding to pre-established questions from a form. Qualitative research not only provides data that is objective and can be measured, but also provides meaningful opinions and experiences such as those of rape survivors.

Second, Yin (2011) stated that qualitative research represents the perspectives and views of unique individuals about a particular phenomenon, and not the meanings held by the researchers. The research was guided by previous literature on the topic of rape and disclosure in order to understand this topic better. Data collected from the participants are presented in the results chapter and reflect these participants' perspectives. The researcher used direct quotations from the participants in the results chapter in order to illustrate their perspective on the topic. During the data analysis phase, the researcher was aware of

additional themes introduced by the participants. The new themes that emerged in addition to the researcher's objectives were described and explored in the results chapter in order to represent an accurate representation of the rape survivors' experiences of self-disclosure to their significant others.

The third feature of qualitative research, according to Yin (2011), is that it aims to describe and take into account the contextual conditions within which people live, and which strongly influence their perspectives on experiences and events. Qualitative research thus moves across social, environmental and institutional conditions in which people live their lives by gaining insight into different phenomena across these borders. The researcher valued each participant's perspective of their experience and allowed participants to contextualise their meaning-making during data collection by not limiting the interview to certain questions only.

Fourth, according to Yin (2011), qualitative research adds to existing or emerging concepts that aim to explain human behaviour and also creates platforms for new inquiries. In this study, the researcher's aim was to explain and describe experiences of rape survivors to add to the existing knowledge of this phenomenon. The researcher attempted to add knowledge to the gap in the literature that exists in South Africa in understanding rape survivors' experiences of disclosure to their significant others. In attempting to do the above, the researcher aimed to add knowledge to the existing field for use by professionals working with rape survivors, and hoped this may in turn aid them to increase the understanding of the dynamics of the post-events that influence the participants' lives both short-term and long-term.

Finally, according to Yin (2011), qualitative research aims to use multiple sources of evidence rather than relying on singular sources. In this particular instance, multiple

participants' experiences were recorded and analysed to produce evidence of their experiences instead of relying on one rape survivor's account. Thus, qualitative research attempts to describe and understand human behaviour in a certain context not with the aim of generalising findings, but with the aim of understanding the lived experiences and gaining insight into unique experiences from individuals. In this study, the researcher attempted to understand the rape survivors' experiences post-assault, and how these participants constructed their rape disclosure from a subjective, detailed and holistic perspective.

Qualitative Research Design

There exist many different qualitative approaches to research and in this study the researcher chose to utilise a descriptive exploratory design. The first element of the qualitative research design was that it was descriptive in nature. According to de Vos, Strydom, Fouche and Delport (2005), descriptive research aims to accurately portray the characteristics of a particular individual, group, situation or event.

The second element of the qualitative research design was that it was exploratory. De Vos et al. (2005) stated that an exploratory design aims to gain familiarity with a phenomenon. Struwig and Stead (2006) explained that a descriptive exploratory design allows a researcher to study an area that is fairly unknown in order to develop new ideas, as well as to seek an accurate description of the situation.

Chapter one and two emphasised the need for this research topic as a gap exists in the literature in understanding rape survivors' experience of disclosure to significant others. This was the main motivation for undertaking the research study. The researcher chose this research approach as the goal was to portray the experiences of rape survivors, while also

gaining better knowledge and becoming more familiar with rape and disclosure in the broader South African context.

Advantages and Disadvantages of the Qualitative Research Design

Any research method has advantages and disadvantages that a researcher has to take into consideration when conducting research from a given framework. The following section of the chapter deals with the general advantages and disadvantages of the qualitative research design. Later in the chapter, in the section on reliability and validity, the focus will shift to methods that can help overcome some of the disadvantages.

According to Creswell (1998), one advantage of qualitative research is that it seeks a wider understanding of the whole context. Qualitative research does not focus on statistical numbers in order to gain a picture of a concept, but uses the research participants' own words to add to the researcher's knowledge and insight of the topic under investigation. In other words, the advantage of this research design is that the subjective information is used to describe the experiences of individuals and the interactions between different variables. De Vos et al. (2005) stated that a qualitative research design produces more in-depth or comprehensive data from participants when compared with other research designs.

The disadvantage of qualitative research is that it is subjective, and this influences the reliability and validity of the data collection (Descombe, 2003). Creswell (1998) described qualitative research as being limited in scope due to the in-depth data collection approaches that are necessary. The extent or range of data on a certain topic is more limited than quantitative research, which can explore multiple concepts on face value. Finally, Holliday (2002) stated that it is difficult to detect researcher induced bias in qualitative research as the

researcher loses objectivity in working so closely with the participants. The researcher will account for these limitations later in the chapter under the section on researcher bias.

The advantages and disadvantages of the qualitative research design have been weighed by the researcher before conducting this study. The nodal point of qualitative research is to investigate people's experiences and perceptions of a phenomenon. As this research study aimed to describe the experiences of rape survivors, the researcher was aware of the disadvantages described above but the advantages described in this section overweighed the disadvantages when using a qualitative research design.

Sampling

There are many different sampling methods in qualitative research. The researcher chose to utilise purposive sampling in this research study. Purposive sampling is a sample that gets selected on the basis of certain characteristics individuals have that are important to the research study (Babbie, 2008). Purposive sampling is a sampling method grouped under non-probability sampling. In non-probability sampling the odds of selecting a particular individual are not known because the researcher does not know the population size (de Vos et al., 2005). The researcher did not know the sample size of rape survivors in the Mamelodi area, but chose participants based on the purpose of the research study as the sample has certain characteristics that were necessary in order to be included into the research study.

The researcher was interested in a specific group, thus the use of non-probability sampling method was appropriate. In purposive sampling, a particular group of people are chosen because they may illustrate some feature that is of importance for a particular study

(de Vos et al., 2005). A specific sample is chosen that will yield the most relevant data according to the topic of study (Yin, 2011).

According to Welman and Kruger (2002), non-probability purposive sampling is utilised by researchers "who rely on experience, ingenuity, and/or previous research findings to deliberately obtain units of analysis in such a manner that the sample they obtain may be regarded as being representative of the relative population" (p.63). The following criteria were set in order to have sampled participants for this research study. The inclusion criteria consisted of various requirements. First, participants needed to be rape survivors above 18 years of age. Second, participants needed to have disclosed their rape experience to their significant others. Finally, participants were required to be proficient in English. Individuals with any previous psychiatric history were excluded in the sample of this research study.

The reason for the incorporation of English proficiency as a criteria for inclusion was due to the fact that the researcher is proficient in English and Afrikaans, and thus the interviews were conducted in English which was a second language to both the researcher and the participants. The importance of adding this variable to the inclusion criteria was to avoid difficulty during interviews, aiding the understanding of the questions posed to participants and the content during data collection. The counsellors who counselled the rape survivors at the clinic introduced the research to them. They were seen as the first line judges of whether an individual would be able to conduct an English interview with the researcher. The counsellors have had conversations with these individuals prior to the introduction of research participation and were therefore in the position to judge the English proficiency of interested participants.

The biographical information sheet was provided in both English and Setswana (which are some of the dominant languages used in Mamelodi) and requested the participant

to state whether they were able to communicate in English. Thus, the researcher believed the judgement by the counsellors and participants themselves were sufficient in order to have made sure that the participants were able to converse in English. Furthermore, the researcher ensured that she was using simplistic English terminology, and that she made use of simplistic terms in both the semi-structured interview and probing schedule. In this research study, a sample of about 10 to 12 participants was anticipated, but data was collected until saturation was reached, hence eight participants were interviewed.

Participants

The participants for the research study were individuals who experienced a rape and who were seeking treatment at the Mamelodi Hospital Rape Crisis Centre. The eight participants who participated in the research study will be described below according to the information provided from the biographical questionnaire. All participants were black South African females ranging from 18 to 32 years of age with sufficient English proficiency and without any previous psychiatric diagnosis. All of the participants were in treatment during the data collection at the participating hospital. Treatment consisted of a physical examination by the medical doctor and nursing staff, counselling by the lay counsellors, as well as provision of a police officer from the South African Police Service and a prosecutor from the National Prosecution Association in assisting the rape survivors in their case for prosecution of the perpetrators.

Table 1

Participants' Representation of Gender, Age and Nationality

Participants	Gender	Age	Nationality
Participant 1	Female	21	South African
Participant 2	Female	21	South African
Participant 3	Female	18	South African
Participant 4	Female	32	South African
Participant 5	Female	24	South African
Participant 6	Female	28	South African
Participant 7	Female	29	South African
Participant 8	Female	18	South African

Data Collection Method

Qualitative research utilises different ways of collecting data. The researcher made use of an in-depth face-to-face interview conducted with a semi-structured interview schedule in order to collect data. According to Yin (2011), interviews in qualitative research usually assume a conversational mode that can extend for a period of time with the aim of encouraging participants to reconstruct their own experiences and reality in their own words. The researcher wanted to observe both verbal and non-verbal communication, and thus chose to use face-to-face interviews to add to the observation and insight of the experiences of these rape survivors. The semi-structured interview schedule that was utilised during data collection will be discussed in the sections that follow.

Semi-structured interview schedule. The researcher made use of a semi-structured face-to-face interview as a data collection method for the intended study. Semi-structured interviews are defined as those organised around areas of particular interest, while still allowing flexibility in scope and depth, and allowing a detailed picture of a participant's beliefs about, or perceptions, of a particular topic (de Vos et al., 2005). The semi-structured interview schedule provided the researcher with guidelines and directions of the different topics of interest while still allowing flexibility with the types of questions asked. The semi-structured interview questions also provided the possibility of adding probing questions in cases where the participants wanted to steer the conversation towards an experience that the literature did not account for, but gave insight into their meaning making and understanding of their experiences of disclosure to their significant others.

Interview questions. The interview questions posed to the participants were structured in a manner that was understandable and in which the researcher believed that she would be able to gain the most insight into the phenomenon studied. The researcher formulated these questions and probes in order to answer the objectives of the research study, while still allowing the participants to describe their experiences and be flexible to the direction the participants were willing to take the researcher during the interview. The following questions were included in the semi-structured interview schedule:

1. To whom have you disclosed being raped?

2. Why have you chosen to disclose the rape incident to these individuals? (Probe: why not others?)

3. What was the outcome of your disclosure to these individuals? (First probe: were your expectations met or not? Second probe: was the influence on the participant positive or negative?)

Research Procedure

The research procedure consisted of the different steps the researcher took in completing this research study with a specific reference to the data collection phase. This section will attempt to describe the research procedure that was followed, from obtaining ethical clearance from the University, to collecting and analysing data for the study. Upon receiving clearance from the School Research Ethics Committee (SREC) and Medunsa Research and Ethics Committee (MREC), the researcher requested permission from the treating doctor at the Rape Crisis Centre at the Mamelodi Hospital Rape Crisis Centre in order to conduct the research and to collect data (see *Appendix G*).

After ethical clearance had been obtained and permission was granted to the researcher to conduct her research study at the Mamelodi Hospital Rape Crisis Centre, individuals were sampled by the staff members of the centre. Individuals that qualified for the study were identified by staff members of the Rape Crisis Centre. These individuals were informed about the research study in the form of a letter containing information about the research study (see *Appendix B and C*) and approached for participation by the staff members of the Mamelodi Hospital Rape Crisis Centre. Upon agreeing in principal, these individuals were asked to complete a biographical questionnaire (see *Appendix D and E*), which collected information pertaining to demographic information, contact details and permission to be contacted by the researcher. Both of these letters were set out in English and Setswana, which are both dominant languages used in the Mamelodi area.

These forms were then collected by the researcher from the Rape Crisis Centre on appointment dates scheduled by the researcher and the staff members. The researcher then contacted the participants and provided them with detailed information about the intended research study and all the necessary information for them to give informed consent. An

appointment at their usual contact point, the Mamelodi Hospital Rape Crisis Centre, was made with those individuals who wanted to participate in the study.

During the appointment the participant had a final opportunity to ask any questions they might have had regarding this research study and were then asked to sign the informed consent form (see *Appendix A*) before the data collection session started. The data was collected during numerous interview dates, one per individual participant, during the course of May and June 2013. The data collection experience will be described in the results chapter of this research study. The data collection took place in a quiet room with minimum distractions.

Only the researcher who conducted the interviews and the participants were present in the room during the data collection session. A digital audio recording device was used to record data from the semi-structured face-to-face interviews, and permission to use this device was obtained before the interview commenced. The interviews were recorded and later transcribed by the researcher. After transcription the researcher and her independent coder analysed the data obtained during the eight interviews with the participants. The following section will explore and describe the data analysis that was utilised in this research study.

Method of Data Analysis

In qualitative research there are many different ways to analyse data. However, all forms of analysis are similar in organising data according to a specific criteria and managing the data in order to start interpreting and making meaning. The researcher used content analysis to analyse her data by following the Tesch Model of content analysis (Creswell,

1994). The following section will describe the methods and model the researcher employed to analyse the data obtained during the semi-structured interviews conducted.

Interview analysis and content analysis. The sample was described according to the information gathered from the biographical questionnaire using simple descriptive statistics. The data obtained and recorded during the semi-structured interviews were transcribed by the researcher and analysed by the researcher and independent coder.

Content analysis was used to analyse data. Content analysis is a method for analysing communication after it has been produced, and identifying themes that are apparent in the interviews (Aiken, 2000). Tesch's Model (Creswell, 1994) was used as a framework for the process of content analysis.

According to this model of content analysis, the researcher must first familiarise and immerse herself with the data by reading through the responses carefully in order to acquire a sense of the general themes elicited by the participants. Second, the themes surrounding each research objective must be written down in order to induce the themes from the interviews conducted. Thereafter, themes must be coded according to similar responses found across the sample. Finally, the responses must be grouped into categories and interpreted. The analysis produces the description of general trends of significant influences pertaining to the participant's context (Creswell, 1994).

The researcher and independent coder came together after each had coded the data separately. The researcher and independent coder discussed the different themes and categories that they had gathered from analysing the data. The researcher and independent coder reached a consensus on the final themes that were derived from analysing the interviews. After consolidation of the final themes, the researcher described the findings of

the study, which will be described in the following chapter. The researcher kept all data

collected in a secure location and after completion will store the data for five years as per

regulation for ethical research.

Factors Influencing the Validity and Reliability of the Study

Both quantitative and qualitative research aims to achieve reliability and validity in

research. Due to the different frameworks that exist in these two research methodologies,

different ways of achieving validity and reliability exist. The concepts of validity and

reliability are concerned with the accuracy of an instrument to measure the actual dimensions

of an object of study, and the success of the instrument to produce the same results if used

repeatedly with the same object of study (Babbi, 2008). In qualitative research, one refers to

the trustworthiness of research instead of the reliability and validity as is referred to in

quantitative research (de Vos et al., 2005).

Trustworthiness is described by Lincoln and Guba (1985) as the "truth value of the

study; its applicability, consistency and neutrality" (p. 290). The researcher made use of

Guba's (Creswell, 1998) model of trustworthiness to act as a qualitative analogue to enhance

reliability and validity. This model describes four principles put forward to ensure

trustworthiness. These include credibility, transferability, dependability and conformability

(Lincoln & Guba, 1985).

Reliability can be seen as the consistency of the means of data collection (de Vos et

al., 2005). All data was collected by the researcher to eliminate the possibility of errors that

may arise from multiple interviewers, interview styles or perceptions of the objectives of the

research study. As the researcher knew the objectives and motivation for the intended study,

she reviewed the data of each interview after data collection in order to evaluate the interview questions and adapt the interviews in future in order to attempt to maintain consistency with data collection.

Credibility refers to the degree of congruence between the findings and reality (Shenton, 2004). Credibility was attained by developing a familiarity with the culture of the participating organisation before data collection took place in order to establish a relationship of trust. The researcher met with the treating staff of the Rape Crisis Centre on two occasions before data collection took place in order to develop relationships with the staff of the centre and inquire about the role the Rape Crisis Centre fulfils in the Mamelodi area.

Tactics that the researcher used to help ensure honesty of participants and credibility of the research study included emphasising voluntary participation to the participants from the onset of contact made with the participants. The participants were also informed that they may withdraw their participation from the study at any stage during the data collection phase without this action having any negative consequences on the treatment they receive at the Rape Crisis Centre.

The researcher also utilised interactive questioning to enhance credibility in the form of probing questions during the semi-structured interviews in order to allow more detailed information to come forth to represent the participants' voices. Lastly, the researcher made use of inter-rater reliability as the transcribed interviews were given to the independent coder so that both the researcher and independent coder could analyse the data and compare interpretations, and thus increase the validity of the research study.

Transferability refers to the results of a study being transferable to another study in a different context (Shenton, 2004). According to de Vos et al. (2005), a research study is seen

as transferable when the researcher refers back to the original theoretical framework to show how data collection and analysis guide concepts and models, and by doing so the researcher states the theoretical parameters of the research study. To attain transferability the researcher described the procedures followed during the research study, the participants involved, data collection methods, as well as the time period over which data was collected in the research methodology section of the dissertation. In doing so, another researcher may be able to replicate this study if the need or opportunity arises in another environment.

Dependability refers to the study being sufficiently descriptive so that a future researcher will be able to replicate this study. In the current study, dependability was enhanced by describing each concept, method and analysis used. Furthermore, the researcher described the experience of the actual research process in the following chapter in order to account for any changes that occurred after the proposed procedure of the research process. The researcher included a section on the research design and its implementations, the operational details of data gathering, as well as an evaluation of the effectiveness of the process of the inquiry intake in order to foster an understanding of the methods used and their effectiveness to the reader.

Finally, conformability refers to the researcher's ability to be objective so that the true experiences of the participants are reported on (Shenton, 2004). According to de Vos et al. (2005), one should ask whether the data helped confirm the general findings and led to the implications. It is important that the findings are the product of the focus of inquiry and not the product of researcher bias (Babbi, 2008). Conformability was attained by providing an in-depth methodological description in order to allow the integrity of the research results to be scrutinised, as well as by the admission of the researcher's beliefs and assumptions during the project, which is presented in the following chapter. Personal bias that may have played a

role in the study was reflected upon in the following section below. The researcher thus made every effort to conduct a research study that could be described as trustworthy.

Bias

In qualitative research, bias occurs when the researcher's unacknowledged or unknown subjectivity influence a part of the study. According to Gerhard (2008), bias is defined as "the presence of systematic error in a study" (p. 2159). Although qualitative researchers attempt to objectively produce knowledge from the participants' subjective experiences, bias cannot be completely eliminated as the researcher forms an integral part of the study. However the researcher's acknowledgement of subjectivity during the research process leads to an awareness of possible bias (de Vos et al., 2005), attempting to minimise and account for bias. Various forms of bias that were identified and accounted for in this particular study are discussed below.

Researcher bias refers to the selection of data that fits the researcher's preconceptions and the selection of data that stands out to the researcher (Merriam, 2009). The role of an independent coder brought objectivity to the research study as well as the researcher's supervisor in supervising the research study. The researcher employed an independent coder during data analysis to analyse data from an objective point as the independent coder was not familiar with the experience of the researcher. The researcher also analysed the data and, together with the independent coder, came up with themes that emerged from both individual's analyses. This method assisted to reduce researcher bias as an objective view of the data was taken into account when the themes of the research were developed.

Insufficient sample bias refers to the generalisation or conclusion that is made from a sample size that is too small (Maxwell, 2005). The researcher attempted to minimise insufficient sample bias by collecting data until saturation was achieved. Saturation is achieved when the data gathered becomes repetitive, and no new data emerges during the data collection phase.

Information bias refers to data that is systematically incorrectly recorded (Merriam, 2009). The researcher was the only individual that collected data, which increased the probability of consistency during the recording of the data. The researcher also reviewed the transcribed data in order to adapt future interviews and remained consistent to the objectives of the research study.

Ethical Considerations

Ethics are important in research. The researcher has a responsibility to the participants and to the discipline of science to conduct research professionally and ethically (Babbi, 2008). According to de Vos et al. (2005), ethics, in practice, comprise a set of moral principles recommended by an individual or group, which are then widely accepted, and which offer rules and behavioural expectations about the most correct conduct towards all who are involved directly and indirectly.

A clearance certificate from the MREC of the researcher's university was obtained before commencing with this study. The researcher only started her data collection after gaining permission from the ethics committee and from the Mamelodi Hospital Rape Crisis Centre. The researcher also employed various strategies to ensure that no participants were negatively affected by the study. Informed consent was gained before collecting data, the

voluntary nature of participation was emphasised, and the option of withdrawal was ensured with the guarantee that participants would face no negative consequences. All participants had the chance to ask questions about the research before, during and after the data collection process. The researcher also kept the identities of the participants safe by ensuring confidentiality when writing up the results. De Vos et al. (2005) prescribe various strategies to ensure that participants are treated ethically. These will be discussed in the sections that follow.

Avoidance of harm. The researcher was sensitive to the fact that the topic being researched may have provoked negative emotions, and consciously wanted to minimise undue emotional distress that may have been caused by asking participants about painful experiences. While distress in and of itself is not necessarily harmful in the long run, it is uncomfortable and it was therefore imperative to have informed participants beforehand about the potential impact of the research. The counsellors and nursing staff were available to deal with any immediate concern regarding negative effects at the treating facility while the participants participated in the data collection sessions. As the participants were being sampled from the treatment facility, the staff had assigned counsellors that had already formed a holding environment which was in place during the data collection sessions in order to contain adverse experiences in the event that they arose.

This protective factor was explained to all the participants by the researcher before the onset of data collection. The researcher informed all participants that their counsellors would be available should they feel distressed during or after data collection. None of the participants reported that the information they offered the researcher provoked unbearable distress, and therefore none of the participants used the counsellors for debriefing after data collection.

Informed consent. The researcher informed the potential participant about the intended aims of the study, procedures, benefits and risks of participating. Participants were ensured that their participation was voluntary, and that they could withdraw from the study at any time without any kind of penalty. The participants were informed that their participation was not in any way compulsory. In that context it was imperative that the participants understood that their acceptance or refusal would not negatively impact or alter their relationship with the Rape Crisis Centre or its treating staff members, and that the treatment they received would continue irrespective of their participation or non-participation in the study.

Deception of participants. All participants were informed about the real goals of the study beforehand and were not deceived in any way. Both the researcher and the counsellors that sampled the participants disclosed the true aims of the research together with a letter to the participants informing them of the goals of the study before they gave their consent to participate. The researcher believed that these measures provided the participants with a clear understanding of the purpose of the study, and no suspicion of deception was raised by the participants.

Violation of privacy / confidentiality. According to de Vos et al. (2005), confidentiality can be understood in the context of research as identifiable information about participants collected during the process of research that will not be disclosed, the identity of participants will be protected through various processes designed to render them unidentifiable to others other than the researcher and her co-workers. The researcher acknowledged the nature of the intended study and felt it was important to protect the participants' privacy. The researcher did not make use of the participants' identifiable information that was reflected in their biographical questionnaires. Only the researcher,

independent coder of the data, and staff members of the Crisis Centre knew the participants' personal identifiable information. Participants were ensured that this information would remain confidential at all times.

The researcher protected the confidentiality of the participants by creating a pseudonym for each one. The pseudonym was then used in verbatim quotations of the participants' responses in the text on research findings. This also enabled the researcher to distinguish the inputs from different participants, yet eliminate the possibility of revealing their identities. The researcher hoped that this strategy would further encourage participants to respond honestly during the interview.

Conclusion

This chapter provided an overview of the research design and methodology that was utilised in the study. The qualitative research design was described and explored with its relevance to this particular study. The data collection techniques and research procedures were described, as well as the sampling and the participants who took part in the study. The chapter moved on to a discussion of the method used to analyse the data obtained from the participants, and discussed the factors that could have influenced the trustworthiness of the study. Finally, the chapter concluded with the various ethical issues that were taken into consideration. The next chapter will discuss the results obtained from the interviews that were done.

Chapter Four: Results

Introduction

This chapter presents the results, in accordance with the research aim and objectives of the research study. Using a qualitative research design as a framework for this study, the researcher utilised content analysis to analyse the data. Several relevant themes have been identified within the data and are presented in this chapter. The identified themes are based on the information conveyed by the participants. The transcripts have been analysed in their entirety. However, only certain relevant quotes have been presented in the analysis. Direct quotes from the transcribed data have been presented in order to substantiate and represent the themes and general findings that emerged from the analysis of the data. These quotes have been selected because they are representative of the themes introduced.

Before elaborating on the findings of this research study, it is necessary to provide the reader with a background of the experience of the researcher while obtaining data, the research procedure, the participants, as well as impressions gained during the interviews. The following section of the chapter will provide a contextualisation of the analysis to follow. Finally, the themes that emerged while analysing the data will be explored and discussed with the aim of answering the questions the researcher set out to explore within this study.

The Researcher's Experience

Once the data collection phase started, the researcher contacted the participating staff at the rape crisis centre at Mamelodi Hospital on a weekly basis to enquire about interested

participants for the research study. The nursing staff, treating doctor, and lay counsellors who volunteer at the crisis centre were all in contact with the researcher. Once three to four individuals had been identified to participate in the research study, the researcher and doctor agreed on an appointment date for data collection. The staff of the rape crisis centre at the hospital informed interested participants about the date scheduled for data collection. All information about this research study was provided to the interested participants by the treating staff at the centre. Data were collected at the rape crisis centre at Mamelodi Hospital on five different occasions and are described below.

Before commencing with the process of data collection, it was important to draw attention to the active presence of the researcher – a white female psychologist in training going into a black community. The researcher was initially apprehensive about how the participants were going to respond to her, an individual that perhaps could have been perceived on the surface as being different to the community that she was entering, and different to the other treating staff at the participating hospital. All of the treating professionals at the hospital were black and could speak the native language of that area. The researcher is natively Afrikaans speaking, and all interviews were done in English, which is a second language to both the researcher and the participants. The researcher made sure that the level of English used during the interviews was easily understandable to the participants.

The researcher adopted an informal style of communicating, with the aim of trying to understand the rape survivors' experiences, being empathic to them, and in doing so attempted to create a non-judgemental and affirming atmosphere for the participants. This informal style was utilised to encourage the rape survivors to talk about their experience of disclosing to significant others. The researcher felt that rapport was easily established between herself and the participants by taking time before the interview to introduce the

topic, informing the participants about confidentiality, informed consent, discussing any concerns or questions the participants might have had, as well as introducing the recording device. The researcher used the time before the interview started to make the participant as comfortable as possible and found that 'testing' the recording device by asking non-threatening questions, such as "What is your favourite colour?" or "What are your dreams for your future?", helped participants to feel more comfortable. This exercise minimised any concerns about the unfamiliar device, and some of the participants even laughed when hearing their voice on the device when the researcher played the recording back. Another reason for performing this exercise was so that the researcher could test the participants' volume, rate and speed of speech in order to make sure that their voice was clear on the recording device.

The researcher conducted two interviews on the first appointment date for data collection. Four interviews were scheduled for that day, but only two interested individuals came to the centre to participate. Once the interviews were conducted and the data was transcribed, the researcher reviewed the data in order to evaluate the quality of questioning. The researcher used this evaluation as feedback for her next data collection appointment. For example, the researcher realised that she did not keep her questions focused on the objectives of her research study during the first two interviews, and became distracted by all the information disclosed by the participants. The researcher's curiosity and lack of experience was evident in the first two transcribed interviews as data indicated that there was little focus or direction. A lot of irrelevant information was evident in the transcribed data and the researcher made note of the areas for development and how to adapt the interviews in future.

On the second data collection date, four interested individuals confirmed their attendance. However, only three of these people came to the centre to participate. On the

third scheduled date for data collection none of the interested individuals arrived at the centre and the researcher rescheduled another data collection appointment following a couple of weeks. At the next data collection appointment two interested individuals participated in the research study, and after the researcher ascribed the voice recordings, the researcher reviewed the data collected from all the interviews, and could clearly see themes that had emerged. The researcher made note of the themes that continued through all the interviews and decided to collect one more interview to establish whether data saturation had been reached. This was done by evaluating whether any new themes emerged from the final interview. The researcher arranged another data collection appointment at the centre and one interested individual participated. The interview recording was transcribed and the researcher evaluated the content of the interview and found that no new information was gathered from the last interview. Therefore, saturation had been reached.

During all eight interviews at the rape crisis centre at Mamelodi Hospital, lay counsellors where present to attend to any distress from participants during or after the interviews. The researcher was of the opinion that it was necessary to have the lay counsellors available as the participants were being seen by the counsellors for debriefing and counselling. Even though the researcher is an intern clinical psychologist, and competent to respond to any distress by the participants during or after the interviews, the researcher did not want to have a dual relationship with the participants. The researcher was working with the participants in the role of a researcher, and the lay counsellors acted in their capacity as counsellors. None of the participants felt that they needed debriefing after the interview. This service was made available to them by the researcher from the onset of data collection and it was explained to the participants that the researcher was not interested to know what happened during the event, her interest was in their disclosure after the event.

Seven of the eight participants agreed to this stipulation, but one participant wanted to disclose to the researcher what happened to her during the rape event. The researcher agreed to this request as it was asked at the onset of the interview, and the researcher felt denying the participant's request would influence the rapport still being established between the researcher and the participant. This disclosure gave context to the participant's experience, although it was not expected of any of the participants. The researcher's aim was to create an atmosphere where the participants felt safe, and the researcher experienced most of the participants to be open and willing to share their experiences.

After data saturation was reached and all eight data recordings were transcribed by the researcher, the researcher and independent coder individually analysed that data according to Tesh's Model (Creswell, 1994). Tesch's Model was used as a framework for the process of content analysis, as was outlined in Chapter 3. First, a general sense of the themes was gained by reading through each interview carefully in order to gain familiarity and immersion with the data. Then the themes surrounding each question were written down, and thereafter coded according to similar responses found across the sample. Finally, the responses were grouped into categories and interpreted. The analysis produced a description of general trends of significant influences pertaining to the participant's context (Creswell, 1994). The researcher and independent coder discussed the different themes that were derived while analysing the data independently and reached a consensus on the final themes that emerged while interpreting the data.

The following section will explore and describe the results obtained from the participants in line with the aim and objectives of this research study. The aim of the intended research study was to explore and describe adult rape survivors' experiences of self

disclosure to significant others at the Mamelodi Hospital Rape Crisis Centre. The objectives were:

1. To explore and describe to whom and to which significant others rape survivors

   disclosed their rape experience.

2. To explore and describe why rape survivors disclosed to these specific individuals.

3. To explore and describe the outcome of the disclosure to significant others.

The researcher made use of pseudonyms in the verbatim text illustrations below. Pseudonyms were used in order to protect the identity of the participants described in the previous chapter under ethical considerations.

Results from the Research Study

Themes and sub-themes derived from the content analysis were collated according to the three main research objectives. First, with regards to the question of to whom rape survivors disclose their rape experience, the themes of mothers, boyfriends, friends, and non-disclosure to the community emerged. Second, with regards to the question of why rape survivors disclosed to these particular individuals, the themes of emotional support and trust, behaviour during or after the event, help-seeking, and disclosure initiated by others emerged. Finally, with regards to the outcome of the disclosure to significant others, the themes of positive feedback despite fear to disclose to significant others, and negative feedback from significant others emerged. These will now be discussed in more detail in the sections that follow:

To whom rape survivors disclosed their rape experience. Rape survivors disclosed to a variety of formal support providers before being interviewed by the researcher. All of the participants reported their rape to the Police and/or hospital staff at the rape crisis centre in order to seek treatment and build up a case against the perpetrator. Data from the interviews illustrated that four participants first disclosed their rape to a significant other before reporting their rape experience to the police; while the other four participants first went to the police station and opened a case before disclosing their rape experience to their significant others.

The participants who first disclosed to their significant others described that they were seeking support before they reported their rape to a formal support structure such as to the police. The participants who first disclosed their rape experience to the police explained that the police were involved directly after the rape experience. For example, they were present at the scene after the rape experience. These individuals did not have the opportunity to gather their support system to accompany them to the formal support structures. All of the participants were referred from the police stations to the Mamelodi Hospital Rape Crisis Centre to seek treatment.

The researcher was interested in disclosure to significant others and data from the participants illustrated that most of the participants disclosed their rape experience to their mothers, boyfriends and best friends. These sub-themes will be explored below.

Mothers. Most of the rape survivors disclosed their rape experience to their mothers. Most of these participants perceived their mothers to be supportive, and a figure that could help them deal with the traumatic event they had experienced. Five of the eight survivors

directly disclosed to their mothers; while two participants asked their sisters whom they have already disclosed to, to disclose the rape experience to their mothers. One participant has not yet disclosed to her mother as her mother was reported to be very ill, and she feared that her mother's condition would worsen should she become aware of the traumatic event which her daughter had experienced. However, this participant really wanted to confide in her mother in order to gain support from her. It was stated, "*I want them (parents) to comfort me and tell me everything is going to be okay...It would be better cause then I know I have support.*" (Lisa).

Five out of eight participants disclosed their rape event to their mothers as most of the participants described having a very close relationship with their mothers, or alternatively these participants lived with their parents. Participants' reasons for disclosing to their mothers all included seeking support facilitated by a strong bond of trust. One participant responded by stating, "*My mother is very close to me I can tell her everything...*" (Unako).

Two participants responded that a trusting relationship was the causal factor to motivate them to disclose their rape experience to their mothers, and that they felt obligated to disclosure this experience to their mothers. They stated "*I must tell the truth like it is...a person you can trust is your mom...*" (Lilitha), and "*She is my mother and I must tell her everything, 'cause she is supportive...*" (Ntsoaki).

One participant did not want to disclose her rape experience to anybody, but reported that she felt forced to disclose her rape experience to her parents, because when she arrived home with bruises on her face, her parents were concerned and wanted to know what happened to their daughter. This participant reported that she had to disclose in order to explain her injuries obtained during the event. She stated "*It was hard, I didn't want to tell*

them, but they saw my face when I came home...then my mother asked me what happened...I am open with her...because we talk a lot, I trust her..." (Mpho).

From the illustration above one can again hypothesise that disclosure was motivated by the participant's trusting relationship with her mother. Although she initially was not planning to disclose her rape event to anybody, the trusting relationship she had with her mother precipitated her motivation to disclose her rape experience to her parents. This participant's father was also present during the disclosure of her rape experience, although she reported that it was her mother who made her feel safe enough to disclose.

All of the above participants experienced positive and affirming feedback upon disclosure towards their mothers. One participant did not receive positive feedback from her mother, and thus regretted disclosing to her mother. The participant responded that the reason she disclosed to her mother was, "*Eish, I thought maybe it would eat me, nobody knowing inside the house what I have been through...*" (Khumo). This participant sought support and trusted her mother more than other members in her family and decided to disclose to her mother. When the participant's mother did not respond to her needs after disclosure of her rape experience, which was evident in her blaming her daughter for the rape event, the participant distanced herself from her mother. She stated:

> *I feel like I regret telling my mother 'cause she didn't answer me*
> *well...she was trying to say that I deserved it...I thought maybe*
> *she could help or something...I am telling you it was the worst*
> *part...It feels like X cares about me, unlike my mother...*
> (Khumo).

From the above data it was evident that the majority of these participants wanted to inform their mothers as they were either close to their mothers, trusted their mothers, or sought support from them. Only one participant disclosed to her father directly, and none of the other participants felt comfortable disclosing the rape experience to their fathers. Instead, they relied heavily on their mothers as a support structure in dealing with this trauma.

The presence of disclosure to a male figure was evident in the data and will be described below. The researcher found it interesting that only one of the eight participants disclosed to her father, and even then disclosure was due to a need to explain physical injuries incurred during the rape experience, and was not fostered by a trusting relationship compared to the participants' responses towards their mothers. The researcher did not investigate this discrepancy and noted that this may be the result of various reasons, such as the absence of a father or not having a close relationship with the father. There may be many other reasons that could account for this presentation of the data.

Boyfriends. Rape survivors disclosed their rape experience to their boyfriends. Four of the participants disclosed their experience directly to their boyfriends and from the participants who did not disclose their rape to their boyfriends, one participant did not have a boyfriend, two of the participants reported that their boyfriends were the perpetrators in their rape experience, and one participant kept her rape experience a secret from her boyfriend.

Different reasons were provided for the four previously mentioned participants to have disclosed to their boyfriends. The most prominent reason reported by participants as to why they chose to disclose their rape experience to their boyfriends was to explain their unusual behaviour following the incident. Various other reasons were provided. One participant stated "*I wanted to tell him...he is close to me (lives close by), I don't want to have*

secrets...and also I don't have a phone and at the police station they need a phone number to

send the case number..." (Lilitha).

The above statement describes how the participant planned to disclose the rape experience to her boyfriend, but had to do so prematurely while she was still at the police station, as she was required to produce a contact number in order to report the crime. The participant, however, informed the researcher that she also disclosed to her boyfriend in order to gain emotional support from him, as her family resided in a different town.

Another participant chose to disclose to her boyfriend a few days after her rape incident for the same reason illustrated above. She stated:

> *I felt like he deserves to know...cause every time that he calls*
>
> *me, he heard me crying. I couldn't answer his call the first*
>
> *time...but when time goes on, he heard me crying and that is*
>
> *when I told him about it...* (Mpho).

One participant was in contact with her boyfriend over the phone shortly before the rape occurred and reported that she disclosed to her boyfriend in order to explain her behaviour. She stated "*...I was over the phone so that friend neh, just grabbed the phone and just smashed it on the ground...he (*the boyfriend*) wanted to know why I switched off my phone (*the next morning*)...*" (Khumo).

In the cases of the two previous participants it would appear that the motivating factor for disclosing to their boyfriends was in order to explain their unusual behaviour, as opposed to seeking support. This is in contrast to the reasons why participants wanted to disclose to their mothers.

One participant tried to disclose to her boyfriend during her rape event and stated:

> *Cause I saw him by the time I was in the taxi, he was crossing*
>
> *with the car (they passed each other on the road)...I tried to call*
>
> *my boyfriend when he (*the rapist*) was busy raping me, but then*
>
> *he pushed my hand and the phone fell...maybe he can come and*
>
> *help me...* (Thembi).

This participant disclosed to her boyfriend as a manoeuvre for help, wanting him to come and save her from this experience.

From the data presented above most of the rape survivors disclosed their rape experience to their boyfriends in order to explain their behaviour during or after the rape event which differed from the norm, due to the traumatic experience, and one participant did so in the context of help-seeking. It can be suggested that these participants had close emotional relationships with their partners in wanting to share the trauma in order to be understood and supported. Most of the participants did fear rejection and abandonment from their boyfriends prior to disclosure, but this fear of rejection and abandonment did not keep the participants from disclosing their experiences as they felt that their boyfriends deserved to know.

Best friends. Most of the rape survivors chose to disclose their rape experience to their best friends. Participants chose to disclose to their best friends as they described that they trusted them and needed somebody to confide in, in order to have a support structure while going through this trauma. Six out of the eight participants disclosed directly to their best friends, one participant was still new to the area and did had not yet formed close

friendships which could have provided her with a safe environment to share her experience. The other participant's disclosure to her friends was initiated by her mother reporting her missing at school, but the participant did disclose directly to her one friend as she reported she trusted her.

One participant reported that she disclosed to two best friends together and described the experience as follows: "*I called both of them and they came to my house and then they oooo it took time to tell them...it took time for me just to cough it out...it made me feel better...*" (Atho). One participant did not have a choice to disclose to her friends as the disclosure of her rape experience was initiated by her mother. This participant was kidnapped for three days and her mother had to report her missing. The mother then informed the school about what had occurred when she was found. As a result, many pupils at the school were aware of the rape. The participant reported that this had a negative impact on her, as her peers' reactions made her feel judged and rejected. She stated:

> *...Like at school I feel like, like some many people at school we*
> *were almost like best friends, now they did not want to talk to*
> *me, they are shy to talk to me...it is hard...there are many of*
> *them calling me names...they gossip about me...* (Unako).

This participant did however disclose to one friend directly and explained that she needed a friend to support her. She stated:

> *I told myself let me tell her and see how she feels and if she*
> *does not want to be my friend anymore that is fine...like we used*
> *to share things, like secrets and I know her very well...she would*
> *not tell people or judge me for what happened to me...* (Unako).

As a result of the negative feedback which she perceived from her peers, she wanted a friend who would support her, and therefore decided to disclose her rape experience to a friend who she hoped would not judge and reject her as the pupils in her school had done.

Another two participants disclosed to their best friends as they felt that they could trust them, and described that they had a close emotional bond with their best friends with whom they shared their life experiences. One stated:

> *...always if I have a problem I go to her (*best friend*) and tell*
>
> *her what is going on in my life and sometimes she guides me..."*
>
> *(Lisa). The other stated "...because we were close...and we talk*
>
> *all the time* (Khumo).

This close emotional bond and trust was echoed by another participant who explained that she disclosed her rape experience only to those who she trusted and who she hoped would support her while she was going through the traumatic experience. She stated:

> *...I told the people that I trust, I did not tell anybody else, only*
>
> *the people that I trust and that I was looking for help...and my*
>
> *friends, there is two friends of mine and they came to visit...they*
>
> *support me...* (Thembi).

From the data presented above it was evident that rape survivors disclose to their best friends as they share their experiences in life and secrets with them. This sample described a close emotional bond which reinforced their motivation to disclose to their best friends in order to gain support from these individuals. As was mentioned previously in this chapter, rape survivors disclosed directly to some individuals, while other disclosures are initiated by significant others. Some of the rape survivors also disclosed directly to their sisters, cousins

or employers, but these disclosures were not significant across the sample during the data analysis. Most of the disclosures initiated by a significant other were to family members. It was found that mothers usually took on the role of informing the family about the traumatic experience that the participant had been through.

If one looks at the case in which the one participant experienced a sense of rejection and abandonment from her peers at school, it can be deduced that not all friends will react in a supportive manner towards a rape survivor. Their reactions may be interpreted negatively by the rape survivor.

The researcher also asked these survivors about whom they would not disclose their rape experience to. In doing so, the researcher hoped to gain more insight into their appraisals about rape and disclosure. This data will be explored in the section below.

Non-disclosure. It is evident from the data gathered that none of the participants wanted to disclose their rape experience to their communities. These survivors were apprehensive about the feedback they might receive from members in their communities. One participant reported:

> *...it is embarrassing...because I know they will ask me questions*
> *like what happened...I don't know what they will think but some*
> *other people that I know (*people from her community*), when*
> *they see that home they will say: 'Ah, that girl deserves it'...I*
> *feel safe keeping it a secret from them...I don't trust them and I*
> *know that they will blame me, judge me about what happened...*
> (Mpho).

According to this participant, she has a lack of trust in people in her community and fears judgement and blame from them upon revealing her rape experience. This theme was echoed by most of the participants.

Another participant reported that she does not disclose her rape experience to people that she perceives will blame her. She stated:

> *...they say she was raped because that is what she wanted...I feel lonely, so lonely...they always talk silly things, negative things, then they make a person feel so small like she is living in her own world alone...they also make a person feel guilty...* (Atho).

A clear distinction existed between those who rape survivors felt they could disclose their rape experience to, and those who they would not choose to disclose to. It was evident that rape survivors disclosed to their mothers, boyfriends and best friends as they trusted these significant others most and sought support from them. People did not however trust the community members in general. They did not refer to specific individuals in the community. This remained a generalisation. However, it was clear that the fear lay in the basis that the majority of people in the community probably believed various incorrect rape myths, and would judge the participant based on this misinformation.

One participant reported:

> *...some people, ah, they talk too much...they talk behind your back...the people that I don't trust, I don't tell them about it...like you see this issue, if you tell this problem to people they start to feel sorry for you, they just look at you like maybe you*

> *were a prostitute or something and you wanted it cause you*
>
> *were drinking beers they would say...* (Khumo).

This participant, much like the other participants, was sure of the judgement and blame she would receive from community members. She did not have any real evidence to substantiate her belief, such as a previous occasion when this had occurred.

Another participant reported that she even feared joining society again after her rape experience, and wanted to hide away in her house. She stated:

> *...I was still scared to like walk outside the street cause people*
>
> *know that 'oh that girl was raped'...they will call you*
>
> *names...they will talk about you and say: 'No don't go to that*
>
> *girl, that girl has been raped, what if she has HIV', so they are*
>
> *like that...* (Unako).

This fear of being labelled and made fun of by the community was echoed by another participant who anticipated a negative impact. She stated "*...they will make the jokes you see...and this thing is serious, it is not a joke...they will make me feel bad...it will make me feel pain and I will cry everyday...*" (Lilitha).

Fear of rape myth acceptance and its negative consequence to the rape survivors motivated them not to disclose to others in their community as they feared rejection, blame and judgement. This sub-theme did not form part of the initial objectives of the research study. However, the researcher chose to report this section in the results as it became a clear factor in exploring to whom rape survivors disclose their experience, and to whom they do not.

The following section will explore and describe why rape survivors disclose to certain individuals. This section will report on the rape survivors' fears before disclosing as well, as their motivation to disclose, and lastly the researcher will try to describe the rape survivors' experiences of disclosure to significant others.

Why rape survivors disclosed to certain individuals. Previous research in South Africa on rape survivors' experience of disclosure was directed at formal support structures such as police stations, hospitals and crisis centres. The researcher wanted to understand rape survivors experience of disclosure to their significant others in order to bridge this gap in the literature, and assist counsellors treating these individuals. Data from this sample indicated that rape survivors mostly disclosed their rape experience to their significant others in order to seek emotional support, to seek help, to explain to significant others the abnormalities in their appearance or in their behaviour during or after the event, or that they trusted the individuals they chose to disclose to.

Most of the rape survivors were fearful about their significant others' reactions. However, these initial fears were outweighed by their need to gain support, which motivated the rape survivors to directly disclose their rape experience despite their anxiety. Each of the four motivations to disclose as mentioned in the paragraph above will be explored and described first, followed by the fears of disclosure that these rape survivors experienced prior to disclosure.

Emotional support and trust. Most of the rape survivors' reason for disclosure to their significant others involved the need to gain emotional support. Trust was seen as a major protective factor that motivated disclosure by these rape survivors. One participant

directly disclosed to her older sister and her two best friends with the hope of them supporting her while she deals with this trauma. The participant reported firstly disclosing her rape experience to her older sister as they had a close bond, and trust each other. This participant had no expectation that her older sister would judge her. She stated:

> *...The first day that I was raped, I went to my bigger sister and told her everything...she was the one who is closest to me...she was supportive...my sister and I, we share everything. I trust her, she trusts me too...if I say this one is a secret, it's between me and her, she keeps it that way...* (Atho).

The above participant was, however, fearful of how her best friends would react after hearing about the experience. She reported "*I thought that maybe they would judge me and maybe they will tell me that I was looking for it...*" (Atho). Despite this fear, the participant chose to disclose to her two best friends, as she reported that she knew they cared about her. After she disclosed her rape experience to them, they cried with her, supported her and told her to be strong, and that they would help her find the perpetrator and make sure that he is prosecuted. The participant reported that this support made her feel better, and made her feel that she was not alone anymore.

Another participant chose to disclose her rape experience directly to her mother and her teacher. This participant reported that she had a close relationship with her mother and, although she was fearful of disclosing her rape experience, she decided to disclose anyway as she reported that she needed to relieve herself from her heartache and share her experience with someone who would support her. This participant reported:

> *...some people can judge you...so my mother is very close to me*
>
> *so I can tell her everything...first I was shy and then after that I*
>
> *told myself that don't I take this something that is in my heart*
>
> *and say...it's hard to tell someone...she did not judge me...it*
>
> *made me think how did I not tell her in the first place?...*
>
> (Unako).

This participant reported that her mother's support really helped her. She had been experiencing suicidal thoughts relating to the possibility of people judging her when they find out about her rape experience. When her mother responded in a positive manner, she decided to also disclose directly to her teacher whom she trusted and who always gave her advice when she went through difficulties. She stated "*...I told her...she is very sweet...when I don't feel well she gives me advice...*" (Unako).

This participant reported that it is helpful to have people that you trust to support you. She disclosed to her mother in order to support her at home, and to her best friend and teacher in order to support her at school. This participant reported that she learned from this experience that one needs to disclose to the people that you trust even if it is hard. She stated:

> *...even if you have been raped...just cough it out and tell*
>
> *someone you trust...don't let that thing eat you inside*
>
> *yourself...to know that they are not the only one that have been*
>
> *raped or the last person...you must stand up for yourself...*
>
> (Unako).

Another participant also disclosed her rape experience in order to gain emotional support. This participant chose to disclose her rape experience to her aunt, as she needed her

aunt to support her when she disclosed the experience to her parents. She reported "...*I have talked to my aunt, I did tell her...she didn't respond...I just walked away, it was painful...how come she don't respond when I tell her things like this?...I want her to support me...*" (Lisa). This participant did not receive positive feedback from her aunt, instead she felt rejected, abandoned and guilty. She stated:

> *...how come she did something like this?...if she (*aunt*) can talk to me, I can take her to my parents and talk to them, but she is not talking to me...what am I going to do...how am I going to tell them what happened to me?...it is very hard...cause she (*aunt*) did tell me that person (*ex-boyfriend*) is not good for me...* (Lisa).

This participant was distressed about her aunt's negative feedback after she disclosed her rape experience. She had been hoping that her aunt would support her, which would enable her to disclose to her parents. The participant really wanted to disclose to her parents as she reported she knew that they would support her, and she needed someone to support her through her traumatic experience.

Emotional support and trust was seen as the primary motivation for rape survivors to disclose to their significant others. From the data obtained from this sample it seemed that the rape experience left most of the participants feeling alone and isolated. It was difficult for the participants to disclose their rape experience to their significant others, and they were fearful of judgement and rejection, but chose to disclose anyhow as emotional support was more beneficial than the risk of rejection and judgement. Not all of the disclosures lead to the experience of support, as was indicated by the last example. Negative feedback can be seen

as a barrier, inducing negative emotions associated with the experience, such as guilt. However, it was noted that negative feedback did not deter future disclosures in this sample.

Explain behaviour during or after event. A number of participants disclosed their rape experience to significant others in order to explain their behaviour during or after the rape event. These disclosures were not made in motivation of emotional support. These disclosures were made to explain the context the participant found themselves in. Two participants reported that they felt they had to disclose their rape experience to their employers as they were not coping at work. One participant reported:

> *...I decided to tell my boss because maybe when I am sick, she*
> *does not know why I am sick...it was not difficult because she*
> *saw me in the face that I am not okay and then she asked me are*
> *you okay? … I said no and then I started crying and then I told*
> *them what happened … they (*her employer and her employer's
> husband*) were crying...she was supportive...* (Lilitha).

This participant reported that she does not want to keep secrets from her family, friends or employers, as she wanted to be free. Disclosing to them gave her a sense of relief as they were able to understand her better. This participant was still apprehensive about disclosing to others in her community as she feared rejection from them.

The other participant also decided to disclose to her employer as she was not coping at work and was afraid that her employer might dismiss her for this reason. She stated:

> *... at work I did tell my supervisor...they saw me that I am*
> *stressed all the time, that I can't work and that I can't do*
> *anything...it was tough, I did not know how to start telling*

> *her...and knowing that she is going to help me but I have*
>
> *to...then she told me she got the same experience that I have...it*
>
> *was tough and painful cause I didn't know what to do...she was*
>
> *crying too...* (Lisa).

This participant reported that she also wanted to commit suicide as she did not know how to cope with her rape experience, as it was influencing her functioning especially at work. By disclosing to her supervisor she was able to relieve some of her distress. This participant reported that when her employer started to cry as she was also in pain from her own rape experience. This participant felt more immobilised and reported "*...I don't know where I am going, I don't know where I come from...all of them are just crushed...*" (Lisa).

This participant did not have any support structure to turn to as her aunt (mentioned in the section above) did not respond well to her disclosure. This participant reported that her world had been shattered, and that she was fearful of disclosing to her parents as she feared judgement from them but desperately needed their support.

A number of participants disclosed to their boyfriends in order to explain their behaviour that was different from the norm. This one participant reported that her boyfriend would call her and that she was so distressed about her rape experience that she was unable to talk to him. She decided to disclose her rape experience to him in order to explain her unusual behaviour. She stated:

> *I felt like he deserves to know...cause every time that he calls*
>
> *me, he heard me crying. I couldn't answer his call the first*
>
> *time...but when time goes on, he heard me crying and that is*
>
> *when I told him about it...* (Mpho).

This participant admitted to lying to her boyfriend about her whereabouts that day, and this made her fearful to disclose her rape experience to him as the perpetrator was one of his friends. The participant reported that her boyfriend was angry at her for deceiving him, because if he knew she was visiting one of his friends, he could have helped her. The participant reported that she felt guilty for lying, but was relieved that her boyfriend supported her and understood when she acted differently due to the experience.

Another participant was talking to her boyfriend over the phone shortly before the rape occurred. She reported that she disclosed the experience to her boyfriend in order to explain her behaviour. She stated "...*I was over the phone so that friend neh, just grabbed the phone and just smashed it on the ground...he (*the boyfriend*) wanted to know why I switched off my phone (*the next morning*)...*" (Khumo). This participant felt that she needed to explain her behaviour to her boyfriend. Her boyfriend was supportive after the disclosure, and told her that he would accompany her to court if the police caught the perpetrator and he was prosecuted. The participant reported that she felt better knowing that her boyfriend supported her.

Another participant felt that she had to disclose her rape experience as she obtained bruises on her face, and her parents inquired about her injuries when she arrived home. This participant stated that she was not planning on disclosing her rape experience to anybody, but felt like she had no reason to keep this a secret when her parents questioned her. She stated:

> *...I wasn't planning to tell them, but they saw my face...it was*
>
> *hard for me...I did not want anybody to know about it...but my*
>
> *mother asked me so many questions and I didn't have no reason*
>
> *to keep quiet...I was scared and very hurt because she (*mother*)*
>
> *was crying and she hated this guy...so she asked me why did I go*

> *with this guy?...I disappointed her...I saw that my parents are*
>
> *very caring...they do care about me...* (Mpho).

This participant clearly made a decision to disclose as she could have lied or said nothing. She did not actively seek out this disclosure, neither did she have any articulated expectations as she was fearful that her parents might blame her. After her disclosure her parents supported her and this made the participant feel loved, cared for and understood. This also motivated her to disclose her rape experience to her significant others, including her boyfriend and her best friend.

From the data presented above it was evident that rape survivors had different motives in disclosing their rape experience. In the first sub-theme explored, the motive was to gain emotional support. This section of the results illustrated that some disclosures are made merely to explain the participants' behaviour and emotional support was not necessary the primary motivator. The next sub-theme will explore the participants' disclosure as motive to seek help from their significant others, during or after the rape event.

Help-seeking. Some rape survivors chose to disclose their rape experience to others in order to seek help. This motivation to disclose differs from the two previous motivations explored and discussed above. Some rape survivors were actively seeking help after the event. Data from this sample indicated that disclosing one's rape experience with the primary motivation of seeking help was due to the distress they felt at that moment. This type of disclosure warranted elimination of the distressing circumstances they were trying to get away from. One participant reported that she disclosed her rape experience to her friend although she did not trust her friend, but she was afraid that the perpetrator was following her and might hurt her. She reported:

*...I told my friend, 'cause I was afraid he (*the perpetrator*) is*

going to follow me...I went to her and told her what

happened...because always if I have a problem I go to her...I

was ashamed to tell her...how is she going to look at me?...she

likes to talk too much...but I don't have anyone to talk to so I

had to go to her... (Lisa).

This participant was in desperate need for help as she felt her life was endangered, and thus disclosed her rape experience to a friend that she did not trust just in order to seek help from someone.

One participant visited a friend in another town. The participant reported that she disclosed to her friend's brother as her friend whom she visited left earlier that night and left her with these strangers she did not know. The participant reported that she tried to phone her friend but could not get hold of her. Her friend's brother, whom she only met one day prior to the rape event, phoned her to find out where she was as it was late and he was concerned about her whereabouts. The participant reported that she disclosed the rape to him so that he would come and help her as she was in the perpetrator's house in a town she did not know. She stated:

...my friend, I tried to call her, their phone was off. I thought

maybe it is her battery or she was trying to avoid some

people...that younger brother called and I said: We are at his

place...and he said that he will come now...I just need to be

patient...I started hoping that someone is going to come

now...that younger brother, he was willing to help me and I saw

he cared about me... (Khumo).

This participant was distressed and needed somebody to come and help her. She was in a town she was not familiar with, and in the perpetrator's house, and fortunately her friend's brother phoned her to find out where she was. The participant then used this opportunity to seek help. According to the participant, she had no fears about disclosing her rape to her friend's brother as her primary aim was for her to get help.

Another participant disclosed her rape experience to her boyfriend and her sisters just after the event. This participant sought help from her significant others. She reported:

> *...I tried to call my boyfriend when he (*the perpetrator*) was busy raping me...maybe he could come and help me...I also send a message on What's up to my sisters...maybe they could go and tell my mom...maybe they can do something...* (Thembi).

This participant's motivation for disclosure was to receive help. She did not have any fear or anxiety about disclosing her rape experience to her significant others as her main objective was to seek help. It was stated:

> *...it is not difficult cause I have even told some of them later...I told them that there is something that happened to me...I told my friends and even my teacher at school, I did send a message to her...cause I think I am going to get help...they are the people that I trust...* (Thembi).

This participant reported that she did not find it difficult to disclose her rape experience to others as she did not think about how others might react to this news. She merely thought of calling those that could help her. It is evident that this participant did not fear rejection or judgement from others as she did not consider how others would react to her

rape experience. This participant acted instinctively by gathering her support network for help after her traumatic rape experience. The dynamics around this type of disclosure is significantly different to disclosure motivated by the need for emotional support, or to explain one's behaviour. Participants were not apprehensive towards others' reaction about their rape experience when they disclosed with the motivation to seek help.

From the data obtained from this sample, the researcher found that rape survivors had many different reasons for disclosing their experience to significant others. The three primary reasons for disclosure found from this sample were the need to seek emotional support; the need to explain their behaviour during or after the rape event; and the need to seek help. Participants who disclosed their rape experience with the motivation of seeking support were consciously considering the reactions of those they wanted emotional support from. Conversely, the participants who disclosed their rape experience with the motivation of seeking help were not considering the reactions of those they disclosed to, as their primary motivation was to obtain help on a practical level. The participants who disclosed their rape experience to their significant others with the motivation of explaining their behaviour during or after the event were more concerned about being understood, and were not actively seeking support. There are therefore clear distinctions between the different motivations for disclosure amongst this sample.

Some of the participants reported that their disclosure about their rape experience was initiated by others. Although all of the participants directly disclosed their rape experience to some significant others, other members belonging to that group found out about the participants' rape experience through individuals the participant already disclosed to. The researcher explored the rape survivors' experience of disclosure initiated by others on their behalf, and these findings will be discussed in the following section.

Experience of disclosure initiated by others. Some participants did not have to directly disclose their rape experience to all significant others. Some disclosures about the rape experience were initiated by the significant others whom the participant had already disclosed too. The responses from participants varied. Some participants did not mind others disclosing their rape experience; whereas others felt angry and betrayed by their significant others for disclosing their rape experience. One participant reported that she did not mind that the rest of the family found out as she believed that family members should know what is happening in each other's lives. She reported:

> *...someone told them...they are part of my family and we should*
>
> *know everything that happens to me...eish, but I don't want them*
>
> *to look me in the other way...I was scared of judgement...but*
>
> *they pretended that they know nothing...I wanted them to be the*
>
> *same, I did not want any sympathy from them...* (Atho).

This participant reported that she was initially fearful that her other family members would judge her when they find out about her rape experience, but that she felt that it was important that they are informed about what happens to her. The family members did not respond to the participant in a negative manner when they were informed about her rape experience, and this made her feel better as she felt that they supported her.

Another participant had a different experience. She felt betrayed by her parents for informing her school, family members, and some people in her community about her rape event. This participant was kidnapped for a few days and her parents went looking for her and that is why so many people knew about her rape experience. She reported:

> *...firstly, I was angry, now I am fine, I know I am not the first*
>
> *person to be raped and I am not the last person...I was angry at*
>
> *my family for telling them...I felt that I was the person to be*
>
> *blamed for that thing that happened...that I did want that thing*
>
> *to happen...they (*the family*) change sometimes like when we are*
>
> *sitting there talking, they would say: eish we forgot that*
>
> *someone experienced it so just change the subject...I feel like*
>
> *they take me apart...* (Unako).

This participant felt rejected by her significant others as they would not allow her to speak about the topic of her rape. They would change the topic when it came up. This made her feel uncomfortable as she still feared judgement from them. Another participant had a different experience. Her cousin had been raped previously and became despondent towards others after the rape. This participant reported that she was fearful that her family would think that she would also react in such a manner. She stated:

> *...sometimes I feel embarrassed...cause before they see me they*
>
> *think that I am crushed, I am blank, I am just like numb...cause*
>
> *of what happened to my other cousin...but they don't see me as a*
>
> *victim, they see me as a survivor...I feel strong now* (Lilitha).

However, this participant did disclose to her family and found that she received positive feedback from them. This made her feel empowered and supported by her family members.

Three very different responses were elicited from participants' experience of others initiating to disclose their rape experience. The first participant was fearful about her

family's response towards her, but felt that it is important for her family to know that she has experienced a rape. The second participant felt betrayed by her parents about taking the initiative to disclose her rape experience to others, as she felt that her family now responded differently towards her. She reported that they pity her and try and avoid the topic of rape completely which made her feel excluded from them. The third participant feared that her family would experience her to be like her cousin, who also experienced a rape and became distant towards others after the event. This participant, however, received positive feedback from her family when she did not respond in a similar manner, and this empowered her and made her feel supported and not excluded from them.

The above section of this chapter explored and described the reasons why participants chose to disclose to certain significant others. Different motivations for disclosure were described, as well as experiences of these disclosures.

In the final section of this chapter, the researcher will explore and describe the different outcomes of the disclosure experiences of the participants in order to extend the reader's knowledge of the different stages of the disclosure process that occurred. The stages of the disclosure process included the initial fears the participants had, to whom they chose to disclose their rape experience, the reason for disclosing their rape experience to the specific individuals, the experience of the disclosure event and lastly the outcome of the disclosure.

The outcome of the disclosure to significant others. With each disclosure and interaction with the social world, individuals are implicitly or explicitly informed, either positively or negatively, about how they are to make sense of the experience and apportion blame. Some participants received positive feedback in terms of supportive interactions after

their disclosure to significant others. However, some participants received negative feedback in terms of sympathy, pity and judgement after their disclosure of their rape experience. The researcher wanted to explore the implications of the outcome of disclosure to significant others in order to scrutinise whether positive or negative feedback had an effect on future disclosures.

Positive feedback despite fear to disclose to significant others. Some of the participants were fearful to disclosure their rape experience to their significant others. The participants reported that they feared blame, judgement and pity. Most of the fear was directed towards their boyfriends and how they would react after they had been informed about the participants' rape experience. Most of the participants echoed that they feared that their boyfriends would end the relationship when they disclosed their rape experience to them. One participant stated:

> *...the time that I told my boyfriend I was scared cause I don't*
> *know if he going to say maybe it is your problem it is not my (the*
> *boyfriend) problem...it was not easy...I was very very very*
> *scared inside cause the time I was sitting in my room I was*
> *thinking I should not tell...I should not tell, no I should not tell...*
> (Lilitha).

This participant had initial fears about disclosing her rape experience to her boyfriend, but decided to disclose to him as she sought his support. After her disclosure, she reported that he was empathic towards her and that gave her courage to disclose her rape experience to her mother.

Another participant echoed this fear before disclosing her rape experience to her boyfriend. She reported "*...when I think of telling him, there are two thoughts: he would be a runaway boyfriend or he will be supportive but think that I am a victim...*" (Ntsoaki). This participant was apprehensive about disclosing her rape experience to her boyfriend. After she disclosed to him, she reported that he supported her and did not view her as a victim, which enforced a view of herself as a survivor, and motivated her to disclose her rape experience to others who she trusted.

One participant did not want to disclose her rape experience to anybody as she feared that others would blame her for the rape event. She stated:

> *It was hard for me, I did not want anybody to know, I think they*
> *would say I deserve it...I thought about it a lot of times...then I*
> *just told them...I saw that my parents are very caring...they do*
> *care about me...* (Mpho).

Despite this participant's fear, she disclosed her rape experience to her parents and received positive feedback even though she expected negative feedback from them. This incident gave her courage to disclosure her rape experience to her boyfriend and best friend as she needed support in her social environment, and not only at home. After this participant disclosed to her boyfriend and best friend, she reported that she felt loved and understood by the way they responded to her disclosure.

From the above data and illustrations, it is evident that, despite initial fears by the rape survivors to disclose their experience, positive feedback lead to courage, a positive view of self as a survivor and not a victim, and facilitated more disclosures. This then increased the

support the participants wanted. Not all disclosure by the participants led to positive feedback. Negative feedback by significant others will be described in the following section.

Negative feedback from significant others. Some of the participants wanted to disclose to their significant others in order to receive support from them, but instead received pity, judgement and blame. These experiences did not lead to non-disclosure as was hypothesised by the researcher. Instead, these participants still wanted to disclose their rape experience to others in the hope of gaining the emotional support they needed. One participant disclosed to her cousin with the motivation of gaining emotional support, as this participant felt close to her cousin and trusted her. She reported:

> *...we are this close (*indicate with fingers next to each other*)...as*
>
> *close as sisters...I wanted to tell her...I was not anxious or*
>
> *scared...she was sad, I felt hurt...she supports me but she feels*
>
> *sorry for me...my cousin, sho, she makes me feel like a victim*
>
> *and I don't want that...she has to stop...* (Ntsoaki).

This participant did not receive the positive feedback she anticipated before disclosing her rape experience to her cousin. She expressed that her cousin pitied her and this caused hurt as she did not want to view herself as a victim. She was explicitly informed by her cousin that she was supposed to experience a sense of helplessness, and describe herself as a victim, which she said she disagreed with. However, she then went ahead to disclose her rape experience to her mother.

Two other participants also received negative feedback after their disclosures. One participant did not receive positive feedback from her mother and reported that she regretted disclosing to her mother. The participant responded that she disclosed to her mother in order

to gain emotional support, but instead her mother got angry about the fact that she went out at night. The participant reported:

> *I feel like I regret telling my mother cause she didn't answer me*
> *well...she was trying to say that I deserve it...I thought maybe*
> *she could help or something...I am telling you it was the worst*
> *part...It feels like X cares about me, unlike my mother...*
> (Khumo).

This participant sought support and trusted her mother more than other members in her family and decided to disclose to her mother. When her mother did not respond to her needs appropriately, she distanced herself from her mother. The participant chose to disclose to her sister thereafter, and reported that her sister gave her positive feedback. The participant responded that she felt that her sister cared more about her than her mother because of the feedback she received after disclosing her rape experience to her.

Another participant chose to disclose her rape experience to her aunt in order to gain emotional support. This participant wanted her aunt to support her, and assist her when she disclosed her rape experience to her parents. She stated "...*I have talked to my aunt, I did tell her...she didn't respond...I just walked away, it was painful...how come she don't respond when I tell her things like this?...I want her to support me...*" (Lisa). This participant reported that she felt rejected and abandoned after she received the feedback from her aunt. The participant reported that her aunt made her feel guilty for being raped. She stated:

> *...how come she did something like this?...if she (*aunt*) can talk*
> *to me, I can take her to my parents and talk to them, but she is*
> *not talking to me...what am I going to do...how am I going to tell*

*them what happened to me?...it is very hard...cause she (*aunt*)*

*did tell me that person (*ex-boyfriend*) is not good for me...*

(Lisa).

Although this participant felt distressed about her aunt's negative feedback after disclosure, she was still considering disclosing her rape experience to her parents. She reported that she was fearful to disclose to her parents, but that she needed their emotional support, and that she would feel better once she received this support from her parents. Thus the negative feedback she perceived she had from her aunt did cause resistance to disclosing her rape experience to her parents, but it did not block her future disclosures completely.

It is evident that rape survivors received both positive and negative feedback after their disclosure to significant others. On the one hand, positive feedback reinforced participants' positive view of self, and motivated them to disclose to more individuals in order to obtain emotional support. On the other hand, negative feedback led to a negative view of the relationship and of themselves. However, it did not necessarily deter these participants from disclosing their experience to significant others in future. Participants who received negative feedback were still motivated to disclose their rape experience to other individuals with the hope of gaining emotional support.

Conclusion

This results chapter aimed to provide the reader with a background of the experience of the researcher while obtaining data, the research procedure, the participants, as well as impressions gained during the interviews. The results were presented in accordance with the research aim and objectives of the research study. Data indicated that the majority of the

sample chose to disclose their rape experience to their mothers, their boyfriends as well as their best friends. The participants also indicated that they were apprehensive about feedback from members in the community if they would disclose their rape experience to them, and feared judgement and blame from them.

The researcher furthermore explored and described the reasons why rape survivors chose to disclose to certain individuals, and found three primary motivations. The primary motivations for rape survivors to disclose their rape experience were to gain emotional support, followed by a need to explain their behaviour during or after the event. Help-seeking was also seen as a motivation for rape survivors to disclose their rape experience. The researcher also investigated the experience of disclosure initiated by others, and found that rape survivors reported either a positive or negative experience based on the feedback they received from their significant others.

Finally, the outcomes of the disclosures to significant others were scrutinised by the researcher. Data from this sample revealed that positive feedback from significant others reinforced participants' positive view of self, and motivated them to disclose to more individuals in order to obtain emotional support. Negative support lead to a negative view of the relationship and themselves, but did not influence future disclosures to other significant others. Participants who received negative feedback were still motivated to disclose their rape experience to other individuals with the hope of gaining emotional support.

The following chapter will focus on discussing the results in relation to the literature from previous studies. The limitations of this research study will be described, as well as recommendations for service providers and future research.

Chapter Five: Discussion

Introduction

The primary purpose of this research study was to investigate rape survivors'
experiences of self-disclosure to their significant others. The researcher had found that there
was a need for this study in the South African context. It was hoped that the findings would
add to the understanding of how adult rape survivors' experience of self-disclosure may lead
to social support from their significant others. If these self-disclosures were to lead to a
positive view of themselves as survivors, it could in turn have a positive impact on their
treatment. This chapter provides an interpretation the main findings of this research study in
light of existing literature. Limitations of the research study will be discussed, as well as
recommendations for future research.

Discussion

The findings of this study were presented in the previous chapter in accordance with
the research aim and objectives of the research study. The aim of the study was to explore
and describe adult rape survivors' experiences of self-disclosure to significant others at the
Mamelodi Hospital Crisis Centre. The objectives were to explore and describe when and to
whom rape survivors disclosed their rape experience; to explore and describe why rape
survivors disclosed to these particular individuals; and to explore and describe the outcome of
these disclosures.

For the purpose of this study, a qualitative exploratory descriptive research design was employed. The researcher chose to utilise purposive sampling for this study, and as such individuals who had experienced a rape, and who were seeking treatment at the Mamelodi Hospital Rape Crisis Centre, were questioned regarding on their experiences of self-disclosure to their significant others. The researcher used an in-depth, face-to-face, semi-structured interview to collect data from the eight participants. Content analysis was used to analyse data, following the Tesch Model (Creswell, 1994).

In accordance with the first objective of the study, results indicated that five of the participants chose to disclose their rape experience to their mothers, four participants chose to disclose to their boyfriends, and six participants chose to disclose their rape experience to their best friends. The motivating factors that encouraged disclosure were trust and a close emotional relationship. Although seven of the participants feared judgement and blame from their significant others, the motivating factors were seen as a stronger contributing factor for their disclosure. The participants also indicated that they were apprehensive about the feedback they might receive if they were to disclose their experience to others in their community, and feared judgement, blame and stigmatisation from them.

The researcher then explored and described the reasons why rape survivors chose to disclose to certain individuals. Three primary motivators for disclosure were found. These included the need to gain emotional support from significant others; the need to explain their whereabouts or changes during or after the event; and for the purpose of seeking help.

The researcher also explored the experience of disclosure initiated by others such as the participants' friends or siblings. This was not an objective of the study outlined from the beginning. However, the theme emerged from the data and illustrated that rape survivors

reported having perceived either a positive or negative experience of feedback from their significant others.

Finally, the outcome of the disclosure to significant others were explored by the researcher. Data from participants revealed that positive feedback, such as emotional support from significant others about their rape experience, reinforced positive views of self and motivated participants to disclose to more individuals in order to obtain emotional support. Negative support such as blame, judgement and pity lead to a negative view of self, but did not inhibit future disclosures. Participants who received negative feedback reported that they were still motivated to disclose their rape experience to other individuals with the hope of gaining emotional support.

When exploring research conducted internationally on rape survivors' self-disclosure to others, Fisher, Diagle, Cullen and Turner (2003) found that rape survivors are more likely to disclose to close friends than to authorities. Their sample consisted of 4446 female college students, and the authors reported that these rape survivors would mainly disclose their rape experience to their friends. The current research study's findings indicated that most rape survivors did disclose their rape experience to their friends, but also to their mothers and boyfriends. Ahrens, Campbell, Ternier-Thames, Wasco and Sefl (2007) conducted research on the expectations and outcomes of rape survivors' first disclosures. Results from this study of rape survivors in Chicago indicated that the participants disclosed their rape experience to their informal support system such as friends and family members. Although the current study did not include a statistical analysis on disclosure, data indicated that all of the participants described as black adult females did disclose their rape experience to their informal support system, which consisted mostly of their family, friends and boyfriends.

It is however noted that only half of the participants first disclosed their rape experience to their informal support system. The other half first disclosed their rape experience to a formal support structure, such as to the police or a hospital.

All of the participants disclosed their rape experience to one or more significant other as this variable was part of the inclusion criteria for the study. The inclusion criteria for this study required that all participants were rape survivors above 18 years of age. Participants needed to have disclosed their rape experience to their significant others. Finally, participants were required to be proficient in English. Individuals with any previous psychiatric history were excluded in the sample of this study.

Ahrens et al. (2007) found in their research that first disclosures to formal support providers were the least common. In the current study, all of the participants had been referred to the study by a formal support structure (Mamelodi Hospital Rape Crisis Centre), and thus had disclosed their rape experiences to formal support structures. The researcher did not explore why rape survivors disclose to formal support structures, and thus it is not possible to compare findings in this regard with the study by Ahrens et al. (2007).

A more recent study conducted by Wolitzky-Taylor et al. (2011) in the United States focused on the possible rise of rape being reported to authorities. The found that the greatest barrier to disclosure included potential negative responses from others (others were not specified in this study), especially being blamed for the rape incident. This study also found that rape survivors who did not report their rape did so out of fear of revenge by the perpetrator. Possible predictors of disclosure were examined by Wolitzky-Taylor et al. (2001) who report that stranger rapes were more likely to be reported to authorities, in contrast to intimate partner rape which was not significantly associated with reporting. Findings from the current study suggest that potential negative responses from others, as

perceived by the participants, can be seen as a barrier to disclosure. However, these potential negative responses did not inhibit disclosure to others who might respond positively to the disclosure and provide support to the victim.

Contrary to what was suggested in international literature, the present researcher did not find that specific types of rape created a barrier to disclosure (Wolitzky-Taylor et al., 2011). The participants in the current study had experienced various types of rape, including intimate partner rape, gang rape and stranger rape, and none of the participants connected the severity or type of rape to their willingness to disclose. On a national level, previous research conducted in South Africa by Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams and Kim (2003), on the state of sexual assault services in South Africa, revealed that barriers that kept woman from disclosing their rape included a fear of further trauma, stigmatisation, fear of retaliation by the perpetrator, fear of not being believed, as well as a perception that reporting would not result in punishment of the perpetrator. These findings are in line with the results from the present study. Participants explained that they were apprehensive about disclosing their rape experience to others in their community as they feared rejection, judgement and blame. One participant from this sample feared retaliation by the perpetrator, and this factor motivated her to disclose her rape experience to her significant others in order to gain emotional support and protection from the perpetrator. None of the other participants hesitated to disclose their rape believing that the disclosure would not result in punishment of the perpetrator.

Womersley and Maw (2009) conducted a study on the experience of South African woman in the immediate aftermath of rape. Results from the current study were consistent with the findings of Christofides et al. (2003) and Womersley and Maw (2009) with regards to the fears that lead woman to not disclosure their rape. These barriers included a lack of

trust in their community as they fear being stigmatised after the rape. This consequently silenced the woman and prohibited disclosure of the trauma.

Both international and national research studies explored previously have concluded that rape survivors disclosed their rape experience to their friends more often than to other individuals or to formal support structures. Findings from the present study confirmed that rape survivors do disclose their rape experience to their informal support structure in particular their mothers, best friends and boyfriends, due to a close emotional bond and trust being present. The findings of this study were consistent with results found in previous studies with regards to the fear that rape survivors have of blame, judgement and stigmatisation upon revealing their rape experience to others. The findings from the present study indicated that trust and a close emotional relationship were seen as the key factors that motivated disclosure by the rape survivors; whereas barriers of disclosure were seen to be similar to previous research studies conducted both internationally and nationally.

Data obtained in the present study revealed a clear distinction between those who rape survivors choose to disclose their experience to, and those who they choose not to disclose to. It is evident from the results that rape survivors disclose to their mothers, boyfriends and best friends, as they trust these significant others most, and sought support from them. Survivors did not trust their community members in general. None of the participants mentioned any specific individuals who they did not trust, but seemed to refer to members in their environment whom they have contact with such as neighbours, peers and community members.

It became evident to the researcher that most of the survivors feared rape myth acceptance from people in their community. Most participants were certain of the judgement and blame they would receive from community members. This was the case despite the fact

that they had no real evidence that community members would react in this manner. For instance, they could not recall any previous incident of another person reporting a rape where they received this type of reaction. One participant reported that she even hid in her room for two days after the rape for fear of re-joining society. Fear of rape myth acceptance and its negative consequence to the rape survivors motivated them not to disclose to others in their community as they feared rejection, blame and judgement.

The researcher's findings were consistent with those of Heath, Lynch, Fritch, McArthur and Smith (2011) who conducted research on rape myth acceptance amongst incarcerated woman in the United States. Their study revealed that one third of the woman who participated believed that others would hold them responsible for the rape, and that this belief influenced their willingness to disclosure. Egan and Wilson (2012) conducted research in the United Kingdom on rape victims' attitudes to rape myth acceptance. Their results indicated that approximately half of the participants reported their rape to the police and half did not report their rape to the police. Further results from the research study mentioned above indicated that rape victims who reported their rape had lower levels of rape myth acceptance than the individuals who did not report their rape to authorities or their social network.

Lee, Kim and Lim (2010) explored rape myth acceptance among Korean College Students and their results indicated that rape myths were prevalent amongst this population. These authors reported that, although the incidence of rape is a common concern in many current societies; within each society, the specific components of rape myths reflect the cultural values and norms of that particular society. As rape myths are such an important cultural mediator in disclosure, it is possible for the researcher to draw inferences from them. Both international and national data indicate significant proof that rape myth acceptance does

influence disclosure, and that it does have an impact on the functioning of rape survivors post-rape and during treatment. Rape myth acceptance can be seen as a major concern both nationally and internationally. However, the difficulty lies in disputing these rape myths in the Mamelodi community and society at large.

The researcher also explored why rape survivors disclosed their rape experience to certain individuals, and three major themes developed. Previous research on rape survivors' experience of disclosure in South Africa was focused on disclosure to formal support structures such as police stations, hospitals and crisis centres. The researcher wanted to understand rape survivors' experiences of disclosure to their significant others in order to bridge this gap in the research literature, and to assist mental health professionals treating these individuals. This could be done by creating awareness that rape survivors' self-disclosure can lead to social support from their significant others, which may foster a positive view of themselves as survivors and have a positive influence on treatment.

Data from the participants' accounts indicated that rape survivors mostly disclosed their rape experience to their significant others in order to seek emotional support, to seek help, or to explain their behaviour or whereabouts during or after the event. Most of the rape survivors reported that they were initially fearful of the feedback that they expected to receive from their significant others. However, these initial fears were outweighed by their hope of gaining support, which motivated them disclose their rape experience despite their anxiety.

A previous study exploring the expectations and outcomes of rape survivors' first disclosures found that rape survivors disclosed their rape experience in order to seek help, in order to seek emotional support, and in order to catch the perpetrator (Ahrens et al., 2007). According to Chaudor and Quinn (2010), individuals have an idea about what they would like to accomplish by disclosing their rape experience, such as obtaining social support from

their social network, obtaining treatment from professionals, or seeking justice by reporting the crime. These authors also argued that an individual's first disclosure event may have a great impact on their psychological well-being, and may affect their beliefs about disclosure and motivation for future disclosure. From the data presented above it is evident that rape survivors disclose their rape experience to others with different motives in mind. The current researcher concurs in these motives for the disclosure of rape, as the present study found that rape survivors disclose their rape in order to gain emotional support, in order to seek help, in order to explain their behaviour, and in order to seek justice by reporting the crime.

Knowledge regarding the motives for disclosure can assist mental health professionals in meeting the needs of rape survivors when they seek treatment. The researcher agrees with conclusions made by Campbell, Dworkin and Cabral (2009), in the sense that most individuals use self-disclosure selectively. Most individuals make choices about disclosing information with caution, being aware of both the positive and negative consequences of doing so, and considering the impact that disclosing information might have on a significant relationship.

The outcome of disclosure was also explored in the current study. With each disclosure and interaction with the social world, individuals are implicitly or explicitly informed either positively or negatively about how they are to make sense of the experience and apportion blame. Seven of the eight participants received positive feedback from one or more of their significant others in the form of support. Three of the eight participants received negative feedback from one or more significant other in the form of unwanted sympathy, pity and judgement.

Some participants were apprehensive about disclosing her rape experience to their significant others. However, after disclosure and receiving positive feedback, they reported

that they felt supported and that their view of themselves had also changed. For example, they did not view themselves as victims but as survivors, which motivated them to disclose their rape experiences to more significant others that they could trust. Thus, positive feedback, despite initial fears by the rape survivors to disclosure the rape, lead to courage, a positive view of self as a survivor and not a victim; which in turn facilitated more disclosures and increased the support the participants wanted and received.

Some participants said that they received negative feedback upon disclosing their rape experience to their significant others, and that this lead to a negative view of themselves. They internalised the blame and judgement that they perceived from others. However, the negative feedback did not prevent them from future disclosure. Previous research suggested that negative reactions from others would inhibit future disclose. According to Ahlers (2006), rape survivors who disclose their rape experience are often punished for doing so when they are subjected to negative reactions (such as blaming or doubting victims) from support providers, which results in secondary victimisation. These negative reactions serve a silencing function to the family, community, as well as service providers, which reinforce the powerlessness felt by the victims. Chaudoir and Fisher (2010) asserted that disclosure can affect nearly every domain of an individual's life; psychologically, behaviourally and cognitively.

Disclosure can impact an individual's well-being either positively or negatively. Previous research conducted on the disclosure of stigmatised identities illustrated that individuals benefit from receiving positive or supportive feedback from their confidants; whereas negative or neutral feedback such as blame or judgement will impact the stigmatised individual in a negative manner (Rodriguez & Kelly, 2006). These above authors stated that there is a great risk involved in disclosing one's rape, as none of the survivors know how

their confidants might react when they are told about the experience of rape, and there is no guarantee of a positive outcome.

Results from the study by Campbell, Dworkin and Cabral (2009), investigating the impact of sexual assault on woman's mental health, indicated that on the meso-sytem level, women who disclosed their sexual assault to legal systems, and who received blaming and minimal help (which produced secondary victimisation), had higher symptomology of Posttraumatic Stress Disorder and depression. However, rape crisis centres and other community health programs that help to mitigate the negative effects of the previous system have a positive impact on women's mental health post-assault.

On a macro-system level, factors that have a negative impact on women's mental health post-assault include institutionalised racism, cultural differences in responding to rape, acceptance of rape myths that create a difficult socio-cultural context for sexual assault survivors to recover in, as well as rape-prone cultures that women may find themselves and society to be in (Campbell, Dworkin & Cabral, 2009).

Thus, there is no guarantee that significant others would respond positively towards rape survivors' disclosure. However, on the one hand, when positive feedback is given to rape survivors, research indicated that it serves as a protective factor, assisting rape survivors in their treatment post rape. On the other hand, negative feedback from significant others may impact on survivors' views of self. Fortunately, according to the present study, negative feedback will not necessarily inhibit future disclosures to others as suggested by previous literature.

The present researcher is of the view that this study has contributed to the understanding of rape survivors' experiences of disclosure. Consideration has been given to

existing literature on the topic, and the researcher has been able to highlight patterns similar to the findings of previous studies. The researcher has also been able to draw distinctions between the current study and those conducted previously, perhaps indicating the unique nature of this particular sample of participants. The researcher also reviewed the current findings in light of the four disclosure models described and discussed in Chapter Two, with a view of contributing to the development of theories in this field.

The Fever Model of Disclosure postulated that distress – anxiety, sadness, anger or other uncomfortable emotions – cause people to disclose; and that this disclosure helps to relieve some or all of their distress (Niedermyer, 2008). From the findings from the present study, it can be theorised that disclosure does relieve some of the distress symptoms experienced, including anxiety and anger, after a rape. Participants from this study did describe that they felt better and more supported in cases where they received positive feedback after disclosure. This model also postulated that the content of disclosure, such as whether or not the information may embarrass or shame the individual, is not taken into account, and that disclosure is done in order to find relief (Stiles, Shuster & Harrigan, 1992). The findings from the present research indicated that disclosure is however selective, and that the content of disclosure is taken into consideration, as participants clearly described what and to whom they would choose to disclose or not disclose.

The Disclosure Processes Model (DPM), developed by Chaudoir and Fisher (2010), investigates how individuals with concealable stigmatised identities disclose sensitive information. The Disclosure Processes Model was developed as a goal-based model, and the researcher found that it is a valuable model in assisting to understand disclosure. Findings from the current study indicated that participants have motives for disclosing their rape experience to others, such as gaining emotional support, explaining their behaviour or

whereabouts during or after the event, and help-seeking. However, this model does not emphasise the interpersonal relationship characteristics of the disclosure. The findings from the current study did illustrate that trust and a close emotional relationship are factors that motivated the participants to disclose their rape experience to their significant others. The researcher found the Disclosure Processes Model to be valuable because the model is goal-based, as it rests heavily on individual calculations of risks and benefits of disclosure which was evident from the participants' accounts of whom they chose to disclose their rape experiences to. In accordance with the findings of the current study, it can be postulated that disclosure is goal-based and also dependant on the perceived qualities of the interpersonal relationship within which the disclosure is being made.

The Disclosure Decision-Making Model (Greene, 2009), postulates that individuals evaluate five components of their diagnosis (or event) before deciding to disclose to others. These five components include the stigma, their prognosis, their symptoms, how prepared they were for the diagnosis (or event) or the information, and the relevance of the illness (or event) to themselves and others. This model states that individuals who make disclosure decisions also take three factors about their potential target into account. These include their relationship quality, the anticipated reaction, and how confident they are in getting their desired response (Greene, 2009). The researcher found this model to be valuable in understanding the findings of the current research when exploring whom rape survivors disclose to and the reasons for disclosure.

Findings from the current study indicated that the participants do take the quality of their relationship with significant other into account, as well as their anticipated reaction, and whether their desired response will be met after disclosure. Thus, the researcher found that it was possible to draw from the Disclosure Decision-Making Model in formulating an

understanding of results. It was also found that disclosure appears to be linear in nature, as the rape survivors first weigh up the information they might disclose, then evaluate relationship factors, and finally assess their own efficacy in disclosing.

Finally, the Culturally Inclusive Ecological Model of Sexual Assault Recovery (CIEMSAR) (Neville & Heppner, 1999) assists in understanding the impact of disclosure on different systems in the rape survivor's realm. Although the researcher only focused on the micro-system and meso-system, valuable inferences could be made. The micro-system involves the individual's immediate environment, including family, friends, mental health workers, and their level of support and assistance and rape myth acceptance, which is influenced by the individual's culture. The meso-system constitutes interactions between two or more micro-system environments. For example, this may include interactions between an individual's home and school environment, or police and family interactions and support, as well as counsellor and family interactions and support.

Findings from the current study indicated that the Culturally Inclusive Ecological Model of Sexual Assault Recovery does take into account all of the factors that surfaced as results of this research study. The researcher found that this model may provide a more accurate description of rape survivors' experiences as the focus of this model is on the interaction of two or more systems, in this case being the survivor's significant others and their broader socio-cultural context. Findings from the current research highlighted that, even though numerous individual factors influenced the disclosure of such an event, the other parts of the system need to be taken into consideration. In this research study, the significant other formed the other half of the dyadic relationship, and the quality of this relationship provided motivation for disclosure or non-disclosure. The survivor and their significant other's belief system regarding rape myths would also need to be considered, as this forms part of the

broader macro-system which influences their expectations and perceptions of the disclosure. Hence, the process can also be viewed from a non-linear, systemic model, which postulates a more complex understanding of disclosure.

In terms of theory development, the researcher hypothesises that disclosure is a selective goal-directed action, not only focused on the individual factors of the rape survivor, or interpersonal relational factors between the rape survivor and their significant other; but also on the rape survivor and the significant other's appraisals of the rape survivor, rape myth acceptance and rape in general. This would be the result of the feedback provided to the rape survivor post-disclosure, which influences their view of self - either positively or negatively - dependent on the nature of the feedback. This has implications for treatment and recovery for the rape survivor.

In the following section, the researcher will shift the focus to a discussion of the possible limitation of this study.

Limitations of this Study

A concerted effort was made to conduct a well-planned and thorough investigation of rape survivors' experiences of self-disclosure to significant others. However, as with all studies, there are limitations that should be taken into account when generalising the findings to other contexts, or applying the findings to treatment programmes.

The participants in the current study were described as black English-speaking South Africans females between the ages of 18 and 32 years, who had experienced a rape, and disclosed their experience to a significant other. All participants received treatment at

Mamelodi Hospital Rape Crisis Centre. The study findings cannot be generalised to populations different from the sample described above, and care needs to be taken when making inferences from the study findings for comparison with other research studies or population groups.

This study was a qualitative research study investigating rape survivors' experience of self-disclosure. The qualitative paradigm does not place emphasis on the drawing of a representative number of participants from a study population to achieve generalizability. Instead, emphasis is placed on the uniqueness and quality of the data. Thus, the findings of this study cannot be generalised to the general population of rape survivors.

Another limitation of the use of a qualitative methodology is the subjectivity of the researcher. Although the researcher utilised an independent coder to introduce objectivity to the data, it is not possible to completely eliminate the subjectivity of the researcher, and the discussion therefore only provides one of many possible sets of interpretations.

The interviews were conducted in English, which was a second language to both the participants and the researcher. It is possible that valuable meanings were lost in describing the experience of an event in a language other than the native language. Although the researcher communicated in simplistic terms, there is a possibility that the language used in the interviews could have been limited in extracting the full meaning from the participants.

Recommendations

Further research into this phenomenon may be useful in determining the applicability of the findings to a broader population of adult South African rape survivors. The researcher

found that most of the survivors feared rape myth acceptance from people in their community in general. Most participants were certain of the judgement and blame they would receive from community members, despite having no real evidence to support this assumption. Both international and national data had provided substantial proof that rape myth acceptance does influence rape disclosure and does have an impact on the functioning or treatment of rape survivors post-rape. This can be seen as a major concern. However, the difficulty lies in disputing these rape myths in the Mamelodi community and society at large. It is recommended that further research investigate rape myths in order to gain knowledge and develop interventions to invalidate rape myth acceptance in the Mamelodi community as well as in South African society in general.

The findings of this study could be shared with mental health professionals and students dealing with this population in order to understand the dynamics of disclosure, so that disclosure can be introduced as an element or goal of therapy.

On a policy level it is recommended that the training that is provided to lay counsellors and mental health professionals treating rape survivors be reviewed to also include rape survivors' disclosure as an element of therapy, as disclosure impacts treatment and forms a big part of a rape survivors recovery.

Final Conclusion

In South African, rape is a daily occurrence experienced by thousands of individuals regardless of age, race, background or socio economic status. The consequences are devastating for the survivors as well as their families and communities. The researcher hoped to further the understanding of this phenomenon by exploring rape survivors' experience of

self-disclosure to their significant others at Mamelodi Hospital Rape Crises Centre. It was believed that the richness of the sample's accounts, and the insights that emerged from this study could lead other researchers to investigate the rape survivor's journey of recovery. The research was further aimed at adding to the knowledge base of mental health professionals who treat rape survivors.

Findings suggested that most rape survivors do disclose their rape experience to a significant other, especially to their mothers, best friends and boyfriends. It was found that these self-disclosures were motivated by three primary motives. These included the need for emotional support, the need to explain their behaviour or whereabouts during or after the event, as well the more immediate need of help-seeking. Rape myth acceptance did influence rape survivors not to disclose their rape experience to certain others. Survivors were especially apprehensive about disclosing to community members in general, as they feared stigmatisation, blame and judgement.

On the one hand, it was found that positive feedback from significant others had a positive impact on the rape survivors, and fostered a sense of being a survivor. On the other hand, negative feedback influenced rape survivors' view of self in a negative way, internalising the role of victim, blame or deserving pity from others. However, negative feedback did not inhibit future disclosure, which has been suggested by previous literature.

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APPENDIX A

UNIVERSITY OF LIMPOPO (Medunsa Campus) ENGLISH CONSENT FORM

Statement concerning participation in a Research Project.

Name of Project:

Adult Rape Survivors' Experiences of Self Disclosure to Significant Others at Mamelodi Hospital Crisis Centre

I have read the information on/heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I know that sound recordings will be taken of me. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name are not revealed.

I understand that participation in this Research Project is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular treatment that holds for my condition neither will it influence the care that I receive from my regular counselor.

I know that this Project has been approved by the Medunsa Research Ethics Committee (MREC), University of Limpopo (Medunsa Campus). I am fully aware that the results of this Project will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Project.

....

Name of patient/volunteer   Signature of patient or guardian.

....

Place.   Date.   Witness

_____

Statement by the Researcher

I provided verbal and/or written information regarding this Project

I agree to answer any future questions concerning the Project as best as I am able.

I will adhere to the approved protocol.

....……

Name of Researcher   Signature   Date   Place

APPENDIX B

Letter to participant

Dear participant

My name is Derika de Villiers and I am conducting a research study towards the completion of my Masters degree in clinical psychology. This research study is undertaken to explore and describe your experience of disclosing your rape status to your significant others.

 The research will be conducted in two sessions. The first session will include the completion of a biographical questionnaire and providing consent for the researcher to contact you in order to participate in the research. The second session will take place at the centre where you receive counselling and will include having an interview with the researcher on your experience of disclosing your status to your significant others. The counselling you receive at the centre will in no means influence your decision to participate in this research study. The interview will be recorded using a digital voice recorder.

The research is for academic purposes only and whatever information you provide will be kept strictly confidential and your identity will be kept anonymous. It is very important to note that when participating in the research, the researcher will keep your answers confidential and will not share your identity with anybody. The researcher is only interested in the answers you provide.

This research is voluntary, and if you feel uncomfortable at any stage during the process you are welcome to discontinue. Your participation or non-participation in the research will have no effect on your relationship with your current counsellor or the organisation where you are receiving counselling. Even if you do not wish to participate, your counselling will continue as per normal.

I hope that you will participate in this study since your views are very important.

If you feel the need to talk to anybody about the study you are welcome to contact me:

Researcher

Derika de Villiers
Msc Clinical Psychology student
Department of Clinical Psychology
University of Limpopo: Medunsa Campus

APPENDIX C

Lekwalo go motsaya karolo

Go motsaya karolo

Leina la me ke Derika de Villiers ke tsamaisa patlisiso e e mabapi le thuto ya me ya Clinical Psychology Masters. Patlisiso e batlisisa le go tlhalosa mekgwa ya go bolelela batho ba ba botlhokwa ka ga tiragalo e e diragetseng mo go wena ya raipe.

Batlisiso e tla diriwa ka maphata a mabedi. La ntlha le akaretsa go go fan aka tshedimosetso ka ga wena e e akaretsang tulo, maina le tse dingwe, le go fana ka tetla ya gore mmatlisisi a ka ikgolaganya le wena gore o ka tsaya karolo. Laphata la bobedi letla dirwa ko sentareng e o fiwa thuso ko go yona ebile le tla akaretsa dipuisano ka ga maikutlo le mekgwa e o nang le yona ka go bolelela bathong ba o bakatalelang ka tiragalo ya go raipiwa e e go diragaletseng. Go tsaya karolo ga gago mo dipatlisisong tse gago kitla go amana gope le dithuso tse ba go nayang tsona ko sentareng. Dipuisano di tla gatisiwa ka recorder.

Tshedimosetso e o nnayang yona e tla nna bofitlha ka e tla dirisiwa fela mo dithutong le botho ba gago botla nna bofitlha. Go botlhokwa thata go itsi gore dikarabo tse o nnayang tsona di tla nna bofitlha, le botho ba gago bo tla nna bofitlha. Mmatlisisi o na le kgatlego mo dikarabong tsa gago fela.

Go tsaya karolo go mo go wena, o ka tlhogelo go tsaya karolo nako engwe le engwe ga o ikutla jalo. Go tsaya karolo kgotsa go se tseye karolo gago kitla go kgoreletsa kutlwano ya gago le mothusi wa gago ka tsela epe kana yona kutlwano ya gago le Sentara ka kakaretso. Le fa o sena kgatlego ya go tsaya karolo, dithuso tsa counselling di santse ditla tswelela jaaka gale.

Ke tshepa o ka tsaya karolo mo dipatlisisong tse ka maikutlo le pono ya gago di botlhokwa.

Ga o na le kgatlego ya go bolelela mongwe ka ga dipatlisiso tse o ka ikgolaganya lenna.

Mmatlisisi

Derika de Villiers
Msc Clinical Psychology student
Department of Clinical Psychology
University of Limpopo: Medunsa Campus

APPENDIX D

BIOGRAPHICAL INFORMATION SHEET

Please fill in your personal information

Age:

Gender:

Male	Female

Nationality:

South African	Other	Please specify:

English
Proficiency:

Good	None

The researcher is interested in your experience of disclosing your rape to your significant others and would like you to consider participating in the research study. This process is voluntarily and you are in no way obligated to participate. If you would like to participate in the research which would consist of an interview with the researcher please provide your details so that the researcher may contact you.

Name:

Surname:

Contact details: (1)   e-mail:

                        (2)

APPENDIX E

TSHEDIMOSETSO KA GA GAGO

Ka kopo tlatsa tshedimosetso ka ga gago

Dijara

Bong:

Monna	Mosadi

Lefatshe la tsalo/Nationality:

Mo Afirika Borwa	Tse dingwe

Tlhalosa ka botlalo: _____

Sekgowa sa gago:

Se sentle	Se bokowa

Tlhalosa:

Mmatlisisi o na le kgatlego ka maikutlo a gago ka go bolelela batho ba botlhokwa mo go wena ka tiragalo ya go raipiwa ebile a ka rata ga o ka tsaya karolo mo patlisisong e. go tsaya karolo gotswa mo go wena ebile ga o mo kgatelelong epe. Ga o batla go tsaya karolo mo patlisisong e, e akaretsa dipotsolotso magareng ka gago le mmatsisisi, ka kopo tlatsa tshedimosetso ya gago gore mmatlisisi a ikgolaganye le wena.

Leina:
_____

Sefane:
_____

Tshedimosetso ya go ka ikgolaganya le wena:

(1)

(2)

e-mail:

APPENDIX F

INTERVIEW GUIDE

Date:

Interview number:

_____

1. To whom have you disclosed being raped?

2. How come you have chosen to disclose the rape incident to these individuals?

   Probe: why not others?

3. What was the outcome of your disclosure to these individuals?

   expectations met or not?

   influence on participant positive or negative?

APPENDIX G

Letter to Mamelodi Hospital Crisis Centre

Dear Director of Mamelodi Hospital,

My name is Derika de Villiers and I am conducting a research study towards the completion of my Masters degree in clinical psychology. This research study is undertaken to explore and describe rape survivor's experience of disclosing their rape status to their significant others.

I hereby request your approval for conducting this research at your facility. In preparation of this letter I have visited the Crisis Centre on the 29th of April 2012 and discussed the proposed research with Dr. Mike Lukhozi and Nomsa Dombo at the Crisis Centre. The outcome of the discussion was positive and resulted in this letter of application.

The research will be conducted in two sessions. The first session will include the staff selecting individuals for the study based on the inclusion criteria to completion of a biographical questionnaire and to providing consent for the researcher to contact the individuals to participate in the research. The second session will include an interview at the crisis centre with myself and the participants each individually in order to collect data. The interview will be recorded using a digital voice recorder.

The research is for academic purposes only and participants identity will be kept strictly confidential. This research is voluntary and the researcher will emphasize that the participation or non-participation in this research will have no effect on the relationship with counsellor or doctors at the crisis centre. Dissemination of the results of this research study will be available to Mamelodi Hospital Crisis centre and I offer to host a work session with staff about the possible use of the results.

The research will only commence when approval have been obtained by the SREC and MREC ethical committees at the University of Limpopo.

Attached hereto please find a copy of my research protocol.

Derika de Villiers
Msc Clinical Psychology student
Department of Clinical Psychology
University of Limpopo: Medunsa Campus

APPENDIX H

Department of Health

Clinical Medico Legal

Thuthuzela Mamelodi

Tel: (012) 801 4504/ (012) 841 8413

Attention	:	Miss Derika De Villiers
Dated	:	25 May 2012

This refers to our meeting at the Mamelodi Thuthuzela center as well as conversations regarding your proposed research study.

We are willing to assist you in conducting your research and will provide you with operational support when the actual research is carried out at the Mamelodi Thuthuzela center.

This is however subject to permission being granted by relevant department/s and approval by relevant ethical/research committees.

The following personnel will be assisting you during your research at the center:

Ms. Nomsa Dombo   **Sr Mabu Sekhaolelo**   **Dr SM Lukhozi**

Facility Coordinator   Sister in charge   Doctor at center

Hope you find this in order.

Regards

Dr Mike Lukhozi