

**FACTORS CONTRIBUTING TO NON-REPORTING OF RAPE BY SCHOOL
GOING ADOLESCENTS IN MATSULU TOWNSHIP OF SOUTH AFRICA**

by

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SUPERVISOR: MS FH MFIDI

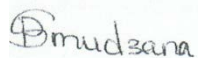
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FEBRUARY 2016

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DECLARATION

I declare that **FACTORS CONTRIBUTING TO NON-REPORTING OF RAPE BY SCHOOL GOING ADOLESCENTS IN MATSULU TOWNSHIP OF SOUTH AFRICA** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



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FACTORS CONTRIBUTING TO NON-REPORTING OF RAPE BY SCHOOL GOING ADOLESCENTS IN MATSULU TOWNSHIP OF SOUTH AFRICA

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ABSTRACT

The purpose of this study was to explore factors contributing to poor reporting of rape by school going adolescents. A qualitative descriptive study was conducted among the 16-19 year old school going adolescents in grade 10-12 living in Matsulu Township of South Africa.

Data collection was done using audio-taped semi-structured focus group discussions and individual interviews. Non-probability sampling was utilised for the study and purposive sampling was used to identify participants. Content analysis as proposed by Polit and Beck (2012:557) was utilised for this study.

The study's findings indicated that non-reporting of rape by adolescents is linked to structural, psychological, socio-cultural and economic causes. The study recommends that a comprehensive integrated approach should be used.

Keywords

Adolescence; adolescents; contributing; factor; rape; non-reporting; reporting, school-going adolescents, and township.

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Dedication

This work is dedicated to my late father, Regis Mudzana and my mother Sylvia Zvinowanda. You taught me well.

May your souls rest in eternal peace.

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ACRONYMS AND ABBREVIATIONS COMMONLY USED IN THIS PAPER

HIV	Human Immunodeficiency Virus
LGBT	Lesbian, gay, bisexual and transgender
PEP	Post Exposure Prophylaxis
SAPS	South African Police Service
UNISA	University of South Africa
WHO	World Health Organization

CHAPTER 1

INTRODUCTION AND ORIENTATION OF THE STUDY

1.1 INTRODUCTION

The aim of this study was to explore the reasons for non-reporting of rape by school going adolescents in Matsulu Township of South Africa. Matsulu is a township in Ehlanzeni District Municipality in the Mpumalanga Province of South Africa. According to the Census of 2011, Matsulu had a total population of forty seven thousand three and six and the racial makeup of this population was 99.5% were Black Africans, 0.2% were Coloureds while the Indian/Asians, Whites and Other made up 0.1% each. The majority of residents in Matsulu depend on Nelspruit Town and white owned farms for employment opportunities. Informal economic activities are vibrant in the Township. Although the average income level per person is low, there seems to be a significant diversity in income patterns in this area. Matsulu has a higher proportion of households within R1000-R3000 income bracket than KaNyamazane which is its nearest residential area (Adams & Moila no year:3)

To have a clear perspective on rape in this study, sexual assault or sexual violence will be defined first. Sexual assault or sexual violence can be defined as any sexual attempt to obtain a sexual act, unwanted sexual comments or advances or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home or work. This involves sexual contact or behaviour that occurs without explicit consent of the victim. Types of sexual assault include rape, child sexual abuse, attempted rape, incest, sexual harassment/ stalking, prostitution, indecent exposure, peeping, hidden cameras, child pornography and genital mutilation to mention just a few (WHO 2002:149; Sexual Offences Act 2007:20). It is noteworthy that sexual violence and sexual assault have the same meaning, hence they are used interchangeably. However, in this study our focus is on non-reporting of rape but it is difficult to state its prevalence rate as most reports and studies use the aggregate terms which are sexual violence and sexual assault.

Rape is the most serious crime of all the types of sexual assault. It can be defined as physically forced or otherwise coerced sexual penetration- even if it is slight- of the victim's body, including vaginal, vulva, anal, or oral penetration using a penis or other body parts or an object. Rape victims may be forced through threats or physical injury (WHO 2002:149 & Sexual Offences Act 2007:20). Some studies defined rape as a crime whereby a person forces another individual to have sex against his or her own will through the use of force, violence, threats, verbal insistence, deception, cultural expectations or economic circumstances (Oshiname, Ogunwale & Ajuwan 2013:137).

In the global context, studies have shown that the prevalence of rape especially among adolescents is high (Van Decraen, Herbots, Michielsen, Van Rossen & Temmerman 2012:140; Mills 2010:81). On average, between two percent (2%) and twenty percent (20%) of adolescents report the experience of forced penetrative sex over the course of their lifetime in developing and developed countries.

The prevalence of rape among adolescents remains high in South Africa despite increased intervention and prevention programmes. Among adolescents in South Africa, approximately two-forty percent (2%-40%) are forced to have sexual intercourse or they are raped (Smith et al 2010: 250).

According to the recent studies in Richter et al (2015:305) and De Vries (2014:1091), there is high rate of sexual assault and rape in particular of young men in South Africa despite reports that adolescent girls are the most affected by rape. The explanation for this finding was that boys started to have sex at an earlier age than girls, thus fourteen years versus fifteen years.

In developed countries such as Canada, United States of America and Denmark and in developing countries such as Zimbabwe, Kenya and Rwanda rape is prevalent (Mukanangana, Moyo, Rusinga & Zvoushe 2014:114 ;Van Decraen et al 2012:141, Adudans, Montandon, Kwena, Bukasi & Cohen 2011:94; Stolternborgh, IJzendoorn, Euser & Bakermans-Kranenburg 2011:87; Cowan & Campbell 1995:145, Skinner & Taylor 2009:137; Bramsen, Lasgaard, Koss, Elklit & Banner 2012:524; Vopni 2006:108). In Matsulu Township of South Africa, there were sixty seven reported cases of sexual offenses between 2014/2015 as compared to sixty five cases between 2012/2014.

In a World Health Organization (WHO) multi-country study on the prevalence of intimate partner violence, the prevalence of both sexual violence and physical violence varied from 15-71 %. In all but one setting, women were at far greater risk of physical or sexual violence by a partner than from violence from other people (Garcia- Moreno, Jansen, Ellsberg, Heise & Watts 2006:1260). This shows that sexual assault or rape of a woman is prevalent and it is a global problem.

In South Africa, adolescents and young adults are more likely to be the victims of sexual assault than women in all other age groups. Unfortunately there are no accurate statistics of adolescent rape in South Africa as all cases reported to police are documented at the aggregate level. However, there is a consensus that child rapes are increasing at an alarming rate. In 2012/2013 police estimated child sexual violence including infants at 20702 while between 2013/2014 there were 18524 (Africa check 2014:1).

Sexual assault of adolescents happens with older adolescents and partners of the same age. Sexual assault in the form of rape is a serious challenge to community with a chance of threatening life of those involved. (Richter, Mabaso, Ramjith & Norris 2015:304; De Vries, Eggers, Jinabhai, Meyer-Weitz, Sathiparsad & Taylor 2014:1091). In the same studies, more girls were found to be more sexually active and mostly girls were forced into sex.

In the South African context, the constitution and related laws aims to protect the rights of its people which include democratic values of dignity, equality and freedom, right to freedom and security and freedom from different forms of violence by either public or private entities. The citizens of South Africa should have the right to bodily and psychological integrity, including reproduction and bodily security and gender equality (Constitution of South Africa 1996:4-5). However, high rates of violence [of rape] against women and girls are of concern. Reports state that there is a low rate of reporting rape across all age groups in South Africa (Statistics South Africa 2014:5). This partly as a result of stigma associated with rape and this stigma may be based on the socio-cultural beliefs and values.

On the other hand, research continuously indicates that crimes of rape are continuously underreported everywhere in the world, not in South Africa alone (Mukanangana et al 2014:114; Van Decraen et al 2012:149; Adudans et al 2011:94;

Stolterborgh et al 2011:87). This underreporting affects many aspects such as the psychological and physical wellbeing of a person and may even cause family problems.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

1.2.1 Source of the research problem

Sexual violence, especially rape is not a rare experience in the lives of adolescents and women in general (De Vries et al 2014:1091; Richter et al 2015:304). Sexual violence can be defined as any sexual attempt to obtain a sexual act, unwanted sexual comments or advances or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home or work. This involves sexual contact or behaviour that occurs without explicit consent of the victim (WHO 2002:149; Sexual Offences Act 2007:20).

There are reports almost on a daily basis in the media of rape of children and adolescents in particular, in South Africa (Mail & Guardian 10 November 2015, Health systems Trust (2015: online). It is because of this casual observation that the researcher started an informal discussion with fellows about rape. Rape is a reality and it is happening everywhere especially to adolescent groups in different societies in South Africa and globally. Through this discussion and reading related literature, the researcher developed an interest to uncover why adolescents might not report a case of rape when it happens with particular attention to adolescents who reside in Matsulu Township. Research was carried out to address unanswered questions about factors contributing to non-reporting by adolescent group.

1.2.2 Background to the research problem

The government of South Africa and other non-governmental organisations in the last decade introduced a variety of programmes to provide adolescents with information and skills necessary to combat the occurrence of rape and to lessen barriers to reporting rape. In addition many outlets for reporting rape were introduced in addition to police, hospitals, non-governmental organisations, and psychologist counselling centres, 24 hour hotline child lines, Thuthuzela care centres, counsellors in police stations to mention just a few. These outlets deal with confidential and

anonymous reporting including language for definition of various forms of sexual assault.

Even in schools, sex education is part of the South African curriculum and this curriculum outlines what should be taught in each phase of schooling. This helped in improvement of reporting of rape. Many efforts have been made to improve rape related policies and law such as the Sexual Offences Act 32 of 2007.

Despite the efforts by government and other non- governmental organisations in improving the lives of the people, there is high incidence of rape in South Africa and it is one of the countries with the highest rates of rape in the world (De Vries 2014:1091).

However, despite these efforts and a resultant decrease in silence, it is claimed that it is only a percentage of rape that is reported to authorities and those that seek out the essential health and support services are few compared to rape incidents in the country (Health Systems Trust 2015:online). The rate of non-reporting of rape to authorities in place remains high across all age groups.

1.3 RESEARCH PROBLEM

Rape is believed to be the most prevalent type of crime in South Africa. South Africa is one of the countries with the highest rates of rape in the world and it affects all ages (Jewkes, Sikweyiya, Morrel & Dunkle 2011:85). However, adolescent group constitute the largest group in the population of South Africa and is the largest group affected by rape in the country and worldwide (Richter et al 2015:306; De Vries 2014:1091; Davies, Austen & Rogers 2011:592; Smith, Bryant-Davis, Tillman & Marks 2010:255).

It is noteworthy that media report cases of rape almost on a daily basis and South African police report a large incidence of sexual assault of children. However, there are many disparities and large controversies concerning these reports. For example, it is believed that the numbers are even higher than those published because most of the cases go unreported even though a few catch media attention, most incidents of rape are not being reported to the authorities in place by victims. Even those in the inner circle of the victim such as parents or guardians and community at large do not report the incident of rape to the authorities. Thus, the actual number of rapes that

occur in South Africa, the typical and average ages of victims and gender distribution of the rape statistics is not known. This makes it hard for anyone using the statistics to tell what the figures mean.

On the other hand, despite many outlets and programmes being introduced by the government and other non-governmental organisations to help in the reporting and combating of rape, rape is still high and reporting rate is low (Statistics South Africa 2014:5; Abeid, Muganyizi, Olsson, Darj and Axemo 2014:1-13; Davhana-Maselesele, Madu, Wyatt, Williams, Makhado & Wong 2014:683; Abrahams & Jewkes 2010:475).

The culture of silence among those mostly affected [adolescents] will probably continue from generation to generation if this is not properly addressed. This issue of non-reporting of rape should be put to a stop throughout the country but efforts at grassroots level are somewhat minimal. As a culture of silence continues among adolescents girls, perpetrators continue to rape incurring further damage. There is a need to be exploring why adolescent girls do not report rape. In this study, the researcher focused on factors contributing to non-reporting of rape by school adolescents.

1.4 AIM OF THE STUDY

1.4.1 Research purpose

The purpose of the study was to investigate the factors contributing to non-reporting of rape by school going adolescents.

1.4.2 Research objectives

In order to realise the purpose of the study the following objectives were made:

- To explore and describe factors contributing to non-reporting of rape by school going adolescents.
- To come up with recommendations to improve adolescents' reporting of rape to authorities.

1.4.3 Research questions

This study aims at answering the following research questions:

- What are the factors contributing to non-reporting of rape by school-going adolescents?
- What recommendations can the study make to improve reporting of rape to authorities by school-going adolescents?

1.5 SIGNIFICANCE OF THE STUDY

The study focused mainly on school going adolescents' opinions about factors contributing to non- reporting of rape in Matsulu Township. As there are no previous studies carried out in Matsulu Township, the viewpoints of adolescents were explored by involving these young people in identifying problems that affect them, thus those hinder making a report of rape to authorities. This will assist in programmes, policies and health services that address their needs.

By participating in the study, participants were encouraged to speak out about rape. Factors that hinder the reporting of rape by adolescents could be identified thereby increasing knowledge base on how well to manage the problem of non-reporting of rape by adolescent girls.

Furthermore, this study to some extent might break the culture of silence about rape among adolescent girls as it encouraged participants to report the case of rape to authorities despite the fact that it happened to them or someone they know. By so doing, reporting of rape may improve. This may lead to accurate information on the prevalence of adolescent rape of girls. Without accurate information on the prevalence of rape, key stakeholders such as schools and health officials are unlikely to allocate necessary resources such as prevention strategies and reaction services such as medical, legal and psychological support they need.

The study is of significance to health planners at local government in that it will provide information that will help them to develop appropriate services, allocate resources and decide on priorities.

The study will validate existing knowledge, fill in gaps in the current knowledge base on those studies carried out in some parts of South Africa and generate new knowledge to be added to the existing body of knowledge.

Above all, the health of the victims and community might be improved as they might eventually report to different authorities such as health authorities and get proper management.

1.6 DEFINITION OF TERMS

1.6.1 Adolescents

According to World Health Organization, adolescents are those people between ages of ten and nineteen years and this covers the term child adopted by the Convention on the Rights of the Child as a person under the age of eighteen years (WHO:2014:2). In this study, adolescents are school-going girls aged between 16 and 19 years.

1.6.2 Adolescence

This is the period in human growth and development that occurs after childhood and before adulthood from ages 10 to 19. This covers age group of ten to nineteen years. Adolescence can be categorized as early adolescence from 10-13 years, middle adolescence from 14-16 years and late adolescence from 17-19 years (WHO 2016:2).

1.6.3 Rape

It is defined as sexual intercourse or unnatural sexual intercourse by a person with another person who is compelled to submit by force against his/ her will or by threat of a bodily injury, violence, verbal insistence, deception and other various manipulative measures. Rape can be classified as date rape, gang rape, spousal or marital rape, rape by deception, corrective rape, rape of children or statutory rape (Oshiname, Ogunwale & Ajuwan 2013:137; Lawyer, Resnick, Bakanic, Burkett & Kilpatrick 2010:454). In this study rape will mean that someone insert genital organs or insert any part of the body such as fingers or inserts genital organs of an animal into the mouth, anus or genital organs of a victim without consent by force, threat,

violence, verbal insistence, deception and other various manipulative means or when the girl was of unsound mind due to illness or intoxication (Abeid et al 2014:2).

1.6.4 Contributing factors

To contribute is to give with others for a common purpose, helping to bring about a result; exacerbating something. Thus a contributing factor is a condition that influences the effect by increasing its likelihood, accelerating the effect in time, affecting severity of consequences etc. It is something that is partly responsible for a development or phenomenon. In this study contributing factors will mean perceptions of adolescents which contribute to perpetuating and/or hinder the disclosure of rape incidences to authorities (Abeid et al 2014:1).

1.6.5 Reporting of rape

Reporting rape means seeking legal, support and health services after the experience of rape. In the study, this will include speaking out about the incident of rape to the authorities in post rape places such as the police, clinics, hospitals other organizations that deal with sexual offenses, such as police, clinics and hospitals and different non-governmental organisations (Abeid et al 2014:2).

1.6.6 Non-reporting of rape

This means not seeking legal, support and health services, speaking out or disclosing about the incident of rape to the authorities in place such at post rape services with authorities at rape care centres, the police stations, at clinics and at hospitals and other different organisations that deal with sexual offenses (Abeid et al 2014:2). In this study, these means not seeking post sexual assault services provided in and around Matsulu Township.

1.6.7 School going adolescents

This means those adolescents who are still engaged in schooling (Abeid 2014:3). In this study, these are school going adolescent girls aged between 16 and 19 years.

1.6.8 Township

In South Africa, a township is a suburb or city of predominantly black occupation, formerly officially designated for black occupation by apartheid legislation. They were originally created as separate areas for black people, generally located on the

periphery of towns and cities. In this study Matsulu Township is fifty kilometres from the city of Nelspruit. It is characterised by low income housing estates which are generally not fully functional neighbourhoods and informal settlements (Pemegger & Godehart 2007:3)

1.7 RESEARCH DESIGN AND METHOD

The researcher used a qualitative descriptive study. A triangulation of two methods of data collection, namely focus group discussion and face-to-face interviews was used.

1.8 SCOPE OF THE STUDY

The study focused on school going adolescent girls as participants and the study's results will not be generalisable to the target population. The study focused only on adolescents girls who live in Matsulu Township, yet there is a possibility that another same study will yield different results in another township. Participants were limited to girl adolescents who volunteered to participate and those who spoke English language. Non English speaking adolescents, those who did not volunteer and boys did not have the chance to participate, yet they were capable of providing useful information different to those who participated. Only the viewpoints of adolescence girls from 16 to 19 years were used in the study because they were older and have probably experienced sexual relations.

1.9 STRUCTURE OF THE DISSERTATION

The rest of this dissertation is organised as follows:

Chapter 1 gives an overview of the study.

Chapter 2 will look at literature review about what is rape, what is the prevalence of adolescent rape in South Africa and the world and dwelling on previous research on the factors that play a part in non-reporting of rape by school going adolescents to mention just a few.

In Chapter 3 the methodology of this study will be discussed. This gives insight of the methods of data collection used and its justification and limitations as well as analysis of data.

Chapter 4 will look at research results of the study and discussion of the results.

Lastly, chapter 5 will look at conclusions and recommendations and propose future studies to be carried out.

1.10 CONCLUSION

This chapter has introduced the study in brief. The background information about the research problem was introduced, what the study is aimed at; core areas of the study, the methodology used and significance of the study was briefly introduced. It is the study's aim to get answers on factors that contribute to non-reporting of rape by school going adolescents. Lastly, the structure of this dissertation was given.

CHAPTER 2

LITERATURE REVIEW ON ADOLESCENT RAPE, REPORTING AND NON REPORTING OF RAPE

2.1 INTRODUCTION

Chapter 1 focussed on the background, problem statement, aims of the study and definition of terms used in this study. This chapter will focus on the clarification of important concepts relating to non-reporting of adolescent rape. This chapter is divided into the following sections: laws protecting children against sexual abuse/rape, prevalence of rape in South Africa and globally, efforts in place to combat rape in South Africa, rape reporting process in South Africa, importance of reporting rape, adolescent and rape, types of rape that affect adolescents in South Africa and around the world, predisposing factors to rape, effects of rape on the victim and reasons for non-reporting of rape by victims.

This literature search was done in order to situate the current study so as to identify any gaps. To do so the researcher reviewed relevant articles from the published journals, books, monographs dissertations in related fields and the internet.

2.2 PREVALENCE OF RAPE IN SOUTH AFRICA AND GLOBAL PREVALENCE

2.2.1 South African Police Statistics

South Africa has one of the highest rates of rape in the world (Vetten 2014:1). Correct prevalence rate help health planners to plan, provide knowledge about which population or subgroup are most affected or least affected by rape.

From the trends in sexual offenses in South Africa, sixty five thousand sexual offenses were reported for the year ending 2012. That left the rate of rape at 1276/100000 people in the country. According to South African Police statistics for period 2013/2014, it showed that forty six thousand two hundred and fifty three total sexual crimes were reported to the police which are equivalent to 87 rapes for every one hundred thousand people in the country (South African Police 2014:online).

The South African Police's 2014/2015 Crime Statistics report revealed that sexual offenses dropped by 7.4% to forty three thousand one hundred and ninety five. The prevalence rate of sexual offenses is different by province and regions. The researcher tabulated statistics of Mpumalanga Province in Mbombela Municipality where Matsulu Township is situated. Other selected townships in Mbombela were selected.

Table 2.1 Prevalence of sexual assault in Mpumalanga Province, Matsulu and a few selected residential areas in Mbombela from 2011-2014

	2011-2012	2012-2013	2013-2014
Mpumalanga Province	4092	4267	3953
Nelspruit	73	85	77
Matsulu Township	72	65	67
Pienaar Township	191	175	203
Ngodwana Township	5	5	10
Schoemansdal township	85	85	75

(Crime Statistics South Africa 2014)

The distribution of sexual offenses in Matsulu reported to police showed that between 2011 to 2012 it was seventy two, between 2012 and 2013 it was sixty five while in 2013 it was sixty seven (Crime Statistics South Africa 2014).

The problem with police statistics is that all data is pooled in one category of sexual assault without aggregating it into different categories of sexual assault. Hence it is difficult to get the actual rate of rape and the age group most or least affected. On the other hand, it is noteworthy that South Africa depends on SAPS sexual assault

statistics and the problem is that some cases of rape are not reported to authorities. This makes it impossible to know the actual incident of rape in South Africa.

2.2.2 Recent studies on prevalence of rape in South Africa

There are few studies on the prevalence of adolescent rape in South Africa. The Medical Research Council carried a survey in 2010 on the prevalence of rape in Gauteng in which the findings suggested that a quarter of the women who were from eighteen years had been raped in their lifetime, thus twenty five percent of the 5111 participant. In Western Cape 13% of 750 women surveyed reported sexual violence and seven percent reported non-partner rape (Gender Links 2010:3).

In KwaZulu-Natal, 37.4% of men who were interviewed admitted that they had raped a woman while 25.2% of women had ever had the experience of being raped by a man, whether with intimate partners, strangers or acquaintances, or family member. These incidents of rape were perpetrated alone or with the help of others. In those who participated in the study, 21.4% had raped a partner who was not a stranger or acquaintance or family member, 14.3% had raped a current or ex-wife or girlfriend, 8.9% had been involved in gang rape; 4.7% had raped a child less than fifteen years (Gender Links 2010:3). This same study found out those rapes committed by perpetrators under the age of fifteen was done for fun, under boredom or after drinking. Many perpetrators had been pressurised into participation of gang rape. This was as a result of punishing the victim motivated by anger (Statistics South Africa 2000:3).

It is noteworthy that these figures cannot be attributed to the whole country and the prevalence rate may differ with geographical area. On the other hand, despite the above body of knowledge about rape, many studies focus on women in general and little is known about rape in particular of adolescents, both of males and females and why a few of these adolescents do report cases of rape to authority figures. Often adolescents are left outside the scope of many studies.

However, according to a recent household survey on crimes committed in South Africa between 2013 and 2014, Crime Statistics South Africa (2014:5-8) cited that sexual offenses were difficult to capture in household survey because of the sensitive nature of the subject, thus they are normally underreported. The results of

the survey indicated that most of the sexual offense victims were sixteen years and older and 25.1% of these were victimised by their relatives, followed by known community member from their area at 24%. Findings suggested that unknown perpetrator, unknown community member spouse, known perpetrator from outside accounted for 16.1%, 13.2%, 6.1% and 5.1% respectively. On the other hand, friends, police and others accounted for 2.1%, 2.9% and 4.6 % respectively. In this study, 17.1% of the participants perceived sexual assault to be the most common crime and it accounted for 30.5% of the crime most feared in South Africa (Statistics South Africa 2014:5-8).

According to recent studies adolescent group constitute the largest group in the population of South Africa and is the largest group affected by rape in the country and worldwide (Richter, Mabaso, Ramjith & Norris 2015:306; Davies, Austen & Rogers 2011:592; Smith, Bryant Davis, Tillman & Marks 2010:255). Among adolescents in South Africa, many are forced to have sexual intercourse or they are raped. According to Mathews, Abrahams and Jewkes (2013:645), the study indicated that adolescent girls were sexually assaulted by a person known to them, the majority of children had someone working within the house and 39% of families lived in an informal dwelling. Although their families were not entirely destitute, most were impoverished.

2.2.3 Global prevalence of rape

In the global context, studies have shown that the prevalence of rape especially among adolescents were high in different countries (Van Decraen et al 2012:140; Mills 2010:81). On average, between two percent (2%) and twenty percent (20%) of adolescents report the experience of forced penetrative sex over the course of their lifetime in developing countries such as South Africa (Richter et al 2015:305; Smith et al 2010:250), in Rwanda (Van Decraen et al 2012:140; Kenya Adudans et al 2011:94) and in Zimbabwe (Mukanangana et al 2014:110), while in developed countries such as Canada, America and Denmark, adolescents continue to have the highest rate of rape even though it is better than in developing countries. Developed countries have an average of 2-9% rape prevalence rate (Skinner & Taylor 2009:137; Bramsen, Lasgaard, Koss, Elklit & Banner 2012:524; Vopni 2006:108).

The adolescents and young adults are more likely to be the victims of sexual assault than women in all other age groups (Abeid et al 2014:90; De Vries 2014:1091; Statistics South Africa 2000:2). This shows that sexual assault of adolescent in developing countries is prevalent though it is also a global problem with a prevalence ranging from three to thirty percent for males and six to sixty percent for females (Davies, Austen & Rogers 2011:59). Females are less likely to perpetuate sexual aggression than males (Reyes & Foshee 2013:581).

Both in developed and developing countries two thirds to three quarters of rape are perpetuated by an acquaintance or by a relative while only a third is perpetuated by a stranger. In South Africa most rape cases are perpetuated by someone known to the victim (Mathews et al 2013:645).

From the above statistics, it is evident that rape as a type of sexual violence are not rare experiences in the lives of young women yet there are reports of low rate of reporting rape by adolescents in South Africa (Statistics South Africa 2014:5). However, research continuously indicates that crimes of rape are continuously underreported everywhere in the world not in South Africa alone (Mukanangana et al 2014:114; Van Decraen et al 2012:149; Adudans et al 2011:94; Stolternborgh et al 2011:87).

2.3 LAWS PROTECTING CHILDREN/ADOLESCENTS AGAINST SEXUAL ABUSE IN SOUTH AFRICA

Sexual assault, mostly rape is a serious challenge to community with a chance of threatening life of those involved (Falb, Kpedo & Gupta 2014:61). More importantly, adolescence is a difficult stage in which what happens to them, whether good or bad can determine future successes or failures. As a result of shocking sexual assault prevalence rate, South African government put in place laws and policies to protect children and adolescents. These are outlined below:

According to the Children's Amendment Act 41 of (2007:9), a child is a person who is 18 years or lower. The word adolescent falls in the category of "child", therefore these words will be used interchangeably in this paper. According to the Sexual Offences Act (2007:20), abuse of a child means any form of harm or ill-treatment deliberately inflicted on a child. These include sexually abusing or allowing a child to

be abused. Women and children in particular are vulnerable and are more likely to become the victims of sexual offenses including participation in adult prostitution and sexual exploitation (Sexual Offences and Related Matters 2007:3).

Sexually abusing a child include sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; encouraging, inducing or forcing a child to be used for sexual gratification of another person, using a child or deliberately exposing a child to sexual activities or pornography, and procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.

The Constitution of South Africa aims to protect the rights of its people which include democratic values of dignity, equality and freedom, right to freedom and security and freedom from different forms of violence by either public or private entities. The citizens of South Africa should have the right to bodily and psychological integrity, including reproduction and bodily security and gender equality (South Africa. Constitution of South Africa 1996:4). However, high rates of violence [of rape] against women and girls are of concern. The law aims to protect the children but there are reports of high incidents of rape among adolescents (Rape Crisis South Africa 2014:online).

The Sexual Offences Act 32 of 2007 of South Africa brought new change in light of its definition of rape and consent. Women and children were given voice as they were represented. This act emphasises that rape victims should have medical and psychological services with the aim of minimising future health and psychological problems

2.4 REPORTING OF RAPE IN SOUTH AFRICA OTHER COUNTRIES

According to the South African Strategic Plan (2012-2016:27), one of its objectives is to prevent all forms of violence against women. It is one of the critical components to empower women and girls in South Africa. However, it is problematic to achieve this goal as many victims of rape do not come forward to report incidents of rape. This is supported in a study carried out by Mathews et al (2013:639) which cited that “rape in the democratic of South Africa is pervasive, yet there is a culture of silence surrounding rape in many communities of this country”.

On the other hand, traditionally, the majority of rape studies in South Africa and globally focused on women in general. That is, most studies were not grouped into different sex groups and age groups of women. Some studies focused on the effects of rape on individuals (Mathews et al 2013:652; Jewkes, Dunkle, Nduna & Shai 2010:41; Jewkes & Abrahams 2002:1231) .Some studies focused on the impact and treatment of those raped (Abrahams & Jewkes 2010:477) while others focused on the predictors of rape (Esere, Idowu, Durosaro & Omotoshom 2009:1). Hence, there is little research about rape on adolescents as a group (Smith et al 2010:255). In the same studies, the focus was on women of bearing age, from 15-60 years, yet the literature on adolescents in particular is just few.

Despite high rates of rape in adolescent girls and many efforts to combat it, there is still poor reporting of rape to authorities by adolescents. However, there is evidence that children will not completely keep quiet about sexual abuse [rape] but they tell someone about it rather than the mandated authorities, in this case, the police, nurses, doctors or non-governmental organisations dealing with rape (Malloy, Brubacher & Lamb 2013:247).

When an adolescent is raped the possibilities regarding disclosure or reporting include: the child does not disclose; the child delays disclosure and if and when the child discloses, the child perceives the response to be neutral, positive, or negative. Importantly, very few children actually disclose at the time the abuse is happening (Wager 2013:887).

2.4.1 Efforts in place to combat rape

The government of South Africa and other non-governmental organizations in the last decade introduced a variety of programmes to provide adolescents with information and skills necessary to combat the occurrence of rape and to lessen barriers to reporting rape.

In addition many outlets for reporting rape were introduced such as rape care centres, security, police, hospitals, non-governmental organisations, and psychologists from student counselling centres, 24 hour hotline child line, Thuthuzela care centres, counsellors in police stations to mention just a few. These outlets deal with confidential and anonymous reporting including language for definition of

various forms of sexual assault. Thus in recent years, the level of silence towards reporting of rape in South Africa has decreased a little as more public awareness has been established as compared to the past two decades and many efforts have been made to improve rape related policies, law and services.

However, it is only a percentage of rape that is reported to authorities, only a few victims seek out essential health and support services after rape. Thus the rate of non-reporting of rape remains high.

2.4.2 Post rape services in urban and rural areas

Post rape services are run by the Department of Health and the National Prosecuting Authority in collaboration with the South African Police service. These services are provided in rural areas and urban areas which include medical, forensic, counselling and legal support services. However, these service packages are different in between rural and urban areas. The decision of whether or not to report the incident of rape is entirely on the victim unless if one is under the age of 16 years where a guardian or parent is needed. A rape case can be opened any time after rape, but the longer the victim waits, the more difficult it is to investigate and gather evidence. On the other hand, the victim should report at the centres within seventy two hours of rape incident in order to get post exposure prophylaxis (PEP) to prevent contracting human immune-deficiency virus (HIV). There is also treatment available to prevent pregnancy and sexually transmitted infections as a result of the attack.

2.4.2.1 Rape care services in urban area

The service package provided in towns centres around “one stop shop” specialist service. These provide the initial comprehensive medical, counselling, forensic and legal services. This is a strategic partnership of the police, medical and counselling staff as well as relevant non-governmental organisations in helping rape victims to deal with rape. Usually victims enter post rape services through their initial report to the police, but some enter directly at specialist service centres if they or another first recipient to disclosure of rape like a friend, neighbour, or family member are aware of this clinic and its specific post rape services. Most rape care centres are situated at public hospitals. The specialist centres have multidisciplinary staff including doctors and nurses employed by the Department of Health, Lay Counsellors who are usually employed by the non-governmental organisations, a victim assistance officer and an

administrative manager usually employed by the National Prosecuting Authority (Abrahams & Jewkes 2010:471).

At these centres victims move through a series of services usually starting with lay counsellors then to the medical forensic service with nurse and doctor. The survivor would only see a lay counsellor again at the end of the visit only if the survivor request to such consultation. Otherwise, the survivor would be referred to the police to open a case (if not already done), to provide additional information to the detective or will be transported home (Gevers & Abrahams 2015:8; Abrahams & Jewkes 2010:471).

The focus of this care package is a biomedical forensic service including completing a forensic examination and report and providing key medical care including being tested for HIV (Gevers & Abrahams 2015:50). The post exposure prophylaxis was introduced by the government in 2002 (Abrahams & Jewkes 2010:471). If the victim's blood is tested and found negative pre-exposure prophylaxis is prescribed to prevent HIV infection. In addition survivors are given prophylaxis for sexually transmitted diseases and pregnancy as well as pain relief medication. Follow up appointment will be given to victims at one week, three weeks and three months to meet with nurse or doctor on duty at the centre to complete a basic consultation and HIV test.

2.4.2.2 Post rape centre in rural areas

The primary health care package was introduced in 2002. Victims rely on general health facilities and police services. Most of the time there are no clear organisation or person leading a coordinated post rape response. In rural areas, efforts have been made to improve comprehensive care for medical management of sexual assault including post exposure prophylaxis (PEP) within public sector using existing staff and resources. Additional training was provided to some nurses.

Health care providers are composed of doctors and nurses in rural community health centres. However, doctors are not found regularly in these areas to perform medical examinations. In these situations, nurses at clinics carry out the post rape services. Victims are transferred to District hospital if there is need for further management.

There are also active Victim Empowerment Programmes based at police stations and Primary Health Care centres who provide support to the victims. The victim is expected to report to the centre within seventy-two hours so that PEP is initiated if there is need. It is noteworthy that a victim can report any time to rape care centres or police but the longer the victims take the harder it will be to investigate and gather evidence against the perpetrator. Volunteer counsellors may be called to support and remain with victim through the series of services including medical treatment such as HIV testing, prescription of post exposure prophylaxis, morning pill and psychological support.

2.4.3 Importance of reporting rape to authorities in time

For the sake of all negative outcomes of rape, thus the victim is expected to report as soon as the incident of rape happens for proper medical care. This may prevent and combat some of the problems that the victim may experience post rape such as HIV, pregnancy, sexually transmitted infections, and pains (Gervers & Abrahams 2015:8). However, despite the huge complications a rape victim can suffer, a culture of silence remains a nightmare. Some victims and those with legal rights to report a case of rape do not do so.

Without reporting rape, victims may not receive pertinent psychological and medical care and the perpetrator will not face justice and stakeholders will not be able to fight properly the problem of rape. Recent evidence suggests that mental health outcomes are better when a victim reports or discloses rape (Ahrens et al cited in Ehlke 2013:1).

Several psychiatric conditions have been shown to be associated with rape for example post-traumatic stress disorder, depression, substance abuse and many more (Elwood, Smith, Resnick, Gudmundsdottir, Amstadter, Hansen & Saunders 2011:166). Thus in the obligations of the Sexual offenses Act 32 (2007:online), in South Africa, rape victims are entitled to free medical and psychological care with the aim of minimizing future health and psychological problems. On the other hand, there is HIV/AIDS pandemic in South Africa which has claimed many lives hence Post Exposure Prophylaxis was introduced in 2002 to prevent HIV after rape (Abrahams & Jewkes 2010:471).

Reporting of rape improve the accurateness of the rape statistics. Without accurate information on the prevalence of rape, key stakeholders such as schools and health officials are unlikely to allocate necessary resources so that prevention efforts are encouraged and reaction services are provided to the victims so that the victims get medical, legal and psychological support. Moreover, it is difficult to measure the effectiveness of the programmes unveiled to combat rape when people do not report (Ehlke 2013:1).

It is heart-breaking that even if rape victims are encouraged to report incident of rape early and there are post rape services for them to deal with effects of rape, most victims do not use these essential services.

It is also discouraging for victims to report rape knowing that for those who reported the incident nothing came out of it except traumatisation. Conviction rate is low in South Africa and where there is conviction, conviction appeals in sexual matters have high success rate (Quilter 2011:23; Mills 2009:84). On the other hand, according to Vopni (2006:107), the experiences of adolescents who reported sexual assault [rape], charges are not laid in the majority of cases and some endured greatest scrutiny by the police instead. Hence victims who know about these shortfalls may not be eager to report.

2.5 ADOLESCENTS AND SEXUAL MATTERS

2.5.1 Adolescence period

Adolescence is the period transitional stage from childhood to adulthood. This covers age group of ten to nineteen years. Adolescence can be categorized as early adolescence from 10-13 years, middle adolescence is from 14-16 years and late adolescence is from 17-19 years.

Many rape victims and sex offenders are in their adolescents when a crime of rape is committed (Richter et al 2015:304; Rasmussen, Lev-Wiesel & Eisikovits 2013:1; De Vries 2014:1091; Reyes & Foshee 2013:581). Males are the most perpetrators with a negligible rate for women sexual perpetration. According to Seto, Kjellgren, Priebe, Mossige, Svedin and Longstrom (2010:219) and Jespersen, Lalumiere and Seto (2009:180), they cited that, "males who were sexually abused as children tended to be more likely to force a women into sexual activity". That might be the

explanation of why the cycle of rape continues (Riser, Pegram & Farley 2013:12). According to Davies et al (2011:601), gay and bisexual adolescents appear to be victimised physically and sexually during childhood into adolescence more than heterosexual adolescence. In the global context, studies have shown that the prevalence of rape especially among adolescents were high in different countries.

Sexual assault, mostly rape is a serious challenge to community with a chance of threatening life of those involved (Falb et al 2014:61). More importantly, adolescence is a difficult stage in which what happens to them, whether good or bad can determine future successes or failures.

Adolescents are mostly affected by rape among other groups because risk of rape varies with age with the highest risk in early adolescence. This is because sex attraction, dating behaviours and sexual activities normally start in adolescence (Richter et al 2015:304).

On the other hand, in De Vries et al (2014:1091) the study discovered that older students adolescents who had sexual experiences had a high chance of food insecurity and had gone to bed hungry in the past week. These adolescents were found to be the victims of forced sex more than the younger students.

The median age of sexual debut is sixteen years for females and fifteen years for boys. However, there is a dramatic increase in sexual debut among females and to some extent among males between the ages of fourteen to seventeen years (Richter et al 2015:304).

According to Young, Furman and Jones (2012:559), adolescence is an age of exploration during which most teenagers begin dating and exploring their sexuality. Unfortunately for too many early romantic experiences involve rape. Above all, the tendency for adolescence that has experienced rape to experience further sexual victimization is high (Young et al 2012:560). Partly, this is because after an initial incident of rape, adolescent's risk of subsequent incidents of rape increase more and more as the victim is sexually active, does not report the perpetrator and they are new in the dating domain and are still developing skills to effectively negotiate consensus in the complex social situations and have not developed the sexual assertiveness to resist sexual pressure and a clear sense of what behaviours are

healthy and safe (De Vries et al 2014:1092). That is why adults are encouraged to be gatekeepers of adolescent sexual and reproductive health.

In South Africa, more males than females engage in sexual experience earlier, irrespective of whether the first sexual experience was voluntary or coerced. In a recent study in Richter et al (2015:305) more males than females reported both voluntary and coerced sexual debut across all age groups. In that study, sexual coercion tended to involve older partners although among older girls only nine percent of coerced sex was reported to have taken place with a partner four years or more older.

However, the study indicated that sexual coercion between same aged groups is prevalent in South Africa especially among those fifteen to seventeen years. It occurs mostly through sexual intercourse with peers, older adolescents and young adults rather than with older adults (Richter et al 2015:305). De Vries (2014:1093) concurred with the above suggestion citing that boys are forced to have sex more than girls because they are more sexually active than girls, they are forced by peers or they are seduced by girls.

2.5.2 Forms of adolescent rape

Adolescents are affected by all types of rape worldwide depending on the situation they are in at the time of rape. Both in developed and developing countries two thirds to three quarters of rape are perpetrated by an acquaintance or by a relative while only a third is perpetrated by a stranger (Mathews et al 2013:639).

Rape is defined as sexual intercourse or unnatural sexual intercourse by a person with another person who is compelled to submit by force against his or her will or by the threat of a bodily injury, verbal insistence, deception or other various manipulative means (Oshiname et al 2013:137). According to Wager (2013:887), rape refers to the experience of penetrative sexual assault (oral, anal, or vaginal penetration). This is the subcategory of sexual assault which is restricted to the most severe forms of abuse.

Adolescent rape can be in a form of acquaintance rape or stranger rape (Mukanangana et al 2014:114; Oshiname et al 2013:145; Van Decraen et al 2012:149; Adudans et al 2011:94, Lawyer et al (2010:454).

2.5.2.1 Acquaintance rape

Acquaintance rape involves rape that is committed by someone who knows the victim whom there is no dating relationship. Females are more likely than males to be raped by someone they know, trusted and respected who is likely an authority figure. Rape is more common in females than among males (Olaleye & Ajuwan 2011:176). It constitutes the vast majority of reported rape cases by adolescents anywhere in the world (Oshiname et al 2013:137). Both in developed and developing countries two thirds to three quarters of rape are perpetuated by an acquaintance or by a relative while only a fraction is committed by a stranger. Perpetrators of acquaintance rape maybe people in authority such as teachers, peers, friends, boyfriends (Van Decraen et al 2012:148), husbands and relatives to mention just a few.

2.5.2.2 Stranger rape

Stranger rape is when the rapist is not known to the victim or family of the victim. It is rape perpetrated against an individual by someone who is not known to the victim (Oshiname et al 2013:138). Research studies found out that some people believe that getting raped by the man or boy one is dating is not serious as being raped while others do not agree with this statement (Oshiname 2013:142). On the other hand, a South African study in Jewkes, Abrahams and Mathews (2012:2881), those women raped in the context in which there was lesser likelihood of blame such as those raped by strangers rather than intimate had lower post rape depressive symptoms. Thus the way people consider the seriousness of the rape is dependent on several factors such as the type of the perpetrator. Both in developed and developing countries only a third is perpetuated by a stranger.

Acquaintance and stranger rape can be subdivided into different categories. Adolescents are affected by all of these subcategories. These are explained below:

2.5.3 Statutory rape

Rape of children or adolescents is a form of child sexual abuse that can be committed by anyone like another child, parent, close relative, or any adult or stranger. This may be harmful to the child's mental emotional or physical welfare.

Statutory rape happens when a child has sexual intercourse while below certain age. The restricted age is determined by the government to protect young people from sexual exploitation. The government of South Africa stipulates that involving children under the age of sixteen (16 years) in sexual intercourse or any sexual activities is illegal (Children's Act 38 of 2005:10; Richter et al 2015:306). In other countries such as Zimbabwe and Nigeria a person can give sexual consent at eighteen years. Any sexual contact with such a person is an offense even if the child agrees to initiate the sexual activity because it is assumed that they do not give consent and have no capacity to give consent to sexual activity (Oudekerk, Farr & Repucci 2013:860).

In a recent longitudinal study carried out in South Africa about first sexual debut of adolescents from 12-17 years, findings revealed that almost half of the adolescents who participated in the study had not engaged in sex until the age of eighteen. Of the other half of the participants, they had engaged in sex in which it was either voluntary or coerced.

The median age at sexual debut was sixteen years for females while in males it was fifteen. By age of fifteen, 14.2% of females and 38.2% of males had engaged in sexual intercourse. By the age of eighteen, boys who had sex were higher than girls thus 59.9% and 49.9% respectively. There was a dramatic increase in sexual debut in girls between fourteen and seventeen. More males had partners who were one to four years younger and a higher proportion of women had partners who were one year older or more.

This same study suggested that first sexual coercion tended to involve older sexual partners who were four years older or more. Another finding was that there is high prevalence of sexual coercion between same age group especially those aged fifteen to seventeen. It is not clear if all these cases are reported to the mandated authorities, in this case the police, clinics, hospitals, and non-governmental organisations dealing with rape.

In another study in Limpopo in South Africa by Davhana-Maselesele et al (2014:7), most of the participants who were sexually assaulted were married adolescents who were still in school. This is an indication that school going adolescents in relationships are facing intimate partner rape. It is not clear if they report the cases to the police.

In the United States of America, evidence suggests that the phenomenon of adolescents and children abusing others sexually continues to be a multifaceted social problem. Youth who rape other children account for thirty five point six percent of those known to the police of which nearly fifteen percent is rape while nearly eighteen percent are other sexual assaults (Rasmussen et al 2013:1).

2.5.3.1 Predisposing factors of statutory rape

In South Africa and other African countries, the rate of rape in children is high. The risk to experience rape increases with age (De Vries 2014:1091). However, it is not clear if all cases are reported to the authorities.

In Nigeria and Rwanda the most affected adolescents live in impoverished circumstances. Basic deprivation like hunger predisposed a girl to rape as they live in compromising circumstances in their quest to search for survival (Kannuji & Esiet 2015:86; Van Decraen et al 2012:146). In South Africa, the situation is the same as with other countries that those who lack and are impoverished are the most affected (De Vries 2014:1091).

Living arrangement predisposes the child to rape. Those living with both parents or mother or other relatives are less likely to experience rape than those living with fathers alone. On the other hand, previous attendance of school can predispose a person to rape as those who are at school have high risk of rape than those who are not at school. This is because those at school spend most of the day without supervision from parents or guardians and they often meet their perpetrators to and from school. Those who had never been to school, on the other hand may not have reason good enough to be away from home (Mathews et al 2013:639; Kannuji & Esiet 2015:86). However, in South Africa, according to a study by Richter et al (2015:3070), the findings suggested that out of school adolescents had higher prevalence of statutory rape.

Kannuji and Esiet (2015:86) suggested that adult predatory men are more likely to have jobs than adolescent girls. They have cars and money to spend and this may appeal to adolescent girls with disadvantaged backgrounds. Relationships between adolescent girls and adult men may therefore not cease until the girls get good things and see through their future.

Deprived adolescents are more likely to experience statutory rape as they are at greater odds of seeking their means of survival from predatory men. Those who live with boyfriends or sexual partners or husbands run the greatest risk of experiencing statutory rape (Kannuji & Esiet 2015:86).

2.5.4 Intimate partner rape

According to Falb et al (2014:61), “male perpetrated partner violence has been estimated to occur among fifteen to seventy six percent of women across multiple global settings at some point in women’s life”. The word “women” included adolescent participants, thus school going adolescents in relationships are also affected by intimate partner rape as any other group of women.

In the South African context, according to a study conducted in Limpopo by Davhana-Maselesele et al (2014:691), the majority of the participants who were raped by an intimate partner were still attending school.

2.5.4.1 Predisposing factors to intimate partner rape

Some studies revealed that the causes of intimate partner rape include but not limited to unequal power relations, alcohol, drug dependency and jealousy (Abeid et al 2014:2; Mukanangana et al 2014:115).

These studies indicated that power inequality is embedded in the patriarchal nature of the African traditions whereby women should submit to men’s wishes. These structures benefit men more than women whereas women have the subordinate status and minimum influence on decision making even with regards to their health.

However, it is noteworthy that these patriarchal structures are losing ground at an alarming speed. Some of today’s adolescents are presented with conflicting values and some do not follow given standards of behaviour expected of them and some have little information about sexual matters because parents do not have time for them. Part of the information adolescents have come from media and peers. In some cultures it is still taboo for mothers to discuss sexuality with their daughters (Abeid et al 2014:2).

2.5.4.2 Perceptions on the criminality and intimate partner rape

According to Mukanangana et al (2014:117), many women lack the knowledge about the criminality of spousal rape and some fear the repercussions which come with reporting a husband/partner. Those adolescents in marriages and relationships are sometimes raped. They often keep quiet about it. However, an adolescent or women in a relationship or marriage who is forced by her husband to have sexual intercourse with him should let the husband be prosecuted for rape.

Davhana-Maselesele et al (2014:7) suggested that married women who are raped do not report rape to authorities as they do not regard it as rape rather it is a conjugal right to satisfy a husband. However, the sexually assaulted women in this study disclosed a sexual assault more often to a family member, community or police.

However, according to a correspondence in Rees and Silove (2014:229), even if women know that they should get help from intimate sexual abuse, many women do not have the social support or economic resources to make effective changes in their lives. Women in chronically abusive relationships justifiably doubt the capacity of existing legal and law enforcement mechanisms to provide them and their children with effective protection should they take a bold step of terminating the relationship. Women in poverty are reduced to an extent that they cannot protect themselves from sexually violent men and throughout history (Jewkes 2002:1092).

On the other hand some women do not report rape to police because in some parts of the world such as India marital rape is not a crime. Adolescent wives are the most affected (Raj & McDougal 2014:865). However, in South Africa marital rape was not a crime until 1993, from there on marital rape is illegal according to the Sexual Offenses Act 32 of 2007. But still many women do not report rape to authorities.

Moreover partners of these women tend to have highly patriarchal attitudes that allow them to justify their controlling and violent behaviour and may do their utmost to discourage women from seeking help or disclosing. This was suggested in Jewkes (2002:1092) a decade ago but this is persisting nowadays. There is general agreement that sexual violence against women is rooted in gender power inequalities prevalent in a society and in hierarchies of gender relations. Sexual

violence is legitimised by ideas of male sexual entitlement and it is culturally approved to control and discipline women (De Vries 2014:1092).

2.5.4.3 Effects of spousal rape on victim

Research reveals that victims of spousal rape suffer long lasting trauma than the victims of stranger rape like physical injury, constant headaches, sleep disturbances, excessive fear and anxiety, suicidal ideation and hatred for men and HIV infection (Abrahams et al 2012:288; Esere et al 2009:1).

2.5.5 Date rape

It is a form of rape perpetrated against an individual by someone with whom a person willingly enters into a dating or romantic relationship with (Oshiname et al 2013:137). According to Reyes and Foshee (2013:581), sexual dating aggression is defined as forcing a dating partner to engage in a sexual act that he/ she does not consent to. It is one of the types of rape which is prevalent throughout the world and it happens in people who are in a relationship especially among adolescents (Van Decraen et al 2012:140). Male perpetrated intimate rape against women is a grave human rights concern that has been estimated to occur among fifteen to seventy five percent of women across multiple global settings (Falb et al 2014:61; Jewkes, Dunkle, Nduna & Shai 2010:46). This type of rape is prevalent during the critical development of adolescents. Patterns of sexual dating violence during adolescence may carry over into young adulthood and its risk for onset increase across early adolescence, peak in the middle adolescence and cease in late adolescence. Sexual aggression onset is associated with those who report high level of rape myths (Reyes & Foshee 2013:581).

2.5.6 Drug facilitated rape

This occurs when the rapist intentionally drugs the victim without consent with a drug or alcohol so that they are incapacitated to consent to sexual intercourse as well as minimising resistance and memory of the victim. The effects of drug facilitated rape include unconsciousness, slowed heart rate, headache, respiratory failure, seizures, hypothermia, confusion, severe amnesia, loss of bowel control depression, heart failure, and death to mention just a few (Lawyer et al 2010:454; Adudans et al

2011:95). Rape can happen at house parties; bars or restaurants; perpetrators' home; and at the victim's home.

Substance abuse is a problem throughout South Africa. Mostly addicts use "whonga, tik, and cocaine". Some of these drugs increase libido and these drugs are mostly connected with gang rape (Jewkes et al 2011:86).

2.5.7 Incapacitated rape

Incapacitated rape overlap other types of rape whereby the victim is incapacitated and unable to give consent due to intoxication, and or medical condition. It is defined as unwanted sexual contact or intercourse that occurs after the victim is too intoxicated or high to provide consent after voluntarily consuming alcohol or drugs (Lawyer et al 2010:454; Adudans et al 2011:95). According to Lawyer et al (2010:458), drug-related rape occurs over 5 times more frequently than did forcible assaults. These happen at: in this order from most to least: at house parties, followed by bars or restaurants, at the perpetrator's home, victim's home and in the vehicle.

2.5.8 Gang rape

Gang rape occurs when a group of people participate in the rape of a single victim. Offenders and victims in gang rape are usually young and they involve alcohol, drugs, night attacks and severe sexual assault to the victims as there is resistance and the offenders become more violent. Victims of gang rape are more likely to seek police services, contemplate suicide and seek therapy. Committing rape may be motivated by anger or need to punish someone (Jewkes et al 2011:87).

2.5.9 Rape by deception

This is when the perpetrator gains the victim' consent by deception, thus rape (Sexual Act 32 of 2007:online).This can also be achieved through verbal and situational manipulation and seducing (Van Decraen et al 2012:146).

2.5.10 Corrective rape

This is when rape happens to lesbians, gays, bisexual, and transgender communities and the rapist justifies the act as an acceptable response to the victim's sexual or gender orientation. The rapist believe that the rape will turn the person

straight by “correcting their sex or gender’ thereby conforming to societal norms (Thorpe 2011:online; Wesley 2012:online).

Although the constitution of South Africa condemns gender discrimination, it has legalised same sex marriage and legalised adoption of homosexuals; despite this corrective rape still happens. Sexual offenses statistics do not show information on the sexual orientation and rape survivors are not required to disclose their sexual orientation upon reporting. This makes the needs of the LGGTI community invisible.

According to Thorpe (2011:online), corrective rape is the manifestation of ignorance and it is extremely violent as victims are repeatedly beaten, injured and gang raped and many do not survive. Many others are afraid to report because of social stigma associated with sexuality and with rape itself. According to a study in Davies et al (2011:592), the study focused on the impact of victim sexual orientation, perpetrator gender and participant gender on judgments toward a 15 year old male victim of sexual assault. The findings revealed that male participants blamed the victim more than female participants when the victim was both gay and attacked by male. Gay and bisexual youth appear to be victimised physically and sexually during childhood and adolescence more than heterosexual youth.

2.6 FACTORS CONTRIBUTING TO ADOLESCENT RAPE

2.6.1 Gender, and parental structure

Gender plays a role in the perpetuation of rape. Thus, no matter what type of rape, female adolescents are a high risk group and are most likely to be raped by a male. According to Reyes and Foshee (2013:581), Riser et al (2013:18) and Seto et al (2013:219), where males are perpetrators, only a negligible rate of rape is perpetrated by females. Children of both genders are affected by child sexual abuse both as perpetrator and victim (Rasmussen 2013:129). However, early adolescent women are mostly affected (Davies et al 2011:592).

Some studies examined the role of culture, gender, religion, parental structure and attitudes on rape of adolescents. In Pilgrim, Ahmed, Gray, Sakasvu, Lutalo, Naligoda, Serwadda and Wawer (2012:1299) suggested that in Uganda, the attitudes of young adults or adolescents about rape are based on gender and parental structure whereby males have more positive attitudes towards rape than

females. Ever married girls were two times more likely to experience sexual coercion. Living with a single mother was protective against experiencing sexual coercion while 20% living in stepfather households reported coercion. Ever married girls whose mothers also were deceased were more likely to report coercion than those with both parents alive. Living in polygamous with household husband was marginally associated with reduced risk of coercion and reducing wealth trended towards increased risk of coercion. In Onigbogi et al (2015:96), 55.6% of the participants who were assaulted were in a polygamous marriage.

2.6.2 Age, peer pressure and poverty

Studies reveal that most women report rape or sexual assault in their childhood and adolescence. According to Reyes and Foshee (2013:581), most women who report rape stated that it happened in their childhood and adolescence. This study suggest that childhood and adolescence sexual victims are at risk of experiencing a new rape for different reasons and most of these adolescents do not report cases of rape to authorities. In Onigbogi, Odeyeme and Oniogbi (2015:96) the factors that were associated with sexual violence were age of victim, age at marriage with 37.9% of participants being assaulted at ten to nineteen years.

Studies revealed that most female victims who report rape have a history of rape that happened before the age of eighteen with the mean age at fourteen years. Thus rape varies with age with the highest risk for rape in early adolescence. Younger age is associated with increased risk of rape both as perpetrator and victim (Richter et al 2014:307). These victims are at increased risk of experiencing new rape (Seto et al 2010:219). In South Africa, a study by Richter et al (2014:306), the findings indicated that sexual coercion in adolescents is associated with older partners; however, sexual coercion between same aged groups is prevalent especially those aged 15-17 years.

Poverty is an important factor in forcing girls into unwanted sex or rape. For instance exchange of gifts is referred as market exchange in Van Decraen et al (2012:148) where girls attain material things like money, food, clothes, a telephone, and shelter while boys attain sexual gains in return. Thus, the acceptance of gifts from men makes it difficult for girls to refuse sexual intercourse.

In a study conducted in South Africa, evidence showed that some men are pressurised to rape especially when helping in gang rape (Jewkes et al 2011:87).

2.6.3 History of sexual abuse

There are studies in which there is evidence that shows that sexually coerced high school students have two to four times' greater risk of forcing someone into sex. These are clinical and forensic samples that suggest that sexually abused male children are more likely to offend sexually. (Seto et al 2010:219; Elwood et al 2011:171. These studies further revealed that most female participants who report rape had history of being sexual assaulted or raped before the age of eighteen. The mean age of these victims was 18 years.

However, according to a study carried out in Bramsen et al (2012: 524), the above finding was disputed as history of child sexual abuse did not predict peer on peer new rape.

2.6.4 Alcoholism

In the past some studies suggested that there was a relationship between excessive alcohol use and sexual victimisation and re-victimisation of an individual by moderating the behaviour of a person (Pilgrim et al 2012:1297; Lawyer et al 2010:453 & Esere et al 2009:1). According to a study by Van Decraen et al (2012:148), alcohol has different effect on girl victims by making them submissive first, weak and less able to resist sex while in boys or perpetrators, it makes them loud and courageous. On the other hand, men commit rape when they are drinking a lot (Jewkes et al 2011:9). Gang rapes are committed usually when the perpetrators are drunk.

However, the findings in Elwood et al (2011:172) were inconsistent with the above research findings about alcoholism and rape. According to Elwood et al (2011:172), there is evidence that it is substance abuse that increases a women's risk of sexual victimisation not alcohol. Moreover, family alcohol problems did not predict risk of new rape. The fact that alcohol use is socially acceptable at some levels; hence it is possible that subjective ratings of alcohol problems by participants are less accurate than those of drug problems. That may be the reason why the study's findings

suggested that family substance or drug abuse predispose a person to rape (Elwood et al 2011:172; Esere et al 2009:1).

2.6.5 Race

In South Africa and other African countries, most rape cases are found in black population group because of gender inequality (Adudans et al 2011:95). The study suggested that race is associated with the risk of new rape.

Similarly in a study Elwood et al (2011:172) the findings suggested that African American adolescents reported higher rates of sexual abuse by a parent or caregiver than Caucasians, but this finding became non-significant when income and parent education were included.

2.6.6 The context and or site of rape incident

Studies suggest that schools, colleges, homes, and bars to mention a few are favourable environments for sexual abuse and rape and that rape can occur to anyone and anywhere (Krivoshey, Adkins, Hayes, Nemeth & Klein 2013:142; Lawyer et al 2010:458). According to Elwood (2011:171), in which the study examined demographic and environmental characteristics simultaneously, findings have indicated that environmental characteristics may be strongly associated with risk of rape than race but discovered that this difference became non-existent when attributes such as family structure like living with both biological parents throughout childhood or not born in a polygamy family.

Adudans et al (2011:94) proposed that transactional sex predispose a person to rape as the person will be in position to refuse sex and in some countries transactional sex is illegal hence perpetrators of rape take advantage of that knowing the victim will not report them. A study by Jewkes (2002:1092) suggested this some time ago and this trend is still happening these days despite policies in place to improve the lives of women.

Post-traumatic stress disorder was associated with significant increase in new rape and it was the strongest predictor of new rape. This is due to the fact that it interferes with the individual's perception of risk as individuals have sensitivity to threatening situations but low specificity which results in a decreased ability to identify threatening situations correctly (Elwood et al 2011:171).

According to Young et al (2012:560), adolescents with internalising symptoms of distress such as low self-esteem, feelings of sadness or hopelessness, depression and anxiety are more likely to become victims of rape as they have less confidence in their ability to protect themselves from rape and internalising symptoms likely erode adolescents' confidence. These adolescents are identified as potential targets for rape as they may be perceived as more vulnerable to pressure, less likely to report the incident.

According to Seto et al (2010:225), rape experience is associated with greater likelihood of antisocial behaviour in general and earlier and more frequent sexual behaviours are in turn at greater likelihood of engaging in sexually coercive behaviour (Adudans et al 2011:94).

2.6.7 Drugs

Family drug problems do have a double risk to individual rape. Family drug use could be highly influential for adolescent rape as parental substance use maybe associated with less supervision, exposure to dangerous situations and poor development of social and coping skills. In fact research shows that reported parental alcoholism and drug use increase the levels of rape. This can be someone they are dating or with whom they are acquainted or even a stranger.

On the other hand individual drug use predisposes a person to rape as the individual might have friends or partners who use drugs making them vulnerable to rape (Adudans et al 2011:94) As suggested in Young et al (2012:560) and Seto et al (2010:225), after an initial incident of rape, adolescent's risk of subsequent incidents of rape increase more and more.

2.6.8 Marital causes

Some studies revealed that some women initiate sex because they are forced by their partners. This violent nature of sexual initiation range from emotional intimidation, threats to physical beatings. This happens both in first sexual encounter to subsequent sexual acts. Moreover, inequality among men and women with men having control power over women predispose adolescent women to rape (Cherry & Hategekimana 2013:101). In a study carried out in Kenya (Adudans et al 2011:95), found out that higher level of education and economic status were correlated with

forced sex among women. This was attributed to greater empowerment which brings with it more resistance from women to patriarchal norms so men resort to violence in an attempt to regain control.

2.6.9 Multiple partners

A study by Bramsen et al (2012:524) suggested that in Denmark, the number of sexual partners and displaying sexual risk behaviours predispose a person to first time peer on peer rape. Rape can be used as a weapon of war (Cherry & Hategekimana 2013:100). This concurred with a study in Pilgrim et al (2012:1297) sexual coercion among girls was high in girls who reported multiple partners.

2.6.10 Normative acceptance of cultural norms lack of awareness of what constitutes rape

Some studies examined the role of culture, gender, religion, parental structure and attitudes on rape of adolescents. Aderemi and Lawal (2011:3893) suggested that attitudes of young adults or adolescents about rape are based on gender and parental structure whereby males have more positive attitudes towards rape than females. Those adolescents brought up in a family structure of polygamy have more positive attitude towards rape than those in monogamy family. If these roles played by culture, gender, religion parental structure coupled with attitudes of these adolescents, rape remains a reality in many communities; yet reporting of cases of rape remains low (Pilgrim et al 2012:1300).

According to Oshiname et al (2013:143) and Van Decraen et al (2012:146), girls are raped because of the normative acceptance of certain cultural norms in the society. Some of the cultural norms and beliefs accepted by adolescents that contribute to rape are:

When sexually excited a boy cannot control self thus sexual contacts follow an impulsive and unplanned pattern so no one can be blamed for action. When a girl accepts gifts from a boy, a boy expect sex in return; when a girl is drunk or drugged it is her fault if raped. If a girl slept with a boy before a boy can sleep with the girl again; when a girl sleeps around with every other boy she deserves to be raped, and when a girl kissed and allowed the boy beforehand the boy can force her to have sex.

On the other hand boys believe that girls can say no to sex when they actually want it too so by raping the girl they are actually helping not committing a crime. Culture does not permit girls to immediately consent to sex; girls are encouraged to preserve their virginity until marriage, therefore men do not take women seriously when they say “no”. Wearing short revealing clothes is not culturally accepted as they arouse a man sexually and girls have little control over how, when and where sex can occur. Lack of girls to express themselves about sexual matters and lack of communication about sexual related topics make them more vulnerable (Van Decraen 2012:148).

The above discussion shows that the pre-disposing factors of rape in adolescence are intertwined. This is due to the fact that adolescent women lack sexual experience and they are particularly vulnerable to rape as both victim and perpetrator.

In a study based in Tanzania, Abeid et al (2014:5) the majority of young female participants were not aware of what really constitutes rape and who the perpetrators or survivors are. Thus, even if one commits what is categorised as rape legally, some people do not know that rape has happened.

2.7 ADOLESCENT RAPE IN THE CONTEXT OF SOUTH AFRICA

In South Africa, the nature and extent of the gender based violence can be understood in South Africa’s historical, political, economic and social context (Mills 2009:82).

2.7.1 Historical and political context

South Africa before independence had a substantial male’s population were engaged in a military context where both males and many blacks were absorbed into the liberation struggle. These men were taught violence as a legitimate means of resolving conflict, a culture of being tough, aggressive, brutal and competitive masculinity was promoted. This is when a culture of violence was initiated. The dehumanisation imposed by apartheid system as well as levels of force used, on one hand to enforce the policies and, on the other to resist them. Every person in South Africa, the entire nation was affected apartheid in one way or another (Rape Crisis 2015:online).

South Africa got its independence in 1994. Despite a peaceful change from apartheid to a democratic country, unfortunately gender based violence increased

including rape cases. This is partly attributed to the joint legacies of colonisation and apartheid. These legacies coupled with intersection of patriarchal traditions based on cultural and religious customs has taught women and children of all races classes to subordinate to violence even in sexual relationships (Jewkes 2002:1092). Although sexual violence has been attributed as a product of South Africa's transition, the popular focus on post-apartheid crime figures is probably misleading. It is likely that the increases in rape cases was because of increased reporting, or better record keeping and actual increases in the crime of rape

2.7.2 Social context

Most men are entrenched in gender norms whereby they have traditional views of masculinity and this resulted in gender inequality. Due to gender inequality in South African societies women including adolescent girls have limited power and authority while males impose notions of masculinity, controlling and perceiving that they own women sexuality. This controlling power of men is strengthened by women's [adolescent girls'] economic dependence on men. The man might be the sole provider of the women [adolescent girls] in such that he can force an adolescent to have sex so that he keeps on providing (De Vries 2014:1091). An adolescent may have no other way out, leading to high acceptance and tolerance of rape. This also makes adolescents more vulnerable to rape because they find it difficult to protect themselves from sexual exploitation (Jewkes & Abrahams 2002:1239). Thus the experiences of rape in South African societies at this stage have become a norm. For example, most women have come to accept rape in relationships as normal.

The effect of gender power inequality is partly illustrated in a study by Jewkes et al (2010:47) where by the findings indicated that a higher proportion of women who acquired HIV during the study had reported violence and gender power inequity at baseline than those who did not acquire HIV infection. However, the risk of incident of HIV was not associated with rape by a non-partner.

According to Mills (2009:82), there is high tolerance of crime of rape as well as acceptance of rape myths in South African society and adolescents in particular. These myths are used to justify coerced sex and are at times accepted in legal discourse. McMahon (2010:9) proposed that rape myths were originally defined some decades ago in Burt (1980) as "prejudicial, stereotypical, or false beliefs about

rape victims and rapists” and later in Lonsway and Fitzgerald as “attitudes and beliefs that are generally false and yet widely persistently held that serve to deny or justify male sexual aggression against women”. These myths are still accepted in South African communities and other countries in the world.

Also age plays a role in the rape supportive rules with middle adolescents endorsing more rules than other groups. Mallet and Herbe (2011:373) propounded that fourteen to nineteen years old boys and girls adhere to a culture of accepting rape myths. For example, discourse in South African communities is dominated by the myth that a rape is not really a rape unless if it involves force and violence. These effects include but are not limited to: the police who are prone to believing that women [adolescent girls] can lie easily about rape. Some claims suggested that the relation between the victim of rape and the perpetrator affects the willingness of the police to investigate the rape case. Another the belief by the community and police that where there are no signs of violence it is unlikely that rape has occurred; if a woman consented before, she is likely to consent again to another sexual act with the same person, the rape victim should be passive; puts up most resistance, some say no when they actually mean yes to sex, and that rape is acceptable in some situations (Mallet & Herbe 2011:372).

An adolescent can accept gifts from men because she cannot afford them, thus when some men find it acceptable to have sex with a girl even if it is by force when a girl accepts a gift from them (Mills 2009:83). However, this is rape and adolescents remain silent about it.

This shows that rape myths influence the way rape cases are dealt with which may lead to a decision of a victim to report or not to report. Firstly, it is by the whole community and then by various role players in the criminal justice system including the trial stage such as the victim, perpetrator, police, nurses, prosecutors, magistrates and judges.

There is evidence that dominant societal values that reinforce gender specific roles are prevalent among adolescents (Mills 2009:83). These gender specific roles have been so normalized both in relationships and outside relationships, for example, in communities to such an extent that adolescents, both males and females do not perceive some sexual acts like rape as a crime.

However, there gender differences in the acceptance of rape supportive rules or rape myths. These studies suggest that boys and men endorsed more situations that could pre-requisite conditions to rape, that is rape supportive rules in particular cultures than did girls and woman.

According to these studies, most women [adolescents] believed that if a person is raped by a stranger, it is "real" rape unlike if raped by an acquaintance. Most women [adolescents] do not perceive acquaintance rape as a crime. However, adolescents perceive that it is only a crime when it is committed by a stranger (Abrahams et al 2012:288).

According to Jewkes and Abrahams (2002:1239), South African women's [adolescents'] vulnerability to sexual violence [including rape], is compounded by secondary traumatising and victim blaming because of the extent to which rape is normalised in the country. Since it is a rape prone country with women having limited power and authority, men exert their masculinity and they take advantage of the high levels of acceptance of gender based violence as normal. This results in a continuous cycle of sexual abuse.

Now it is more than a decade, there is evidence that rape myths are still being upheld in the communities of South Africa. For instance in a study by Abrahams et al (2012:288), 84,3% of women were found to have high levels of depressive symptoms but lower levels were found in circumstances in which lesser likelihood of blame such as those raped by strangers rather than intimate partners. The study's findings also indicated that those who received support and those involved in severe sexual assault in which rapists used weapons and the rape incident included multiple perpetrators were not associated with rape.

Other issues of concern are the norms and values adolescents that are taught when they grow up. Some are taught about the way a woman should dress, the proper way to talk with a man, and places to be with a man to mention just a few. When these rules are broken by an adolescent especially a girl and the result might be rape and people tend to comment nastily after+ that. For example, "she wanted or deserved it, she asked for it or she enjoyed rape, what was she doing there at that time and so forth". However, these comments have an impact on the victim. This is because of the way people were brought up (Anderson, Simpson-Taylor & Herrmann

2004:87). However, it is noteworthy that the acceptance of these views differs with age.

To make matters worse, the cycle of rape is difficult to break as all these beliefs are passed on from elders to children in such that when children grow up they will have those beliefs and myths and they pass it on to others. Thus the cycle of rape continues. These notions suggest that the incident of rape at some stage in women's life in South Africa would be the norm. Women have themselves come to accept it in their relationships and outside relationships as normal.

The continuous cycle of rape in South African communities is further explained by the traditional definition of rape victim whereby the victim is the one who puts up most resistance and whereby the perpetrator is a not a stranger; the victim is expected to struggle and at least say no unequivocally to prove absence of consent; the victim is the one who is sexually passive and in a faithful relationship or modest in dressing to mention just a few (Mills 2009:84). Without meeting these definitions and instead being found on the other side of the fence lead to unsympathetic comments about the victim. This might impact on the victim's decision to report or not the incident of rape.

It is noteworthy that different types of rape are viewed differently in the same community or fraternity or even family (Auster & Leone 2001:148). Some societal values such as tolerance to use of alcohol, forced sex, little open communication on sexual matters between adults and children and between partners, tolerance of multiple partners may predispose adolescents to rape. As a result many adolescents struggle with making sense of whether rape occurred or not when they apply the narrow societal standards of real rape (Van Decraen et al 2012:149). .

However, despite all the beliefs of the society mentioned, some adolescents themselves both males and females believe that rape is acceptable in some situations and this account for them being the perpetrators of rape. For example, there is a stereotype that a certain level of coercion is a normal part of hetero-sexual interaction and that a woman cannot be relied upon either to know or to say what they want when it comes to sex. Thus to some, a no actually means yes to sex and some believe that good girls often say no when they mean yes (McMahon 2010:9). Thus as the acceptance of these myths remains high, the rate of rape remains high

in South Africa and the world. For example, adolescents endorse the rape myth which typically state that a person is not really raped when they are not visibly injured by the attack or when the attack does not involve any other type of physical violence. This suggests that some women who do not report rape may believe that their experience was not real rape. In Abrahams et al (2014:1654) the findings suggested that rapes by strangers are more violent and have higher involvement of weapons and injury than those by known perpetrators, but with the latter the betrayal of trust might greatly affect post assault outcomes including psychological functioning.

When the perpetrator is not a stranger, the victim is expected to struggle and at least say no unequivocally to prove absence of consent, if the victim fail to do so people will say the victim wanted it. However, the Sexual Offenses Act 32 of 2007 in South Africa set out new norms for consent that differ from dominant social norms that rely on rape myths and stereotypes. It re-defined the concept of rape not only based on the archaic notions of rape as penetration of a women's vagina by a man's penis rather it recognises a number of penetrative act as well as recognising the definition of consent as an agreement voluntarily given and un-coerced (Mills 2009:81).

Although most myths are not accepted by empirical research, they have power to influence the attitudes of role players in the reporting of rape such as the police, complainant, prosecutors, magistrates and judges in the criminal justice system.

It is noteworthy that nowadays, traditional cultural values and rape myths are negatively being affected by developmental and modernising influences.

It is not rape myths only that increase the incidents of rape cases in South Africa and the world. Mallet and Herbe (2011:3730), point out that adolescents, both boys and girls in the 21st century are exposed to pervasive flow of explicit sexual information conveyed by media such as television, magazines and internet. The information may be strongly biased. For example, the flow of information is likely to reinforce adolescents' beliefs about rape and its reporting thereafter. Media may lead to adolescents being tempted to try what they see on media and one thing lead to another resulting in rape.

Gays, lesbian, bisexual, and transgender and intersex people in South Africa continue to face discrimination and victimisation on daily basis. Corrective rape perpetrators claim their motivation is to turn the victim in to a heterosexual. Rape is used to punish and oppress those who do not conform to societal norms and gender roles which include sexual orientation

2.7.3 Economic context

Poverty and unemployment caused by the legacies of colonisation and apartheid had an impact on adolescents particularly black adolescents because they are most socio-economically vulnerable as their parents are most likely unemployed or in menial jobs. Most of the blacks who commit rape or those who are raped live in Townships where there is not much economic activities to be occupied with (Pemmegger & Godehart 2007:3). This renders black adolescents to be disproportionately vulnerable to rape both within relationships and in public spaces. However, despite the perpetration of rape, the culture of silence continues in this socio economically vulnerable group. Men's ownership of women is further reinforced by women's poverty where women are dependent on men for economic resources. Thus women find it very difficult to protect themselves from sexual exploitation, such as rape and hence they so often tolerate abuse. Poverty and unemployment in black communities expose adolescents to socio-economic vulnerability such as engaging in transactional sex. When people involved in transactional sex are raped, they are afraid to seek help (Jewkes 2002:1092).

2.8 EFFECTS OF RAPE ON THE VICTIM

Emotionally rape victims go through embarrassment, depression, anxiety and feeling of overwhelm and distraught. This may lead to post traumatic stress disorder (Jewkes et al 2012:2881). In return, those who suffer these symptoms, most of the time use avoidance and minimisation to cope with their feelings. As a result this will hinder further discussion of the experience of rape and it also heightens the likelihood of further victimisation by the perpetrator (Mathews et al 2013:652; Smith et al 2010:259).

Non-disclosure of rape has consequences such as more alcohol use, more doctor visits and more use of medication (Young et al 2012:559). Feeling of numbness, somatisation, and lower satisfaction with social support, pregnancy and sexually

transmitted infections may be suffered by victims if they do not receive proper care post rape (Jewkes et al 2010:45).

Some studies have suggested that, because of the high prevalence rate HIV/AIDS in townships, an adolescent who is raped has a chance that her perpetrator is HIV positive (Jewkes et al 2010:45). As a result of being raped by an infected person, the victim might get infected with HIV if the victim does not report the case to authorities who care for those raped within seventy two hours of incident. This early reporting is encouraged so that the person is initiated on PEP to minimise the risk of being infected with HIV because of rape.

Studies revealed that health problems may intensify 2-3 years after rape such as depression, fear of being alone, attempted or completed suicide, post traumatic disorder, chronic pelvic pain, premenstrual syndrome, migraines and disability that prevent a person to be productive (Jewkes et al 2012:2881). This is one of the reasons why victims should report to authorities so that they get proper psychological counselling and care post rape.

There are some other complications that come as a result of rape such as pregnancy, abortion, sexually transmitted infections such as Hepatitis B virus. (Cherry & Hategekimana 2013:101; Oshiname et al 2013:146; Van Decraen et al 2012:149; Young et al 2012:559; Adudans et al 2011:95; Smith et al 2010:255). These problems still rank high among the causes of death among adolescents globally. Victims of rape are advised to report rape so that they receive preventive medication.

There is evidence that after rape some adolescents may abuse alcohol, have first voluntary sexual activity at a young age, have a tendency of poor use of contraception, will have greater number of abortions and pregnancies and are at high risk of contracting sexually transmitted infections. However, there is evidence that if victims use the services provided post rape, the chances that they will destroy their lives will be minimised.

2.9 REPORTING AND NON-REPORTING OF RAPE IN SOUTH AFRICA AND THE WORLD

There are few recent studies carried out in South Africa with information on reasons for non-reporting of rape (Smith et al 2010:255). However, other studies have been carried out in different parts of the world (Mukanangana et al 2014:114; Oshiname et al 2013:143; McMahon 2010:9; Stoltenborgh et al 2011:79, Van Decraen et al 2012:146). Thus in this review of literature, the context of reporting rape will be discussed mainly relating to studies from different parts of the world.

In a study in Tanzania, the findings showed that rape is common but hidden (Abeid et al 2014:5). Thus women and children suffer in silence partly for the reasons listed below:

Disclosure recipients of rape

Malloy et al (2013:247) suggested that less research has focussed on who children decide to tell about sexual abuse and why and what influences their decision to disclose. Children's choices may influence: how recipients react to disclosure; whether or not the case will be reported to authorities; whether or not they tell peers or family members. Whether or not they are believed and supported have implications for child's report maintenance and psychological adjustment. Thus, it is possible that sexually abused children open up to others other than the authorities thereby affecting reporting of rape. For example a child who is peer-related is most likely to disclose incident of rape to peers than adults (Malloy et al 2013:247).

It is important to understand how sexually abused children open up to others and whether there are developmental or other differences in how and when they do so. For example a child who is peer-related is most likely to disclose incident of rape to peers than adults (Malloy et al 2013:247). This means that they will choose to tell a peer about the incident of rape rather than the mandated authorities.

Some survivors learn from others who experienced the same predicament how to cope after rape, hence there is a possibility that they will not find it necessary to report the incident to the authorities. Women who disclose rape to someone other than the authorities and parents find their reaction to be normal. However, sometimes talking with someone who is not the authorities can provoke fairly

negative reactions from a victim's network of friends and family. Hence, some women will address to the negative handling of disclosure of rape by keeping the information to themselves. However, even though there are informal networks in one's life, both support and lack of support from these informal networks has been linked to help seeking in more formal networks such as the authorities (Mallet & Herbe 2011:373).

Past experiences of reporting rape to authorities

According to Vopni (2006:107), in Canada, the experiences of adolescents who reported sexual assault [rape] to authorities were not favourable. Most of them have not seen justice. The charges were not laid in the majority of cases and some endured greatest scrutiny by the police instead.

Several other adolescents in another study were met by rude, cold insensitive police who tell them to deal with their sexual assault because the police have higher priority crimes to deal with (Adudans et al 2011:95).

There is evidence suggesting that the relationship between the victim and the perpetrator affect the police's willingness to open a case and investigate the case of rape between intimate partners (Mallet & Herbe 2011: 373; Oshiname et al 2013:143; Adudans et al 2011:95). This further discourages victims to go and report rape to the police.

Even though reporting rate is low as compared to the number of rape cases that are happening every day, for those that report the incident of rape and perpetrators are caught, conviction rate is low. Where there is conviction, conviction appeals in sexual matters have high success rate (Quilter 2011: 23; Mills 2009:84).

According to Robinson and Hudson (2011:515), some reported cases of rape may take time waiting trial or conviction. However, a long waiting period may increase the family and victim's sense of helplessness and may contribute to re-traumatisation of the family and victim. As a result the victim and family may adopt an attitude that prosecuting the perpetrator is more trouble than it is worth due to increased feelings of helplessness caused by lack of prosecution contact, police inefficiency, criminal justice backlogs, ill-prepared prosecutors who in some situations are not sensitive

about the trauma the victims are exposed to (Smith et al 2010:516; Robinson & Hudson 2011:516)

It is clear that various role players in the judicial system are still entrenched in the traditional beliefs and rape myths. For example, the common sense approach on rape shows that so much has changed on the paper but little changed in the law (Mills 2009:85).

Many adolescents (women) want to avoid the judicial system because of the lack of trust with the authorities hence they question how sensitively and professionally the case will be dealt with and they are fearful of testifying in court. This is because it is difficult to repeat the story of the incident of rape over and over again to authorities, such as police, medical personnel, attorneys, advocates. It is clear the process is intimidating to a woman that is why they would save the day by keeping quiet (Adudans et al 2011:95; Stoltenborgh et al 2011:79).

Fear of the repercussions after reporting rape

Women are said to suffer in silence after rape for the following reasons: In situations where the person abuses position of power which inhibit the victim from consenting to sex. This might as well inhibit the victim's willingness to report the matter to authorities because of power inequality and being afraid to lose something out of reporting rape. This occurs in jobs, schools, prison to mention just a few (Mills 2009:86).

Sometimes there is a possibility that the perpetrator is the sole provider of the family in such that they rely on the perpetrator for financial support, the matter can be resolved at the family level without reporting to the police.

In Tanzania, Abeid et al (2014:7) fear of being blamed for reporting was perceived as a powerful hindrance for reporting rape. This was attributed to not being believed that the victim is telling the truth or could be blamed for having consented to sex or being blamed for the way one dressed like mini-skirt dressing. Thus some victims may see it best to call the incident of rape as something rather than rape as a strategy to avoid self-blame.

Some fear what others will say if they report the incident of rape because of the stigma attached to rape. According to Oshiname et al (2013:143), “the stigma that follows the reporting of date rape is worse than the rape itself”.

Adolescent girls are often fearful of retaliation. The fact that the offender is often known to the family and the victim, the adolescent may be scared to report the perpetrator to the authorities (Stoltenborgh et al 2011:79).

The reluctance to disclose information about the experience of rape may be due to embarrassment, isolation, and fear of rejection (Abeid et al 2014:7). Reporting rape and making the act known publicly is perceived to bring shame and dishonour to the family.

If the person is not married the victim may be afraid that the chances of getting married are slim if suitors know that the person was raped.

Because of poverty some women will not afford to pay for the lawyer while the perpetrator could pay. Hence the victim will decide to keep as nothing will come out without a lawyer (Mukanangana et al 2014:117).

Lack of awareness of what constitutes rape

Some adolescents mostly do not think that the incident of attempted rape is not serious enough to warrant notifying the authorities. Some even when they know that they have been raped, they would be in denial that they have been raped (Oshiname 2013:143).

Adolescents who have been raped by dating partners rarely disclose information that they have been raped. If they do tell someone they are more likely to tell friends or family than authorities. Some do not find it as a crime and they do not want to report someone they are in love with (Smith et al 2010:263).

Women [adolescent girls] may not report rape by a partner because they do not find it as a crime if they are in love, those who sleep with partners while they are under eighteen years. They overlook the meaning of statutory rape (Ouderkerk et al 2013:860).

Socio-cultural norms and power inequality

The historical and deeply rooted socio-cultural norms surrounding the patriarchal code may contribute to non-reporting of rape. De Vries (2014:1087) cited that various gender roles, attitudes, and practices in South Africa create an environment that fosters submission and silence in females and hegemony and coercion in males. For example, the traditional role that South African girls are required to fulfil such as respecting adults and not question their actions despite how horrible it is (Stoltenborgh et al 2011:79). According to Stoltenborh et al (2011:79), the definition of rape in the society is according to societal norms, cultural values and beliefs.

Different cultures in the world accept rape of older children and in most cases these are not reported as these acts are accepted within the social and cultural norms of their communities (Abeid et al 2014:6).

Recent studies carried out in Tanzania, Abeid et al (2014:6), in Zimbabwe, Mukanangana et al (2014:117); in Kenya, Van Decraen et al (2012:147) and in South Africa, Smith et al (2010:263), the results suggested that within a marriage, the man who forces his wife to have sex is not considered to have committed rape. To these people is not a crime to rape a spouse (Raj & McDougal 2014:865). Hence adolescents who are less likely to label and acknowledge an experience of rape as rape even if it fits the legal definition will not report rape to authorities.

According to Mukanangana et al (2014:112), in Zimbabwe culturally women who are in married or are in a relationship are there to satisfy their husbands' sexual desires. To report spousal rape is tantamount to expose a woman's failure in sexual obligations and this is against cultural expectations. This finding is supported in a Tanzanian study in Abeid et al (2014:6) and in South Africa men rape because of sexual entitlement (Jewkes et al 2011:84) and they punish women with rape.

However, it is noteworthy that in this study Abeid (2014:6) some women agreed to the fact that marital rape is a serious act and therefore should be prosecutable by the state. This point raised different views among group members who referred to Tanzanian legal and social context. Thus men and women view differently the issue of marital rape and reporting. However, in that study, a portion of women strongly disapproved of the passage of legal action against marital rape. This shows that

women hold many of the same views as men concerning the criminalisation of marital rape. Thus, some women are still under the traditional way of thinking which is one of the legacies of rape-supportive culture whereby women are expected to prevent rape in relationships and protect their lovers.

It further explains that women who suffer marital rape are not always willing to criminalise it as they fulfil their role as peace keepers in the family. Thus marital rape is more complex to report than any other types of rape in that it challenges the normative ideas about marital sexuality, privacy and religiosity notion about marriage. This is all supported by Mukanangana et al (2014:112) who cited that “reporting a partner is like putting dirty linen on the wash line”.

Many South African women and other women around the world have normalised rape as physical expression and declaration of the disparity of power (Smith et al 2010:263; Van Decraen et al 2012:147). Or have women come to accept rape to feel safe? Power and inequality between men and women lead to women feeling disempowered to seek help and many times they may blame themselves for being the victim, they feel that their voices are not heard and justice is not being served. This devalues the female gender and leaves women at a grave disadvantage in socio-political domain (Mukanangana et al 2014:114; Abeid et al 2014:2; Van Decraen 2012:147; Smith et al 2010:261).

Women who are raped are afraid to talk about the incident of rape if the setting or situation they were attacked in is socially not acceptable. For instance, in settings where adolescents are at a bar drinking alcohol and get drunk, they are likely to have lowered inhibition when it comes to sexual confrontation thereby increasing the probability of rape. This sexual activity that happens in these settings is deemed desirable and acceptable by others in the community who blame the victims for bringing rape upon themselves. This suggests that women adolescents who are raped in alcohol related context like a bar may face even high risk for victimisation. To avoid this they resolve to keeping quiet about the incident (Abeid et al 2014:2).

Lack of evidence

Victims who experience acquaintance rape and date rape assume that the perpetrator could not be convicted on the available evidence and therefore choose not to report to authorities (Mukanangana et al 2014:117).

Adolescents assume that the perpetrator cannot be convicted on the available evidence. This is because women who are raped may not label the incident as rape and do not acknowledge an incident of rape even if it fits the legal definition of rape. The cautionary rule which requires the judge to show awareness to special dangers on relying on uncorroborated evidence of a complainant lowers the rate of reporting as those who want to report feel as if the court will deem them untrustworthy. This discourages other rape victims to report because they do not want to go through the horrific event over and over again when giving statements or when giving evidence in court just for nothing. They would rather keep quiet and suffer alone.

Acceptance of rape myths

Adolescents accept rape myths with male adolescents accepting them more than girls (McMahon 2010:9). It is unlikely that rape has occurred or an assumption that if an adolescent has consented before, it is likely that they can consent again or the nature of the relationship, to mention just a few (Wager 2013:880; Adudans et al 2011:95; Mills 2009:84; Mallet & Herbe 2011:372). These are all myths that have been socialized in them mostly through the way they grew up. These myths could not be changed even in professional life.

Male adolescents justify rape while females believe these myths in order to feel safe. Moreover, males' attitudes to women who have been raped are harsher than females' attitudes (Oshiname et al 2013:142; Stoltenberg et al 2011:79; McMahon 2010:9).

Another belief is that the person should be in a faithful relationship and should always be covered in modest dressing. If the victim does not possess these traits, people will say the victim asked for it or deserved to be raped. All these factors will hinder adolescent girls to report rape (Abeid et al 2014:7).

Lack of support from different stakeholders

Some children are raped by family members yet adults tend to overlook, to minimize, to explain away or to disbelieve allegations of rape, hence they do not report the perpetrator to the police (Abeid et al 2014:6). The reporting of a relative is seen as putting the family's honour and reputation at stake.

Adults are the gatekeepers of children. Failure to get support from adults may predispose the child not to report the case of rape to the authorities. This is explained in Robinson and Hudson (2011:515) and Stoltenborgh et al (2011:79) that families are at the focal point of having to lead in the prosecution of the perpetrator which may put them in social jeopardy within their larger community. However, rape by a stranger, especially rape of a child is defined as unacceptable form of violence deserving harsh penalties (Abeid et al 2014:5).

On the other hand some authorities like the police and parents or guardians have a tendency of believing that an adolescent can easily lie about rape or where there are no signs of violence. This may be attributed to the fact that rape normally happens in a private place, thus it will be the victim's word to believe. On the other hand, corruption, failure to respond in time by those who are supposed to offer support services led to frustration, disappointment and lack of trust in these support services (Abeid et al 2014:5). Thus reporting of rape is seen as causing more harm than good as often the perpetrator escapes prosecution and the survivor is left only with shame.

Despite recognition and international coverage, corrective rape in South Africa is escalating in severity. Parents or guardians protect the perpetrators because they want their children to be straight. Some may even look for husbands or wives for their children in an effort to correct the sexual orientation of their children because they do not want shame in their family. Victims of corrective are mostly met by unsympathetic police who may not help them. Most of the cases are treated as family matter. Hence sexual difference with regard to sexual orientation and sexual restraint affects rape prevalence or willingness of victims to disclose their experiences (Davies et al 2011:601; Smith et al 2010:264).

Informal support networks

Some survivors learn from others who experienced the same predicament how to cope after rape, hence they will not find it necessary to go and report to the authorities. Women who disclose rape to someone other than the authorities and parents find their reaction to be normal. However, sometimes talking with someone who is not the authority can provoke fairly negative reactions from a victim's network of friends and family. Hence, some women will address to the negative handling of disclosure of rape by keeping the information to themselves. However, even though there are informal networks in one's life, both support and lack of support from these informal networks has been linked to help seeking in more formal networks such as the authorities (Malloy et al 2013:247).

Even though a few victims report the incident of rape to authorities, most victims do not remain silent. Almost seventy percent of them tell someone like friends, family members and significant others. These numbers suggest that victims wish to share their experiences but are not communicating with the formal authorities. The initial response a victim receives soon after the rape is extremely important in the decision of whether a victim reports or seeks further assistance or blames herself for the assault of rape. Whether the victim decides to report the incident to the authorities in place, giving support is paramount. Since friends, family and other confidants are often the first or only persons a victim confides in about the incident of rape, they should give the victim necessary support (Robinson & Hudson 2011:516). Research indicates that positive social support from peers, family and significant others can assist victims in their recovery (Ehlke 2013:1).

Negative reactions such as avoiding the victim and telling the victim to get over it and move on can seriously affect the psychological well-being of the victim (Krivoshey et al 2013:145).

Some women seek support from those close to them instead of going to authorities who are totally strangers. Adolescents experience ongoing rape from partners and disclose only to friends because they are the ones in their network from whom they can expect support. They find solace in the informal network because they get assistance in the immediate aftermath of rape: to solicit emotional support, to obtain the information about the perpetrator, to try to make sense of the incident. This in

turn helps women to clarify what happened to them, to seek in additional assistance and reduce feelings of stigmatisation.

Self-blame and lack of awareness and access of post rape care services

Many adolescents struggle with feelings of self-blame usually when the perpetrator is known and this may delay or discourage reporting of rape by the victim. According to Mukanangana et al (2014:117), shame, self-blame and fear can keep children from reporting rape to their family members especially if it is committed by a family member because usually the abuse continue despite disclosing the abuse.

Familiarity and proximity with resources such as rape care centres influence the person's decision to report the case of rape (Smith et al 2010:264; Stoltenborgh et al 2011:79). According to Robinson and Hudson (2011:515), segregation of services because multidisciplinary teams do not readily interact with one another and there are few resources dedicated to making this a reality. Unfortunately offered services tend to be fragmented and delay treatment times. This is a challenge as rape victims will not get adequate support and comprehensive care. This discourages rape victims to report rape. In addition, insufficient, limited, lack of quality services and costly support services lead to non-disclosure of rape (Abeid et al 2014:8).

Non-acknowledgement of rape

According to Young et al (2012:559), adolescence is an age of exploration during which most adolescents start dating and exploring their sexuality. Unfortunately for many of them, early sexual experiences are coerced. Above all, the tendency for adolescents who have experienced sexual coercion or rape to experience further sexual victimisation is not new. This is because after an initial incident of rape, the risk for subsequent incidents increases more and more. An increasing number of rape incidents contribute to the person's decision to report rape. Some researchers point out that rather than one incident, women experience a series of incidents of rape that culminates in reporting to authorities. Similarly adolescents are new to the dating domain and are still developing skills to effectively negotiate consensual sex in the complex social situations. They may not have developed the social skills and sexual assertiveness to resist sexual pressure and may not have developed a clear

sense of what happened and what behaviours are healthy and safe. This affects the reporting of rape (Young et al 2012:117).

However, late adolescents are twenty times likely to report intimate rape to authorities. This indicates that there is a limit to tolerance of rape at a later age because they could be more aware of the definition of rape and partner violence, probably through interaction with friends who had similar experiences, or through media or through education experiences. They are familiar with protocol of reporting rape. Knowing who to call and how to seek support may provide more experienced adolescents with the help seeking because one level of confusion is limited. That is the question who I report to is answered. Thus maturity influences the person's decision to report (Young et al 2012:117).

Lack of knowledge and acceptance of compensation

Lack of education with younger girls and parents who are educated are more likely to report than those uneducated. Those educated are more empowered and have the assertiveness are more resourceful in identifying authorities and may have social support of the family and friends who serve to protect the family and the victim at different level. Those uneducated may not be aware of community resources and endorse societal rape myths (Smith et al 2010:261)

Victims who are not severely wounded are discouraged to report rape and to pursue prosecution by elders and are instead encouraged to accept economic compensation to protect the community's honour (Abeid 2014:8).

2.10 CONCLUSION

Rape is pervasive in South Africa and globally. In this chapter, the prevalence of rape in South Africa and other selected countries was discussed. The laws that protect children against abuse were discussed. Adolescence period and sexual matters were put into light in order to understand the topic under discussion more. The reporting system of South Africa and efforts in place improve reporting was explored as well as forms of rape that affect reporting of rape. Predisposing factors contributing to adolescent rape such as gender, alcoholism and race were highlighted. Lastly factors which affect reporting and non-reporting of rape was discussed.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter 2 focused on literature review regarding adolescent rape. This chapter is devoted to the discussion of the research methods and designs that were used. Research methodology is the general planning of how the research project is going to be conducted. As strategies vary, only those that have been followed in this study will be discussed and the rationale for the chosen methodology is outlined. This chapter will discuss the research design, sampling, data collection and analysis as well as issues of trustworthiness and ethical principles adhered to in the study.

3.2 RESEARCH DESIGN

According to Polit and Beck (2012:741), a research design is the overall plan for addressing a research question, including specifications for enhancing the study's integrity. For this study, the researcher used a qualitative descriptive study in exploring factors that contribute to poor reporting of rape among school going adolescents aged between 16-19 years.

3.2.1 Qualitative research

Parahoo (2014:56) suggests that qualitative research is an umbrella term for a number of diverse approaches that seek to understand by means of exploration, human experience, beliefs, perceptions, motivations, intentions and behaviour.

Mcintosh-Scott, Mason, Mason-Whitehead and Coyle (2014:23) support the above definition by defining qualitative research as a systematic and subjective approach that is used to find out more about the ways in which people interact and make sense of their experiences of the world.

Polonsky and Wheeler (2011:135) proposed that qualitative research methods are techniques that use small number of respondents who provide information about their thoughts and ideas from which some conclusions are made. In agreement, Salkind (2012:213) posited that qualitative research explores the processes that underlie human behaviour using such exploratory techniques as interviews, surveys, case studies and other relatively personal techniques.

Polit and Beck (2012:487) proposed that a qualitative design is the one which typically evolves over the course of the study. This means that the decisions about how best to obtain data, and who to include are made as the study unfolds using an emergent design. The emergent design evolves as ongoing decisions are made reflecting on what has already been learned based on the realities and viewpoints of the participants that are known at the outset of the research. In this study, qualitative descriptive research was used.

3.2.1.1 Descriptive qualitative approach

According to Polit and Beck (2012:505), descriptive qualitative studies refer to many qualitative studies that do not have a formal name. Thus, the majority of qualitative studies can best be described as qualitative descriptive research. This is an approach whereby the researcher describe the dimensions, meanings and importance of a phenomena while investigating the full nature of the phenomenon, the manner in which it is manifested and the factors to which it is related. This in turn lead to exploration of the full nature of a little- understood phenomena, hence it sheds light on the various ways in which a phenomenon is manifested as well as on underlying process (Polit & Beck 2012:18).

In this study, a qualitative descriptive study was conducted. Descriptive qualitative studies present comprehensive summaries of a phenomenon of events; its designs tend to be eclectic and are based on the general premises of the constructivist inquiry. They borrow or adapt methodological techniques from other qualitative traditions (Polit & Beck 2012:505).

3.2.1.1.1 Characteristics of qualitative descriptive

The study examined adolescents' perceptions in detail, in their natural setting. This helped the researcher to understand the meaning and the interpretation participants gave about the phenomenon. This meant understanding human behaviour from the insider's point of view (Mcintosh-Scott et al 2014:240).

Qualitative descriptive research emphasize the individual aspects of human life, holistic and dynamic nature and it attempts to capture the big picture and see how a multitude of variables work together in a real world within the context of those experiencing them.

The collection of information and its analysis typically progressed concurrently. There was a close relationship between the researcher and the participants involving mutual trust and respect. It was conducted through intense contact within a field or real life settings. This allowed for the extraction of rich in-depth information (Polit & Beck 2012:487; Gray 2009:166).

The proposition mentioned above suited the study's aim of exploring the factors contributing to non-reporting of rape by adolescent whereby the participants described the dimensions, meanings and importance of a phenomena of non-reporting of rape, thus the nature of the phenomenon of non-reporting of rape was understood from the adolescents' point of view (Polit & Beck 2012:18).

The researcher understands the advantages and disadvantages of the qualitative descriptive study as shown below:

3.2.1.1.2 Advantages of qualitative descriptive study

Qualitative descriptive research involves much contact with people in the field. This engaged both the researcher and participants.

It was highly contextual, being collected in a natural real setting, over a period of three months. Thus it went beyond giving a mere snapshot or cross section of events. It also incorporated participants' own motivation, emotions, prejudices and incidents of interpersonal cooperation and conflict.

Descriptive qualitative study was conducted to provide insight where relatively very little was known about the non-reporting of rape by adolescents and identified kinds of concepts or variables that might later be tested quantitatively.

Qualitative research is emergent and flexible and the power gap between the researcher and the study population was far much smaller because of the relationship between the participant and the researcher (Salkind 2012:213; Kumar 2011:104; Gray 2009:166).

3.2.1.1.3 Disadvantages of qualitative descriptive research

Little attention was paid to study designs or the other structural aspects; hence the replication of a study design becomes almost impossible. This led to the inability of

the design to produce findings that can be replicated. Because of the flexibility and lack of control, it was difficult to check researcher bias in a qualitative study.

A qualitative descriptive approach was used in this study as it was the most suitable design to explore the problem of non-reporting of rape to authorities in place by school going adolescents. This was done in a relatively short space of time and from a relatively large number of people.

3.3 STUDY POPULATION

A population is the entire aggregation of cases in which the researcher is interested in. This can be differentiated into accessible population which is the aggregate of cases that conform to designated criteria and are accessible for a study. The target population is the aggregate of cases about which the researcher would like to generalise (Polit & Beck 2012:275).

In this study, the target population was school going adolescent girls of South Africa. There is high rate of sexual coercion of adolescent girls in South Africa (Richter et al 2014:305), this population was suitable for the study.

3.4 DESCRIPTION OF THE STUDY SITE

Matsulu Township is situated in Ehlanzeni District of Mpumalanga Province of South Africa. This township is under the Mbombela Municipality. There are three secondary schools in this township but there are other secondary schools outside this township where other students from Matsulu attend school every day. Matsulu has a total area of 17.98 square kilometres. The population as per 2011 census was forty seven thousand three hundred and six.

Table 3.4.1 Population groups in Matsulu Township

Population group	People	Percentage (%)
Black African	47057	99.47
Coloured	115	0.24
White	55	0.12
Indian/Asian	34	0.08
Other	44	0.09

(Statistics South Africa 2012; Statistical Release revised PO301.4; Census 2011)

3.5 SAMPLING

According to Polit and Beck (2012:275), sampling is the process of selecting cases to represent an entire population so that inferences are made. There are two designs to sampling which are probability and non-probability sampling. Probability sampling involves random selection of participant where non-probability sampling approach participants are chosen by non-random methods.

Qualitative study entails purposefully selecting participants or sites that will best help the researcher to understand the research problem and answer the research question. Purposive sampling is one of the types of qualitative sampling approaches whereby the researcher starts with volunteer participants and may be supplemented with new participants through snowballing. The aim of the qualitative study is to uncover multiple realities about the phenomenon, not to generalise to the target population (Polit & Beck 2012:515).

In this study, the aim was not generalise the findings to the target population but it was aimed at discovering meanings, exploring and explaining the possible reasons for non-reporting of rape among adolescents. Hence the researcher used purposive sampling to recruit participants.

3.5.1 Sample

Only a sample of the population was used in this research because it was almost impractical and impossible to study the whole population. A sample is a subset of population elements, which are the most basic units about which data is collected. In this current study, the researcher used thirty eight participants. Thirty six of them were put into six focus groups and the remaining two participants were interviewed face to face. The advantages of using a sample were that it was cost effective as the researcher did not have the resources to study the entire population (Polit & Beck 2012:275). The accessible population for this study was school-girl adolescents in Matsulu Township of South Africa. The researcher proposed to use a sample size of six focus groups to generate data. Each group consisted of at least five members as proposed by Polit and Beck (2012:537). After each focus group discussion, members would be asked to refer interested participants for face-to-face interviews.

3.5.1.1 Sampling procedure

Recruiting a sample

Since the researcher used a triangulation of two qualitative methods of individual interviews and focus group discussions, purposive sampling was used to recruit participants. Polit and Beck (2012:517) described purposive sampling as a strategy that allows researchers to select participants that most benefit the study because they are rich in data. In this study purposive sampling was used because it enabled the researcher to purposefully select participants that most benefit the study.

A sample of participants for focus groups came from three schools of which two schools are in Matsulu Township. The third school is just outside Matsulu and is composed of mainly school going adolescents who reside in Matsulu Township. Hence, the researcher recruited school girls who live in Matsulu from these schools to gather data.

The researcher visited the schools initially to arrange for the study with school management and to ask for volunteers to participate in the study.

The researcher gave the principals of the schools a letter of permission to carry out the study. This letter came from Head of Department of Research at Ehlanzeni District Department of Education. The aims of the study were briefly discussed with prospective participants and school management so that they are in picture of what was the study about.

The researcher gave out parental consent forms and information sheets to volunteers under 18 years to give their parents or guardians. The instruction was that the parents or guardians should read the information sheet first and then sign the consent forms to indicate that they agree to the study and they give permission to their child to participate in the study. The children were asked to bring the signed consent forms back to the researcher. The researcher and the school principals arranged for appointments to carry out the sessions.

Recruitment of participants was done with assistance from the school principals, teachers and learners as they already had a relationship with each other. However, the researcher insisted on the issue of voluntary participation. Their participation was voluntary, however, for those below the age of eighteen years, the researcher asked

for permission first from their parents. Only those who had the signed consent form, or had signed parental consent form and signed assent form were recruited for participation in the study.

Two focus groups came from each school. At least six learners constituted each focus group. A total of thirty eight participants participated in the study. Thirty six of them participated in focus groups which were composed of six participants each while the remaining two participants participated in face-to-face interviews. The focus groups and interviews sessions were carried out on scheduled days.

Advantages and disadvantages of focus groups

They allowed for collection of more detailed in-depth responses and provided information that would otherwise be difficult or impossible to obtain through more structured methods of collecting data.

It allowed the researcher to be flexible with regard to change of questions asked and aspects of the study design in response to information.

The spontaneity and stimulation of the group situation motivated a large number of creative responses, it created group dialogue and it was thus useful for generating new ideas.

Focus groups may be more fruitful in the early stage of the research project, or could be the primary source of data when rich textual data are required.

The study was of low cost and needed less time to complete as this study was conducted within a wide range of settings and a vast range of respondents were selected. Thus focus groups are cost effective as they take advantage of group dynamics for assessing rich data in an economical manner and less time is needed to complete the study.

Since the researcher communicated directly with the respondents some of the aspects of questions put to the participants could be easily clarified and this enabled the participants in the group to discuss their opinions and experiences in such a way that a consensus of opinions regarding research problems was reached.

Sharing of opinions by participants led to formation of new ideas amongst the different participants allowing them to reconsider their initial responses (Salkind 2012:215; Kumar 2011:128; Polonsky 2011:135).

The focus group discussion method had also its disadvantages and these were:

The discussion often inhibited the responses of participants as some were not able to express freely because they were intimidated by the presents of other participants (Salkind 2012:215). Rapport with participants was maintained by encouraging everyone to express their views freely and asking participants to keep the confidentiality of the group.

In this study, a total of six focus groups were used. At least six learners made each focus group. A total of thirty six participants made up the sample for the focus group.

To recruit a sample of participants for face-to-face interviews, the researcher asked the participants in each focus group to refer some of the adolescents to contact the researcher for possible participation. Only two participants came forward and these were interviewed to reinforce the points that were raised in focus groups.

3.5.2 Ethical issues related to sampling

Although purposeful sampling was done, the researcher respected the ethical requirement whereby the criterion of sampling was based on the willingness of learners to participate in the study and emphasis was put on the voluntary participation.

3.5.3 Inclusion and exclusion criteria

Sampling was based on the eligibility criteria of being an adolescent.

3.5.3.1 Inclusion criteria

- The participants should be going to school and able to speak English at grade eight level.
- Should be sexually active and aged 16 to 19 years because 16 years is the legal age when children can consent to have sex in South Africa. They would have an idea about sexual matters thus they will be in a better position to contribute to the study.

- The participants should be living in Matsulu Township.
- The volunteer should be an adolescent girl. The researcher chose girls because even though rape affects both genders, girls are the most affected by rape. Time constraints and cost could not allow both boys and girls to participate in one study as there is a possibility that boys and girls have different views about this topic. Thus there is need for a study paying attention to boys.

3.5.3.2 Exclusion criteria

Volunteers with the following characteristics were excluded from the study:

- Non-school going adolescents
- Adolescent boys
- Adolescents below sixteen years
- Adolescents who did not consent to participate in the study or those with parents who did not consent for their children to participate in the study.

3.6 DATA COLLECTION

The basic idea of collecting data in any research study is to gather information to address the questions being asked in the study (Polit & Beck 2012:724). In the current study, the progression of the study was closer to a circle than a straight line, because the tasks of sampling, data collection, data analysis and interpretation took place simultaneously (Polit & Beck 2012:741). The researcher continuously gathered, examined and interpreted data, making decisions about how to proceed based on what has already been discovered from the previous sessions.

3.6.1 Data collection approach and method

In this study, the researcher used a triangulation of two qualitative data collection methods which is the focus group discussion and individual face-to-face interviews. The main purpose of using face-to-face interviews in addition to focus group discussions was to confirm the themes which came out from group interviews independent of the bias that came as a result of others' opinions. The focus group and individual interview sessions were carried out on scheduled days.

A semi-structured interview guide was used which was developed by the researcher at the proposal stage of the study. This guide was approved by the Ethics Committee of the university. The researcher took detailed notes of the conversations as well as audio taped the conversations. Refer to annexure H. As note taking sometimes disrupts the researcher's attention and sometimes tend to be biased by interviewers memory and personal memory, the researcher audio-taped the conversations to ensure the interview data were the participants' actual verbatim response (Polit & Beck 2012:534).

3.6.1.1 Focus group discussion

According to Polit and Beck (2012:728), focus group discussion is an interview with a group of individuals assembled to answer questions on a given topic. According to Welman, Kruger and Mitchell (2005:201), defined focus group discussion as group in-depth interviews. These are essentially qualitative techniques for collecting information.

3.6.1.1.1 Characteristics of focus group discussion

Salkind (2012:215) and Polonsky and Waller (2011:134) suggested that focus groups involve a moderator who listens to a group of targeted participants talk about a particular subject that is of interest. In this study the researcher was the moderator.

These groups consisted of a small number of individuals, at least six individuals who were drawn together for the purpose of expressing their opinions on a specific set of questions, attitudes, or perceptions about non-reporting of rape.

The researcher directed the interaction and inquiry either in an unstructured manner taking into consideration the aim of the study.

The aim of the focus group was to gather information that could perhaps not be collected by means of individual interviews. These interviews also served to elicit responses between the members of the group (Polit & Beck 2012:537; Kumar 2011:128; Welman et al 2005:202).

3.6.1.2 Semi-structured face-to-face interviews

According to Parahoo (2014:318), semi-structured interviews can be described as verbal questioning of study participants using a combination of pre-set questions and

probes. Polit and Beck (2012:742) defined semi-structured interviews as an interview in which the researcher has a list of topics to cover rather than a specific series of questions to ask. Welman et al (2005:166) suggested that between the completely structured interviews on the one hand and the completely unstructured interview on the other hand various degrees of structure are possible. Interviews between these two extremes are usually called semi- structured interviews. In this study two participants were interviewed in one on one face-to-face interview. These two were interviewed individually because the researcher wanted to validate the information gathered from focus group discussions. The participants attended three sessions each because the researcher wanted to establish rapport and trust with participants in order to get rich and accurate information as well as to get as much information as possible from participants.

3.6.1.2.1 The characteristics of semi-structured interview

The researcher's role was somewhat structured, whereas the participants were not. The interviews had elements of qualitative and quantitative research. The numbers and types of questions were the same for all respondents, although actual wordings may varied for the purpose of making sure that participants understood the questions. A topic guide or research schedule used in focus group discussion was the one used to direct the face-to-face interviews with a list of areas or questions to be covered with each participant and these provided structure to the interview. The researcher was an interviewer and encouraged participants to talk freely about the topics on the guide. This enabled the researcher to obtain all information required and it gave participants freedom to provide as many illustrations and explanations as they wished.

This semi-structured interviews had a mixture of closed and open ended questions and this allowed the participants to express their viewpoints freely (Polit & Beck 2012:537; Welman 2005:167).

Questions should be ordered in logical sequence and the topic guide might include suggestions for probes designed to elicit more detailed information. However, as Gray (2009:373) pointed out that additional questions maybe asked, including some which were not anticipated at the start of the interview as new issues arise.

3.6.1.2.2 Advantages and disadvantage of semi-structured face-to-face interviews

Semi-structured interviews offer some flexibility in the structure, content and in interview questions. The researcher during the course of the study was able to formulate questions and raised questions in the spur of the moment depending on what occurred in the context of the discussion. This offered some freedom to the researcher and the discussion was not limited through prior categorization or by structuring interviews around the researcher's ideas and assumptions. On the other hand, semi-structured interviews offered some standardization. This improved the validity of the research results.

The interview was more appropriate for complex situations and sensitive areas as the interviewer had the opportunity to prepare the participant before asking sensitive questions and was able to explain complex ones to participants at once in person.

In the current study, interview was used because it offered a platform where questions were explained and it was less likely that a question would be misunderstood as the researcher could repeat a question or put it in a form that was understood by the participants. Furthermore, this was the most respectable method given the sensitivity of the subject (Polit & Beck 2012:265; Gray 2009:372; Welman et al 2005:197).

It was also useful for collecting of in-depth information by probing thereby providing a wealth of information. By probing, the quality of information was yielded. The interview also enabled the researcher to develop provisional answers, to think outside of the box and to become acquainted with the data. This further enhanced the quality of self-report (Corbin & Strauss 2008:69).

Information obtained from the responses could be supplemented with those gained from observation of non-verbal reactions. Interviews yielded additional data through observation such as level of understanding, degree of cooperativeness, social class to mention just a few. These were useful in interpreting responses.

The researcher knew exactly that the interviewed people are the intended respondents, however, refusal rate was high as only two participants volunteered to take part in face-to-face interviews. Interviews offered an opportunity for repeated

contact. As a result, corresponding understanding and confidence between the researcher and the participant led to in-depth and accurate information being gathered.

Disadvantages of semi-structured interviews are that: Interviews are costly, prevent anonymity, bear the risk of interviewer bias as there is risk of giving advice during the interview and interviews can inhibit interviewees to express themselves because of stage fright (Polit & Beck 2012:305). The quality of the data obtained depended on the quality of the interaction. The quality of data depended on the quality of the interviewer, however, the researcher was a novice and had no experience in interviewing. The researcher protected anonymity of participants by not using real names of participants but code names. Interviewer bias was combated by keeping in check preconceived ideas (Holloway & Wheeler 2010:53-60). Semi-structured interviews are standardized in some way which gave the researcher less flexibility (Kumar 2011:150-153).

3.6.2 Characteristics of the data collection instrument

The researcher and a semi-structured interview schedule or guides were the instruments in the collection of data in the current study. The semi-structured interview schedule was prepared in English at grade eight level of understanding. This was included in the proposal which was approved by the Ethics Committee of University of South Africa (see annexure H). The researcher was new to the field of research and with no experience. The interview schedule was used to direct the interviews and it was written at the level of the participants' academic level so that participants understood the questions asked.

Detailed notes were taken and a quality audio tape was used to record the conversations. The quality of audio tape was tested before each interview to ensure quality recording.

The researcher also used a reflexive journal to record prepositions, researcher's thoughts and other things to minimise researcher bias. The researcher asked for advice from other researchers with experience about the appropriateness of the questions in the interview schedule.

3.6.3 Data collection process

The researcher conducted focus group discussions at each school on scheduled days and times. Data collection was done in the school classes away from other learners and school staff to maintain privacy of the participants. Most sessions were done after school hours except for one school which insisted that the sessions should be done during school hours as they cannot leave the learners with a total stranger. However, no learner or school employees were allowed near the classrooms where discussions were being held to maintain privacy. Every effort was made to ensure that participants were comfortable.

During focus group sessions, participants were encouraged to sit closer to each other in a circle so that everything discussed was heard by every member of the group and to elicit a variety of viewpoints.

On the other hand, one on one face-to-face interview sessions were conducted on scheduled dates and times after completion of all focus group discussions.

The researcher spent the first few minutes establishing rapport, speaking with participants explaining the study's aims, objectives, and ethical issues during and after data collection period like factors linked to confidentiality, consent, beneficence and non-maleficence. Biographical details such as the age and academic level of the participants were recorded. Participants were allowed to ask questions about the study, if any and answers were given.

Signing of the forms was done immediately before each session started: Signing of the assent consent forms was done by children under eighteen years to get the children's affirmative agreement to participate in the study. Consent forms were signed by participants who were over eighteen years as evidence that they had adequate information about the study, they comprehend that information and they agree to participate in the study or to decline participation voluntarily.

Confidentiality binding forms were signed as an agreement between researcher and participants that any information provided by participants will not be publicly reported in a manner that identifies them. The information provided will not be accessible to others not directly linked to this study unless participants give explicit permission to do so. This was done to ensure that participants' privacy will at all times be

protected. In the same vein, participants were not allowed to divulge information discussed to anyone. (See annexures E, F and G).

Both in focus group sessions and face-to-face interviews, the interview sessions were tape-recorded using a tape recorder after asking verbally for permission from the participants. Notes were taken by hand such as non-verbal behaviour, what the participants were saying, arguments, agreements and disagreements, and what transpired during each session to mention just a few. Participants were encouraged to speak loudly and slowly on the speaker to improve recording of voices and writing of notes. A number of pre-set questions and probes were used to guide the interviews. These were recorded on the interview schedule (see annexure H).

The discussion started with less strong questions like definition of rape, their perception of the rate of rape and reporting of rape in Matsulu based on the question "in your opinion, is the rate of rape high, moderate or low? Why do you say so? The main question was, "Children of your age are being raped but they do not report rape to authorities. In your opinion, what are the possible reasons for not reporting rape to authorities by adolescents?" Probing questions were directed to the participants according to their responses such as the what, why, really to mention just a few (Polit & Beck 2012:62). This allowed for the expression of a full range of beliefs, feelings and behaviours. Thus the researcher prompted the participants to talk more about non-reporting of rape. This approach also allowed the researcher to extract relevant information according to the viewpoints of the participants. As proposed in Polit and Beck (2012:19), that humans are complex beings who have the ability to shape their own experiences through a composite of realities.

However, it is noteworthy that at times, the interviews did not necessarily follow the sequence as they appeared on the interview schedule as each point was the start of another particular discussion related to the study and some questions were already answered during the session.

The researcher listened intently to the participants' stories so that appropriate follow up questions would be developed. On the other hand, the researcher created an atmosphere of concern and caring and was prepared to manage potential crisis such as emotions, anger and fear by offering the participants with information where they could get further management. Fortunately, no one broke down during participation.

Notes were taken during the interview to ensure the highest possible reliability of data and to prevent total information loss.

Each interview session and focus group discussion was terminated when the participants were no longer coming up with new answers. The researcher rounded each session with repeating the themes that came up in the session and asked participants to verify and if they agreed with them. They were encouraged to add other themes if any. Rapport was maintained

Finally the researcher would thank the participants for their participation. The researcher would also request the participants to refer other interested adolescent girls to come forward and participate in the face-to-face individual interviews. Possibility for follow up was indicated and participants had no problems with this. Refreshments were served thereafter and meetings were closed.

Each face-to-face interview session lasted about fifteen minutes to half an hour and each focus group sessions lasted about one hour to ninety minutes. This depended with the situation, since the participants' construction of their perceptions about reporting of rape could take time to emerge. Eventually the information would come out after a length and depth dialogues (Parahoo 2014:318; Kumar 2011:162).

The researcher carried out all focus groups in the same manner although each focus group discussion's themes were refined as the process of data collection continued. A total of six focus groups sessions were carried out in the study.

Face-to-face interviews were contacted after all focus group discussions were done. This was done to validate what was said in the focus group discussions. Only two participants turned up for individual face-to-face interview sessions. Three sessions per participant was carried out because the researcher had to do some follow up questions on previous discussions, at the same time participants opened up with each interview session because of the established rapport. Hence rich data was collected.

3.6.4 Ethical considerations related to data collection

Research ethics need to be observed whenever humans are used as study participants to ensure that their rights are protected thus to ensure that their physical

and mental integrity is protected (Polit & Beck 2012:150). Ethics is concerned with respecting research participants throughout the research project by using agreed standards. In this study, ethical considerations were guided by the Code of Ethics of the University and the Department of Education policies regarding research. The main aspects of ethics observed during data collection were study permissions, informed consent, honesty, privacy, and respect for the rights of individuals, confidentiality and anonymity, beneficence and competence.

3.6.4.1 Study permissions

Permission to conduct the study was granted by the Ethics Committee of the University of South Africa (see annexure A).

Gaining access to the schools setting and being accepted was a slow process but practical. The researcher gained access to the schools in and around Matsulu through the Department of Education at Ehlanzeni District. This was achieved by first applying for approval and submitting the study's proposal to the head of department of Research Unit (see annexure B).

The Head of Department and Director went through the proposal to ascertain if the study's findings would help learners in stopping sexual abuse and it took quite some time to be approved. A letter of approval was granted later on (see annexure C). The researcher was given permission to carry out the study with school going adolescents.

After approval from the Director, the consent letter from the District was presented to the circuit manager and school principals where the study was to be carried out who gave their verbal consent and kept a copy of a letter from the District.

Parental consent forms, consent forms and assent were signed by parents or guardians and learners above the age of eighteen and learners below the age of eighteen respectively (see annexures D, E, F and G). Most of the sessions were carried out after school hours as per the department's policy. However, one school principal insisted that it should be done during school hours when school management was still on duty citing that they could not leave the learners with a stranger.

3.6.4.2 Informed consent

In the current study, some of the participants were 18 years or older were treated as autonomous agents, capable of controlling their actions. In South Africa the age of majority is 18 years where a person will be treated as an individual capable to make his/her own decisions. Hence, prospective participants were allowed to voluntarily decide whether to participate or not in the study without prejudicial treatment.

This means that participants had the right to make informed, voluntary decisions about participation in the study after full disclosure. For instance, information about: participants being allowed to ask questions; being allowed to refuse to give information if they wish during the study and being able to withdraw from the study without penalty and no that one was coerced to participate in the study. Hence, the aims and purposes of the study were written and verbally explained in detail. All volunteers were asked to sign an informed consent immediately before the interview (see annexure E).

For those under 18 years, the researcher first asked parents' or legal guardian's consent for their child to participate in the study before accepting the minor. These children were given parental information sheets and consent forms at schools for parents to read and sign if they agreed to the study and consent that their child can participate in the study. Those who returned the signed parental consent forms were recruited. The researcher could not allow the minor to participate even if they volunteered at first if they did not bring parental signed copy. Assent consent form was signed by the minors after disclosure of the aim, purpose of the study, risks and benefits of the study. This was achieved by asking the child to read or the researcher to read together with the child information sheet attached to the consent form, allowed them to ask questions and they were answered until they were satisfied (see annexure F).

3.6.4.3 Confidentiality and privacy

Because of the sensitivity of the issue of rape, the participants were assured of confidentiality. This was achieved through storage of audiotapes in a locked safe place so that no one except for the researcher and supervisor had access to these materials. The documents and data sources used were kept in a locked cupboard and no one except the researcher and supervisor had access to them. All

participants were referred to by code names in all correspondence. On the other hand, participants were asked to respect the confidentiality of the study so that no information discussed would be divulged to any person other than the team. All participants were asked to sign the confidentiality binding form (annexure G). On the other hand intrusion on the personal space was minimised by ensuring that the study was not more than intrusive than it should be and that the participants' privacy was maintained continuously.

3.6.4.4 Non-maleficence and equity

Before conducting the study, appropriate review of the study design was done at UNISA with appropriate review and approval done by the Research Ethics Committee at the Department of Education, Ehlanzeni District, Mpumalanga Province. Participants did not encounter any risk. However, due to the sensitivity of the topic of rape, the researcher had already made arrangements with the nearby clinic for further management if the need arose.

Fair treatment of participants was ensured. Participation in the study was purely based on the requirements of the study not the vulnerability of participants. No-one was exploited. No discrimination was allowed in the study, everyone was treated the same despite withdrawal from study or after declining to supply certain information.

3.6.4.5 Beneficence

No one benefited in terms of payment but they were assured that their participation will benefit everyone as this study comes with ideas shared by adolescents themselves on reasons for not reporting rape. As a result proper strategies would be devised to combat rape.

3.6.4.6 Competence

The researcher embarked on research without any experience in research. Further assistance was sought from the supervisor who gave some guidance. This was done to prevent harming the participants unintentionally, abusing the subjects' good will and avoiding wasting time and resources.

3.6.4.7 Literature review

A thorough review of literature was done.

3.6.4.8 Plagiarism

The use of others' data without due acknowledgement and permission where appropriate is unethical, in flow of this the researcher acknowledged all the information got from others' data by referencing in the text and including it in the bibliography.

3.6.4.9 Falsification of the results

Misleading reporting and falsification of results is unethical, hence the researcher collected the data and reported only that which came up from the investigation.

3.7 TRUSTWORTHINESS OF THE STUDY

This it is the degree of confidence that qualitative researchers have in their data which is assessed through the criteria of credibility, transferability, dependability, conformability, and authenticity (Polit & Beck 2012:745).

3.7.1 Credibility of the study

This refers to confidence in truth of the data and the interpretation of it. Confidence should be in the truth of the findings for the particular participants and the context in the research.

In line with the above statement in this study, credibility in data collection was maintained by: having reflexive journal where views, presuppositions and perspectives about reporting rape were documented. The researcher accepted the fact that as a human being a person is fallible to mistakes and pre-conceived beliefs. This was managed during the process of collection of data by bracketing. This is whereby the researcher identified and held in abeyance preconceived beliefs and opinions about the phenomena under study. The researcher strived to bracket out the world and presupposition in an effort to confront the data captured in pure form. Bracketing was done continuously and simultaneously by preparing, evaluating and providing systematic ongoing feedback about its effectiveness.

Prolonged engagement was maintained whereby sufficient time in collecting data was allowed. This gave the researcher time to have an in-depth understanding of the participants under study, to test for misinformation and distortion and to build a trusting relationship with participants. Rapport was established and maintained

throughout the study. Comprehensive field notes that were rich with what transpired during the interviews, like descriptions of the participants' demeanour and behaviour during interactions were written down and they were later incorporated into the transcripts of the specific sessions.

Verbatim transcriptions of audio-taped interview sessions were done by the researcher immediately after each session by listening to the audio tape several times until everything in the audio was written down. Transcription of interviews was done with rigor. Check-ups of the transcripts were done to check for accuracy. The original audio tapes are kept in the computer with password. Member checking was done at the end of each session, whereby the researcher provided feedback to participants about the emerging interpretations and participants' reactions to this feedback was appreciated.

Credibility in data analysis and presentation of findings was maintained by: peer review, mainly by the feedback from supervisor of the researcher. Documentation of quality enhancement efforts that were undertaken in the study was written in the text. Thick vivid description of the research context, participants of the study, experiences and processes observed was provided truthfully. Disclosure of researcher credentials, background on the title page of this document, and documents of reflexivity was attached in the list of annexure (see annexure I).

3.7.2 Dependability of the study

Dependability is the stability or reliability of data over time; this means that the findings of the research could be repeated if replicated with the same participants in the same context (Polit & Beck 2012:585).

In the current study, this was achieved by documentation of everything that happened during study as well as maintaining a decision trail. A triangulation of focus group discussion and face-to-face interviews was used to collect data. Detailed note taking and audio taping was done. Audio tapes were transcribed and cross checked with information captures on field notes.

3.7.3 Confirmability

Confirmability refers to objectivity which means the potential for congruence between two or more independent people about the data's accuracy, relevance and meaning.

It strives to establish that the data represent the information participants provided and the interpretations of those data are not invented by the inquirer (Polit & Beck 2012:723).

This was ensured by careful documentation of the research process and a decision trail will be kept for one year before destroying it and this may be presented as evidence per rising need. Member checking was done by confirming with participants if the conversations that were captured were what they wanted to report and to check if the tape recorder actually captured the conversation. Debriefing was done by sending the draft copies to the supervisor for comments and inquiry audit may be done by the supervisor.

3.7.4 Transferability

Transferability refers to the extent to which findings can be transferred to or have applicability in other settings (Polit & Beck 2012:745). This was ensured by doing a comprehensive data collection. This was achieved through taking comprehensive field notes in addition to audio tapping; ensuring that data saturation was reached; maintenance of a code book and doing inter-coder checks, and quality enhancement efforts was documented throughout the study. Tape recorded information was listened to and checked for audibility and completeness soon after the interview was over by the researcher.

3.7.5 Authenticity

This refers to the extent to which researchers fairly and faithfully show a range of realities (Polit & Beck 2012:720). This was ensured by writing reflections in the reflexive journal throughout the study. During data collection, the researcher engaged with participants for at least one hour per session. The researcher continuously observed for any systematic similarities and differences in data noted per each session with each participant and focus group. Audio taping and verbatim transcription was done after each session. Coding was done with each transcript and a codebook was maintained. When presenting data in the report, a thick vivid description was maintained. The writing was evocative and impactful.

3.8 DATA ANALYSIS

According to Polit and Beck (2012:725), data analysis is the systematic organisation and synthesis of research data and in quantitative studies; it is the testing of hypothesis using those data. According to Morse and Field cited in Polit and Beck (2012:557), qualitative data analysis is a process of fitting data together, of making the invisible obvious, and of linking and attributing consequences to antecedents. It is the process of conjecture and verification, of correction and modification of suggestion and defence.

In this study, data collection and data analysis occurred simultaneously. This means that the researcher analysed the data soon after each session of interview and focus group and came up with themes and these themes were redefined as collection of data continued until when data saturation was reached (Polit & Beck 2012:15). This allowed the researcher not to miss many valuable opportunities that could be gathered only at the same time as data was collected. At the same time, ongoing analysis allowed for simultaneous data collection and analysis which builds on the strength of qualitative methods as an inductive method for building theory and interpretations from the perspective of the people being studied. Analysis was shaped by participants in a fundamental way than if analysis was left until data collection was finished (Gray 2009:499).

In the current study, the researcher used content analysis to analyse the data gathered. According to Bordens and Abbott (2014:243), Gray (2009:500) and Silverman (2011:64), content analysis is the process of organizing and integrating narrative, qualitative information according to emerging themes and concepts such as pauses in a speech, items such as negative comments, or behaviour such as factual information offered during group discussion. Thus classically, content analysis is a procedure for analysing written or verbal communication in a systematic and objective way.

It is defined as quantitative analysis of qualitative data. The basic technique involves counting the frequencies and sequencing of particular words, phrases or concepts in order to identify keywords or themes (Welman 2005:220). Content analysis was done in three stages which are preparation phase, organising phase and reporting phase.

3.8.1 Preparation phase

Tape recordings were transcribed to text before being processed. Transcription was done by listening to the tape recording of the interviews and focus group discussion sessions and the researcher typed what was said into word processing file. The researcher checked for accuracy of the transcribed data by continuously listening to the taped interviews and focus group discussion sessions. In order to analyse the raw notes, the researcher processed the notes by converting them into write ups which are intelligible products that can be read, edited for accuracy, commented on and analysed. These were added into the transcription of the specific session during cross check. However, original data was kept in the computer protected with password.

3.8.2 Organisation

After cross checking the transcribed data and adding in write ups of non-verbal behaviour, the researcher began to organise the data into code followed by creation of categories. Coding involved a process whereby certain segments of the text were attached to certain meaningful key labels or codes. This was achieved by reading transcripts not once but several times, making comments and headings on the transcripts while reading. The researcher strived to make sense of the data and to learn what was going on.

The researcher identified themes by writing headings about particular words, phrases or concepts in order to identify key words or categories that indicated the reasons for non-reporting of rape by school going adolescents in Matsulu Township. It is noteworthy that new codes were formulated as the themes continued to emerge during the process of re-reading the scripts and reviewing the notes from the interviews. Each theme was assigned a code which was written on the margin and as many themes as necessary were written down in the text about the reasons for non-reporting of rape. These themes were transferred from the margins into on to the coding sheets and categories were freely generated at this stage.

3.8.3 Abstraction

This means formulating a general description of the research topic through generating categories. A list of categories was grouped into subcategories by making

comparisons and contrasting of answers given by members of different groups within the focus group and during interviews. This comparison was done to compare sections of the text and tried to identify the reasons why chunks of text differed from each other or the same. This was done by collapsing those that were similar or dissimilar. Statistical analysis of the obtained data was done by calculating the frequencies or percentages in order of appearances of the themes.

3.9 CONCLUSION

In this chapter, the research design, research methodology, and the research instruments have been discussed. The chapter also described the data collection methods and outlined the sampling procedure followed during the selection of a sample for the study. The process of how the study was conducted was outlined such as gaining access through the gatekeepers, recruitment of participants. And ethical considerations applied in this phase of the study and the actual data collection process. Analysis of the collected data was also done in this chapter.

The rational for using qualitative data collection was that it was flexible, and it was the best suit to answer the research problem. Next will be chapter 4 which explains the data analysis, presentation and the description of the research findings.

CHAPTER 4

RESEARCH RESULTS AND DISCUSSION

4.1 INTRODUCTION

The methodology used to gather information was outlined in the previous chapter, while the literature review in chapter 2 provided the background to this report. The purpose of this chapter was to present and interpret qualitative data which was collected by means of individual face-to-face interviews and focus group discussions. In this chapter, data management and analysis will be discussed together with the themes that emerged from the participants interviews. This study analysed the data using content analysis, presentation of the research results was done quantitatively as depicted in tables below. A total of six focus group discussions were done. In addition, two participants were interviewed in three sessions each face-to-face. This was done to confirm what came out from the focus group discussions.

4.2 RESEARCH RESULTS

The study focused mainly on the factors contributing to non-reporting of rape by school going adolescent girls aged 16-19 years attending grade nine to twelve as depicted in table 4.1 and table 4.2 below. The average age of participants was seventeen years.

4.2.1 Age distribution of participants

Table 4.1 Age distribution of adolescents' girls who participated in the study

Age in years	Frequency	Percentage
16	9	23.68
17	11	28.95
18	9	23.68
19	9	23.68
Total	38	100.00

4.2.2 Level of education

Table 4.2 Level of education of participants

Grade	Frequency	Percentage
9	4	10.53
10	11	28.95
11	11	28.95
12	12	31.58
Total	38	100.00

4.3 THEMES

Based on the responses by the participants the researcher identified four themes. These were structural, psychological, socio-cultural and economic factors. Definition of each theme was given. These are depicted in the table 4.3 below. These themes were categorised and subcategorised as depicted in table 4.3.1

Table 4.3 Coding list of themes on the factors contributing to non-reporting of rape

Code	Themes	Definition
SCF	Social-cultural factors	Socio-cultural factors that contribute to non-reporting of rape. These are customs, lifestyles and values that characterise a society
ECF	Economic factors	These are the factors of non-reporting of rape related to individual characteristics or groups within societies based on how much a person earns.
PSF	Psychological factors	These are factors contributing to non-reporting of rape related to thoughts, feelings and other cognitive characteristics that affect

Code	Themes	Definition
		the attitude, behaviour and functions of human mind. These factors affect how a person thinks and later affect decisions and relations in daily life
STF	Structural factors	These are factors that may be related to policy, organisational or other aspects of the environment

The themes were further categorised into subcategories as indicated in Table 4.3.1 below

Table 4.3.1 Summary of the themes, categories and subcategories

Themes	Categories	Sub-categories
THEME 1 Structural factors contributing to non-reporting of rape	Lack of confidence in Criminal Justice System	<ul style="list-style-type: none"> • Laws do not protect victims but the rapist • Rapists do not feel the heat, the punishment is not enough • Poor reporting system in place
	Disappointments with the South African Police Service	<ul style="list-style-type: none"> • Some policemen are corrupt • Adolescent rape cases are not treated seriously by police • The incident takes time to be investigated • No feedback from police on progress of the investigation • Lack of trust on police as some are rapists themselves • Clinics, hospitals and police stations are too public • Lack of confidence with authorities to keep a secret
	Concerns about the confidentiality and privacy of reporting	<ul style="list-style-type: none"> • Concerns over privacy after disclosing the incident to the legal guardian • It is difficult to trust a stranger

Themes	Categories	Sub-categories
		<p>with such information</p> <ul style="list-style-type: none"> • Parents should not know, by reporting I am forced to tell them
	Lack of care centres and awareness	<ul style="list-style-type: none"> • Rape care centres are scarce • Not aware of the rape care centre in the area
	Poor service delivery at points of entry	<ul style="list-style-type: none"> • Long waiting hours • Moody staff • Judgements passed by staff • Lack of privacy
THEME 2 Psychological factors	Fear of the perpetrator	<ul style="list-style-type: none"> • Scared of the perpetrator • Blackmailed by perpetrator • Fear of re-victimisation after reporting
	Ashamed of self	<ul style="list-style-type: none"> • I lost my pride (virginity) • Rape itself is shameful
	Feeling guilty and blaming of self	<ul style="list-style-type: none"> • How do explain it • I brought this on my self • I broke the house rules • Parents will get hurt and take the law into their own hand
	Fear of stigmatisation. Cannot face humiliation and trauma that comes after reporting	<ul style="list-style-type: none"> • Laughing stock • I will be the topic of gossip
	Non-acknowledgement of rape	<ul style="list-style-type: none"> • Deceived and not understanding the meaning of rape • Immaturity of the victim • Drug or alcohol incapacitation of the mind to remember the incident
THEME 3 Socio-cultural factors	What will people say? Power inequality and cultural expectations	<ul style="list-style-type: none"> • Judgements based on: Family socio-cultural values church doctrine, rape myths and misconceptions and community socio-cultural values
	Peer pressure	<ul style="list-style-type: none"> • Some of my friends passed

Themes	Categories	Sub-categories
		<p>through this and they did not report</p> <ul style="list-style-type: none"> • My friends laugh at me, they will blame me • I want material things like my friends so I cannot report
	Rather tell someone close or trustworthy instead of a total stranger	<ul style="list-style-type: none"> • Comfort found in social networks • Sharing the incident with a close and trusted person
	Fear of disclosing to parents and lack of support from parents after disclosing	<ul style="list-style-type: none"> • Fear of not believed by parents and fear of punishment • Parents maybe also afraid of the perpetrator, or neighbours or community reaction after reporting • Protection of the victim by parents or guardians • Lack of support from parents to report the incident
THEME 4 Economic factors	Protecting family breadwinners	<ul style="list-style-type: none"> • Fear of loss of breadwinner to jail
	Fear of losing income and luxuries	<ul style="list-style-type: none"> • Protecting provider of economic support outside family • Loss of income and support after reporting
	Some rapists have power and money to influence the justice system	<ul style="list-style-type: none"> • Some rapists get freedom by bribing authorities in the justice system • Victims cannot afford lawyers while the rapist can

Table 4.4 Overall factors contributing to non-reporting of rape by adolescents

Themes of non-reporting of rape	Frequency	Percentage
Socio-cultural factors	147	24.1
Structural factors	197	32.67
Psychological factors	181	29.67
Economic factors	85	13.93
Total responses	610	100.00

The researcher counted the number of times the theme was mentioned during the discussions. The theme which shows the highest score on factors that contribute to non-reporting of rape by school going adolescents is structural factors.

Most of the participants indicated that they do not go to authorities because of structural causes which accounted for 32.67% of the four themes. In summary, all factors make a contribution of reasons of non-reporting of rape with structural factors contributing the highest score of 32.67%, followed by psychological factors with 29.67%. socio-cultural factors contribute to 24.1% while economic factors contribute the least with 13.93%. See Figure 4.3.

4.3.1 Structural factors

Table 4.5 Structural factors contributing to non-reporting of rape

Category	Frequency	Percentage
Lack of confidence in the Criminal Justice of South Africa	71	36.04
Concerns about the confidentiality and privacy after reporting	58	29.44
Disappointment with South African Police service	39	19.80
Lack of Rape Care Centres, awareness and access	29	14.72
Poor services at points of entry	29	14.72
Total	197	100.00

The main categories which came out of this theme in order of importance were lack of confidence in the Criminal justice System with 36.4%, concerns about confidentiality and privacy after reporting, disappointment with the South African Police conduct accounted for 19.80% and lastly the services offered at clinics and lack of rape care centres together contributed to 29.44%.

4.3.2 Psychological factors related to non-reporting of rape by adolescents

Factors related to psychological reasons of non-reporting of rape ranked the second highest with a frequency of 29.67%. In this category, actors related to being scared of the perpetrator scored the highest followed by fear of telling parents with 15, 6 %. Not accepting that rape has happened because of immaturity, denial or incapacitation of the brain due to alcohol or drugs was high contributing to 24.31% of the reasons for non-reporting of rape. Some adolescents indicated that they do not have the courage to face humiliation after rape with 20.44%. Feeling ashamed,

blaming of self and feeling guilty contributed to 20.44% of the factors leading to non-reporting of rape. Refer to table 4.6.

Table 4.6 Psychological factors contributing to non-reporting of rape by adolescents

Theme	Frequency	Percentage
Fear of the perpetrator	63	34.81
No courage to face humiliation and trauma that comes with reporting, fear of stigmatisation	37	20.44
Not accepting that rape has happened	44	24.31
Ashamed	19	10.5
Blaming of self	13	7.18
Feeling guilty	5	2.76
Total	181	100.00

4.3.3 Socio- cultural factors

Table 4.7 Socio-cultural factors contributing to non-reporting of rape

Theme	Frequency	Percentage
Stigmatisation, power inequity and cultural expectations	69	47
Peer pressure	14	9.5
Not supported by parents or guardians	27	18.4
Afraid to disclose to parents	23	15.6
Sharing the incident with trusted and close person Normalisation of rape	14	9.5
Total	147	100.0

Table 4.7 above shows socio-cultural factors as contributors to non-reporting of rape. These factors contribute 24.1% of the reasons for non-reporting of rape in adolescents. Adolescents were most concerned with stigmatisation that follows after rape (47%). These people include family, friends, and society at large.

Peer pressure contributed to 9.5% while lack of support from parents to report the perpetrator contributed to 18.4% and fear to tell parents as gatekeepers to reporting contributed to 15%. Adolescents choose to confide in someone close and trustworthy (9.5%) until they are ready to report, that is if they choose to report.

4.3.4 Economic factors

Table 4.8 Economic factors contributing to non-reporting of rape

Theme	Frequency	Percentage
Protecting the breadwinners of family	23	27.06
Loss of income and luxuries	35	41.76
The rapist has money and power to influence the justice system	27	31.76
Total	85	100.00

Economic factors contributed to the least causes of non-reporting of rape by school going adolescents, contributing to 13.93% of the overall causes. Fear to lose a breadwinner who buys food, clothing, provide income to the family contributed 27.06% of non-reporting of rape while fear of loss of someone who provide financial support outside of the family contributed to 41.76% of reasons for non-reporting of rape by adolescents. Another factor of rapists having money and power over adolescence contributed to 31.76% of reasons for non-reporting of rape.

4.4 DISCUSSION OF RESULTS

The results of the study revealed that there are several reasons for not reporting rape by school girl adolescents and these were grouped into structural, psychological, socio-cultural and economic causes. These were further grouped into

categories and sub-categories. These factors are intertwined and will be discussed below:

4.4.1 Structural factors

In the study, the findings suggested that structural factors have the biggest portion of reasons for non-reporting of rape by school going girl adolescents. The first category was lack of confidence in the Criminal Justice System. Most participants, 36.04 % felt that the criminal justice system is failing rape victims by not delivering the justice they need which is fair and protect the victim. The research findings indicated that adolescents know that they should report rape but they choose not to. This is because they feel that the whole Criminal Justice System is not favourable to victims. Subcategories linked to the criminal justices system are that the law does not protect the victim instead it protects the rapist; the rapists are not given enough penalties for them to stop raping. The reporting system is poor, disintegrated and not delivering the results they expect and that rapists do not feel the heat compared to what the victim experienced.

The adolescents had concerns over the confidentiality and privacy of reporting, some were disappointed by the police service and poor service delivery at clinics and hospitals as well as lack of rape care centres and access of them. These will be discussed below:

4.4.1.1 Laws do not protect the victims but the rapist

From the study's findings, adolescents are disappointed that even if they report the rapist does not stay long in the jail, some do not even receive trial. Those who are caught they are released with bail and the victim will have to face the perpetrator again every day. The victims have to live with the trauma for a long time while the rapist just spends a few years in jail or not jailed at all. Adolescents feel that the rapist does not feel the heat inside of jail and even outside.

Focus group 5 participant *"ok sometimes if I decide to go and report, ok they arrest him. After two years they will come out of prison. They will discharge him"*.

Discussion

Many victims avoid reporting rape because they know of some the reported rape cases which did not end up in conviction. For those in which there was conviction, conviction appeals in sexual matters is very high (Mills 2009:23). Hence people want to avoid the judicial system because of lack of trust in getting the justice they deserve.

The rapists should be given enough punishment instead of just serving a few years. The adolescents expect rapists to remain behind the bars for longest time (Stoltenborgh et al 2011:79; Skinner 2009:130; Robinson & Hudson 2011:515; Smith et al 2010:265).

4.4.1.2 Poor reporting system

The system of reporting rape involves being provided with different post rape services which is intimidating to the victims. As a result they choose not to report the case of rape to the authorities.

Focus group 3 *"I want to report the case but I have to go through a lot of processes. I just want to report and go home without anyone noticing me".*

The current study suggested that most of those adolescents below the age of eighteen fail to report to police even if they want to. This is because the minor is expected to bring a parent or guardian to make a report but they do not want the parents or guardians to know about the incident of rape for different reasons. Hence they resolve to keep quite.

Focus group 3 *"Sometimes you are not allowed to open a case when you didn't reach the age of eighteen. I was kidnapped before; I went to the police to open a case. They said I should bring my parents and I was scared to tell my parents...."*

The findings also indicated that it is not easy to go and report there and then or within a period of three days after rape to the health centre or rape care centre. By the time the victim decides to seek help and report the evidence will be gone and the case will be weak to win the case in court.

Focus group 3 participant *“Myself I tell my sister. For me to tell my parents it will take years. I am scared of them. If in any situation if I was raped I don’t want to tell my parents or family or relatives. You are going to think about the fact that even if I have to go to the police, I don’t want to tell my parents”*.

Adolescents fear that some of the evidence is lost through the process from police, forensic unit, and hospital/clinic to the courts and the case will be dismissed after the victim invested so much energy. So they would rather not report to avoid secondary trauma.

“Even if I go to the police, they take a statement. They would take some time to investigate, maybe it will take longer for them to investigate, or they will just write the statement to satisfy you. After that they leave the statement there”. Focus group 6.

Discussion

According to Smith et al (2010:264), family are at the focal point to lead in the prosecuting of the perpetrator which may put them in a social or physical jeopardy within their large community.

The Criminal justice system should be the cornerstone of reporting rape. According to a study in Robinson and Hudson (2011:516), rape care centres were introduced and some expanded to provide immediate short and long term support to victims of sexual violence which promoted partnerships. Thus multi-agency partnership and collaborative efforts with respect to improving the criminal justice system performance is required.

For example partnership with police, health services and other statutory body and voluntary agencies in order to provide better support and care to victims. This in turn will improve confidence in the victim to participate in the criminal Justice system.

However, despite this vision of multi-agency partnership, this study’s findings showed that adolescents still feel that the criminal justice system is failing to meet the needs of rape victims hence some people choose not to report as it is a waste of time and intimidating at the same time. According to Adudans et al (2011:95), the justice system is intimidating.

According to a study carried out in England on young sexual assaults, victims have limited choice at each stage of the criminal justice system hence they feel unprotected (Skinner 2009:130).

The assumption that the rapist will not be arrested on available evidence concurs with a study (Mills 2009:23). Adolescents feel that the part of evidence coming from the victim alone can be difficult for the victim. There should be other platforms to make the case stronger

4.4.1.3 Concerns about the privacy and confidentiality of the reporting process

This category ranked high with 29.44% as a contributor to non-reporting of rape by adolescents. Adolescent girls were concerned with the structures where reporting is done, people handling the case like police, nurses and other experts up to the family level if their privacy and confidentiality could be protected and maintained of which they said it was unlikely.

“It is supposed to be a secret. Teenagers think that if this happens to me I gonna keep it to myself. I will gonna not tell anyone. I don’t want to be a laughing stock. I don’t want to be everybody’s topic”.

The findings showed that Forensic unit where victims could get help is only one in Matsulu and it is situated at a public health institution. Then some participants indicated that they cannot go there as the place is too public where everyone in the community goes for health care. Thus there is concern over the privacy of reporting rape for example, if seen by community members being accompanied by the police. 29.44% felt like that. For example, they would meet a person or a worker they know there. So they would rather not report to save themselves being a topic of gossip.

Another finding was issue of concern about letting parents know about the incident of rape. Some adolescents do not want their parents to know for different reasons hence by telling parents the privacy of the victim is jeopardised. They would rather keep quite than to expose themselves to the family and “the whole world”.

Focus group 6 *“The family will tell family friends and they are not always supportive. Besides that, her mom will tell my mom, obviously my mom will tell me “do you know that M..... was raped? That’s how these things spread you know”.*

Focus group 5 *“Ok there is this thing some of us we do not have a bond with our parents so it won’t be easy. Where will I start? Ok may I say mum I was raped. You ask yourself many questions. What is gonna my mom say.....What am I going to do? Ok if you have a bond with your mom it will be easy for you to speak. Maybe if you have someone you trust a lot, maybe you can tell her. Maybe it won’t be difficult; it will be a bit easy for you to talk”*

As adolescents some have a belief that lack of trust is a major factor that contributes to non-reporting of rape. Trusting someone with a secret means confidence in that person to keep the secret as they want it to remain a secret forever. As another participant in the Group 1 said

....”ah even me mam [madam], I wouldn’t [I would not report] nah [no]. You know people talk a lot. Everyone is going to tell whoever and that whoever will tell whoever. And the whole world will know. Your family will know and the family tells whoever. It is supposed to be a secret”.

Discussion

Confidential reporting options available are thought to address the fear that many victims have of perpetrator retaliations and fear of stigmatisation. In some parts of the country there are services of anonymous reporting. However, according to the current study adolescents still question the confidentiality and privacy of reporting. This concurred with a study by Smith et al (2010:262).

4.4.1.4 Disappointment with the police service

The findings of the current study were that 19,8% of the responses were that adolescents were disappointed with the South African Police Service to handle the cases reported by adolescents. This was partly attributed to corruption in the service as police accept bribes to make the docket disappear or the victim being judged or not believed of the claim.

Focus group 3 *“Like most of the time I will say I will go to the police... at my age ummm they gonna say you didn't get raped or like they say we agreed [to have sex], you are old enough to say no. they will take advantage of my age and they will like say no no no you can't be raped by your boyfriend, you agreed. That can't be possible. So I can't tell anyone”.*

Most cases take long to be investigated, that is if investigated all.

Focus group 1 *“Even if I go to the police they take a statement. They would take some time to investigate”.*

Some felt that police officers are also perpetrators of rape, how could they go and report to someone who also commits the same crime?

Focus group 1 *“Discouragement caused by police because they do not follow the policies of being a police. You will find that you are raped by a police and you will wonder how you can be raped by a person who is supposed to arrest those who commit the same action that he is doing.”*

Adolescents felt that reporting to police it is a waste of time because most of the time they do not take adolescents' claims seriously and they do not catch the perpetrator, and some police are rude to rape victims they laugh at victims or attach stereotypical values for the cause of rape.

In Focus group discussion 1 *“Police undermine people a lot. If I go and tell them..... If I have the guts..... They will say no he is your boyfriend. Meaning how can you be raped by your boyfriend. You guys you agreed. Your case will not get anywhere. The case will not be taken seriously. It's a waste of time”.*

Adolescents felt that there is lack of feedback from the police about the progress of the investigation in most cases they saw. Hence they do not feel the motivation to report in case of a rape incident.

Discussion

This current study is in agreement with studies in Oshiname et al (2013:143), Vopni (2006:107), and Adudans et al (2011:95) that in most rape cases charges are not laid, some victims face scrutiny by the police who are rude, cold and insensitive. This

perception of the police in general partly may lead adolescents not to report a case of rape

4.4.1.5 Lack of rape care centres, awareness and access

In the study, 14.72% felt that the rape care centres are just few around the country and in Matsulu some are not aware of them. There was agreement that rape care centres provided by private organisations may afford them their privacy, however, they are not available in Matsulu. However, there are specialised rape centres which are very far from Matsulu Township. Some participants indicated that they are not aware of them.

“Maybe if it was a rape care centre we would go there. At clinics and police stations it is too public we will meet people there or staff who work there”.

Discussion

The problem of capacity and accessibility as well as awareness of certain programmes and centres which provide this service delivery is a problem in South Africa. Most people in different countries are unaware of community resources at their disposal (Robinson & Hudson 2013:515). However, the government encouraged expansion and introduction of rape care centres to provide support and multi-sectoral approach to improve the justice system.

In Matsulu, post rape care services are run by nurses together with police services at a primary health care centre where there is a forensic unit. This finding concur with past studies which suggested that familiarity and proximity with resources such as rape care centres influence a person’s decision to report (Smith et al 2010:264; Robinson & Hudson 2011:515; Stolterborgh et al 2011:79)

4.4.1.6 Poor service delivery

In the study, 14.72% of adolescents expressed concerns about the services rendered at community health centre, hospitals and police as unsatisfactory.

Focus group 2 *“I once visited a certain clinic for treatment but had to stay at the clinic for more than four hours without being consulted.”*

“Police are judgemental. They do not take us seriously.”

Discussion

The need to enter the reporting process through the clinic proves daunting for many. The clinics are short staffed. Some professionals are also hostile to patients. This discourages adolescents to go and report when the incident of rape occurs.

Specifically those who want to enter through police and clinics feel that services are fragmented and this delays treatment and there is segregation whereby multi-disciplinary teams do not readily interact. There are few resources to make this a reality, thus there are difficulties in implementing comprehensive treatment programmes of rape victims. According to previous studies in different countries showed that those who indicated that they were previously treated unprofessionally by nurses were unlikely to go for reporting of rape (Stoltenborgh et al 2011:79; Robinson & Hudson 2011:515; Smith et al 2010:264).

However, according to a study in Smith et al (2010:264) and Robinson and Hudson (2011:515), there are difficulties in implementing comprehensive treatment programs specifically capacity building and capacity planning in all areas of service delivery in South Africa.

4.4.2 Socio cultural factors

It is evident from the study findings that adolescent girls' desire to report rape is shaped socially, by the people around them and certain cultural values ,customs and beliefs (Stoltenborgh et al 2011:79). Most participants 47% indicated that they will be scared to report rape to authorities because people talk a lot if they happen to know that a person was raped. The main question which popped up was "What will people say?" Most adolescents are afraid of the stigma attached to rape.

4.4.2.1 Stigmatisation

Stigmatisation which follows after the person is raped contributes to non-reporting of rape by adolescents. There is a belief that by reporting a case of rape, somehow this will be out because people do not keep secrets. Adolescents do not want to face disgrace. So it is better to keep quiet.

Focus group 4 *"When you get raped people judge you a lot. Like the dress code, it is probably how you attracted men. It is probably how you treat yourself and all those*

things. So you become scared you know. Ok what if I am also in the wrong. What if I contributed to my rape? You ask yourself all those things, that's why you don't go and report".

"People will be talking in the society; it's her fault because of her dress code. For us teenagers, we really like fashion. It is summer. You can't wear a long trouser and then a jacket. You have to wear something comfortable. So people like to say yoh look at the way she dresses. That is why she was raped. It's just that way. People are talkative".

Discussion

According to a study in McMahon (2010:9), in most communities the definition of rape is according to socio-cultural norms. Hence rape was normalised as per socio-cultural norms. People judge the victim instead of the perpetrator using the cultural and social norms (Oshiname 2013:143). For example, they are judged because of their dress code, if a person is raped is known for wearing clothes that reveal the people will say it is the victim's fault. Like participant in focus group 1 said

"It's the way you treat yourself, that is why you were raped".

Some rape myths circulate in Matsulu Township like in any other places in South Africa and adolescents believe in them (McMahon 2010:9). For example some of the myths that circulate are;

"that a person cannot be raped by a lover; when drunk or known to be "loose" that person deserves to be raped and that person gets what she wanted, a bitch deserves to be raped, young people lie about rape and at your age you cannot be raped you could say no".

Hence if a girl is raped while in the context of those myths, they are scared to report. Culturally a young girl is not allowed to date. If that person girl is raped while in the relationship, people will judge her by saying that why did the girl get involved in the first place? Hence this reduces a chance of an adolescent to report a case of rape. This is in agreement with study results in Adudans et al (2011:95); De Vries (2014:1087); Stoltenborgh et al (2011:79) and Abeid et al (2014:6)

4.4.2.2 Normalisation of rape

The study found out that in Matsulu Township, adolescents have normalised rape in such that the definition of rape is dependent on socio-cultural norms of the people of the community and the high rate of rape in South Africa as a whole has created a belief that to be raped is something that cannot be stopped.

“We teenagers put ourselves in a situation where there are possibilities that you can be raped. But we continue doing it, going to parties at an early stage and wearing those things and boys are naughty, you know. We know wearing those things we might be raped but we still continue..... They will keep raping. They will carry on”.

“People fear. Its Fear only fear. People are afraid to be raped. I don’t think there is anything that could be done to stop rape. Like often, they do come to schools (nurses, peer educators et cetera) to motivate children to report but it doesn’t change anything. There is no recommendation on how to combat rape. Maybe first change the mind-sets of teenagers”.

However, there were mixed reactions on whether rape can be stopped by reporting.

In all focus groups some participants said *“It depends on an individual, we come from different families. Some are scared; you know some people’s friends are better than others”.*

Most participants indicated that rape is an everyday reality and they now see it as a normal part of life because nothing or little is being done about it. This prevents them from reporting rape to authorities. Some indicated that some adolescents are ignorant to the extent that they even joke about losing their virginity through rape. Participant aged 16 in focus group 3 said “

“Well sometimes it is a situation whereby girls talk a lot. We talk and share everything. There is a time we ask ourselves “are you a virgin?” how will I answer that question? Most girls’ take that as an excuse I was raped that’s why I lost my virginity. They do not take it seriously. How people look down on rape? Some do not take it seriously. People do not acknowledge rape”.... (The participant was emotional).

However, the study revealed that as one grows older the tendency to tolerate rape decreases. This came from responses in focus group discussions with some participants who were 18 and 19 year old who indicated that in case of rape they would consider reporting a case of rape.

"If you take things seriously, you would go and report". "You go straight and report. I am afraid of diseases"

Discussion

Rape in the lives of adolescents has become an everyday thing. As a result many have accepted rape to be a normal thing in their lives even though that is not the case. This finding agrees with study findings in Van Decraen et al (2012:147) and Smith et al (2010:263). Hence women might not see reason in reporting a case of rape to authorities.

4.4.2.3 Adolescents are afraid to disclose to parents

The findings of this current study indicated that some adolescents will not disclose the incident of rape to parents who are supposed to help them in the reporting of rape. Those adolescents below the age of eighteen fail to report even if they want to because as the policy require, a legal guardian or parent for a case to be opened. However, children are afraid to tell parents or legal guardians for different reasons. They would feel cornered and decide to keep quiet, thus parents may be a hindrance to reporting of rape by adolescents.

Focus group 3 *"Some parents are too emotional. They probably are going to be angry and so attack the rapist and it might end up killing the person and the person who will end up hurt is me because my father will be locked for killing the person"*.

On the same note, even if children want to report rape, some parents do not support or believe the child's claims. They protect the perpetrator because maybe it is a relative or breadwinner or even the father. Some are afraid to accompany the child to report because they are also afraid of the perpetrator.

Focus group 3 *"Sometimes when you go and report without informing your parents, when you come back they will shout at you. Why did you go and report without informing us? They will say go and withdraw the case because maybe the person"*

who raped you is a relative. You bring shame to the family. How can you go and report when your mother will not support you?"

Some adolescents do not go and report because they feel guilty because they did not observe cultural norms and values and that led to rape (Smith et al 2010:262). As a result adolescents will not be able to report a case because they are afraid of what people will say and they fear that they will not be believed or they may be blamed for the incident. A participant in focus group 4 said:

"For example, adolescent girls are not traditionally expected to go out to taverns to have fun. Some go out with their boyfriends or purely on their own. It may happen that they are raped by their boyfriend or a stranger after they are drunk. Reporting will be a challenge".

"People will say she got what she wanted. She is a bitch and was drunk and they were drinking together with the boyfriend. She does not take care of herself".

Most adolescents in the under eighteen felt that they cannot make a decision to go and report on their own, they need parents' or guardian's support to report a case of rape. Adolescent girls find it difficult to report the cases of rape they are subjected to.

"Because you are told by elders that the case will be treated as a family matter that requires family members to resolve rather than taking appropriate legal action". As another participants indicated in focus group 2 that:

"The rapist will just say pay the damages". "Some will capitalise on the rape case by demanding money from the perpetrator any time they feel like. They will be getting something from the perpetrator so they will not like the matter to be taken to police".

Adolescents in all focus agreed that it is difficult to report a relative perpetrator of rape. Some of the reasons are that are not believed by their parents who should be giving support or that the family will not support the decision to report a relative for fear of bringing shame and chaos in the family . This is supported in Adudans 2011:95; Smith et al 2010:264). As another participant said:

"Most of the time girls are raped by their relatives: uncles, step fathers and fathers, most of the time the girl goes to the mother and tells her that uncle is doing this and

this to me. The mom will say he is your uncle. He can't do this to you. She does not believe her own daughter. Instead she believes in the uncle. Yeah...."

Discussion

The supportiveness of the family after the rape ordeal of a minor is very important or even in other instances. According to a study in Malloy et al (2013:247), less research has focused on who the children decide to tell about sexual abuse and why and what influences decisions to disclose the rape incident. Some participants cited not telling mothers because they would get into trouble and some indicated that if not believed in a separate incident the chances of being believed now is null. The studies by Oshiname et al (2013:145), Wager (2013:880) is in agreement with the above findings.

According to Robinson and Hudson (2011:515), cited that some studies attribute shame, self-blame and fear as factors that that keep children from telling their family members about sexual assault especially if committed by family member. In Mukanangana et al (2014:117), the study suggested that some cultures take the needs of a group more important than those of an individual. Hence, this might result in ignoring the abuse experience of an individual member in order to protect the family from shame associated with a reported case of rape

4.4.2.4 Peer pressure

The findings of this study revealed that an adolescent's decision to report is shaped by peers. Most adolescents felt that they are under a lot of pressure from their peers as far as sexual matters are concerned since there is sharing and discussion of a lot of things about sex. Hence if one is raped, the victim may not report the case because he/she knows of peers who went through the same predicament and did not report. The victim will then just accept and move on because it did not only happen to her alone.

On the other hand, the context in which the rape happens will determine whether the case will be reported or not. For instance, peers may go to certain places together without the permission of their parents or guardians. They indulge in all sorts of things out there. If something bad happens, they will not report it. They will rather keep quiet for fear of being labelled "not cool" by peers.

A participant in focus group 2 said *“For example, things like going to taverns, house parties, taking a lot of liquor and smoking. If rape happens in this context, the incident will probably not be reported to authorities. Some fear that if a case of rape is reported what the peers will say. Let me accept and move on. Some of my friends passed through this why should I cause chaos”*.

Another participant in an interview said: *“some peers will say “she is a snitch; she knows that it [rape] always happens at parties peers may sleep with peers. It happens to most girls especially at house parties. How could her alone decide to go and report or tell parents”*.

Discussion

Positive social support from peers can assist victims in their recovery. The initial reaction a victim gets after rape determines if a report will be made or not. The current study showed that mostly adolescents make a decision which revolves around their peers (Malloy et al 2013:247).

4.4.2.5 Sharing with a close or trustworthy person

Despite socio-cultural barriers to reporting rape to authorities suggested in the study, most participants indicated that they would definitely tell someone but not the mandated authorities. Those are the people who are close to the adolescent and someone they can trust. However, most of the participants indicated that they do not trust friends but mothers, brothers and sisters were on the top of the list of which adolescents trust and tell when the incident of rape happens. This means that family and close people are at the focal point when a decision of reporting rape is done.

Focus group 5 *“You tell a person close to you. He or she will give you advice. You have to find someone whom you trust”*. *“It depends what type of friend you are. I would rather tell my mom”*.

Discussion

This finding is in agreement with a study by Malloy et al (2013:247) that children choose who to disclose to about sexual abuse. In Krivoshey et al (2013:145) whether a person decides to report to authorities in place, giving support is paramount.

Friends and other confidants are often the first and only a person the victim confides about their sexual victimisation.

4.4.2.6 Power inequality and cultural expectations

The study's findings revealed that some of the adolescents are in marital relationships; some live in with boyfriends or are they date men whilst at school. Those who are raped in these circumstances feel disempowered to seek help as they often blame themselves for being the victim of rape, they are expected to be submissive to their husbands and husbands have power over their women.

Focus group 1 participants stated that *"Most of the time when it [rape] happens, a teenager get in love with an older person, and when that older person forces her into bed we say its rape. According to a girl, she will be afraid to report that guy because she will think that ok.... I agreed. I love that guy. I love him too. If I report him, they will say ah you are lovers. How can you report a person you are in love with?"*

"They are raped by their partners. They are in a relationship with someone. In a relationship there are partners who abuse. They [victims] are afraid to lose their partners. They will lose their marriage. All those things if it happens. They get married at early stages and they do not work. They do not have money and they need money. They are being provided for by the rapist. Men have power to control women".

"What I know is that when dating older guys, that guy will want more from you because he will be buying you expensive jewellery. Obvious older guys will have more money than guys your age. Most of them think they have more power over us".

Discussion

Some of the findings concurred with Smith et al (2010:261) that many South Africans have normalised rape as a physical expression and declaration of men power. Mukanangana et al (2014:114) showed that in Zimbabwe culturally women who are married or in affairs are there to satisfy their husbands' sexual desires. To report spousal rape is tantamount against cultural expectations. At the same time victims find it difficult to report the abuse they are subjected to because perpetrators (intimate partners) mislead victims by saying the police will treat a case as mere

family matter that require family members to resolve rather than taking the legal route

4.4.3 Psychological factors

Psychological factors contributing to non-reporting of rape are factors that relate to mind and emotions that affect reporting of rape. This refers to thoughts, feelings and other cognitive characteristics that affect the attitude, behaviour and functions of the human mind. These factors can influence how a person thinks and later affect decisions and relations in daily life.

4.4.3.1 Fear of the perpetrator

It is evident from the study that most girls would not report the case of rape because they are scared of the perpetrator. This was attributed to: the perpetrator may not be caught and fear re-victimisation if the perpetrator knows that a case has been opened. Some are threatened that the perpetrator will kill the girl or do something worse. Some are blackmailed by their situation, for instance those that stay with step fathers they may be chased away, not given food or sent to school. Some teachers threaten to fail the student if reported to police or other authorities.

In focus group 1 *“We see it on television that we should report. We console these feelings within us because we fear to speak them. These people will come back to us. Yeah....”*

Discussion

Most adolescents are afraid of the perpetrator, which is why no reports are made to authorities. This study concurs with a study carried in Rwanda (Van Decraen 2012:148) where the perpetrator like the teacher threatens to fail the girl. Many victims fear retaliation from the perpetrator (Stoltenborgh et al 2011:79).

4.4.3.2 Fear of stigmatisation

Fear of stigmatisation due to rape may prevent adolescents from reporting rape. Most of the participants indicated that they do not report cases of rape because they are scared of what people around will say if it comes out that they were raped.

Focus group 5 *“yoh it’s not easy. People talk a lot, they judge. In Matsulu people talk a lot”*

The current study found out that those raped must deal with shame arising from the stigma-laden reactions of others that know about the rape. Participants indicated that they would be ashamed to be known as victims of rape and losing virginity to rape is painful.

In focus group 4 *“Some would be virgins, we have the desire to give our virginities away at our own time and to the one we love. “Just the fact of knowing that you are no longer a virgin..... What will people say?”* said another participant in focus group 5.

The current study revealed that being raped is humiliating. The stigma of being raped can make victims feel like they are raped all over again as people’s reactions and comments can humiliate the victim all over again when people know about the incident of rape.

Focus group 1 *“It is a big decision to [to report] you will be afraid to go to a person to tell someone that I have been raped. Let me just accept and leave it like that. Because you are afraid of causing chaos, instead let me accept it and move on”.*

The findings indicated that some adolescents feel guilty after being raped. This was partly attributed to the stigma as friends and family make comments that imply that the victim should share the blame. For example being known of breaking the house rules, losing virginity and being drunk or drugged when rape happened or when one is raped in a place where one should have not been or the way one was dressed. As a result they blame themselves for the rape and feel responsible for being raped. Most adolescents felt guilty about rape. They felt that if they are raped by boyfriend they will not have the guts to tell their parents or go to authorities on their own because they believe that they will be judged. This may contribute to non-reporting of rape’.

In focus group 1 *“People judge other people like the way you are dressed may discourage you to report because they might be attracted to you. You can’t blame them. You tell them I want you to come to me”.*

“The person approaches you first and he wants to convince you to trust him first and build a relationship with you. When you are in a private place and he forces you. You can’t refuse. You want to please someone even if you don’t love this. In your heart you know, I did not want to do this. When you go to bed you will be feeling guilty. I am a bad person. Why did I do this? They always told me not to do this”.

Discussion

Victims are blamed, laughed at and are topic of the gossip if it comes out. This finding is in agreement with findings in Oshiname et al (2013:143) and Abeid et al (2014:7) that victims are afraid to face stigma if it comes out that they were raped.

The victims will be ashamed to report or tell someone (Abeid et al 2014:7). In Mukanangana et al (2014:117) the study suggested that even if a person is married and is raped by a partner, it is shameful because it shows failure of the women to satisfy husband. Reporting rape is like putting dirty laundry on the line.

The adolescent and families fear that they would be a laughing stock and shunned in the community if the community gets to know (Smith et al 2010:263). According to Mukanangana (2014:116), those in intimate relationships are shy to report the plight, it is a humiliating experience and would always be stigmatised. It needs more guts otherwise more women would not report.

The study concurred with studies carried in Kenya, Nigeria and Zimbabwe that those who experience guilty because of rape do not report rape (Adudans et al 2011:95; Esere et al 2009:1; Mukanangana et al 2014:117; Abrahams & Jewkes 2010:476).

4.4.3.3 Acceptance of fate

In the study, non-acknowledgement of rape was attributed to consent to sex when the person does not really want to but because their partners insisted on it.

Focus group 6 *“Sometimes you will tell yourself ah let me just accept this because your friends have been through this and you just say why should i cause chaos and you take it as nothing.”*

Many girls’ responses showed that they do not understand that rape is not only a result of physical coercion but can result from emotional coercion, manipulation or

deception. As a result they will not be able to report such a case because they believed that no-one will believe them.

Focus group 1 *“Someone will say I love you, everything is gonna be fine.... and you melt. I did not mean to hurt you”.*

On the other hand, girls are deceived into not reporting rape by romantic apologies, buying of expensive things et cetera. Hence once the rapist is forgiven the cycle will continue and it will be difficult to report it.

Focus group 3 *“Sometimes he will tell you: It was a mistake; my child i love you. They buy you expensive things that are trending now: nice things. How will I report my father when he buys me such nice things? Meaning he will continue doing it”.*

Incapacitation of the human mind may prevent a person to realise or remember what happened, for example when rape happens when the person is unconscious, drunk or drugged. Obviously, these victims would not acknowledge a case of rape because they do not know or remember the incident.

Focus group 6 of 18-19 years *“Maybe its her boyfriend and she do not want to have a sexual relationship with him and he decides, he will say, I gonna spike her drink. I sleep with her by force.....I will not let you until you give me what I want...”*

Immaturity plays a role in acknowledgement of rape. Some were raped at a tender age and do not know what is going on rape. This is statutory rape. Some do not report rape because of denial.

Focus group 3 *“Fathers may start to raping their child. We are raped before the age of ten. They tell them its their culture, they take advantage that the child is not old enough to realise that what my dad is doing is wrong”*

Focus group 6 *“when we grow up we do not want people to know that this child was once raped”.*

Discussion

Some of the factors concur with some of the studies. For instance, adolescents below the age of 18 adolescents in a relationship do not actually know that sleeping with a man is actually statutory rape even if they consented to it. According to a

study carried out in the United States of America in Ouderkerk et al (2013:861), the findings of study showed that young adults' perception of rape vary depending on the age difference between the adolescent and adult sexual partner and respondent gender. Sexual relationships were rated more negatively as the age gap between the victim and the perpetrator widened. Wider gap led to harsher judgements about sexual relationship as exploitative or harmful to the adolescent partner. Smaller age groups indicated that partners truly love each other and therefore thought that it is not a crime. On the notion of respondent gender, women rated higher than men that adolescent-adult relationship as more harmful to the adolescent partner.

On the other hand some studies suggested that those victims who consent to sex when verbal insistence is applied, or deception or manipulation are said to be raped though mostly victims do not know so no report is made (Abrahams & Jewkes 2010:475; Smith et al 2010:263).

4.4.4 Economic factors contributing to non-reporting of rape

4.4.4.1 Protecting the breadwinner

The findings indicated that some of the rapists are the bread winners such as fathers and step fathers. Therefore if reported there will be no one to take care of family , no one to buy food and clothing for the family. There will be loss of shelter, loss of family or not going to school.

Participant in focus group 4 *“Some are even threatened by the rapist especially if it is the step father or father that they will be send away from home. Some are blackmailed by their situation, for instance those that stay with step fathers they may be chased away, not given food or sent to school”*.

Discussion

This is in agreement with studies in Mukanangana et al (2014:117), Van Decraen et al (2012:148) and Smith et al (2010:262) in which the studies suggested that victims and families do not report rape out of fear of removal of their economic safety, which is the perpetrator

4.4.4.2 Loss of income and luxuries

The study's findings showed that a need for expensive luxurious things which family could not afford to buy a girl contribute to non-reporting of rape. On the other hand some adolescents who are in poverty engage in transactional sex for survival hinder reporting of rape. Some sold by the family to a person who is rich for financial gain.

Focus group 1 *"Dating older guys. Obvious older guys will have more money than a person of your age. That guy will want more of you because he will be buying you expensive jewellery"*.

Discussion

A need for expensive luxurious things forces an adolescent into unwanted sex with a lover who can buy expensive things such as jewellery, clothes and food. As such the victim will not afford to report them for fear of losing someone who can provide everything without having to depend with the family. This finding concurs with Van Decraen et al (2012:148) and Smith et al (2010:262)

Above this, victims fear that selling bodies for money is stigmatised in the society which further contribute to failure to report rape (Mukanangana et al 2014:117; Smith et al 2010:262; Van Decraen 2012:148; Adudans et al 2011:89).

Some adolescent girls are sold by the family to a person who is rich for financial gain against the will of the child. Hence the girls in this situation will not report the case of rape to authorities believing that this is in the best interest of the family's financial need. Some even though they want to report the family will not support the girl. This is supported by previous studies in Van Decraen (2012:148); Mathews et al (2010:639); Smith et al (2010:262) and Adudans et al (2011:89). Some rape incidents on adolescents go unreported because even if the child tells family about rape incident, family will capitalise on that especially if the perpetrator is known to be rich. Family demand damages and other things in return, no report will be made to the authorities

Some are forced into transactional sex either by family or on individual because of lack of basic needs of daily life. Hence, even if they are forced into sex, no one will support the claim because of the beliefs attached to prostitution (Kunnuji & Esiet 2015:95).

4.4.4.3 Rapist has money and power to influence the justice system

Another finding was that some adolescents date older men who have jobs or those who are rich. When raped, the adolescent will not report.

Focus group 1 *“The rapist has money to afford an expensive lawyer and the victim and family do not have”*.

Focus group 4 *“Some rapists go the corrupt route by paying for docket to disappear”*.

Focus group 5 *“it is better to avoid the legal route as nothing will come out except pain”*.

Discussion

Some of the findings concur with studies in Mukanangana et al (2014:117) that in Zimbabwe, perpetrators take advantage of low levels of education especially those married because they might not know the procedure of reporting and the victim will not have the money to pay for the lawyers.

4.4.5 Most perceived factors contributing non reporting of rape

When the participants were asked about the most perceived barrier to reporting, most of them indicated fear of being stigmatised if it comes out followed by lack of confidence in the whole Criminal Justice System. The community should be taught to support rape victims not to stigmatise and the government should work very hard to improve the criminal justice system so that victims will have confidence in it.

4.5 CONCLUSION

This chapter focused on the research results and discussion of research findings by comparing it with other previous studies. It is evident from the study's findings that the contributing factors to non-reporting rape are many and they are interlinked. Four themes were identified and these are structural, psychological, socio-cultural and economic factors. The structural factors had the highest responses in the perceptions of adolescents about factors contributing to non-reporting of rape. This was followed by psychological, socio-cultural and lastly economic factors. In the next chapter the researcher will conclude the study by summarising it and recommendations will be given.

CHAPTER 5

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1 INTRODUCTION

Chapter 4 focused mainly on the results obtained from data collection and discussion of these results with reference to other previous studies. This chapter will interpret and summarise the findings obtained and draw conclusions from the findings. Recommendations and limitations of the study will be discussed.

5.2 RESEARCH DESIGN AND METHOD

The researcher used a qualitative descriptive study to obtain the evidence that addressed the research questions of the study. The researcher used triangulation method in this current study. Thus, focus group discussions and face-to-face interviews were used to collect data. Content analysis was performed in analysing the data.

5.3 SUMMARY AND INTERPRETATION OF RESEARCH FINDINGS

The results of the study revealed that there are several factors contributing to non-reporting of rape by adolescents and these were grouped into themes which are structural, psychological, socio-cultural and economic factors. These factors are intertwined.

5.3.1 Structural factors

Most participants felt that the criminal justice system is failing rape victims by not delivering the justice system which is fair and legal. Some of the reasons for not reporting rape are that: the rapists are not given enough penalties for them to stop raping. Adolescents are disappointed that even if they report the rapist will not be caught, or does not stay long in the jail, and some do not even receive trial. Those who are caught, they are released with bail and the victim will have to face the perpetrator again every day. They cited that the Criminal Justice System is poor.

Some are disappointed with the police service because of corruption. There is an assumption that police officers accept bribes to make the docket disappear or they will take long to investigate that is if they investigate the case at all. Some

participants felt that police officers are also perpetrators of rape. How could victims go and report to someone who also commits the same crime.

Minors are not allowed by law of the country open a case alone. A parent or guardian is needed to open a case. The victims would not decide to report a case of rape because they are afraid to tell the parents or guardian hence they will keep quiet.

The adolescents felt that it is difficult to preserve all the physical evidence of rape. The participants indicated that some victims will not be ready to report the case of rape within 72 hours of rape, some destroy the evidence in a moment of anger or they feel dirty to travel from where the incident happened to the police station so there is need to clean self-first. Thus, when the victim realise that the critical evidence is lost, the victim may decide not to report because there is no evidence to support the claim in court.

There are concerns over the confidentiality and privacy of reporting rape at the rape care centres. Adolescents want to maintain their privacy when reporting. Thus going to report to the police, hospital and clinics in Matsulu Township will compromise their privacy as these places are "too public". These places are said to be too public for they offer different services to all the people in the community. Thus, the victims fear that there is a probability of being seen entering in consulting rooms which are specifically meant for the victims of rape by community member. This person could spread the "news" to the community.

The study revealed that rape care centres are just few around the country and in Matsulu specifically and some were participants were not aware of them.

Poor service delivery at clinics previously experienced by adolescents will hinder the victim to go for help, for example, long waiting hours, moody and rude nurses. In some parts of Matsulu, post rape care services at nearest clinics are not offered on a 24 hour basis. Hence, this will influence their decision to report or not after some time post rape.

Awareness programmes are scarce about rape in general and reporting of rape in particular. Hence, most victims are caught off guard and they do not know what to do after being raped.

5.3.2 Psychological factors

It is evident from the study that most girls would not report the case of rape because they are scared of the perpetrator. They fear re-victimisation, threats and blackmailing.

Fear of stigmatisation when people discover that a person was raped often prevents victims from reporting rape. Stigmatisation results in victim feeling guilt, ashamed and embarrassed and even contemplating suicide. Thus victims avoid reporting rape so that this incident to avoid stigmatisation that comes with rape.

Many participants' responses revealed that they do not understand that rape is not only a result of physical coercion but can result from emotional coercion, manipulation or deception and they fear reporting as they believed that no-one will believe their claims. Some adolescents are so immature to realise that they have been raped.

Some do not know that they have been raped because they have been drunk or incapacitated by the drug.

Some adolescents even if they want to report rape, they do not get the support they need from parents. This is because the family of the victim may be shunned in the community and parents or guardians fear that. As a result, no reporting of rape will be done.

5.3.3 Socio-cultural factors

It is evident from the study findings that adolescent girls' desire to report rape is shaped socially, by the people around them and certain cultural values around them: Most participants indicated that they will be scared to report rape to authorities because of the stigma attached to rape Matsulu Township.

Some of the rape myths that circulate in Matsulu Township hinder adolescents to go and report to authorities. Some myths favour the perpetrator to the extent that the victim is discouraged to report rape.

The study discovered that rape is so normalised in Matsulu Township in such that the definition of rape is dependent on socio-cultural norms of the people of the community. The high rate of rape in Matsulu Township and South Africa as a whole

has created a sense that to be raped is something that cannot be stopped. This brings about a sense of normalcy and hopelessness among adolescents thus it deters them from reporting rape to authorities. However, the study observed that as one grows older the tendency to tolerate rape decreases.

Adolescents find it difficult to report the cases of rape they are subjected to because they believe or are told by elders that the case will be treated as a family matter that requires family members to resolve rather than taking appropriate legal action.

Adolescents agreed that it is difficult to report a relative who perpetrated rape. Some of the reasons are that they will not be believed by their parents who should be giving them support or that the family will not support them to report a relative for fear of bringing shame and chaos in the family. Some parents are shunned in the community for reporting a rapist.

Some adolescents are also influenced by their peers whether to or not to report rape. Most participants below the age of eighteen felt that they are under a lot of pressure from their peers as far as sexual matters are concerned. They share and discuss a lot of things. Hence if one is raped, the victim might be influenced to just accept it and move on rather than reporting because it did not only happen to her, it also happened to them too but they did not report. Thus, some victims fear that if they report the case, the peers might stigmatise the victim.

Some adolescents definitely tell someone but they do not report the case to authorities such as police, nurses or doctors. This is because some victims feel comfortable to discuss the incident of rape with the people who are close to the adolescent and someone whom they can trust rather than talking about this to a complete stranger.

5.3.4 Economic factors as contributing factors to non-reporting of rape

Some adolescents are failing to report rape to authorities because some of the rapists are the bread winners of the family of the victim and the family and victim will be threatened that economic support such as money, food, expensive goodies and shelter will be taken away from them. Hence, they will not report rape for fear of losing that economic support from the rapist.

Some adolescents sell their bodies for money (Prostitution) and they are raped whilst on the job. As a result, they fear that selling their bodies is illegal and is stigmatised in the society which further contribute to failure to report rape.

Some poor adolescents are forced to have sex with someone who gives the money to the adolescent's poor family. Hence the victim in this situation will not report the case of rape to authorities believing that this is in the best interest of the family's financial need. Sometimes even if decide to report rape, the victim does not get support from the family who enjoys the financial gain.

Some adolescents felt that some rapists have power and money to influence the Criminal Justice System by bribing authorities or paying an expensive lawyer to represent them. On the other hand, the victim does not have the money to even pay for a lawyer. Hence the victims in this situation feel that it is pointless to report rape.

5.4 RECOMMENDATIONS

The main aim of this study was to explore the factors contributing to non-reporting of rape by school going adolescents. In analysing the findings of this study, several recommendations were identified. These are summarised below:

Comprehensive post rape services: The approach to improve the reporting system should be done holistically and in a comprehensive manner taking into considerations the challenges adolescents face post rape.

Access to comprehensive service and swift response to victims should be ensured. All post rape care services needed by victims should be found at one place, that is, a one stop shop where everything needed in reporting by adolescents is accessible instead of moving from one place to another in search of different post rape services. Services from many different sectors include health sector, social services, legal entities and law enforcement. Therefore a multi-sectoral collaboration should be ensured so that victims access comprehensive services.

These post rape care services should be free of charge. Efforts should be made to strengthen the physical and human resources so that victims will not be discouraged with for instance, lack of money to pay for services, long waiting periods, and lack of infrastructure.

The government should implement institution wide reforms. These reforms, for instance may include more specialised rape care centres, improvement in the health care system, policies and infrastructure that protect the privacy and confidentiality of victims. Above all, efforts should be made to make these services known by members of the community. This may be known through billboards, media, and announcements at gatherings to mention just a few. These approaches might correct some of the factors that contribute to non-reporting of rape by school going adolescence.

Country laws and policies: Improvements in existing laws and their implementation should be made by the Criminal Justice System to indicate what is socially not acceptable and strengthening the punishment given to perpetrators so that adolescents are instilled with faith the system. Rapists should be locked away for a very long time. In relation to this, the government should develop and pass children friendly policies and laws that are strict and consistent in protecting adolescents. The rape trials should not drag for a long time, and there should be long term and harsh sentences for perpetrators. Reforming legal frameworks may also include strengthening adolescents' civil rights, sensitising and training police and judges about adolescent rape.

There should be policies and laws to assist and encourage adolescents, parents, families and communities to become actively engaged in fight against rape. They should become an integral part of the area's fight against rape. These laws should be communicated to the public. For example, laws that allow adolescents who have not reached the age of majority to be able to report rape alone, laws discouraging parents or guardians to accept payment by rapists in order to settle the case out of court so that a known rapist face the full force of law. There should be laws that protect members of community who want to report a case of rape in the community. Usually there can be a conflict between members and the victim's immediate family who do not allow the community member to report rape for their own selfish interests.

Training of professionals dealing with rape: Professionals such as nurses, doctors, and counsellors involved with reporting of rape should get continual education regarding an environment which is supportive and friendly to victims. A

non-judgemental approach to victims of rape should be used by families, communities and professionals as this could allow more openness and encouragement of those who decide to keep quiet to open up and report to authorities.

Family and community: support system of adolescents should be encouraged by awareness programmes such as campaigns to change attitudes in communities, change of bad social norms and bad behaviour as well as empowering families to support victims of rape. This can be done through mass media edu-entertainment and community and family gatherings. Support groups in the area may be started to in communities by members to support rape victims instead of stigmatising them. By so doing, stigmatisation of rape victims might be stopped.

Education department: More awareness campaigns about rape should reach every school and should be on a regular basis. The adolescents, community leaders, educators, parents and families, non-governmental organisations and the government should be responsible for raising awareness about rape by having a broad range of initiatives that teach about rape. These include:

Written protocols and referral systems should be provided to help victims to access service from other sectors. Educational materials of what rape is and its forms must be provided to adolescents and their families.

Moreover, the life skills programmes which influence knowledge, attitudes and behaviours of adolescents should be maintained at schools. Programmes that can be initiated could for instance be media and advocacy campaigns aimed at stopping rape, creating a safe environment at school, respect for each other and prevention of gender based violence at school and at home. Adolescents' school competitions in debates, drama performances, and singing about issues that surround non-reporting of rape can be organised at schools and in the communities of Matsulu Township to raise awareness about rape.

Adolescents should be involved in programmes that involve their well-being instead of adolescents working on interventions imposed on them. They should be at the forefront in coming up with interventions programmes to combat rape and stigma.

Adolescents should form youth groups such as Matsulu Adolescent Movement against Rape and Stigmatisation of rape victims where adolescents in this area meet and discuss matters related to structural, social, economic, and psychological challenges adolescents face in relation to rape. These same approaches can not only educate school going adolescents but the whole community of Matsulu.

Empowerment of adolescents: The government and non-governmental programmes should aim at promoting social and economic empowerment of adolescents such as micro-financing projects adolescents engage in to make money for themselves so that they do not depend on anyone. Gender equality training of adolescents may be effective in reducing rape.

Nursing profession: Building a knowledge base through research of adolescents needs when it comes to their health and nursing should provide those needs.

5.5 CONTRIBUTIONS OF THE STUDY

The study focused on factors contributing to non-reporting of rape by school going adolescents. These factors were identified and recommendations were given.

Health planners and other stakeholders may find this document useful as it provides information that hinder reporting of rape to authorities in place by adolescents. This might help them in developing appropriate services, allocate resources and decide on priorities.

The nursing profession may find this document useful as they may improve on handling of victims of rape; improve on human resources and provision of nursing services to victims of rape. Educational resources about rape, causes of non-reporting of and consequences of non-reporting of rape can be developed and distributed to patients in an effort to educate the community and school going adolescents. Building a knowledge base through research of adolescent rape and non-reporting of rape may lead to better development of programmes and strategies and care of victims by nursing staff.

This study validated existing information and filled in gaps about factors contributing to non-reporting of rape by school going adolescents. This resulted in building a knowledge base.

The country legislature can make improvements and amendments in the laws by strengthening existing rape reporting laws and policies as well as introducing new laws and policies that benefit adolescent victims.

The criminal justice system can improve by treating seriously and investigating thoroughly cases of adolescent rape; making sure that perpetrators face the full force of the law; improvement of specialist training of police, general practitioners, forensic practitioners and clinical professionals and extending information sharing and strengthening the support and guidance available to victims throughout the judicial process.

The social and community development department may benefit from the findings of the study by prioritising the rights and welfare of victims by making sure there is support, accessibility of rape centres regardless of whether or not the victims pressed charges and making sure that the victims get the support they need. Stigmatisation against rape may be fought against by engaging with different stakeholders in the community.

The traditional system may make a difference in improving reporting of rape by school going adolescents by challenging existing attitudes and behaviour that give rise to adolescent rape and perpetuate the myths that surround rape which lead to non-reporting of rape by school going adolescent.

Youth empowerment may benefit by coming up with strategies that prevent rape; encouraging victims to report and participate in programmes that encourage and educate school going adolescents to report rape.

Educational system may find this document useful by strengthening existing curriculum on sexual education and use this study's findings to build the knowledge base. Educators will learn more in dealing with sensitive issue of rape, non-reporting of rape and handling of the victims. The department of education may make a provision that the life skills subject would be taught by an educator who has extensive knowledge on adolescents.

5.6 LIMITATIONS OF THE STUDY

The participants were the adolescents whom the researcher did not have information of whether they experienced rape or not. Information about rape experiences could have enhanced the quality of data as it could have come from those who actually experienced rape.

The study focused on school going adolescent girls as participants, thus the results of the study will only apply to girls and boys are left out even though they are also raped.

This was a qualitative study and the sample was not randomly selected and the sample size was not determined from start, hence the study's findings cannot not be generalised. The study focused only on adolescents in one township, yet there is a possibility that another same study will yield different results in another township. Thus the study's findings are not generalisable to the whole country of South Africa.

Another limitation is that participants were limited to those adolescents who volunteered themselves and spoke English. The researcher chose English Language only because it is the medium of communication at the schools in Matsulu and the researcher is not fluent in the local languages spoken in the area. Thus the problem of not understanding each other because of language barrier between researcher and participants was prevented by using English language as the medium of communication. Non English speaking adolescents and those who did not volunteer did not have the chance to participate, yet they are capable of providing useful information different to those who participate.

The study used human participants to capture the data, however, humans are fallible, prone to error and make mistakes. Subjectivity could lead to biased research findings. Given the sensitive nature of the study, some participants were not eager to share the information and provided bits and pieces of the puzzle.

The researcher was inexperienced in carrying out the research and could have missed something. There was high attrition in face-to-face interviews.

The information used were just perceptions of school going adolescents, therefore it is difficult to make causal inferences.

Self-reported data through face-to-face interviews and focus group discussion are prone to bias due to under or over-reporting. Participants seek to give socially desirable responses whether or not they are true especially if they are concerned with stigma or retaliation.

Only a sample of the population of Matsulu Township was used. The schools and participants were conveniently chosen and only the viewpoints of those who were at school were used for the study. Those at home were not regarded of which they could have given a wealth of information.

5.7 FURTHER RESEARCH

Further research should be done on representative population of adolescents on factors contributing to non-reporting of rape by adolescents. Another study should be on facilitators of reporting rape to evaluate why some do report rape. A study should be done on factors contributing to non-reporting of rape by school going adolescent males. Another further research may be on adolescents about factors contributing to non-reporting of rape according to age group.

5.8 CONCLUSION OF THE STUDY

The overall aim of this study was to explore factors contributing to non-reporting of rape by school going adolescents in Matsulu Township of South Africa. The study's findings reflected that the reasons for non-reporting of rape are deeply engraved in the structural, psychological, socio-cultural and economic factors. The study recommends that efforts to improve reporting of rape should be approached holistically and in a comprehensive manner.

LIST OF REFERENCES

- Abrahams, N & Jewkes, R. 2010. Barriers to post exposure prophylaxis (PEP) completion after rape: a South African Qualitative Study. *Culture, Health & Sexuality* 12 (5):471-484.
- Abrahams, N, Jewkes, R & Mathews, S, 2012. Depressive symptoms after sexual assault among women: understanding victim perpetrator relationships and the role of social perceptions. *Africa Journal of Psychiatry*, 16: 288-293
- Adams, W & Moila, B. [s.a.]. Nelspruit Mbombela. Ten year review. sarpn.org.za. Accessed 27.04.2016
- Adudans, MK, Montandon, M, Kwena, Z, Bukasi, E & Cohen, CR. 2011. Prevalence of forced sex and associated factors among women and men in Kisumu, Kenya. *African Journal on Reproductive Health* 15 (4):87-97.
- Aderemi, IA & Lawal, AM. 2011. Attitudes towards rape among Nigerian young adults: the role of gender, parental family structure and religiosity. *Gender and behaviour* 9 (2): 3886-3896.
- Auster, CJ & Leone, JM. 2001. Late adolescents' perspectives on marital rape: the impact of gender and fraternity/ sorority membership. *Adolescence*. 36 (141-150)
- Bordens, KS & Abbott, BB. 2014. *Research design and methods*. 9th edition. New York: McGraw-Hill Education. Chapter 8
- Bramsen, RH, Lasgaard, M, Koss, MP, Elklit, A & Banner J. 2012. Adolescent sexual victimization: a prospective study on risk factors for first time sexual assault. *Eur Child Adolescent Psychiatry* 21:521-526.
- Cherry, J & Hategekimana, C. 2013. Ending gender based violence through grassroots women's empowerment: lessons from post-Rwanda, Agenda: empowering women for gender equity, *AGENDA* 27 (1): 100-113.
- Children's Act 2005 of South Africa.
- Corbin, J & Strauss, A. 2008. *Basics of qualitative research*. 3rd edition. USA: SAGE.

Davhana-Maselesele, M, Madu, S, Wyatt, GE, Williams, JK, Makhado, L & Wong, LH. 2014. Comparison of trauma on survivors of sexual assault and intimate partner violence in Limpopo. *Health SA: Gesondheid* 19 (1)

Davies, M, Austen, K & Rogers, P. 2011. Sexual preference, gender and blame attributions in adolescent sexual assault. *The Journal of social psychology* 15 (5): 592-607.

Department of Education, Mpumalanga Province. 2013. Sbukosetfu Volume 1:2013 www.mpumalanga.gov.za/education.

De Vries, H, Eggers, SM, Jinabhai, C, Meyer-Weitz, A, Sathiparsad, R & Taylor, M. 2014. Adolescents' beliefs about forced sex in KwaZulu Natal, South Africa. *Arch Sex Behaviour* 43: 1087-1095

Ehlke, S. 2013. Impact of hyper-femininity on explicit and implicit blame assignment and police reporting of alcohol facilitated rape in a sample of college women. Masters of Arts Criminology dissertation. University of South Florida

Elwood, LS, Smith, DW, Resnick, HS, Gudmundsdottir, B, Amstadter, AB, Hanson, RF, Saunders, RF & Kilpatrick, DG. 2011. Predictors of rape, findings from the national survey of adolescents. *Journal of Traumatic Stress* 24 (2):166-173.

Eseré, MO, Idowu, AI, Durosaro, IA, & Omotosho, J. 2009. Causes and consequences of intimate partner violence: experiences of victims in Lagos, Nigeria. *Journal of Aids and HIV Research* 1 (1):001-007

Falb, KL, Annan, J, Kpedo, D & Gupta, J. 2014. Reproductive coercion and intimate partner violence among rural women in Côte D'voire: a cross-sectional study. *African Journal of Reproductive Health* 18 (4):61

Census South Africa. <http://census2011>. Accessed 2015/12/13

Gevers, A & Abrahams, N. 2015. Capacity assessment of mental health services for rape victims in acute health care settings: a rapid appraisal of services in the Western Cape Province. *South African Medical Research Council*: 1-23.

Garcia Moreno,C Jansen,H, Ellsberg, M, Heise, L & Watss CH. 2006. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet* 368 october: 1260-1269

Gender Links. 2010. The war at home. A preliminary finding of gender violence prevalence study. Medical Research Council: Gauteng

Gray, D E. 2009. *Doing research in the real world*.2nd edition. Los Angeles: SAGE. Chapter 7.

Jespersen, AF, Lalumiere, ML &Seto, MC. 2009. Sexual abuse history among adult sex offenders and non-sex offenders: a meta-analysis. *Child sexual abuse and neglect* 33: 179-192.

Jewkes, R. 2002. Preventing sexual violence: A rights based approach. *The Lancet*, 360 (9547): 1581-1586

Jewkes, RK, Dunkle, K, Nduna, M &Shai, N. 2010. Intimate partner violence, relationship power inequity and incidence of HIV infection in young women I South Africa: a Cohort Study. *Lancet* 376: 41-48.

Jewkes, R, Sikweyiya, Y, Morrel, R &Dunkle, K. 2011. Gender inequitable masculinity and sexual entitlement in rape perpetration in South Africa: Findings of a cross sectional study. *Women Studies*: 80-95

Krivoshey, MS, Adkins, R, Hayes, R, Nemeth, JM & Klein, EG. 2013. Sexual assault reporting procedures at Ohio colleges. *Journal of American College Health*61:(3) 142-147.

Kumar, R. 2011. *Research Methodology*.3rd edition. London: SAGE

Kunnuji, MO &Esiet, A. 2015. Prevalence and correlates of sexual abuse among female out of school adolescents in Iwaya Community, Lagos State, Nigeria. *African Journal on Reproductive Health* 19 (10):82-90

Lawyer, S, Resnick, H, Bakanic, V, Burkett, T & Kilpatrick, D. 2010. Forcible, drug-facilitated and incapacitated rape and sexual assault among undergraduate women. *Journal of American College Health* 58 (5): 453-460

Mallet, P & Herbe, D. 2011. Does knowledge about sexuality prevent adolescents from developing rape-supportive beliefs? *Journal of Sex Research* 48 (4): 372-380.

Malloy, L C, Brubacher, S P & Lamb, M E. 2013. "Because she is one who listens". Children discuss disclosure recipients in Forensic interviews. *Child Maltreatment* 18 (4):245-251.

Mathews, S, Abrahams, S & Jewkes, R. 2013. Exploring mental health adjustment of children post sexual assault in SA. *Journal of Child Sexual Abuse* 22: 639-657.

Mcintosh-Scott, A, Mason, T, Mason-Whitehead, E & Coyle, D. 2014. *Key concepts in Nursing and health care research*. Los Angeles: SAGE. Chapter 5.

McMahon, S. 2010. Rape myths beliefs and bystander attitudes among incoming college students. *Journal of American Health* 59 (1): 3-11.

Mills, SW. 2009. Consent and coercion in the Law of Rape in South Africa: a Feminist Transformation Approach. *Canadian Women Studies* 28 (1): 81-89.

Mukanangana, F, Moyo, S, Zvoushe, A & Rusinga, O. 2014. Gender based violence and its effects on women's reproductive health: the case of Hatcliffe, Harare, Zimbabwe. *African Journal of Reproductive Health* 18 (1) 110-122.

Onigbogi, MO, Odeyemi, KA & Onigbogi, OO. 2015: Prevalence and factors associated with intimate partner violence among married women in an urban community in Lagos State, Nigeria. *African Journal on Reproductive Health*, 19 (1):91-100

Oudekerk, BA, Farr, RH & Repucci, ND. 2013. Is it love or sexual abuse? Young adults' perceptions of statutory rape. *Journal of Child Sexual Abuse* 22 (7): 858-877

Olaleye, OS & Ajuwan, AJ. 2011. Experience of non-consensual sex among students in a tertiary institution in Ibadan, Nigeria, Sierra Leone. *Journal of Medical Health* 3 (3):175-183

Oshiname, FO, Ogunwale, AO & Ajuwan, AJ. 2013 Knowledge and perceptions of date rape among female undergraduates of a Nigerian University. *African Journal on Reproductive Health* 17 (8): 137-148.

Parahoo, K. 2014. *Nursing research. Principles, process and issues*. 3rd edition. United Kingdom: Palgrave MacMillan. Chapter 4.

Pemmegger, L & Godehart, S. 2007. Townships in the South African Landscape. Physical and Social legacies. DBSA: Pretoria

Pilgrim, NA, Ahmed, S, Gray, RH, Sekasanvu, J, Lutalo, T, Nalugoda, FK, Sarwadda, D & Wawer, MJ. 2012. Sexual coercion among adolescent women in Rakai Uganda: does family structure matter? *Journal of Interpersonal Violence* 20 (6) 1289-1313.

Polit, D F & Beck, C T. 2012. *Nursing research: Generating and assessing evidence for nursing practice*. New York: Wolters Kluwer.

Polonsky, M J & Waller, D S. 2011. *Designing and managing a research project. A business student guide*. 2nd edition. United Kingdom: SAGE.

Quilter, J. 2011. Re-framing the rape trial: insights from critical theory about the limitation of legislative reform. *The Australian Feminist Law Journal* 35:23-56.

Raj, A & McDougal, L. 2014: Correspondence. Sexual violence and rape in India. *Lancet* 383 (9920):865

Robinson, A & Hudson, K. 2011. different yet complementary: two approaches to supporting victims of the sexual violence in the UK. *Criminology and Criminal Justice* 11 (5) 515-533

Rape crisis. 2015. Rape in South Africa. rapecrisis.org.za. Accessed 11 July 2015

Rasmussen, LA. 2013. Young people who sexually abuse: a historical perspective and future directions. *Journal of Child Sexual Abuse* 22(1):119-141.

Rasmussen, LA, Lev-Wiesel, R & Eisikovits, Z. 2013. Current perspectives on children and youth who sexually abuse. *Journal of Child Sexual Abuse* 22 (1): 1-8

Rees, S & Silove, D. 2014. Why primary health interventions for intimate partner violence do not work. *The Lancet*. 229

Reyes, HL & Foshee, V.A. 2013. Sexual dating aggression across grades 8 through 12: timing and predictors of onset. *Youth Adolescence* 42: 581-595.

Richter, L, Mabaso, M, Ramjith, J & Norris, SA. 2015. Early sexual debut: voluntary or coerced? Evidence from longitudinal data in South Africa- the birth to twenty plus study, *South African Medical Journal* 105 (4):304-307.

Riser, DK, Pegram, SE & Farley, JP.2013. Adolescent and young male sex offenders: understanding the role of recidivism. *Journal of Child Sexual Abuse* 22 (1):9-31.

Salkind, N J. 2012. *Exploring research*.8th edition. United States of America: Pearson.

Seto, MC, Kjellgren, C, Priebe, G, Mossige, S, Svedin, C & Longstrom, N. 2010. Sexual coercion experience and sexually coercive behaviour: a population study of Swedish and Norwegian male youth. *SAGE* 15 (3):219-228.

Skinner, T & Taylor, H. 2009. Being shut out in the dark, Young survivors' experiences of reporting sexual offenses. *Feminist Criminology* 41 (2): 130-150.

Smith, K, Bryant-Davis, T, Tillman, S & Marks, A 2010. Stifled voices: barriers to help seeking behaviour for South African childhood sexual assault survivors. *Journal of childhood sexual abuse*.19: 255-274

South Africa. Department of Justice. Children's Act #* Of 2005. www.justice.gov.za. Accessed 2 June 2015

South Africa. Constitution of South Africa. Act 108 Of 1996. Pretoria. Government Printers.

South Africa. Statistical release P0341. Victims of crime survey. 2014. Pretoria: Statistics South Africa. www.statssa.gov.za. Retrieved 4 August 2015.

South African Police. 2014. Crime Statistics. www.saps.ac.za. Accessed 11 July 2015

South African's Strategic Plan of 2012.

South Africa. 2007. Sexual offenses Act 32 of 2007. Pretoria. Government Printer.

Stoltenborgh, M, Van Ijzerendoorn, M H, Euser, E M, & Bakermans-Kranenburg. 2011. A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreatment* 16 (2): 79-101.

Thorpe. J. 2011. Nothing to correct: gender violence. The Guardian./News/Politics. <http://thoughtleaders.co.za>. accessed 22.11.2015

Van-Decraen, E, Michelelsen, K, Herbots, S, Van-Rossem, R & Temmerman, M. Sexual coercion among in-school adolescents in Rwanda: prevalence and correlates of victimization and normative acceptance. *African Journal of Reproductive Health* 16 (3):139-153.

Vetten, L 2014. Rape and other forms of sexual violence in South Africa. Policy Brief 72. Institute of Security Studies.

Vopni, V. 2006. Young women's experience with reporting sexual assault to police. *Canadian Women Studies* 25 (1):107.

Wager, N M. 2013. Sexual revictimisation: double betrayal and the risk associated with dissociative amnesia. *Journal of Child Sexual Abuse* 22 (7):878-899.

Wellman, C, Kruger, F & Mitchell, B. 2005. *Research Methodology*. 3rd edition. Cape Town: Oxford University Press.

Young, B J, Furman, W & Jones, M C. 2012. Changes in the adolescents 'risk factors following sexual coercion: evidence for a feedback loop. *Development and Psychopathology* 24:559-571.

ANNEXURE A : Approval from the University of South Africa to conduct study



**UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE**

REC-012714-039

HS HDC/372/2014

Date: 10 December 2014 Student No: 4535-739-0
Project Title: Factors contributing to non-reporting of rape by school going adolescents of Matsulu Township of South Africa.
Researcher: Mudzana Pricilla Shupikayi
Degree: MA in Nursing Science Code: MPCH594
Supervisor: Mrs FH Mfidi
Qualification: M Cur
Joint Supervisor: Prof G Thupayagale-Tshweneagae

DECISION OF COMMITTEE

Approved



Conditionally Approved



for Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

L. L. Roets (Prof)

MM Moleki
Prof MM Moleki

ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE B: Letter seeking permission to conduct study from the Department of Education, Ehlanzeni District of the Mpumalanga Province

P O Box 1104

Malelane

1320

Cell: 0718802553, Email [pmudzana@gmail.com./](mailto:pmudzana@gmail.com/) or 45357390@mylife.unisa.ac.za

21 November 2014

The Head of Department Research Unit

Department of education, Ehlanzeni District

P O Box X1134, Mbombela

Province of Mpumalanga

Attention: The circuit Manager

Dear Sir/ madam

There is high prevalence of rape in South Africa and low reporting rate of rape to authority figures. Matsulu Township like any other areas of South Africa has its own share. Adolescents are the most affected group.

In view of this, I ,the Masters in Nursing Science student of University of South Africa, request to study the factors affecting reporting of rape by school going adolescents in one of the schools in Matsulu Township.

This is in partial fulfilment of the requirement for the degree of Masters in Nursing Science. Furthermore, I would like to seek the approval of your office to conduct a study through a series of interviews with school going adolescents aged between 16-19 years in academic year 2015.

Rest assured that any information given by participants are treated confidentially. I am hoping for your consideration.

Thank you,

Yours sincerely

Pricilla ShupikayiMudzana

ANNEXURE C Permission to conduct research



education
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Building No. 5, Government Boulevard, Riverside Park, Mpumalanga Province
Private Bag X11341, Mbombela, 1200.
Tel: 013 766 5552/5115, Toll Free Line: 0800 203 116

Litiko le Temfundvo, Umnyango we Furido

Departement van Onderwys

Ndzawulo ya Dyondzo

Ms. Mudzana Pricilla Shupikayi
University of South Africa
PO BOX 392
UNISA
PRETORIA
0003

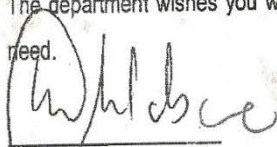
RE: APPLICATION TO CONDUCT RESEARCH: MS MUDZANA PRICILLA SHUPIKAYI

Your application to conduct research was received. The title of your study reads: "Factors contributing to poor reporting of rape by school going adolescents of Matsulul Township of South Africa." The design of your study and the overall aims gives an indication that the findings will help our learners from abuse and their safety will be promoted. It therefore gives me pleasure to approve your application subject to you observing the provisions of the departmental draft research policy which is attached. You are also further requested to adhere to your University's research ethics as spelt out in your research ethics document.

In terms of the draft research policy data or any research activity can only be conducted after school hours as per appointment. You are also requested to share your findings with the relevant sections of the department so that we may consider implementing your findings if that will be in the best interest of the department. To this effect, your final approved research report (both soft and hard copy) should be submitted to the department so that your recommendations could be implemented. You may be required to prepare a presentation and present at the departments annual research dialogue.

For more information kindly liaise with the department's research unit @ 013 766 5476 or a.baloyi@education.mpu.gov.za.

The department wishes you well in this important project and pledges to give you the necessary support you may need.


MRS MOC MHLABANE
HEAD OF DEPARTMENT

30, 6, 15
DATE


MPUMALANGA
THE PLACE OF THE RISING SUN

ANNEXURE D Parental consent form and information

Name of investigator Pricilla Mudzana

School University of South Africa

Information sheet

My name is Pricilla Mudzana and I am a student at the University of South Africa doing Masters in Nursing Science. I am inviting your child to participate in the research titled "Factors contributing to non-reporting of rape by school going adolescents in Matsulu Township of South Africa". I assure you that your child will be as comfortable as possible and all information shared will be treated as strictly confidential as possible.

The purpose of the study is to find out the possible reasons for not reporting rape to authority figures among adolescents and to find out why a culture of silence persist even when rape is happening and harming the children. The researcher expects that the results will help in coming out with solutions in breaking the silence about rape and put a stop to rape.

Individual interviews and focus group discussions will be carried out in a total sessions of at most one and half hours. Three to six sessions at different times will be needed to complete the research in the academic year 2015. The research will not exceed the timeframe.

Your child has been selected to participate because she is an adolescent girl between 16 and 19 years and may provide important information about the intended study.

Participation of your child in this study is entirely voluntary. You or your child can withdraw at any time without penalty and you will have the results up to the date of withdrawing, to the extent that it belongs to you and child, it can be returned to you and child. Information will be removed from the research records or destroyed. The researcher may stop the study or take your child out of the study at any time she can judge that it is in the best interest of your child for example when the child experiences excessive discomfort due to participation.

The questions which will be asked will be unstructured in nature, they will allow the participant to express views fully and freely. The interviews will be taped, the tapes will be transcribed and the words of the child maybe quoted. If so a code name will be used to ensure that this cannot be linked to your child in any way.

Due to the sensitive nature of the topic, the child may feel uncomfortable with the questions asked, may be embarrassed or suffer emotional discomfort Information shared will not be disclosed to anyone except for supervisors working directly with the research study. No real names will be published with the results and only code names will be used, therefore no one will link the findings to the participant. All information will be locked away in the cabinet and a password will be needed to access information on the computer. The results of this participation will be confidential and will not be released in any identifiable form without prior consent of child and parent or guardian.

By participating in the research, your child will be involved in identifying problems that affect adolescents in reporting rape and solutions to combat them will be developed. This will ensure that that programmes, policies and health services address the needs of adolescents thereby improving their health and that of community at large

The researcher will answer any further questions about the research, now or during the course of the study and can be reached by phone at 0718802553 or email at pmudzana@gmail.com.

Please sign both copies of this form. Keep one and return the other to the researcher.

Researcher's signature _____ Date _____

Consent Form

As a parent or legal guardian, I authorise _____ - to participate in the research study described in this form.

Child's birth date _____

Parentor legal guardian's name and signature _____

Date _____

ANNEXURE E

CONSENT TO PARTICIPATE IN THE STUDY

I volunteer to participate in a research project conducted by PRICILLA MUDZANA from the University of South Africa. I understand that the project is designed to gather information about factors that affect reporting of rape by adolescents in Matsulu Township.

I will be one of the people who be interviewed for this research and my participation in this research is voluntary. I understand that I will not be paid for my participation and I may withdraw from the study at any time without penalty. The researcher may withdraw me from participating or stop the study at any time she judges that it is in the best interest of me without my consent.

I understand that the interview may be interesting and thought provoking. If however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any questions or to end the interview session.

My participation will include being interviewed by the researcher and each session will last approximately one and half hours. A total of three to six sessions will be done during the course of year 2015. Notes will be written during the interview and our dialogue will be audio taped. If I do not want to be taped, I will not be able to participate in the study.

I understand that the researcher will not identify me by name during the interview and in any report using the information gathered from this interview and that my confidentiality as a participant in this study will remain secure. Subsequent users of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.

I understand that this study has been reviewed and approved by the Ethics Committee if the University of South Africa. I have read and understood the explanation provided to me and all my questions were answered to my satisfaction. I have been given a copy of this consent form. I voluntarily agree to participate in this study.

Participant signature _____ Date _____

Name of participant _____

Researcher _____ Date _____

For further information, please contact P Mudzana at 0718802553 or pmudzana@gmail.com

ANNEXURE F: ASSENT TO PARTICIPATE IN RESEARCH

TITLE OF THE STUDY

Factors affecting reporting of rape by school going adolescents in Matsulu Township of South Africa.

You are being asked to take part in a research study about reasons for not reporting rape to authorities such as police, clinic and hospital staff and other non-governmental organisations in place. You are asked to participate in this research because you are in the age group 13 to 19 years and you live and attend school in Matsulu Township. You may be able to give us your views about reasons for not reporting rape.

If you take part in this study you will be one of the participants at this school participating in this study. The person carrying out this study is Pricilla Mudzana under the supervision of Ms FH Mfidi and Prof Thupayagale-Tshweneagae.

The purpose of this research is to explore the reasons contributing to non-reporting of rape by school going children. The study will take place at the school you attend and you will be asked to participate in 3-6 sessions throughout this academic year 2015. Each session take at most one and half hours.

You will be asked questions on a one to one session in a comfortable environment. You are asked to respond to the questions freely and honestly. If you feel that you do not want to speak about the question, you have the right not to or to end the interview. You are asked to give honest responses. The conversation will be tape recorded and if you do not want to be recorded, you will not be able to participate in the study.

To the best of researcher's knowledge, your participation will not harm you. However, you may experience embarrassment, fear, anger or any other psychological discomfort while participating. You may find some of the questions uncomfortable, upsetting, hurtful or bad that the researcher do not know at this moment, you are allowed to say so.

The expected benefits of this to you may be a sense of achievement in breaking up the culture of silence about rape among adolescents, and directly participating in issues that affect adolescents and development of solutions that best suit adolescents' needs. The researcher cannot promise you that you will receive these benefits from taking part in this study. However, the community at large will benefit from your participation in this study.

You are not forced to participate in this study, you have an alternative not to participate in this study. You should talk first with your parents or guardians and others about taking part in the study and taking part in the study is your decision. You should take part in this study because want to.

You will receive compensation for missed transport and meals and if you stop participating before the study is over, the payment you receive will be according the amount of time you participated in the study.

Your information will be added to the information from other participants so no one will know who you are. We will take steps like locking personal information and records in a cabinet and computer used needing password to access the system.

If you decide to take part in the research, you still have the right to change your mind later. No one will think badly of you if you decide to stop participating. On the other hand, the researcher may need you to stop participating. If this happens, you will be told when to stop and why.

You can ask questions about this study at any time, however, you are strictly asked not to discuss anything with anyone except with the researcher in order to maintain the confidentiality of the study.

I understand what the researcher conducting this study is asking me to do and I have thought about this. I agree to take part in this study

Name of person agreeing to part in the study

Date

Signature

Date

Name of person providing information

Date

Signature

Date

ANNEXURE G: CONFIDENTIALITY BINDING FORM. DOC

It is understood and agreed to that the below identified disclosure of confidential information must be kept confidential. The provider and recipient of confidential information must ensure the protection of information shared to preserve confidentiality necessary under the law that governs research.

Participant's name will not be used when the data from this study are published. Every effort will be made to keep all records and other personal information confidential by locking the cabinet, and password will be needed to access the information on the computer. Only the researcher and supervisors working directly with the study will have access to the data. Any tape records will be destroyed one year after the study. The recipient and provider of information agree not to disclose the confidential information obtained from doing the study to anyone unless required to so by law.

This agreement is entered into between participant and the researcher concerning disclosure of confidential information. Any modification to this agreement must be made in writing and signed by both parties.

If any of the provisions of this agreement are found not to be enforceable, provisions will be deemed modified to the limited extent to permit enforcement of the agreement as a whole.

Wherefore, the parties acknowledge that they have read and understood this agreement and voluntarily accept the duties and obligations set forth here in.

Recipient of confidential information:

Name **signature**

Date

Discloser of confidential information:

Name

Signature

Date

ANNEXURE H : INTERVIEW SCHEDULE. Doc

OPENING

- Greetings and introductions (establishing rapport)
- Explanation of the research aim, topics of the discussion
- Motivation for the research to be carried out.
- Timeline of the interview

BODY

Questions

- How long have you been living in Matsulu?
- Are you originally from Matsulu?
- What is your understanding of rape?
- Do you know of adolescent who was raped? Was it reported?
- If no do you know why it was not reported?
- Children of your age are being raped but they do not report rape to authorities. In your opinion, what are the contributing factors for not reporting rape? Probe the responses where necessary.
- In your opinion, for all those reasons for non-reporting of rape, what must be done to improve reporting of rape by adolescents?

CLOSING

Summarisation of interview of main issues discussed. Explanation of the next course of action to be taken. Maintaining rapport. Explanation for possibility for follow-up. Thanking participant. Close.