

Demographic and Rape Incident Characteristics of Rape Survivors at a Counselling Centre in  
Cape Town

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## Abstract

In the post-apartheid era, high prevalence rates for rape have continually been reported in South Africa. However, little is known about the demographic and rape incident characteristics of rape survivors in the country. This study conducted a retrospective archival analysis on intake forms at a Cape Town counselling centre ( $N = 288$ ), in order to describe demographic and rape incident characteristics of treatment-seeking rape survivors, and to examine the associations between demographic factors and rape incident characteristics. Results indicated that, when all other variables were held constant, survivors' race significantly contributed to predicting whether the identity of the perpetrator was known and whether the rape was reported to the police, while the number of perpetrators significantly contributed to predicting whether a weapon was used by the perpetrator and whether the identity of the perpetrator was known. Though their generalisability is limited by the research design, these findings may assist counselling centres, as knowing who current help-seekers are and the types of rape they have experienced can help counsellors to address survivors' specific needs. Furthermore, knowing who is not currently seeking treatment and for which types of rape treatment seeking is avoided is important for enhancing the uptake of post-sexual assault counselling.

*Keywords:* rape; treatment-seeking; rape survivors; demographic characteristics; rape-incident characteristics; post-sexual assault counselling

## Demographic and Rape Incident Characteristics of Rape Survivors at a Counselling Centre in Cape Town

In the post-apartheid era, high prevalence rates for rape have continually been reported in South Africa (Arend, Maw, de Swardt, Denny, & Roland, 2013; Kaminer & Eagle, 2010). One survey found that the country has the highest rate per capita of sexual assault out of 66 countries (United Nations, 2002 as cited in Arend et al., 2013). Findings from representative community-based surveys in 2002 indicate that 2 070 rape and attempted rape incidents per 100 000 women aged 17 to 48 occur each year (Jewkes & Abrahams, 2002), and these rates are constantly rising (Arend et al., 2013). Moreover, these rape statistics possibly underestimate rape prevalence in the country, as many rapes are left unreported (Selebi, 2003). Rape often results in negative physical, psychological, and behavioral consequences, all of which can severely affect survivors' lives (Campbell & Wasco, 2005). Accordingly, the availability of treatment centres- aimed at providing post-sexual assault counselling to rape survivors- is of utmost importance (World Health Organization [WHO], 2013). However, the current dearth of information regarding the demographic and rape incident characteristics of South African rape survivors limits the extent to which such centres can offer relevant services and enhance service uptake.

### **Defining Rape and Sexual Assault**

Given that many different forms of harmful sexual acts exist, there is controversy regarding what constitutes rape (Henderson, 1992). Generally, rape is understood as a violent crime in which a person uses sexual acts for the purpose of harming another person (Dey, McDonald, & Strydom, n.d.). Its classification as a crime in South Africa emerged with the passing of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, which states that purposefully committing a sexual act without another person's consent is a criminal offence. Moreover, this law regards rape to be a penetrative act (Dey et al., n.d.). Thus, it is often the case that any non-consensual act of sexual contact that is not penetrative is referred to as sexual assault (Singh, 2005). Attempted rape falls under the umbrella term of sexual assault, in that penetrative rape is attempted, but not completed (Dey et al., n.d.). Regardless of the type of sexual assault a person experiences, the person is at risk of experiencing mental health difficulties (Campbell & Wasco, 2005).

### **Demographic Risk Factors for Rape**

Some people may be at an increased risk for sexual assault (Du Mont & McGregor, 2004). Extensive research has pointed to females being the gender most likely to be sexually assaulted, and this seems to be a global pattern (Masho & Alvanzo, 2010). In fact, it is

estimated that as many as one in four women worldwide have experienced sexual assault (Woody & Beldin, 2012). In South Africa, some research has indicated that the women who are most vulnerable to sexual assault are women from historically disadvantaged groups, with low levels of education, living in conditions of poverty (Jewkes & Abrahams 2002; Singh, 2005). This is because, among other reasons, many women with this socio-demographic profile live in rural areas, and are often forced to engage in everyday practices -such as collecting resources for daily living- during which they are put at risk for sexual assault. Moreover, poverty may lead women to engage in transactional sex as a means of earning money, placing them at further risk for sexual assault (Jewkes & Abrahams, 2002).

Other women who may be vulnerable to sexual assault include women with mental or physical disabilities (Tjaden & Thoennes, 2000), young women (Jewkes & Abrahams, 2002) and those with histories of abuse (Kalichman et al., 2005). A likely reason for this is that these women may experience a lack of power (Small & Kerns, 1993). For those with disabilities, a lack of power might stem from physical or intellectual limitations or having a low self-esteem. Findings have shown that having a low self-esteem makes women more vulnerable to rape (Small & Kerns, 1993). Young women may experience a lack of control due to their age, hence making it easier for others to take advantage of them sexually (Jewkes, Dunkle, Nduna, & Shai, 2010). Moreover, women with histories of abuse may experience feelings of powerlessness as a result of early traumatisation (Russell, 1986 as cited in Small & Kerns, 1993). Traumatisation at an early age can lead to a difficulty in setting boundaries later in life, thus making it challenging to prevent sexual assault (Small & Kerns, 1993).

Although literature points to females being the gender most likely to be raped, it is important to recognise that men are susceptible to rape too (Masho & Alvanzo, 2010). In the United States, approximately 3 million men have experienced rape (Tjaden & Thoennes, 2000). Studies conducted at various rape crisis centres in the United States have revealed that up to 20% of rape survivors who seek treatment are men (Forman, 1982; Kaufman, Divasto, Jackson, Voorhees, & Christy, 1980). However, it is predicted that negative perceptions around male rape, such as the view that men should be able to protect themselves from rape, and the idea that only weak people are raped, may make men less likely to report and seek help for rape. Moreover, the myth that women cannot rape men may lead to authorities not recognising rape prevalence in men. Thus, statistics concerning male rape are conservative (Masho & Alvanzo, 2010; Struckman-Johnson, 1988). The vulnerabilities that put men at risk for rape are similar to those possessed by women, such that young men, men with histories of

abuse, and those with disabilities are most susceptible to rape (Kaufman et al., 1980; C. Struckman-Johnson & D. Struckman-Johnson, 1992).

The above-mentioned studies focusing on demographic predictors of rape are either outdated (e.g., Jewkes & Abrahams, 2002), or pertain to countries outside of South Africa (e.g., Forman, 1982; Struckman-Johnson, 1988). Hence, the demographic profile of rape survivors in South Africa is not well described within current research.

### **Rape Incident Characteristics**

Certain characteristics are common in rape incidents. One such characteristic is the use of a weapon by the perpetrator (Jewkes & Abrahams, 2002). Perpetrators often use weapons as physical threats to force people into compliance with sexual assault (Resnick, Walsh, Schumacher, Kilpatrick, & Acierno, 2013). One South African study showed that for those survivors whose perpetrators had used a weapon, a knife was used in 51% of cases and a firearm was used in 35% of cases (Swart et al., 1999 as cited in Jewkes & Abrahams, 2002).

Often, during a rape incident, the rape survivor is under the influence of a substance (Abbey, 2002; Resnick et al., 2013). Data from representative studies show that 3 million women in the United States have experienced rape following voluntary ingestion of a substance (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007 as cited in Resnick et al., 2013). A more recent study found that the majority of sexual assault survivors used one or more substances 6 weeks prior to or during the rape incident (Resnick et al., 2013). Substances can alter one's mental state and hence decrease one's control in situations, thus making one vulnerable to rape (Jewkes et al., 2010). Additionally, perpetrators are often under the influence of a substance when committing rape (Resnick et al., 2013). Substances can enhance perpetrators' ability to commit rape, by increasing their levels of confidence and aggression (Abbey, 2002).

The form of sexual assault experienced most frequently by at-risk women in South Africa is sexual assault by a known attacker (Jewkes & Abrahams, 2002; Kaminer & Eagle, 2010). This was confirmed in one study which found that, in identifying perpetrators of rape homicides, the perpetrator was recognised in 93% of the cases, of which only 23% were strangers to the women (Martin, 1999 as cited in Jewkes & Abrahams, 2002). Globally, almost one third of women who have been involved in a relationship have been victims of physical and/or sexual violence committed by an intimate partner (WHO, 2013). Men sexually assault their wives or partners for a number of reasons, such as to exert power and control over them, to punish their infidelity, and to ensure their sexual availability (Wood & Jewkes, 2001).

Men who are raped share the same rape incident characteristics as women. Frequently, they are attacked with the use of weapons, are assaulted while under the influence of a substance, and are raped by acquaintances (C. Struckman-Johnson & D. Struckman-Johnson, 1992).

Literature addressing rape incident characteristics is either out of date or conducted outside of South Africa. The types of rape that are most commonly experienced by South African rape survivors therefore remain unknown.

### **Relationship Between Demographic and Rape Incident Characteristics**

Some literature has suggested that specific demographic factors may increase risk for certain rape incident characteristics. For instance, there seems to be a correlation between age and whether a substance was used by the survivor, in that young women are more likely than older women to have been under the influence of a substance during the rape (Abbey, 2002; Resnick et al., 2013). Moreover, young women are most likely to be raped by someone they know (Jewkes & Abrahams, 2002). In particular, girls younger than 16 are most vulnerable to rape committed by a known attacker (Jewkes & Abrahams, 2002). Literature has indicated that young, educated, white women are most likely to report rape to the police (Department of Health, 1999 as cited in Jewkes & Abrahams, 2002). Furthermore, there are gender differences in rape incident characteristics, in that men are more likely than women to be raped with the use of weapons and to be assaulted by multiple perpetrators (Kaufman et al., 1980; Masho & Alvanzo, 2010).

Despite the above-mentioned findings, overall there has been little research addressing the relationship between the demographic and rape incident characteristics of rape survivors, both nationwide and universally. Thus it is unclear as to whether certain demographic characteristics are associated with an increased risk for particular kinds of rape. This absence of literature is problematic, as such research could assist with the development of more targeted treatment programmes for rape survivors, as well as rape prevention programmes (WHO, 2013; Woody & Beldin, 2012).

### **Post-Sexual Assault Counselling**

Rape survivors frequently require post-sexual assault counselling to deal with the consequences of rape (Christofides, Muirhead, Jewkes, Penn-Kekana, & Conco, 2005). Failure to seek assistance can lead to persisting negative outcomes for survivors (Woody & Beldin, 2012). Research suggests that rape survivors who do not receive help may experience behavioural issues such as problems in family relationships, increased risky sexual behaviours, and increased substance abuse (WHO, 2013; Woody & Beldin, 2012). Moreover,

survivors can develop psychological problems including post-traumatic stress disorder (PTSD) and clinical depression, when help is not sought (Campbell, 2008). This was demonstrated in an evaluation of a national online chat hotline conducted in the United States, whereby rape survivors who called more than 3 months after the incident reported continuous concerns regarding their assault including family issues, depression and suicidal ideation (Finn & Hughes, 2008).

Recent literature has focused on the assessment of rape crisis services, in an attempt to facilitate appropriate care that will lessen negative outcomes of rape (Christofides et al., 2005; Woody & Beldin, 2012). There is increasing concern as to whether rape crisis services are equipped to meet survivors' needs, especially because few seek these services, and out of those who do, only 9% pursue the recommended counselling (Campbell, 2008; Ullman & Brecklin, 2002). In South Africa, the rate of uptake of counselling services amongst rape survivors, as well as the demographic and rape incident characteristics of treatment-seeking rape survivors, remain unknown. What is evident is that there are very few crisis centres, and both non-governmental organisation (NGO) services for rape survivors and public health care are skewed in favour of urban areas although the majority of rape survivors live in rural areas (Singh, 2005). For those living in rural areas, transport to and from treatment centres can be expensive and infrequent (Louw, Shaw, Camerer, & Robertshaw, 1998 as cited in Singh, 2005). Thus, gaining access to counselling services becomes difficult. Moreover, women who have been raped by someone they know, who account for the majority of rape survivors in the country (Jewkes & Abrahams, 2002), tend not to seek treatment due to emotional barriers, such as a fear of retribution from the attacker, emotional dependency on the perpetrator, or a lack of a sense of empowerment (Singh, 2005).

If more were known about the demographic and rape incident characteristics of treatment-seeking rape survivors in the country, more targeted treatment programmes could be developed. Additionally, such information could be used to identify gaps in treatment services, including which rape survivors avoid treatment, in order to address poor mental health service uptake rates (WHO, 2013; Woody & Beldin, 2012).

### **Research Aims**

This study aims to describe the demographic and rape incident characteristics of rape survivors who seek treatment at a rape crisis counselling centre in Cape Town, and to examine the relationship between such characteristics. Knowing who current help-seekers are and the types of rape they experience can improve treatment centres' capacity to address survivors' specific needs. Furthermore, such knowledge can be used to establish who is not



currently seeking treatment and for which types of rape treatment seeking is avoided. This can be a first step in identifying barriers that prevent survivors from seeking help so that these can be addressed, thus decreasing the treatment gap and enhancing the uptake of post-sexual assault counselling.

## Methods

### Design and Setting

This study conducted a retrospective archival analysis on intake forms of treatment-seeking rape survivors at a Cape Town counselling centre (Babbie & Mouton, 2006). Typically, a retrospective archival analysis is a documentary analysis of already existing data, including clinical and administrative data, which was originally used for purposes other than research (Jansen et al., 2005). The data explored in this study were originally a record of clients and their progress in counselling. For this study, the data were used to describe the treatment-seeking population of rape survivors and to examine relationships between variables.

The setting of this study was the Rape Crisis centre in Observatory. The centre provides counselling to survivors of sexual assault, who are over the age of 14, in order to allow them to speak about their rape and aid in the reduction of any psychological symptoms they may be experiencing following the rape (Dey et al., n.d.). Counselling is also provided to supporters of survivors, including friends, family members and partners (Dey et al., n.d.). Typically, clients make appointments via telephone after which they meet up with a counsellor for a maximum of 12 sessions (Dey et al., n.d.).

### Participants

Given the design of this study, human subjects did not actively participate in the study (Babbie & Mouton, 2006). Instead, data were gathered from a pool of intake forms of clients who attend or have attended the centre (see Appendix A).

**Sampling.** The sampling frame included clients who have attended Rape Crisis between January 2011 and July 2015 ( $N=571$ ). Before 2011, the current intake form was not in use and the type of data examined in this study was therefore not available prior to 2011.

**Exclusion criteria.** Certain case files were not considered useable for the purpose of the study ( $n=283$ ). Forms that were excluded were:

- 1) Intake forms where counsellors did not provide enough data regarding the client (i.e. where four or more variables were missing).
- 2) Cases where the rape occurred more than 18 months before the first counselling session. This includes instances where clients reported solely on Child Sexual Abuse

(CSA). This criterion was necessary as for clients reporting on rapes that occurred long ago, details on the forms might not have been accurate due to a decrease in memory of such incidents over time.

- 3) Intake forms of the supporters of the clients- including family members, partners and friends, as details on the forms were likely to be more accurate when they came from the survivors themselves.
- 4) Cases where the client attended counselling for reasons other than rape (such as for family matters and termination of pregnancy difficulties), as these were outside the aims of this study.

Intake forms that did not meet these exclusion criteria were able to be included in the study. There was a total of 571 case files between 2011 and July 2015, and the study aimed to include at least 50% of these in order to enhance the representativeness of the sample (Terre Blanche, Durrheim & Painter, 2006). In total, 288 forms were deemed suitable for inclusion in the study. This represents 50.4% of the total forms, which meets the target. Moreover, for retrospective analyses, a general rule for determining sample size so that results are clinically useful and reliable, is to include 10 cases per variable (Findley & Daum, 1989). This study made use of 14 variables and thus 140 cases were needed. This requirement was greatly exceeded, as just over 20 cases per variable were included.

### **Data Collection**

Data collection took place at the centre. Data were collected using a coding schedule. The variables selected for inclusion in the schedule were restricted to what was included in the intake forms.

**Demographic characteristics.** The clients' age, race, gender, religion, language and employment status were the independent variables. Age was coded numerically, whereas the other demographic variables were coded according to a list of options on the intake forms (see Appendix A).

**Rape incident characteristics.** The following rape incident variables were included:

- whether the identity of the perpetrator(s) was known,
- whether a weapon was used,
- if the survivor was under the influence of a substance at the time,
- the number of perpetrators,
- whether the rape was completed or not,
- the suburb in which the rape incident took place,

- whether injuries were sustained and,
- whether the rape was reported to the police.

Most of these characteristics were coded according to a list of options on the intake forms (see Appendix A). Number of Perpetrators was coded numerically and Suburb was coded by dividing the areas in which the rape incidents took place into three categories of geographical location, according to a map of Cape Town. These were namely *Southern*, *South East* (the Metropolitan South East Sector of Cape Town is commonly referred to as the 'Cape Flats') and *Northern*.

These characteristics were all self-reported, and, in some instances, it could have been the case that the actual characteristics differed from what the client reported. Moreover, the counsellors may, at times, have filled in incorrect details on the intake forms, for both demographic and rape incident characteristics. Nevertheless, data displayed on the intake forms were assumed to reflect the actual demographics and rape incidents.

### **Procedure**

The research was conducted simultaneously with that of a Master's student at the University of Cape Town (UCT). The same database was used for both research projects. The two researchers firstly examined the intake forms together and numbered the forms deemed eligible for inclusion in the study, both on the files and on an Excel spreadsheet. Once all files had been examined, and the relevant ones numbered, the researchers coded the data found in the files according to their appearance in the intake forms (see Appendix A), with the exception of Suburb, which was coded according to a map. In order to ensure consistency, the researchers firstly coded a number of intake forms together. During coding, constant communication occurred between the two researchers to guarantee that the coding was reliable. The coded data were entered into the Excel spreadsheet before being transferred to a statistical package for analysis.

### **Statistical Analysis**

Data were analysed using the SPSS statistical software package, with alpha set at 0.05 (Field, 2009). Firstly, a descriptive analysis was conducted. Frequencies and percentages of the categorical demographic and rape incident variables were determined. For the continuous variables Age and Number of Perpetrators, the means, medians and modes were determined as they are valid measures of central tendency, which, together with standard deviations, provide an indication of the distribution of the data (Field, 2009).

Secondly, chi-square tests were conducted to determine bivariate relationships between categorical demographic and rape incident characteristics. For this investigation, the following rape incident characteristics were considered: whether the identity of the perpetrator(s) was known or unknown, whether a weapon was used, whether the survivor was under the influence of a substance, and whether the rape was reported to the police. These characteristics were focused on in particular as existing literature (Abbey, 2002, Jewkes & Abrahams, 2002; Resnick et al., 2013), although either out of date or emerging from countries outside of South Africa, suggests that they may be associated with demographic factors.

Once significant bivariate relationships were determined, expected counts were observed in order to establish whether test statistics could be validly interpreted. For test statistics to be valid, it is suggested that expected counts be greater than five (Field, 2009). Moreover, standardised residuals were analysed, as these show between which levels of variables significant effects are located. Because the confidence interval alpha was set to 0.05, it is recommended that standardised residual values lie outside +1.96 and -1.96 in order to indicate significance (Field, 2009). Effect sizes were determined via Cramer's V to establish how much of the variance in each of the dependent variables was accounted for by the independent variables. When the degree of freedom is one, a small effect size is a Cramer's V value of 0.1, a moderate effect is 0.3 and a large effect is 0.5. When there are two degrees of freedom, a small effect is 0.07, a moderate effect is 0.21 and a large effect is a value greater than 0.35 (Field, 2009).

Following this, independent sample two-tailed t-tests were conducted to establish whether or not the mean scores of the continuous independent variables differed significantly across the different variable levels for each dependent variable. Significant results were supplemented with effect sizes to determine the strength of the effect of the predictor variables on each of the outcome variables (Field, 2009).

The bivariate analysis was followed by a multivariate analysis for which (multiple) logistic regression was used (McDonald, 2014). This technique is used for prediction purposes, and examines the relationship between multiple predictor variables and a categorical outcome variable by estimating probabilities. The outcome variable is binomial, in that the number of available categories is two (Reed & Wu, 2013). This type of analysis was appropriate for this study as there were multiple predictor variables, and each rape incident characteristic was categorical and binary. The study also considered observed data rather than data manipulated for experiments, which is appropriate for logistic regression

(McDonald, 2014). The study conducted four separate logistic regressions for each outcome variable, to establish which of the predictor variables found to be significant in the bivariate analysis made unique contributions to the variance in each of the outcome variables when considered simultaneously (Reed & Wu, 2013). Odds ratios were examined to determine the odds that outcomes would occur given particular predictors (Szumilas, 2010). A classification cut-off of 0.5 was used throughout.

All analyses considered descriptive statistics in order to ensure that all the assumptions of the statistical tests were upheld, before the tests were run.

### **Ethical Considerations**

#### **Research Agreement and Ethics Form**

Before the commencement of the research, the researchers signed an agreement form (see Appendix B) with Rape Crisis Cape Town Trust, in which they agreed to consider the ethical implications of and safety recommendations for the research, as well as their responsibilities as researchers. It was also made known to them that debriefing was available after the research if they were to experience any psychologically harmful effects when analysing the clients' data. A representative staff member at Rape Crisis signed the form, giving the researchers permission to conduct the research at the centre.

Ethical approval from the UCT Research Ethics Committee was granted.

**Privacy and confidentiality.** Due to the retrospective archival analysis design of the study, participants were not given informed consent forms for study participation (Jansen et al., 2005). However, the research adhered to the counsellor's confidentiality policy at the centre, and the data collected from the clients' intake forms were handled with privacy and confidentiality in mind. Firstly, the identity, and thus the privacy, of the clients was protected through the intake forms being numbered. Clients' names were not used in data collection or analysis and so clients remained anonymous within the research.

Secondly, clients' information was concealed within the confines of the centre as all data collection took place at the centre. Thus, the case files did not leave the centre and personal information from the forms was not disclosed to anyone outside of the centre. Case files were returned to locked cabinets once data had been collected and electronically-recorded data was password protected. The data analysis reflected general patterns across the dataset and did not contain individual client information. Thus the data remained strictly confidential.

**Risks and benefits.** Given the nature of the study, there were no risks involved as there were no interactions with human subjects, the clients remained anonymous and clients'

information was kept confidential. Moreover, there were no direct benefits for clients whose intake forms were used. Nevertheless, it is hoped that the results obtained in this study may be used to benefit rape survivors in general.

## Results

### Sample Characteristics

Table 1 reports the frequencies and percentages of the categorical demographic characteristics. The sample was predominantly made up of females (95.8%). With regard to race, the majority of the sample (46.5%) was categorised as coloured followed by black African (37.2%), and then white (14.2%).<sup>1</sup> The majority of the sample (82.7%) was Christian. Results indicated that 39.7% of participants were students or learners, 35.5% were employed, 23.8% were unemployed and only 1.1% were retired. With regard to language, the majority (60%) indicated English, 15.7% indicated Afrikaans, 19.3% chose isiXhosa and 5% spoke another language. Proportions of language classifications have a poor fit with the proportions of racial categorisations. This may be because the intake forms did not specify whether this variable referred to clients' home language or their preferred language for counselling. Moreover, counsellors may have made their own categorisations rather than asking clients what their first language was. Thus, language may not be a valid variable.

The mean age of the participants was 25.55 years ( $SD=10.18$ ). The large standard deviation indicates a large amount of variability in age. The youngest in the sample was 13 years old and the oldest was 86 years old. The median age was 23 years old and age was normally distributed.

<sup>1</sup> Racial categories are a legacy of the Population Registration Act under apartheid. While the ongoing use of racial categorisation by South African institutions is contested, these categories continue to reflect real socio-economic inequalities between groups in South Africa, which may impact on the risk for sexual victimisation.

Table 1

*Frequencies and Percentages for Demographic Characteristics (N = 288)*

Variable	Frequency	Valid Percentage %
<b>Gender</b>		
Female	276	95.8
Male	12	4.2
<b>Race</b>		
Black African	105	37.2
White	40	14.2
Coloured	131	46.5
Asian	4	1.4
Other	2	0.7
Missing	6	
<b>Religion</b>		
Christian	196	82.7
Hindu	0	0.0
Jewish	1	0.4
Muslim	23	9.7
Other	17	7.2
Missing	51	
<b>Employment</b>		
Employed	100	35.5
Unemployed	67	23.8
Student/Learner	112	39.7
Retired	3	1.1
Missing	6	
<b>Language</b>		
English	168	60.0
Afrikaans	44	15.7
isiXhosa	54	19.3
Other	14	5.0
Missing	8	

Table 2 summarises the frequencies and percentages of the categorical rape incident characteristics. The majority (89.3%) of the sample experienced a completed rape and the remaining 10.7% experienced a non-completed rape. Moreover, close to two thirds (62.5%) of the survivors knew the identity of the rape perpetrator while just over one third (37.5%) did not.

Table 2

*Frequencies and Percentages for Rape Incident Characteristics (N = 288)*

Variable	Frequency	Valid Percentage %
Completed rape		
Not completed	30	10.7
Completed	251	89.3
Missing	7	
Identity of perpetrator(s)		
Unknown	104	37.5
Known	173	62.5
Missing	11	
Suburb		
Southern	99	41.6
South East	113	47.5
Northern	26	10.9
Missing	50	
Injuries		
No injuries	130	58.3
Injuries	93	41.7
Missing	65	
Weapon		
No weapon	185	72.5
Weapon	70	27.5
Missing	33	
Survivor: Substance use prior to rape		
No Substances	127	53.1
Substances	112	46.9
Missing	49	
Reported		
Not reported	76	27.4
Reported	201	72.6
Missing	11	

With regard to the location of the incident, the frequencies were similar in the South East suburbs and the Southern suburbs (47.5% and 41.6% respectively) while a minority (10.9%) occurred in a Northern suburb. Injuries as a result of the rape were commonly reported (41.7%). However, in 72.5% of cases, no weapon was used during the rape. In almost half of the cases (46.9%), survivors reported taking substances prior to the rape incident. A high 72.6% of the sample reported their rape to the police.



The mean number of perpetrators was 1.49 ( $SD=1.21$ ). The modal number of perpetrators was one, meaning the majority of the sample was raped by a single perpetrator. The maximum number of perpetrators was 15.

### **Bivariate Analysis**

This section reports the relationships between demographic and rape incident characteristics, which were identified via chi-square tests. For bivariate analysis, Suburb in Which the Rape Occurred (Suburb) was considered an independent variable rather than a dependent variable. Language was excluded as an independent variable due to (previously mentioned) concerns about its validity. In order to restrict the number of categories for Race, Religion and Employment, categories consisting of few participants were removed from these variables. *Asian* (1.4%) and *other* (0.7%) were removed from Race, *Hindu* (0%) and *Jewish* (0.4%) were omitted from Religion, and *retired* (1.1%) was removed from Employment.

Table 3 summarises the results between the dependent variable Perpetrator Identity and the categorical independent variables. Tables 4, 5 and 6 display results for the dependent variables Perpetrator Weapon Usage (Weapon Usage), Survivor Substance Use Prior to the Rape (Substance Use), and Reporting Rape to the Police (Reporting) respectively.

According to Table 3, a significant relationship was found between Gender and Identity ( $\chi^2(1) = 4.66, p=.036$ ). Significance was determined via Fisher's exact test. Analysis of the standardised residuals indicated a possible relationship between these variables, with a value of 0.3, as more females compared to males than expected knew the identity of the perpetrator. The effect size of the relationship, determined by observing Cramer's V, was 0.13, indicating a weak relationship between the variables. Despite the residual value not falling outside of the suggested  $\pm 1.96$  values, and the effect size being small, the relationship is significant ( $p = .036$ ).

Moreover, a significant relationship was identified between Race and Identity ( $\chi^2(2) = 7.29, p = .026$ ). Standardised residual analysis indicated that for more black African rape survivors than expected, compared with coloured survivors, the identity of the perpetrator was unknown (1.7). The effect size was small, as Cramer's V was 0.17.

The other variables were not significantly associated with Identity. It must be noted that although Religion had a p value of .05, which falls precisely on the significance level, for stringency purposes, only p values less than .05 were considered significant.

Table 3

*Associations Between Independent Variables and Perpetrator Identity (N = 288)*

Variable	Identity	Identity	$\chi^2$	<i>p</i>
	Unknown n (%)	Known n (%)		
<b>Gender</b>				
Female	97 (36.3)	170 (63.7)	4.66	.036
Male	7 (70.0)	3 (30.0)		
<b>Race</b>				
Black	48 (48.5)	51 (51.5)	7.29	.026
White	12 (30.0)	28 (70.0)		
Coloured	41 (32.5)	85 (67.5)		
<b>Religion</b>				
Christian	80 (42.8)	107 (57.2)	5.98	.050
Muslim	6 (26.1)	17 (73.9)		
Other	3 (17.6)	14 (82.4)		
<b>Employment</b>				
Employed	38 (38.8)	60 (61.2)	0.65	.723
Unemployed	27 (41.5)	38 (58.5)		
Student/Learner	38 (35.5)	69 (64.5)		
<b>Suburb</b>				
Southern	37 (38.5)	59 (61.5)	4.52	.104
South East	45 (41.7)	63 (58.3)		
Northern	5 (19.2)	21 (80.8)		

As reflected in Table 4, the only variable that was significantly associated with Weapon Usage was Gender ( $\chi^2(1) = 5.54, p = .028$ ). Analysis of standardised residuals indicated a significant relationship between the two variables, with a value of  $>1.96$ , in that male survivors more often recalled the presence of a weapon at the time of their rape incident than expected, when compared to female survivors. Cramer's V was 0.15, indicating a small effect size.

Table 4

*Associations Between Independent Variables and Perpetrator Weapon Usage (N=288)*

Variable	No Weapon n (%)	Weapon n (%)	$\chi^2$	<i>p</i>
<b>Gender</b>				
Female	181 (73.9)	64 (26.1)	5.54	.028
Male	4 (40.0)	6 (60.0)		
<b>Race</b>				
Black	64 (65.3)	34 (34.7)	5.25	.069
White	29 (85.3)	5 (14.7)		
Coloured	82 (73.9)	29 (26.1)		
<b>Religion</b>				
Christian	124 (70.9)	51 (29.1)	0.86	.650
Muslim	15 (71.4)	6 (28.6)		
Other	10 (83.3)	2 (16.7)		
<b>Employment</b>				
Employed	62 (71.3)	25 (28.7)	0.30	.862
Unemployed	45 (70.3)	19 (29.7)		
Student/Learner	71 (74.0)	25 (26.0)		
<b>Suburb</b>				
Southern	68 (77.3)	20 (22.7)	3.06	.217
South East	65 (65.7)	34 (34.3)		
Northern	17 (70.8)	7 (29.2)		

According to Table 5, the relationship between Race and Substance Use was statistically significant ( $\chi^2(2) = 10.30, p = .006$ ). Analysis of standardised residuals showed a significant association between these variables ( $>1.96$ ), in that more white survivors than expected, compared to coloured survivors, were under the influence of a substance. The magnitude of the effect of this relationship was moderate, considering Cramer's V was 0.21, and the degrees of freedom was two.

Additionally, the association between Religion and Substance Use was statistically significant ( $\chi^2(2) = 11.54, p=.003$ ). Analysis of standardised residuals indicated a potential relationship between these variables ( $-1.8$ ), as fewer Muslim survivors than expected were under the influence of a substance at the time of the rape incident, when compared to those of other religions. Cramer's V was 0.24, which represents a moderate effect size.

Table 5

*Associations Between Independent Variables and Survivor Substance Use (N = 288)*

Variable	No Substance Use n (%)	Substance Use n (%)	$\chi^2$	<i>p</i>
<b>Gender</b>				
Female	122 (53.3)	107 (46.7)		
Male	5 (50.0)	5 (50.0)	0.04	.839
<b>Race</b>				
Black	52 (58.4)	37 (41.6)		
White	9 (26.5)	25 (73.5)	10.30	.006
Coloured	55 (52.9)	49 (47.1)		
<b>Religion</b>				
Christian	87 (55.1)	71 (44.9)		
Muslim	17 (81.0)	4 (19.0)	11.54	.003
Other	4 (25.0)	12 (75.0)		
<b>Employment</b>				
Employed	44 (52.4)	40 (47.6)		
Unemployed	30 (52.6)	27 (47.4)	0.19	.907
Student/Learner	51 (55.4)	41 (44.6)		
<b>Suburb</b>				
Southern	36 (42.4)	49 (57.6)		
South East	55 (61.1)	35 (38.9)	6.21	.045
Northern	13 (54.2)	11 (45.8)		

Chi-square analysis indicated a significant relationship between Suburb and Substance Use ( $\chi^2(2) = 6.21, p = .045$ ). Consideration of standardised residuals established a potential relationship between these two variables (1.3), as more survivors than expected who were raped in the Southern suburbs were under the influence of a substance at the time of the rape. Cramer's V was 0.18, indicating a small effect size.

Gender and Employment were not significantly associated with Substance Use.

Table 6

*Associations Between Independent Variables and Reporting Rape to the Police (N = 288)*

Variable	Not Reported n (%)	Reported n (%)	$\chi^2$	<i>p</i>
<b>Gender</b>				
Female	71 (26.8)	194 (73.2)		
Male	5 (41.7)	7 (58.3)	1.28	.259
<b>Race</b>				
Black	25 (24.5)	77 (75.5)		
White	16 (44.4)	20 (55.6)	6.64	.036
Coloured	30 (23.6)	97 (76.4)		
<b>Religion</b>				
Christian	54 (28.3)	137 (71.7)		
Muslim	4 (18.2)	18 (81.8)	4.32	.116
Other	7 (50.0)	7 (50.0)		
<b>Employment</b>				
Employed	35 (36.5)	61 (63.5)		
Unemployed	15 (22.4)	52 (77.6)	5.49	.064
Student/Learner	25 (23.6)	81 (76.4)		
<b>Suburb</b>				
Southern	29 (30.5)	66 (69.5)		
South East	25 (23.4)	82 (76.6)	2.02	.364
Northern	5 (19.2)	21 (80.8)		

According to Table 6, a significant relationship was found between Race and Reporting ( $\chi^2(2) = 6.64, p = .036$ ). Standardised residual analysis indicated a contingent relationship between these variables ( $>1.96$ ), as more white rape survivors than expected failed to report their rape to the police. The value of Cramer's V was 0.16, which is small. The other variables were not statistically associated with Reporting.

For each of the above chi-square tests, the assumptions that underlie the tests were upheld, as the data were independent and zero cells had expected counts less than five. Therefore, the test statistics could be validly interpreted.

Table 7 and Table 8 summarise the results of the t-tests, which examined differences in the continuous independent variables (Age and Number of Perpetrators respectively) for the two levels of each dependent variable.

Table 7

*Associations Between Age and Dependent Variables (N = 288)*

Variable	Mean (SD <sup>a</sup> )	df <sup>b</sup>	<i>t</i>	<i>p</i>
Identity				
Known	24.84 (9.24)	273	-0.80	.427
Unknown	25.75 (9.07)			
Weapon				
No weapon	26.20 (10.75)	251	1.44	.150
Weapon	24.12 (8.67)			
Substance Use				
No substance use	25.94 (11.15)	235	0.67	.492
Substance use	25.09 (7.84)			
Reported				
Not reported	26.18 (8.39)	273	0.65	.519
Reported	25.31 (10.57)			

<sup>a</sup>Standard deviation. <sup>b</sup>Degrees of freedom.

Table 8

*Associations Between Number of Perpetrators and Dependent Variables (N=288)*

Variable	Mean (SD <sup>a</sup> )	df <sup>b</sup>	<i>t</i>	<i>p</i>
Identity				
Unknown	1.78 (1.23)	269	-3.09	.002
Known	1.31 (1.21)			
Weapon				
No weapon	1.29 (0.69)	246	-4.07	<.001
Weapon	1.94 (1.86)			
Substance Use				
No substance use	1.29 (0.64)	229	-2.17	.040
Substance use	1.63 (1.57)			
Reported				
Not reported	1.30 (0.68)	267	-1.66	.028
Reported	1.58 (1.38)			

<sup>a</sup>Standard deviation. <sup>b</sup>Degrees of freedom.

Table 7 indicates that survivors' Age did not produce any significant results, while Table 8 shows that Number of Perpetrators yielded significant results for each of the dependent variables

On average, those who knew the perpetrator's identity had a lower mean score for Number of Perpetrators ( $M = 1.31$ ,  $SE = 0.09$ ) than those who did not know the perpetrator's identity ( $M = 1.78$ ,  $SE = 0.12$ ). This indicates that known perpetrators tended to act alone while unknown perpetrators were more likely to co-perpetrate. The difference in means was significant ( $t(269) = -3.09$ ,  $p = .002$ ). However, the effect size was small ( $r = 0.21$ ).

The absence of a weapon during the rape incident was associated with a lower mean score for Number of Perpetrators ( $M = 1.29$ ,  $SE = 0.05$ ) than the presence of a weapon ( $M = 1.94$ ,  $SE = 0.22$ ). This suggests that single perpetrators were less likely to use a weapon than were co-perpetrators of sexual assault. The difference in means was significant ( $t(76.62) = -4.07$ ,  $p < .001$ ). The effect size was moderate ( $r = 0.31$ ).

On average, not being under the influence of a substance at the time of the rape was associated with a lower mean score for Number of Perpetrators ( $M = 1.29$ ,  $SE = 0.06$ ) than being under the influence of a substance ( $M = 1.63$ ,  $SE = 1.52$ ). This suggests that those who were under the influence of a substance may have been more at risk of being raped by multiple perpetrators. The difference in means was significant ( $t(135.71) = -2.17$ ,  $p = .04$ ). However, the effect size was small ( $r = 0.18$ ).

Those who did not report their rape to the police had a lower mean number of perpetrators ( $M = 1.30$ ,  $SE = 0.08$ ) than those who did ( $M = 1.58$ ,  $SE = 0.10$ ). This may indicate that those who were raped by a single perpetrator were less likely to report the assault to the authorities than those who were raped by more than one perpetrator. The difference in means for this variable was significant ( $t(247.65) = -1.66$ ,  $p = .028$ ), yet the effect size was small ( $r = 0.14$ ).

For the above t-tests, standard error of estimate values are small, indicating that the data are an accurate representation of the population that they came from (Field, 2009). Although the assumption of homogeneity of variance was not upheld [as Levene's test for equality of variances was significant in each ( $p < .05$ )], the other assumptions of independent samples t-tests were upheld as each score was an independent observation and data were normally distributed.

Despite the fact that, in the above chi-square and t-tests, the analysis of standardised residuals and effect sizes indicated that significant predictor variables had small to moderate effects on each of the dependent variables, all p-values were significant. Moreover, analysis

of standardised residuals produces a conservative approximation of a relationship (Field, 2009). Thus, all variables found to be significant in bivariate analysis were included in multivariate analysis to determine which of them contributed uniquely to the variance in each of the dependent variables, when considered simultaneously.

### Multivariate Analysis

Variables that were significantly associated with the dependent variables in bivariate analysis were entered into four separate logistic regressions. Variables were entered simultaneously, rather than in a step-wise manner, as there is no existing literature predicting any particular order for these independent variables. The results of these analyses follow in Tables 9, 10, 11 and 12 below for response variables Perpetrator Identity, Weapon Usage, Substance Use, and Reporting respectively.

Table 9

*Logistic Regression: Predictors of Perpetrator Identity*

Variable	B (S.E. <sup>a</sup> )	Wald (df)	p	Exp(B)
Gender(1) <sup>b</sup>	1.13 (0.74)	2.34(1)	.126	3.08
Race <sup>c</sup>		6.50(2)	.039	
Black African	-.68 (.29)	5.36(1)	.021	0.51
White	.09 (.42)	.05(1)	.828	1.09
No. of perpetrators	-1.29 (.30)	18.64(1)	<.001	0.28
Constant	1.32 (0.86)	2.38(1)	.123	3.76

<sup>a</sup>Standard error. <sup>b</sup>Male is the reference category. <sup>c</sup>Coloured is the reference category.

A test of the full model for Perpetrator Identity against a constant-only model was significant ( $\chi^2(4) = 31.15, p < .001$ ), indicating that the predictor variables significantly distinguished between variance in Perpetrator Identity.

According to Table 9, variables that remained significant predictors of Perpetrator Identity while keeping all other variables constant, were Race ( $\chi^2(2) = 6.5, p = .039$ ), with the black African group significantly different from the coloured group ( $\chi^2(1) = 5.36, p = .021$ ), and Number of Perpetrators ( $\chi^2(1) = 18.64, p < .001$ ).

Examination of the odds ratios for Race indicated that the odds of knowing the perpetrator's identity decreased by 49% if the survivor was black African compared to coloured. For Number of Perpetrators, the odds of knowing the perpetrator's identity decreased by 72% as the number of perpetrators increased.



In terms of classification, 44% of the 99 observed for which identity was unknown was classified correctly, and 82% of the 161 for which identity was known was classified correctly. Overall, the model correctly classified 67.7% of the observations. This represents a 5.8% increase from the original classification table, where variables were not included in the model as predictors of identity.

The Hosmer-Lemeshow test was non-significant ( $\chi^2(4) = 0.62, p = .96$ ), and thus the model fit is acceptable, as the model does not substantially deviate from observed data. The non-significance of this test also reflects that the model fit improves with the inclusion of the significant independent variables (Field, 2009).

Table 10

*Logistic Regression: Predictors of Perpetrator Weapon Usage*

Variable	B (S.E. <sup>a</sup> )	Wald (df)	p	Exp(B)
Gender(1) <sup>b</sup>	-1.20(.70)	2.95(1)	.086	0.30
No. of perpetrators	1.33(.31)	18.26(1)	<.001	3.77
Constant	-1.54(.81)	3.59(1)	.058	0.22

<sup>a</sup>Standard error. <sup>b</sup>Male is the reference category.

With regard to predictors of Weapon Usage, a test of the full model against a constant only model was significant ( $\chi^2(2) = 22.86, p = < .001$ ), indicating that the predictor variables reliably distinguished between variance in Weapon Usage.

According to Table 10, when considered simultaneously with the other predictor variables, Gender was no longer found to be a significant predictor of variance in Weapon Usage ( $\chi^2(1) = 2.95, p = .086$ ). Number of Perpetrators remained significantly associated with Weapon Usage when all other variables were held constant ( $\chi^2(1) = 18.26, p = < .001$ ). Examination of the odds ratios indicated that the odds of being raped with the use of a weapon increased by 277% as the number of perpetrators increased.

Overall, the model correctly predicted 73% of the observations. This represents a 1.2% increase from the original classification table.

The Hosmer-Lemeshow test was non-significant ( $\chi^2(1) = 0.05, p = .83$ ), and thus the model fit is acceptable.

Table 11

*Logistic Regression: Predictors of Survivor Substance Use Prior to the Rape*

Variable	B (S.E. <sup>a</sup> )	Wald (df)	p	Exp(B)
No. of perpetrators	.55(.40)	1.89(1)	.169	1.73
Race <sup>b</sup>		4.20(2)	.122	
Black African	-.57(.40)	2.08(1)	.149	0.57
White	.48(.62)	.61(1)	.435	1.62
Suburb <sup>c</sup>		4.0(2)	.136	
Southern	.50(.60)	.68(1)	.408	1.64
South East	0.24(.60)	.16(1)	.686	0.78
Religion <sup>d</sup>		4.0(2)	.135	
Christian	-.89(.69)	1.66(1)	.198	0.41
Muslim	-1.98(.99)	3.99(1)	.046	0.14
Constant	.16(1.07)	.02(1)	.880	1.18

<sup>a</sup>Standard error. <sup>b</sup>Coloured is the reference category. <sup>c</sup>Northern is the reference category. <sup>d</sup>Other is the reference category.

With regard to Substance Use, a test of the full model against a constant only model was significant ( $\chi^2(7) = 17.95, p = .012$ ), indicating that the predictor variables reliably distinguished between variance in this variable. However, as reported in Table 11, when considered simultaneously with the other predictor variables, no variables were found to be significant predictors of variance in Substance Use.

Lastly, predictors of Reporting were examined. A test of the full model against a constant only model was significant ( $\chi^2(3) = 8.28, p = < .041$ ), indicating that the predictor variables significantly differentiated between variance in Reporting.

Table 12 indicates that, when considered simultaneously with the other predictor variables, Race was a statistically significant predictor of Reporting ( $\chi^2(2) = 6.66, p = .036$ ), with the white group significantly different from the coloured group ( $\chi^2(1) = 6.48, p = .011$ ). Examination of the odds ratios indicated that the odds of rape being reported decreased by 64% when survivors were white compared to coloured. Number of Perpetrators was not significantly associated with variance in this variable ( $\chi^2(1) = 1.51, p = .219$ ).

Table 12

*Logistic Regression: Predictors of Reporting Rape to the Police*

Variable	B (S.E. <sup>a</sup> )	Wald (df)	p	Exp(B)
No. of perpetrators	.41(.34)	1.51(1)	.219	1.51
Race <sup>b</sup>		6.66(2)	.036	
Black African	-.18(.32)	.32(1)	.573	0.84
White	-1.02(.40)	6.48(1)	.011	0.36
Constant	.74(.47)	2.52(1)	.112	2.10

<sup>a</sup>Standard error. <sup>b</sup>Coloured is the reference category.

Overall, the model correctly classified 73.6% of the observations. The original classification table indicated that the model correctly classified 73.6% of the observations, and thus the new model has not improved in its proportion of correct classifications.

The Hosmer-Lemeshow test was non-significant ( $\chi^2(4) = 1.49, p = .83$ ), and thus the model fit is acceptable.

Casewise diagnostics for each of the above regression analyses did not produce any outliers and hence the model is sound. Moreover, no collinearity was identified, as all VIF values were below 10 and no Tolerance values approached 0.1. Thus, predictor variables were not too highly correlated with one another (Field, 2009).

### Discussion

Beyond some general prevalence data, South African research on rape victimology is limited, and, prior to this study, little was known about demographic and rape incident characteristics of rape survivors in the country. This study has generated a number of findings regarding such characteristics. In this section, findings will be discussed in light of existing literature, as well as their implications.

Consistent with international literature indicating that women comprise the majority of rape victims, most of the survivors in this treatment-seeking sample were female (Masho & Alvanzo, 2010). The low number of males in the sample reflects findings that suggest that male rape survivors may be less likely to seek help than their female counterparts due to negative perceptions concerning male rape (Struckman-Johnson, 1988). This highlights a need to educate people about male rape, so that these perceptions are eliminated and more men feel empowered enough to seek post-sexual assault counselling.

The majority of survivors in the sample were coloured and Christian. This may reflect that, in South Africa, people with this background are most vulnerable to rape. However, this conclusion cannot be drawn given the fact that this study only drew on treatment-seeking

survivors and only sampled from the Western Cape. What this does indicate, however, is that within the catchment area of this Cape Town counselling centre, Christian and coloured survivors are most likely to present for counselling. This provides counsellors with a greater understanding of who is presenting for treatment, and thus in how to prepare accordingly. For instance, knowing that most treatment-seekers are Christian, counsellors can orient themselves to this religious framework. This finding also highlights a possible gap in treatment-seeking behaviours for other racial and religious groups, indicating a need to target awareness programmes at these groups to enhance the uptake of post-sexual assault counselling.

The sample included a high proportion of students and learners, and descriptive statistics indicated that most survivors ranged from 15-35 years. This is consistent with South African findings suggesting that young people are at a higher risk than older people for sexual assault (Jewkes & Abrahams, 2002). This finding is helpful in that counsellors will know to be prepared to help young people, who may need to be counselled differently to their older counterparts. Perhaps young people are most likely to seek treatment as they may receive education regarding rape treatment more often than older people. They may also be less likely to be stigmatised for their help-seeking behaviours than older generations. Therefore, awareness campaigns may need to target older rape survivors who could benefit from education about the availability and benefits of counselling. This finding could also indicate that rape prevention programmes should particularly target young people, who may be most at risk of victimisation, though further epidemiological data are needed to confirm this.

The majority of the sample was raped by a single, known perpetrator. This reflects global and South African findings that this is the most common type of rape experienced by women (Jewkes & Abrahams, 2002; Kaminer & Eagle, 2010; WHO, 2013). It is surprising, however, that survivors who knew the identity of their perpetrator were more likely to seek treatment at this centre than those raped by a stranger, given that literature suggests that those raped by someone they know are unlikely to seek assistance due to emotional or economic barriers (Singh, 2005). Nevertheless, this has implications for counsellors, in that survivors who know their attacker may have to be assisted differently to those who were raped by a stranger, and counsellors should prepare accordingly. There may need to be increased attention paid to managing safety issues in intimate partner relationships, or handling ongoing contact with a known perpetrator in the neighborhood or workplace.

Survivors who attend this centre are almost as likely to have been raped in the typically higher income, Southern suburbs as in the lower-income, South East geographic area. This is surprising, given that it has been documented that, in South Africa, women living in conditions of poverty are at highest risk for rape (Singh, 2005). However, this finding may be an artifact of the geographic location of the centre. The centre is in the Southern suburbs, and thus, regardless of their vulnerability to rape, people who have been raped in the Southern suburbs have easy access to it. This might also explain why the sample consists of few survivors who were raped in the Northern suburbs. The finding does however challenge the prevailing stereotype that rape survivors in South Africa tend to be from lower socio-economic contexts.

Although weapons are frequently used by rape perpetrators (Resnick et al., 2013), the results of this study indicate that the majority of the rapes did not involve weapon usage. However, physical injuries were common. This suggests that treatment-seeking rape survivors in Cape Town are more likely to have been raped using physical and psychological coercion than with weapons. This aspect of the rape experience may need to be attended to by counsellors. For instance, rape survivors may engage in more self-blame if they were not threatened with a weapon.

In almost half of the cases, survivors reported that they had taken substances prior to the rape incident. This reflects international findings, which indicate that rape survivors are frequently under the influence of a substance during their rape (Resnick et al., 2013). Again, this element of the rape experience may raise important issues in counselling. Counsellors may need to explore whether survivors are engaging in self-blame due to being intoxicated at the time of the rape, or raise clients' awareness about possible safety risks associated with substance use. At the same time, counsellors need to be careful not to convey judgmental or blaming attitudes themselves while exploring this element, and to affirm that responsibility for the rape lies solely with the perpetrator.

The majority of this treatment-seeking sample had reported their assault to the police. This does not seem to be representative of reporting behaviours in the general population, as South African literature indicates that most rape survivors in the country fail to report rape (Selebi, 2003). Instead, this may be indicative of the fact that this sample is treatment-seeking, and so more likely to report rape than other survivors. Additionally, this finding suggests that those who do not report rape to the criminal justice system also tend to avoid seeking counselling assistance. This needs to be addressed through awareness and psycho-

education campaigns which should emphasise the confidentiality of the counselling space and that reporting is not mandatory in order to access counselling support.

When examining relationships between demographic and rape incident characteristics, consistent with the literature, it was found that perpetrators used weapons with male survivors more often than with female survivors (Kaufman et al., 1980; Masho & Alvanzo, 2010). This may be a result of men typically being physically stronger than women (Tjaden & Thoennes, 2000), and thus, while psychological and physical coercion may be effective strategies for perpetrators to use when assaulting females, they may not be as effective with males and, in many instances, weapon use may be required.

Results further showed that females were more likely than males to know their perpetrator's identity. Additionally, single perpetrators were more often known to survivors than were multiple perpetrators, but were less likely to use a weapon than were multiple perpetrators. This is consistent with South African literature that points to women frequently being sexually assaulted by their husbands and partners, with the use of psychological coercion (Wood & Jewkes, 2001). Moreover, black African rape survivors were least likely to know the identity of the perpetrator. This may indicate that black African people are the most vulnerable to rape by strangers, yet such a conclusion cannot be confirmed. Instead, black African rape survivors who have been raped by people they know may tend not to present for treatment following rape. This highlights a possible need to educate these survivors on the availability and benefits of post-sexual assault counselling.

Those who were raped by a single perpetrator were less likely to report the assault to the authorities than those who were raped by multiple perpetrators. This is in line with the finding that those raped by a single perpetrator often knew the perpetrator's identity, as they may not have wanted to report their partners or acquaintances (Singh, 2005). Contradicting findings from previous studies, white survivors in this sample were found to be significantly less likely to report their rape than those who were coloured or black African (Jewkes & Abrahams, 2002). The reasons for this cannot be established by the current study. It is possible that, in this section of the population, there may be more stigma regarding being raped, or lower expectations about the effectiveness of the criminal justice system, or other reasons that future research could help to elucidate.

Christian survivors used substances prior to the rape more often than Muslim survivors. This is expectable in that many Muslim people do not consume alcohol for cultural and religious reasons (Valentine, Holloway, & Jayne, 2010). White survivors, survivors raped in the Southern suburbs, and those raped by multiple perpetrators were most likely to be

under the influence of a substance during the rape incident. This may reflect that after using substances, white survivors and those in Southern suburbs are at a high risk for rape, and that people who use substances are most vulnerable to rape by multiple perpetrators. However, given that this study examines a treatment-seeking population, such conclusions cannot be confirmed.

Despite global findings indicating that young survivors are more likely to use substances prior to rape (Resnick et al., 2013), to be raped by a known perpetrator and to report rape than older survivors (Jewkes & Abrahams, 2002), in this study, age was not associated with any rape incident characteristics. This may be indicative of this particular sample, and research with other samples is needed to examine whether associations with this variable exist.

Certain relationships remained significant in multivariate analysis. Race predicted whether the perpetrator's identity was known and reporting rape, and the number of perpetrators predicted whether the perpetrator's identity was known and whether a weapon was used. Thus, these variables contribute uniquely to variance in the above-mentioned rape incident characteristics, when considered simultaneously (Reed & Wu, 2013). Although other relationships were no longer found to be significant, they displayed general trends in the bivariate analysis that have essential implications for counselling centres.

### **Limitations and Future Recommendations**

An important limitation of this study is that it is not generalisable beyond this particular counselling centre. Thus, findings produced from this study may not be representative of all counselling centres in South Africa. However, given the limited number of counselling centres, and the lack of research conducted on treatment-seeking rape survivors in the country, this study has provided useful information that can aid counsellors to be prepared for addressing survivors' specific needs. It is recommended that future research be conducted at other counselling centres in South Africa to establish whether this study's findings are consistent elsewhere. This can provide a more comprehensive understanding of the victimology profiles of rape survivors in the country.

Additionally, this study was conducted on a treatment-seeking population. Thus, findings cannot be generalised to survivors who do not seek treatment. While the characteristics of the survivors in this sample might reflect the broader risk profile for rape, the sampling frame does not allow for such inferences. Yet, it would be challenging to study survivors who do not seek treatment, as they often conceal their rape (Singh, 2005). Due to the paucity of data on the demographic characteristics of rape survivors, and of information

regarding what type of rapes are most common, it is hoped that even data from treatment-seeking survivors can play an important role in providing information about rape victimisation profiles.

This study made exclusive use of quantitative methods, which lack the detailed descriptions that come with qualitative methods (Babbie & Mouton, 2006). The data in this study may have been inaccurate, and do not give an account of the qualitative experiences of rape survivors. Qualitative research could allow for in-depth exploration of how demographic and rape incident variables are related to each other, which would enhance both sexual violence prevention programmes and treatment services for rape survivors. Given that the current study was retrospective, the use of interviews was not possible (Findley & Daum, 1989). Nevertheless, it is recommended that future studies use mixed methods, hence incorporating both quantitative and qualitative methods (including interviews with survivors), so that more layered results are generated (Babbie & Mouton, 2006).

### **Summary and Conclusion**

This study conducted a retrospective archival analysis of the case files of rape survivors at a counselling centre in Cape Town. Demographic and rape incident characteristics, as well as relationships between these, were examined.

Findings generated from this study can aid counsellors to be prepared to treat clients according to their needs, as they indicate who seeks treatment and what types of rape they are most likely to have experienced. They also indicate who is not seeking treatment, and for which types of rape treatment seeking is avoided. This can be a first step in identifying gaps in treatment services, in order to address poor post-sexual assault counselling uptake rates.

Despite this study not being generalisable beyond this particular centre, it provides an approximation of who seeks treatment in South Africa, which in itself is useful as it offers an indication of what needs to be addressed. Moreover, although this study cannot draw conclusions about non-treatment-seeking rape survivors, given the limited research concerning rape survivors in the country, findings from this study can play an important role in providing information about rape survivors in general. It is recommended that further research on this topic be conducted, in order to generate a comprehensive understanding of the victimisation profiles of South African rape survivors.



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## Appendix A: Incomplete Intake Form (First Page)

 <b>Rape Crisis</b> Cape Town Trust										
COUNSELLING CONFIDENTIAL INTAKE FORM										
Counsellor:		Date		Case No (Year, Number, Office):						
Referral Source:				Referral Contact No:						
CLIENT INFORMATION										
Name:							Female	Male	Age	
ID No /DOB:				Contact No:						
Race	Black	White	Coloured	Asian	Other					
Religion	Christian	Hindu	Jewish	Muslim	Other					
Address:										
Employment Status:	Employed	Unemployed	Student/Learner	Retired						
Language:	English	Afrikaans	Xhosa	Other						
Disability	Yes	No	If Yes, Specify:							
PRESENTING PROBLEM										
Brief description of the event (specify sexual offence and describe):										
Date:				Time:						
Suburb:				Place:						
No. of Attackers:				Identity:	Known	Unknown				
Threats Used:	Yes	No	If yes	Verbal	Force	Weapon	Abuse of power	Other		
Weapons Used:	Yes	No	If yes specify:							
Injuries:	Yes	No	If yes specify:							
Survivor: drugs or alcohol taken at time of rape?	Yes	No	If yes specify:							
Perpetrator: drug assisted rape?	Yes	No	If yes specify:							
First report witness:										
Where did you first report the rape?	Police Station			Medical Facility			Private Doctor			
Name of Centre				Date Reported	YYYY/MM/DD					
POLICE CONTACT										
Reported?	Yes	No	Who reported?							
If Not reported, reason:										
If Not reported, do you intend to report?	Yes	No	Reason?							

## Appendix B: Research Agreement Form



**Rape Crisis  
Cape Town Trust**

### STATEMENT OF AGREEMENT FOR A RESEARCH STUDY WITH RAPE CRISIS CAPE TOWN TRUST

#### 1 INTRODUCTION

This Agreement is made on 08/01/2015 between Rape Crisis Cape Town Trust (the Organisation) and Meredith Forbes (the Researcher) to conduct a study (the Study) using Rape Crisis case data. Rape Crisis and the Researcher agree as follows:

#### 2 PROPOSAL

The researcher must present a written proposal to the Organisation outlining the scope and nature of the Study to be performed. This proposal must also fully detail the research activities and responsibilities to be undertaken. (See copy attached.)

#### 3 COMPLIANCE WITH ETHICAL AND SAFETY RECOMMENDATIONS

The Study will be conducted in accordance with the conditions specified in "Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women" by the Department of Women's Health of the World Health Organisation. These recommendations are, in brief:

- a. The safety of respondents and the research team is paramount and should guide all project decisions
- b. Studies need to be methodologically sound and to build upon current research experience
- c. Protecting confidentiality is essential to ensure both women's safety and data quality
- d. All research team members should be carefully selected and receive specialised training and ongoing support
- e. The study design must include actions aimed at reducing any possible distress caused to participants by the research
- f. Fieldworkers must be trained to refer women requesting assistance to available sources of support, or to create short term support mechanisms specific to the study
- g. Researchers have an ethical obligation to ensure that their findings are properly interpreted and used to advance policy and intervention development
- h. These recommendations apply also to surveys designed for other purposes than challenging violence against women but where violence questions have been incorporated

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Fax 021 361 0529  
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Trustees M Londt, D Smythe, P Mrwebi, LA Lindsay, A Adams, U Njokweni-Magida, L Monyatsi Director Kathleen Dey

#### 4 TERMS OF AGREEMENT

The Study will be supervised by <sup>gate-keeper</sup> [staff member's name] Shiralee McDonald  
and will begin on or about [start date] 08/04/2015  
The Study, involving approximately [number of cases] 250  
will be completed in a time period of approximately [length of Study] 6 months  
and so, the termination date is anticipated to be [termination date] October 2015  
If the Study has not been completed by this time, the Organisation reserves the right to terminate the Study, with full recovery of all Study materials.

#### 5 REIMBURSEMENT

[As negotiated.]

#### 6 CONFIDENTIAL INFORMATION

*[If the Researcher is using Counselling Service data then the Confidentiality Policy applicable to all counsellors will be binding of them as well. See Appendix A.]*

The parties may wish, from time to time, in connection with work contemplated under this Agreement, to disclose Confidential Information to each other. Each party will use reasonable efforts to prevent the disclosure of any of the other party's Confidential Information to third parties, provided that the recipient party's obligation shall not apply to information that:

- a. is already in the recipient party's possession at the time of disclosure;
- b. is or later becomes part of the public domain through no fault of the recipient party;
- c. is received from a third party having no obligations of confidentiality to the disclosing party;
- d. is independently developed by the recipient party; or
- e. is required by law or regulation to be disclosed.

In the event that information is required to be disclosed by law or regulation, the party required to make disclosure shall notify the other to allow that party to assert whatever exclusions or exemptions may be available to it under such law or regulation.

#### 7 CLINICAL DATA

All data, including notes and other relevant information generated as a result of the Study, will be promptly and fully disclosed to and produced for the inspection of the Organisation if requested.

#### 8 PUBLICATIONS

The Researcher reserves the right to publish the results of the Study. The Researcher will notify the Organisation of such intention and will submit a draft of the manuscript to the Organisation for comments at least sixty (60) days prior to submission for publication or oral



presentation. The Organisation shall notify the Researcher in writing within thirty (30) days of receipt of such draft whether such draft contains information deemed to be confidential under the provisions of this Agreement, or information that if published would have an adverse effect on the Organisation or client of the Organisation.

In any such notification, the Organisation shall indicate with specificity to what manner and degree the Researcher may disclose said information. The Organisation shall have the final authority to determine the scope and content of any publication, provided that such authority shall be exercised with reasonable regard for the interests of the Researcher. It is the intent of the parties that no publication will contain any of Confidential Information disclosed by the Organisation without prior written permission.

The Researcher agrees to furnish the Organisation with a copy of the final publication to keep and to present his or her findings to the organisation in a format agreed to by both parties. Although the final product remains the Intellectual Property of the Researcher the Organisation reserves the right to use the material and research results for the purposes of training and awareness raising, lobbying, media and fundraising unless otherwise agreed in writing.

## **9 INDEMNIFICATION**

The Researcher shall indemnify the Organisation and hold the Organisation, its staff, volunteers and clients harmless from any liability, loss or damage they may suffer as a result of claims, demands, costs or judgments against them arising out of the activities to be carried out pursuant to the obligations of this Agreement.

## **10 TERMINATION**

The Organisation may terminate its involvement in the Study prior to its completion by written notification for any of the following reasons:

- a. if available data indicate that it is not safe to continue with the Study;
- b. if the Researcher defaults on any material term of this Agreement;
- c. by agreement, in writing, between the Researcher and the Organisation;
- d. if the entry of valid cases in the Study is too slow to meet the agreed time scheduled;
- e. adherence to the proposal is poor or data recording is chronically inaccurate or incomplete.

The Organisation may terminate this Agreement prior to completion of the Study by written notification if the Researcher fails to meet his or her obligations under this Agreement; provided that the Organisation shall allow the researcher thirty (30) days from the date of notification to cure such default.

## **11 MISCELLANEOUS**




This Agreement shall be binding upon the parties, their legal representatives, successors and assignees; may not be amended except by written instrument signed by the parties; and supersedes all prior written and oral agreements and representations between the parties with respect to the subject matter hereof. All obligations contained herein as to which performance is required after termination shall survive termination.

## 12 AGREEMENT

This Agreement shall be construed and the rights of the parties determined in accordance with the laws of the Republic of South Africa. Read and understood:

### RAPE CRISIS CAPE TOWN

By:  on 8 March 2015  
 [Insert name] [Insert date]  
 Shiralee McDonald

### THE RESEARCHER

By: Meredith Forbes on 08 April 2015  
 [Insert name] [Insert date]  
 mforbes

## APPENDIX A

### Counsellor's Confidentiality Policy

The following are some points about Rape Crisis policy for the Counselling Service. Most of them are designed to protect rape survivors; but some are also there to protect the counsellors and to ensure that they do work that is congruent with what they have been trained to do; so it's important to familiarise yourself with these issues.

#### Confidentiality

- Counselling between client and counsellor is strictly confidential.
- Don't discuss your cases outside of Rape Crisis. It sometimes happens that you need to talk to someone close to you, but then you should only discuss your feelings and general information (hiding the identity of the client), and **not** the details of the case.
- When discussing your cases within Rape Crisis, use first names only.
- Do not discuss information about cases that are not yours. Read other counsellor's reports **ONLY** for supervision and learning purposes, and only with permission.
- All counselling reports are kept in lockable cabinets. **No completed counselling reports can be taken out of Rape Crisis because of their confidentiality**, although



you can take a blank or incomplete form home to complete a report there but then you **must bring it in within 48 hours**, and only do this if you really have to. No files should be removed from the office under any circumstances.

- If you are counselling another member, staff member or training course participant it is permitted to keep no written records but the Counselling Coordinator **must be informed** or in the case where the Counselling Coordinator is doing the counselling she will inform the Director.
- Record keeping must be thorough and promptly carried out.
- Try not to leave documents and reports or copies of them lying around the office.
- If you remove a file from the drawer **return it** as soon as you have finished using it.
- Shred all confidential documents that need to be thrown away in the shredder in the counselling office.
- If a client is accepted onto the Internal Training Course to be trained as a volunteer her counselling file is shredded unless she still has a trial pending.

#### Client Liaison

- The actual content of counselling sessions cannot be shared with anyone else outside of Rape Crisis unless you have your client's permission. Even then you should think carefully about whether this is advantageous to the client. If possible these kinds of ethical issues should be spoken through with a supervisor.
- When information needs to be given to doctors, lawyers, prosecutors or other professionals, the client's consent must be obtained first.
- If a person involved in the case requests information, this must be done in writing and you must obtain consent from the client. No information is to be given telephonically.
- No details regarding a case are to be given to the press.
- If someone phones in requesting information about a client, none is to be given - not even whether Rape Crisis is counseling the woman or not.

**PLAGIARISM DECLARATION****PLAGIARISM**

**This means that you present substantial portions or elements of another's work, ideas or data as your own, even if the original author is cited occasionally. A signed photocopy or other copy of the Declaration below must accompany every piece of work that you hand in.**

**DECLARATION**

1. I know that Plagiarism is wrong. Plagiarism is to use another's work and pretend that it is one's own.
2. I have used the American Psychological Association formatting for citation and referencing. Each significant contribution to, and quotation in, this essay/report/project from the work or works, of other people has been attributed, cited and referenced.
3. This essay/report/project is my own work.
4. I have not allowed, and will not allow anyone to copy my work with the intention of passing it off as his or her own work.

**Signature:** Mforbes

**Date:** 29 October 2015