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Lived Experiences of Women Who Were Sexually Assaulted in the Vhembe District of Limpopo Province, South Africa

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ABSTRACT The purpose of the study was to explore and describe the lived experiences of women who experienced sexual assault in the Vhembe district Limpopo Province, South Africa with an aim of developing a support model. A qualitative, phenomenological, explorative, descriptive design, which is contextual in nature, was used. Population comprised women who experienced sexual assault and reported at the trauma centers. Purposive sampling was used to sample the participants; those who consented completed the forms. Data saturation was reached after interviewing twenty five participants. Ethical principles of conducting research were adhered to. Ethical clearance was obtained from the University of Venda; Provincial Department of Health in Limpopo province. Permission was also sought from Tshilidzini; Donald Fraser Hospitals; Victim empowerment – Limpopo Province. Findings revealed that sexual assault victims suffered physical, psychological, spiritual trauma and coping problems related to the myths held by the victim, community members and care providers. The conclusion from the research was that although people still have myths related to sexual assault, good interaction between the sexual assault survivors and the care providers including the Justice system can promote effective coping. Recommendations were made for health care providers and nursing education to equip them with knowledge regarding sexual assault and to include sexual assault issues in undergraduate curriculum.

INTRODUCTION

Violence including sexual assault is a serious problem in South Africa with many effects on health services (Ward et al. 2012). Most of the sexual assault crimes committed are not reported and this has been found to be associated with stigma attached, victim blame and fear of the perpetrator. The care provided to the survivors often depends on the accessibility of the services and attitudes of the care givers. Sexual violence is likely to occur more commonly in cultures that foster beliefs of perceived male superiority and social and cultural inferiority of women (Kalra and Bhungra 2013).

Study Objectives

The objectives of the study were to explore and describe the experiences of sexual assault among women in the Vhembe district Limpopo province with an aim of developing a support model.

Theoretical Background

South Africa has one of the highest rates of sexual assaults in the world, with some 62,649 rapes and other sexual assault reported for the period 2013/2014 (SAPS statistics 2013/2014). The statistics show only the reported cases which are just a tip of an iceberg as the majority of cases remain unreported. The court procedure often requires the woman to prove that she did not provoke the rape. The victim will be put on a stand and attention often shifts to her sexual history of rape (Pearce 2006). Reporting of cases exposes the assaulted women to further victimization also known as secondary victimization (Patterson 2011). Therefore women who experience sexual assault would rather prefer to keep the problem to themselves than to experience more pain. Problems related to inaccessibility and the attitudes of those expected to provide care have led to the quality of services relating to sexual assault being compromised. This has stimulated interest for the researchers to address the following question: *"What are lived experiences of women who are sexually assaulted in Vhembe district?"* The purpose of this study was to explore and describe the experiences of sexually assaulted women in the Vhembe district of Limpopo Province with an aim of developing recommendations to support them. The specific objectives were to explore and describe the experiences of women who bore the brunt of sexual assault in the Vhembe district.

METHODOLOGY

A qualitative, phenomenological, explorative, descriptive design, which is contextual in nature, was used to describe the experiences of women who have been sexually assaulted in the Vhembe district of Limpopo Province. A phenomenological approach was used to explore the lived experiences of sexual assault victims. Population comprised all women between 18 and 55 year in the Vhembe district, Limpopo province. A non-probability purposive sampling method was used to select twenty five participants from Thohoyandou Victim Empowerment (TVEP) area of operation, namely Donald Fraser and Tshilidzini hospitals in the Vhembe district of Limpopo province.

An in-depth one-to-one phenomenological interview notes were used to collect data. The interview was initiated by asking the following broad question: *"What are your lived experiences of sexual assault"?* This was followed by probing up questions to get more information on their experiences. Interviews were conducted by researchers in Tshivenda and immediately translated verbatim in English. Ethical clearance was obtained from the University of Venda and the Provincial Department of Health in Limpopo province. Permission was also sought from Tshilidzini Hospital; Donald Fraser Hospital; Victim empowerment – Limpopo Province.

The researchers ensured that the participants were respected throughout the research process. Participants in this research were legally and psychologically competent to give consent and they were made aware that they would be at liberty to withdraw from the investigation at any time.

The methods to ensure trustworthiness were achieved by applying Guba's four principles as cited in (Polit and Beck 2008) namely, credibility, dependability, transferability and conformability. Credibility was achieved by prolonged engagement, persistent observation, triangulation and member checking. Dependability was ensured through an inquiry audit; Transferability was achieved by thick description of research methodology and sufficient detailed descriptions of collected data. Use of an independent co-coder and incorporating an audit procedure ensured conformability.

FINDINGS

Findings were organized into themes categories and sub- deduced from open coding and categorization (Babbie 2010). Two major themes emerged from the data with appropriate quotes from raw data and these are trauma resulting from psychological and physical/physiological injuries, and coping strategies used by the survivors of sexual assault.

Findings from this study are discussed according to the themes, categories and subcategories which emerged during the interviews. Table 1 reflects a summary of findings according to themes, categories and sub-categories

Theme 1: Women Described Experiences of Trauma As a Result of Psychological and Physical/Physiological Injuries

Trauma as described by the participants was explained as a comprehensive feeling of pain within the individual occurring under psychological, physical and physiological reaction. Findings from this research revealed that victims of sexual assault experienced post traumatic symptoms and depressive symptoms because of their exposure to a traumatizing situation. The act of sexual assault also leaves an individual with physical and physiological effects. Almost all the participants experienced the feeling of pain felt in various ways.

Psychological Trauma

These were the emotions experienced by the participants after sexual assault. Most of the participants experienced post traumatic symptoms as shown by feelings of anger, helplessness, shame and emptiness, guilt and self-blame, hatred, flashbacks of the memories, loss of memory and depersonalization. Some participants reflected these as follows:

"When I came back from passing urine I found him standing on the door step and without saying anything, he strangled me and said today I am going to kill you and he then raped me" This is actually tormenting my mind" (with tears running down her cheeks). "It is very much disturbing because he took away my virginity. I just feel helplessand sad" (looking very sad). As she was explaining this she was crying bitterly. "I feel isolated and as I walk it is like everybody can see that I was raped".

A woman whose car was taken and thereafter gang-raped had this to say: "*Traveling at*

Table 1 : Themes, Categories and Subcategories

Themes	*Categories*	*Subcategories*
1. The women described experiences of trauma as a result of psychological and physical/physiological Injuries	Psychological trauma	Post traumatic symptoms Fear Feelings of helplessness shame and emptiness Anger and hatred Feelings of guilt and self-blame Flashbacks of the memories Loss of memory Depersonalization/ Dissociation Depressive symptoms Sleeplessness Loss of appetite Suicidal ideation Excessive sweating Loss of memory A diminished ability
	Physiological/ Physical trauma	Cardiovascular changes eg. Increased heartbeat; increased blood pressure Pain related to assaults Painful coitus; Strangulation Loss of consciousness
2. Women expressed how they are surviving after the incidence of sexual assault (coping methods)	Coping mechanisms	Spiritual support Family support

night with windows of the car open makes me feel guilty of what happened. This mistake almost cost my life" Another participant said "Ithink the incidence disturbed me because when I think about doing anything I just feel there is going to be a repetition of the incidence. When I am standing I just feel that there is somebody behind me or it's like I could see the person who raped me. When I am alone I think about the incident and when I am asleep I have nightmares about the incident".

A participant who suffered anger and hatred because she was gang-raped explains this as follows: *"I don't know how I could explain this, it is just pure hatred. Have you ever wished somebody to die? That's how I feel, I just wish them to die and leave us alone (sobbing and pause).* One participant reflected her feelings of anger as follows *"It's like I have questions that I do not have answers for. I am very angry. I have questions but I do not know the person who can give me answers. Maybe this person does not know me either. Each time when I meet a male person I just feel the questions which I have are directed to this person. But I just feel it's unfair and I am not able to control what I feel. I just feel the questions are going to him and during that time I would freeze. I begged them not to do it but they did it anyway. They were heartless. They did not want to listen to what I was saying" (very sad with tears running down her cheeks).*

A participant who had memory loss after the incident said: *"I had problems in remembering even the name of my neighbough's child, it is very embarrassing""Now from that time, I don't know if it is all in my mind, when I touché myself underneath (showing her genital area) I experience a bad smell." "When those boys finished raping me, I just felt my whole body was smelling diesel, whether is dirt, or anything else, I do not know. When I go to the filling station the smell of petrol reminds me of the incident".*

Depressive Symptoms

Participants also experienced a group of symptoms namely, sleeplessness, loss of appetite, and suicidal ideation. Some participants reflected their experience as follows: *"At times I cannot sleep and I feel I am losing weight"* **"***It is difficult for me to sleep because of the pressure after the assault" "At times I just feel I want to be alone. I just feel I no longer have future and I just think it would be better if I am dead. I just pray God that I won't do anything (sobbing). Immediately following the incident I was*

ready to commit suicide and if I can see them, I don't know what would happen".

Physiological Reaction/ Physical Trauma

The participants expressed how they were affected physiologically following sexual assault. Participants experienced cardiovascular changes and physical trauma. Participants explained this as follows: *"I just think it makes you feel like you are lost, because I don't know if I am thinking too much about the incident, because even my Blood Pressure just goes up. Also I sweat a lot. When I check my BP I find it to be very high". "He stabbed me and injured me on the cheek and as a result of the assault one of my tooth got loose. I continued to run and he then caught me and stabbed me again on the upper arm and humerus (showing the scars) and he then forced me to lie on my stomach and he raped me using my anus."*

A 22 year old girl who was gang-raped had this to *say "He strangulated me and I experienced difficulty in breathing and I lost consciousness. When I woke up I was being dragged across the road to a certain orchard. The other boy who was having a gun beat me again and I again fainted and when I woke up I found that I was wearing one leg of the jean , when I touched myself underneath (showing her genital area) it was like I have sustained burns, "**heish**" it was very painful. I also had a crack in the anus".*

Theme 2: Women Expressed How They are Surviving After the Incidence of Sexual Assault (Coping Methods)

Most of the participants in this research explained that they tried to deal with the problem of sexual assault by going to church, talking to a friend or relatives, writing about the event, drinking alcohol and pretending that it never happened as illustrated by the following precepts:

"I also think that going to church and praying with others also helped me". "But I think I am fortunate because I have an aunt who is a nurse at one of the hospitals and at the same time a Pastor. She did a lot. She would skip a day and she would come and pray for me. She would counsel me. I think that contributed to my acceptance of what happened."

"I use to get advice from friends and family members. At times I would go to church, that helped me a lot" "I have started drinking alcohol to deal with my problems. I am also continuing with drinking as I have discovered that I am also HIV positive."

Another participant put it this way *"I would also refuse that such a thing has happened to me."*

DISCUSSION

The participants expressed how they suffered psychological and physical trauma as one of the identified theme as indicated in the results section. This was found to be in line with what other researchers have found. In Clark and Quadara (2010) a survivor reported that she was treated in a shameful and humiliating manner which made it less and less likely that she would speak and this contribute to non-reporting of sexual assault cases. Studies also showed a relationship between post traumatic symptoms and nightmares and flashbacks in women who experience a traumatic event such as sexual assault (Kozaric-Kovacic et al. 2006; Duke et al. 2007). Anger is another characteristic of post traumatic symptoms. A post traumatic incidence like sexual assault has been found to increase prevalence rates of suicidal ideation (Clark and Quadara 2010). This was also affirmed by this study where some participants had suicidal tendencies.

Research conducted by Leiser et al. (2009) on women who were consulting in a gynaecological- psychosomatic clinic found that women who experience sexual and physical assault suffer from depression, post-traumatic stress disorders, anxiety as well as sleeping and eating problems. This is also supported by Taylor Pugh and Goodwach (2012) who found that victims of sexual assault might sustain extra genital physical injury. In contrast to the findings of this research, other studies revealed that people increase carbohydrate intake in an attempt to self-mediate against negative mood (Liu et al. 2007). Evidence linking cardiovascular diseases and exposure to trauma has been found across the different population and stressor events (Pugh and Goodwach 2012).

Coping after a traumatic experience is of paramount importance because the methods that are used in coping influence the recovery of the individual. In this research coping meant all the

methods and means that an individual who experienced sexual assault used to deal with the problem and be able to continue with her life and in so doing trying to master the event. Coping can either be positive or negative. Positive coping is reflected if the participant uses a defense mechanism which is not destructive like talking to a friend and negative coping is reflected if an individual uses self-destructive behaviors like abusing alcohol. Gladden (2012) in the literature review of coping skills of East African Refugees found that the most used skills included faith/religion or other belief systems, social support and cognitive reframing, consistent with the findings of this research where some of participants received counseling from their Pastors and talking to a friend described as being helpful.

Kaysen et al (2007) found that exposure to chronic traumatic events have been associated with greater likelihood of alcohol–related consequences in women. Literature indicates that those who have a history of childhood sexual abuse are more associated with severe post traumatic symptoms and alcohol drinking and all three of these; prior victimization, post traumatic symptoms and alcohol drinking lead to further risk of re-victimization (Peter-Hagenel and Ullman 2014). Thus health nurses and doctors working in area where they see patients should be well trained and skilled in identifying sexual assault to avoid further complications Published online before print December 8, 2013, doi: 10.1177/0886260513507137

CONCLUSION

It was found that people still have myths related to sexual assault and this can be addressed by good interaction with all role players such as the Justice system, health care providers, relatives to ensure effective coping.

RECOMMENDATIONS

The researchers recommended that clients presenting with post traumatic symptoms and depressive symptoms also be assessed for possible sexual assault; promotion of healthy, respectful relationships among youth by increasing positive family relationships and interactions, developing emotionally supportive family environment; beliefs, attitudes and messages that condone, encourage or facilitate sexual violence to be addressed by various communities and society and survivors be provided with relevant coordinated accessible services. For Education Forensic curriculum for nurses and inter-professional module is introduced.

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