THE EXPERIENCES OF REFUGEE WOMEN WHO WERE EXPOSED TO SEXUAL VIOLENCE

By

GRACE MATETOANE

STUDENT NUMBER: 16278161

SUPERVISOR: PROFESSOR SPIES

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Full names of student: Grace Tshoarelo Matetoane

Student number: 16278161

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ABSTRACT

The researcher observed in practice that little has been researched regarding the effects of sexual violence on refugee women. This may denote that these women are not receiving relevant social work services to support them in their healing process. This study aimed to explore and describe the experiences of refugee women who were exposed to sexual violence. The study focussed specifically on refugee women, 18 years and older, who were exposed to sexual violence. The main objectives of the study were: to conceptualise and describe sexual violence as a phenomenon; to conceptualise and describe the status of refugee women; to explore and describe the effects of sexual violence on refugee women; to explore and describe the experiences and challenges of refugee women that were exposed to sexual violence; and to formulate guidelines regarding how these women can be supported by means of therapeutic interventions.

A qualitative, phenomenological research design was utilised in order to reach the goal of the study. The population represented refugee women who have been exposed to sexual violence and an unstructured interview schedule was used to interview the participants. The empirical findings of the study were that all participants that were exposed to sexual violence as refugee women experienced short- and long-term effects that affect their total well-being. The participants confirmed that the exposure to sexual violence has long-term effects, which in turn create several challenges due to a lack of resources in the community. Refugee women that were exposed to sexual violence need intensive therapy to survive this trauma.

KEY TERMS

Refugee women; sexual violence; refugees; therapeutic intervention; trauma; challenges.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude and recognise the following individuals who contributed towards the completion of my studies:

- God Almighty, for being my helper.
- My family, for their support.
- My supervisor, Prof GM Spies, for her guidance and support.
- The Potters House and Mercy House shelters for abused women and children for allowing me to conduct the study with the women in their care.
- The refugee women who participated in the study.
- Mrs L de Beer, for her editing skills.

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LIST OF ABBREVIATIONS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
DRC	Democratic Republic of the Congo
DSD	Department of Social Development
ESCWA	Economic and Social Commission for Western Asia
ID	Identity Document
ILO	International Labour Organization
JRS	Jesuit Refugee Services
MDGs	Millennium Development Goals
NDP	National Development Plan
NGO	Non-governmental organisation
NPO	Non-profit organisation
OAU	Organisation for African Unity
OHCHR	Office of the United Nations High Commissioner for Human Rights
OWG	Open Working Group
PCAR	Pennsylvania Coalition Against Rape
PTSD	Post-traumatic stress disorder
SDG	Sustainable Development Goal
STD	Sexually transmitted disease
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USA	United States of America
WHO	World Health Organization

CHAPTER 1
GENERAL INTRODUCTION

1.1   INTRODUCTION

Sexual violence affects women, men and children throughout their lives and can be devastating for individuals, families, and communities. Kalra and Bhugra (2013:244) assert that sexual violence has long-term effects on human beings, both psychologically and socially, as these people were forced into sexual activities without their consent.

According to the Refugee Council (2013:5), refugee women are more affected by violence against women than any other female population in the world, and nearly all refugee women are at risk of rape or other forms of sexual violence. They explain it as follows (Refugee Council, 2013:6):

> Sexual violence is regarded by the United Nations as one of the worst global protection challenges due to its scale, prevalence and profound impact. Up to half a million women were raped during the Rwandan genocide; more than 90% of women and girls over the age of three suffered sexual violence in parts of Liberia, while three out of four women have survived sexual violence in parts of Eastern Congo.

Coomaraswamy (2002a:83) reports that "sexual violence against refugees is widespread, women and young girls, and less frequently men and boys are vulnerable to attack, both during their flight and while in exile." They are vulnerable and, in every case, the physical and psychological trauma that results from it can only add to the pain of displacement and the bitterness of exile.

According to the World Health Organization (WHO) (2011), the proportion of women suffering sexual violence by non-partners after the age of 15 varies from less than 1% in Ethiopia and Bangladesh to between 10 and 12% in Peru, Samoa, and the United Republic of Tanzania.

Rates of sexual violence are difficult to establish, because in many societies sexual violence remains an issue of deep shame for women and often their families too. Statistics on rape according to police records are notoriously unreliable because of significant under-reporting (UN Web TV, 2014).

The focus of this study was the exploration of the way sexual violence affects refugee women.

1.1.1 Definition of Key Concepts

For the purpose of this study the following key concepts were defined:

- **Refugee**

  According to a Report by the United Nations High Commission for Refugees (2015:33), refugees can be described as a distinct category of people displaced from their home countries due to political persecutions, human rights violations by their own governments, and other factors that give rise to the phenomenon of forced migration.

  The Economic and Social Commission for Western Asia (ESCWA, 2013:2) defines a refugee as a person who is not able to return to his/her country of origin due to the fear of persecution, war, or violence that caused him/her to flee to another country in the first place.

  According to an updated United Nations (UN) report, there are over 43 million persons worldwide who are displaced as a result of conflict and persecution in their own countries, and out of this number 15.2 million are officially recognised by the UN as refugees (United Nations High Commissioner for Refugees, 2015).

  South Africa's Refugees Act 130 of 1998 states that a person qualifies for a refugee status if that person:

  > *(a)* owing to a well-founded fear of being persecuted by reason of his or her race, tribe, religion, nationality, political opinion or

membership of a particular social group, is outside the country of his or her nationality and is unable or unwilling to avail himself or herself of the protection of that country, or, not having a nationality and being outside the country of his or her former habitual residence is unable or, owing to such fear, unwilling to return to it; or *(b)* owing to external aggression, occupation, foreign domination or events seriously disturbing or disrupting public order in either a part or the whole of his or her country of origin or nationality, is compelled to leave his or her place of habitual residence in order to seek refuge elsewhere; or *(c)* is a dependant of a person contemplated in paragraph *(a)* or *(b)*.

- **Sexual violence**

The World Report on Violence and Health (WHO, 2002:149) defines sexual violence as:

> …any sexual act, 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 and work. It includes abusive sexual contact, making a woman engage in a sexual act without her consent, and attempted or completed sex acts with a woman who is ill, disabled, under pressure or under the influence of alcohol or other drugs.

The WHO Human Reproduction Programme (2012:66) reports sexual violence as a serious public health and human rights problem, with both short- and long-term consequences on women's physical, mental, sexual, and reproductive health. Whether sexual violence occurs in the context of an intimate partnership, within the larger family or community structure, or during times of conflict, it is a deeply violating and painful experience for the survivor.

As adapted from Brown and Walklate (2012:7), in this study sexual violence will imply any physical, verbal, or sexual act that is experienced or was experienced by a woman as a sexual threat, sexual harassment, pressure to have sex, sexual assault, rape, incest, or coercive sex that has the effect of hurting her, degrading her, or taking away her ability to control intimate contact.

1.2   LITERATURE REVIEW

1.2.1   The Nature and Extent of Sexual Violence Against Refugee Women

According to McOrmond-Plummer, Easteal and Levy-Peck (2014:220), sexual violence does not only mean that someone forces or manipulates someone else into unwanted sexual activities without their consent; instead it constitutes the "sex" in sexual violence as a means by which men achieve social power. According to Kaitesi (2014:16), sexual violence is "any act of sexual nature which is committed on a person under circumstances which are coercive, while rape was defined as a physical invasion of a sexual nature under circumstances which are coercive".

Feminists have interpreted much of sexual violence as a form of social control inflicted directly or culturally by men on women, and they have developed a vocabulary to describe and analyse women's experiences of violence. Humphries (2009:6) reflects that "sexual violence as the form of rape functions to keep women in their place, second and subordinated to men." Bezuidenhout (2010:165) defines rape as sexual intercourse without the consent of one of the parties, who is usually a female. It is a behaviour that is both deviant and criminal, because the actions of the rapist oppose the values of sound, voluntary, and non-violent interpersonal relationships. In South Africa's Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, "any person (A) who unlawfully and intentionally commits an act of sexual penetration with a complainant (B) without the consent of B, is guilty of the offence of rape."

Koos, Goodman, Browne, Fitzgerald, Keita and Russo (2002:4) also view "male violence against women in any form as a manifestation of gender inequality and as mechanism for the subordination of women." They further indicate that in male violence against women, it needs to be considered that each violent act is perpetrated by an individual and that violent behaviour takes place in a sociocultural context.

Humphries (2009:20) states that when women are raped in their family homes during wartimes, "sexualised questions of provocation naturally arise the

assumption being that the victim wanted it." When these sexual crimes take place during civil wars, the victims prefer not to disclose it because of shame and the possibility that their families will dishonour them or kill them.

Camarasa and Heim (2007:12) argue that the lack of safety implies that women are not able to live in freedom, enjoy their rights to the fullest extent, or have the possibility of accessing or owning a project in life. The authors are of the opinion that violence against women in any form affects all dimensions of a woman's life, undermining her personal and social well-being, deteriorating her quality of life, and increasing her vulnerability in a society where women are already in a situation of inequality.

Doorley (2014:20) describes violence against women as a social subject that consists of "any act of violence based on gender, which may result or actually results in physical, sexual or psychological harm, including threats, coercion or arbitrary of liberty, in either private or public life."

Keygnaert, Vettenburg and Temmerman (2012) emphasise that "sexual and gender-based violence is a major public health issue worldwide, a violation of human rights and in some cases a crime against humanity." It comprises sexual violence, emotional-psychological violence, physical violence, harmful cultural practices, and socio-economic violence. It is clear that it has negative effects on the victim's well-being and participation in society. Spies (2012:63) substantiate this by saying the following:

> When an adult has been sexually abused as a child, his or her personal boundaries, right to say no, as well as his or her sense of control in the world, are all violated. As a result, adult survivors may experience the same sense of powerlessness in adulthood, believing also that they have no right to make decisions about personal boundaries.

Terry and Hoare (2007:45) wrote that in Burundian refugee camps in Tanzania, the majority of rapes among refugee women and girls occurred outside of the camp perimeter while they are gathering firewood. They further confirmed the latter in an early study, namely that approximately 90% of rapes among Somali

refugees living in Dadaad and Kakuma camps in Kenya also occurred when they gathered firewood around refugee camps.

Kaitesi (2014:17) reported that gender and sexual violence remain common practices, especially during wars and genocide. They explained it as follows: "Rape and other forms of sexual violence were overwhelmingly employed during the ethnic cleansing in the Former Yugoslavia and genocide in Rwanda." It is frequently a conscious strategy employed on a large scale by armed groups to humiliate opponents, terrify individuals, and destroy societies.

Women and girls may also be subjected to sexual exploitation by those mandated to protect them. The following case study speaks volumes regarding the fact that women and girls are being exploited by those who are assumed to be of assistance to them (Centre for the Study of Violence & Reconciliation, 2006:12):

> Mary a 23-year-old female fled to South Africa in 2004 from Zimbabwe, coming from a family of MDC activists. She attended an MDC meeting, and was targeted by Zanu-PF youth, arrested and taken to the local police station and beaten all over her body. She was released by the police early the next morning. Her family was harassed by Zanu-PF supporters. She was advised by her father to live Zimbabwe, she tried to visit her father who was living with her younger sister; in route to her sister she was informed that her father passed away. He had been beaten to death. She fled to South Africa as she feared for her life. She was accompanied by another female; they were offered a lift by two truck drivers who raped them as they were being smuggled into South Africa. She and her companion were dropped off on a highway within Gauteng Province. In South Africa she was raped by a policeman.

This case study is a typical example of an individual who experienced personal and public crises at the hands of people who were supposed to support her. Mary was exposed to the risk of being infected by HIV/AIDS on several occasions as the result of sexual offences that were committed against her by different men.

1.2.2 The Status of Refugees in South Africa
According to Khan and Schreier (2014: xxxv), "the need for international protection of refugees in its current form has been recognised and undertaken by many

states since World War Two." South Africa, as a relative newcomer to the international refugee protection community, enacted its progressive piece of domestic refugee legislation in 1998. It is one of the countries most affected by an unprecedented increase in the number of refugees. By the end of 2015, the number of asylum claims in South Africa had risen to 1,096,063 – a rather startling figure considering that in the previous reporting period (2014) South Africa had listed only 463,900 pending asylum claims (Khan & Schreier, 2014: xxxv). South Africa was identified by the United Nations High Commission for Refugees as one of the countries with the highest number of asylum applications, and the country to date hosts 57,899 recognised refugees that come from predominantly African countries, such as Somalia, the Democratic Republic of the Congo (DRC), Rwanda, Burundi, Ethiopia, and Zimbabwe (Johnson, 2012:10).

Dalton-Greyling (2008:4) notes that in South Africa the term 'refugee' is used broadly to mean 'migrant, illegal migrant or asylum seeker', whereas an asylum seeker is defined as a person who is seeking recognition as a refugee.

The Refugees Act 130 of 1998 states that a person will qualify for refugee status if that person:

> …owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his/her nationality and is unable or owing to such fear, unwilling to avail himself/herself of the protection of that country, or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such an event, is unable or, owing to fear, unwilling to return to it, or is a spouse or dependant of a person contemplated in the above definition.

The Act also guarantees refugees basic civil, social and economic rights, which includes recognition of their refugee status, full legal protection, right to identity documents (IDs), the right to seek employment, and the right to primary education and basic health, as in the case of citizens of South Africa.

The researcher has also discovered through literature that women do not only run away from their countries because of wars or political unrest, but also because of domestic violence. Githens (2013:61-64) states:

> Immigration and refugee policies are not gender neutral, when women legally enter a country in North America and Western Europe they are most likely to be admitted as a dependent under a program for family unification or to be issued a temporary work permit.

She further argues that Bosnian women admitted to several Western European countries on humanitarian grounds during the country's civil war were not always allowed to be accompanied by their children. Their difficulties in securing entrance for their children provide a good example of the shortcoming of asylum based on a humanitarian background.

The refugee crisis continues to rise, creating unprecedented economic, social, and political burdens on the receiving countries and at present the issue of migration is one of the most dominant national agendas worldwide (Johnson, 2012:7).

1.3 THEORETICAL FRAMEWORK

This research study was undertaken from the framework of the person-centred Approach, according to which a person is essentially trustworthy, having a vast potential for understanding themselves, and able to resolve their own problems (Grobbler & Schenck, 2009:4-6). Carl Rogers, who developed the person-centred theory, indicated that human beings' perceptual worlds exist because of both conscious and unconscious experiences. The content of a person's perceptual field will thus be determined by the experiences the person rejected or assimilated into the self-concept.

Carl Rogers (Grobbler & Schenck, 2009:34) emphasises that counsellors should accept that whatever feelings and perceptions clients express are realities for them. Rogers maintains that the best vantage point for understanding why a person behaves in a certain way is from the internal frame of reference of such a person and that the focus will be more on the actualising tendency of a human

being as the basic motivational force that leads to change in a person's life. This theoretical framework confirms that a person has the ability to move forward in a constructive manner if the appropriate conditions that foster growth are present. It further indicates that people are trustworthy, resourceful, capable of self-understanding and self-direction, able to make constructive changes, and able to live effective and productive lives. Communication of these attributes will assist the person to be less defensive and more open to themselves and their world, and they will behave in social and constructive ways.

Based on the research topic, this approach was relevant to the study, because it allowed the researcher to explore the experiences of refugee women regarding the effect of sexual violence on their personal lives, which will always be a reality to them. Thus, the researcher gathered information regarding the participants' views on the way sexual violence affects their everyday lives.

1.4   RATIONALE AND PROBLEM STATEMENT

Identifying or labelling oneself as a refugee woman who has experienced sexual violence is one of the most difficult and potentially traumatic experiences a refugee woman can experience. There have been studies conducted on refugee women globally and nationally (Rugunanan & Smit, 2011; Centre for the Study of Violence and Reconciliation, 2006) and some of these reports were conducted in South Africa, specifically in Johannesburg and Pretoria, as the country is facing serious challenges in addressing the needs of women and violence against women. The researcher has realised that these studies focussed on refugee status and rights, and on certain countries such as Etria, the DRC, Burundi, and Tanzania.

The researcher observed that little has been researched regarding the effects of sexual violence on refugee women. This may implicate that these women are not receiving the appropriate social work services to support them in their healing process. In other words, there is a gap in the literature regarding the way sexual violence can affect the lives of refugee women.

Camarasa and Heim (2007:5) substantiate the need for this study when they indicated that "the best way to know about violence against women and its effects is by hearing the voices of the women that were exposed to this form of sexual violence."

Therefore, the researcher formulated the following research question for this study: "What are the experiences of refugee women exposed to sexual violence.

1.5   GOAL AND OBJECTIVES

1.5.1   Goal

The goal of the study was to explore and describe the experiences of refugee women who were exposed to sexual violence.

1.5.2   Objectives

In order to realise the stated goal, the researcher formulated the following objectives:

- To conceptualise and describe sexual violence as phenomenon.
- To conceptualise and describe the status of refugee women.
- To explore and describe the effects of sexual violence on refugee women.
- To explore and describe the experiences and challenges of refugee women that are exposed to sexual violence.
- To formulate recommendations that can be taken in consideration during therapeutic interventions.

1.6   OVERVIEW OF RESEARCH METHODOLOGY

The study was qualitative in nature, as the researcher focussed on the experiences of refugee women who were exposed to sexual violence. Fouche' and Delport (2011:65) are of the view that "a study is qualitative if the purpose of the study is primarily to describe a situation, phenomenon, problem or event". In this

case the researcher has explored and described the experiences of refugee women who were exposed to sexual violence.

As the phenomenon, which was explored by the researcher was delicate and sensitive in nature, the researcher used the person-centred interviewing skills sensitively and tentatively in order to facilitate a process in which the participants will share their experiences and describe their emotions that may be psychologically distressing or that may never had found an opportunity to be expressed. Participants were viewed as the experts of their own field (Babbie & Mouton, 2010:53).

Applied research was utilised, addressing the immediate problems facing the professional practice (Jupp, 2006:11). Sexual violence has been discovered by most researchers as a phenomenon which has, and still affecting individuals, families and communities of different nationalities.

The phenomenological research design was followed in order to explore the in-depth experiences of refugee women who were exposed to sexual violence. Cresswell (2013:76) affirmed that a phenomenological design describes common meaning of the lived experiences of a phenomenon for several individuals, in this case the six refugee women who participated in the study. Fouche' and Schrurink (2011:316) asserted that at the root of the phenomenological design the intent is to understand the phenomena under study by means of a description of human experience as it is experienced by the participants.

The population in this study involves refugee women who were exposed to sexual violence. Non-probability sampling that is purposive sampling was used to recruit participants. The six participants were recruited from The Potter's House and Mercy House Shelters for abused women in Central Pretoria. The participants of the study were selected according to the following criteria:

- Refugee women (According to Refugee Act, 130 of 1998).
- Aged 18 years and older.
- Women that have been exposed to sexual violence as refugee women.
- Women that have been exposed to sexual violence in their home country, in transit, or in South Africa.

- Conversant in English.

Semi-structured interviews was utilised to collect data, as the researcher wanted to explore and understand the lived experiences of refugee women who were exposed to sexual violence. Refugee women had an opportunity to voice their personal experiences regarding their exposure to sexual violence.

The interview schedule consisted of different themes that focussed on the experiences of refugee women who were exposed to sexual violence. All the interviews were audio recorded. The real names of the participants were replaced with fictitious names. Data was coded and analysed according to Cresswell's nine steps for analysing the qualitative generated data (Schurink, Fouche' & De Vos, 2011:403-418)

The researcher used credibility, transferability, dependability and conformity in order to establish the trustworthiness of the research.

Strydom (2011c:237) defines a pilot study as a procedure for testing and validating an instrument by administering it to a small group of participants from intended test population. In this case the researcher employed a pilot study by engaging with one of the six participants to explore the main research question, in order to make sure that the main research question will be able to elicit enough information from the participants, and to determine whether the interview schedule was suitable.

Ethical aspects were taken into consideration throughout the research process in order to protect voluntary participants from any possible harm.

More detailed information concerning the research methodology is captured in chapter four.

1.7 CONCLUSIONS

In this chapter the goal, objectives and the rationale of the study amongst others were discussed. The following chapter will focus on refugees as phenomenon.

CHAPTER 2
REFUGEES AS PHENOMENON

2.1 INTRODUCTION

Today, the media as whole talks about refugees as being homeless because of the challenges they face daily. According to Wilson (2011:20), "there are more than fifteen million refugees worldwide, coming from diverse places such as Africa, Eastern Europe, and the middle East." Refugees, in one way or another, have experienced wars, persecution, famine, or natural disasters, and they are all hoping to find a place of safety and a better life at the end of their journey. This chapter will define the concept of a refugee, society's perception of a refugee, legislature and refugees; different ways a person can become a refugee, the risks refugees face, the effects of being a refugee, and agencies looking into the exposure of refugees.

2.2 DEFINITION OF A REFUGEE

A refugee is a person who is not able to return to his/her country of origin due to fear of the persecution, war, or violence that originally caused him/her to flee to another country.

The Convention relating to the Status of Refugees (OHCHR, [Sa]) defines a refugee as:

> A person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his/her nationality and is unable or owing to such fear, unwilling to avail himself/herself of the protection of that country, or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such an event, is unable or, owing to fear, unwilling to return to it...

Another research study by Vicseck (2008:90) investigated the media representation of refugees in the Hungarian press by examining two major

Hungarian dailies using content analysis techniques. The results showed that "refugees are represented in the print media as the products of political discourses and interests". The author endorsed this by saying that such representations of refugees as topics of political discourse markedly moves away from painting a picture of refugees as social groups needing genuine humanitarian intervention.

KhosraviNik (2008:12) set out to explore the manner in which refugees and asylum seekers were represented in British newspapers for an extended period of time. The study discovered that "refugees were represented both positively as people deserving protection, and negatively as social groups who posed a threat to the security and economy of the British society in the media, depending on the issue under discussion". During xenophobic attacks in South Africa, refugees were perceived as a threat since they represent cheap labour which, in the opinion of some South Africans, contributes to the country's high rate of unemployment and crime.

According to Agier (2008:99), churches and non-governmental organisations (NGOs) see each displacement or move of refugees as punctuated by physical and psychological wounds; interminable days of walking, hunger and death; the disappearance of parents, siblings or a spouse; movements of collective fear and panic; and the continuing search for shelter and a hiding place. In each displacement, refugees carry within themselves the experience of being undesirable and placeless. Agier (2008:102) says "what refugees need is fame". He further argues that it is better to make clear that refugees are not migrants and that only a political space, freedom, and political speech can return those who are nameless and voiceless to what we call a common world.

2.3   SOCIETY'S PERCEPTION OF A REFUGEE

Another aspect of the social representation of refugees is also evident in the sphere or environment of humanitarian agencies. Rajaram (2002:250) argues that many humanitarian organisations "project images of refugees as helpless and weak and in need of humanitarian assistance". Such organisational structures achieve this picture by presenting refugees as voiceless and passive beneficiaries

of institutional relief. In such disciplines, refugees are regularly denied the opportunity to produce their own discourses and stories. Rajaram continues to argue that the stories and experiences of refugees are told by non-refugee experts as spokespersons of refugees, who use highly technical language and institutional jargon to reflect refugee realities and experiences. Such studies emphasise the view held by Zetter and Soguk, as quoted by Haddad (2004:44), about the power of social representations of refugees by relief or humanitarian entities in silencing the voice of refugees.

Refugees Deeply (2018:3) reports that researchers in France found that no part of the population thinks that immigration or refugees had a positive impact on their country. The community felt that their "country is disappearing" and experience refugees as a threat to belonging and identity. It was also reported that some people felt unsafe and were worried about jobs due to high unemployment rates, just as in South Africa. Discussions suggested that some right-wing media outlets used this opportunity to promote 'fake news', for example crimes allegedly committed by refugees. On the other hand, liberal media has also been guilty of exaggeration, pretending that everything is 'rosy' and under-reporting negative stories.

Refugees Deeply (2018:7) conducted a study that looked at the four European countries that held the most negative views about refugees, concentrating on the Czech Republic and Hungary. According to this research, "the ruling party in Hungary (Fidesz) purposefully aimed to develop its electoral position through campaigns that painted refugees and migrants in a negative light". The party sampled large sections of the population and tested different messages about the presence of refugees in their countries, finding an anti-refugee frame that suited its cause. This led to the over-reporting of xenophobia and many supported the party.

Easey and Moloney (2009:510) said in some cases refugees are "stereotyped as a burden to host states and their societies". In exaggerated cases, as carriers of communicable diseases and other unwanted elements feared by host communities.

Haddad (2004:41) cited Soguk and Zetter who argue that refugees are normally reluctant to share their personal experiences; instead their stories are told by experts that represent particular institutions that administer or manage refugee affairs. Such experts often depict refugees as social groups with ruined and abnormal lives in need of reconstruction or being returned to normalcy. Haddad (2004:42) asserts that recent studies further contend that the state has been the main actor in the institutionalised separation practices against refugees.

An empirical study by Easey and Moloney (2009:111) regarding social understandings of refugees who originated from Africa explored social representations of refugees by host communities and found that they were based on the stereotypes host communities held about the very places from which resettled refugees hailed. The findings of their research study discovered that there was a link between the refugees from Africa and their social construction by host communities as poor, war-torn, and disease-ridden social groups. They concluded that such social or public discussions of host communities about African refugees resulted from negative stereotypes with which Africa as a continent is internationally associated.

The study of Easey and Moloney (2009) further demonstrated that media representations of refugees as social groups that are desperate greatly influence the discourses circulating in the host society at large. This linking of refugees to their place of origin, according to the study, is a characteristic feature of most host communities within which refugees are located.

2.4   LEGISLATION AND REFUGEES

Dalton-Greyling (2008, cited in Rugunanan & Smit, 2011:707) noted that in South Africa the term 'refugee' is used broadly to mean 'migrant, illegal migrant or asylum seeker', whereas an asylum seeker is defined as a person who is seeking recognition as a refugee. The Refugees Act 130 of 1998 states that a person will qualify for refugee status if that person:

> …owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his/her nationality and is unable or owing to such fear, unwilling to avail himself/herself of the protection of that country, or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such an event, is unable or, owing to fear, unwilling to return to it...

"The Act also guarantees refugees basic civil, social and economic rights, which includes recognition of their refugee status, full legal protection, right to IDs, the right to seek employment, and the right to primary education and basic health", as in the case of citizens of South Africa (Refugees Act 130 of 1998).

As a member of the International Labour Organization (ILO), South Africa is obliged to comply with the ILO Declaration on Fundamental Principles and Rights at work and to provide "decent work". This right is also embedded in the Universal Declaration of Human Rights, Article 23.1 (Clapham, 1998), as well as the International Covenant on Economic, Social and Cultural Rights, Article 6 (OHCHR, [Sa]), which both stipulate that states/parties to the present Covenant recognise the right to work, which includes the right of everyone to the opportunity to gain his/her living by work which he/she freely chooses or accepts, and will take appropriate steps to safeguard this right.

South Africa is also a signatory to international and regional instruments that protect refugees, such as:

- The 1951 UN Convention
- The 1969 Organisation for African Unity (OAU) Conventions

Legislation in South Africa is backed up by the Constitution of South Africa (1996), which pledges to provide for "all who live in the country, regardless of citizenship, nationality or country of birth" (Jacobsen & Landau, 2003:4). The Refugees Act 130 of 1998 guarantees freedom of movement and provides for the right to work and to access public healthcare and education services (Department of Health, 2010; Polzer, 2008:4), and specifies the procedure for applying for and granting of refugee status. Amendments to the Refugees Act 130 of 1998 promise to provide for better "asylum processing and protection" (United Nations High Commissioner

for Refugees, 2011). The amendments bring the definition of 'refugee' into line with the conventions and treaties mentioned above, which include defining refugees as those persons compelled/forced to leave their countries because of "events seriously disturbing or disrupting public order in either a part or the whole of [that] country" (United Nations High Commissioner for Refugees, 2011).

Notwithstanding claims that the Refugees Act 130 of 1998 is progressive and engaging in protecting refugees, refugees still bear the stress of police harassment, discrimination, and xenophobia (Madsen, 2004; Jacobsen & Landau, 2003; Consortium for Refugees and Migrants in South Africa, 2011). As a signatory, South Africa is constrained to respect the rights of refugees. South Africa promotes the view that refugees and asylum seekers should 'self-settle', rather than be restricted to refugee camps (Polzer, 2008; United Nations High Commissioner for Refugees, 2011).

Judge Keightley of the Gauteng Local Division of the High Court (Ramotsho, 2017) said refugee law is not a replacement to immigration, but about protecting people who are looking for a place of safety: "It is a human rights issue and not about the back door system to immigration." The judge highlighted that the process of seeking asylum is a struggle and a challenging process, therefore it is imperative that refugees get relevant help.

Murray and O'Sullivan (2005:173, 196) highlighted that different states may be responsible for private acts of violence against women, if they fail to act with "due diligence" to prevent, investigate, and punish acts that violate women's rights. They accentuated that South Africa is currently failing to act effectively and meet its international obligations, which arose from women's conventions, to address violence against women.

One can conclude from the above-mentioned facts that refugees as a social group find themselves strictly defined by larger dominant institutions, such as the state, and supranational entities, such as the UN. Their freedom of speech has been taken away from them.

Currently in South Africa, however, significant gaps continue to exist between international standards endorsed by the government, national laws and policies, and what women and children experience on a day-to-day basis. The challenge now is to translate these standards into reality at the local level and to fully tackle the problem, as well as its roots and underlying causes, with the necessary political commitment, accountability, and resources.

2.5   THE DIFFERENT WAYS A PERSON CAN BECOME A REFUGEE

Phillips and Hardy (2000:65) note that at an institutional level, refugees tend to be a product of lengthy acts by a variety of institutions and organisations whose interest rests upon the administration of refugee matters. These structures, argue Phillips and Hardy (2000:65), constitute government departments and NGOs, and different sectors construct refugees in accordance to their own agendas or expectations. In other words, refugees are defined differently at different times, both within and across the different institutions and agencies as a result of their changing institutional agendas.

Papadopoulos (2006:3) says, based on a psychological rather than a social, ethical or other realities, reactions to adversity and the results of having to go into exile or seek refuge in neighbouring countries can differ vastly from individual to individual depending on a variety of different variables, such as: personal history, family, gender, power position, circumstances of the actual stressful events, meaning given to the events and the experience of these events, and hope or lack of hope.

Rueckert (2017:3) highlights five reasons why people become refugees. The author states that the most common reason people become refugees is persecution, which can take many forms such as: religious, national, social, racial, or political. Studies have revealed that 46% of refugees who came to the United States of America (USA) in 2016 were Muslim, 44% were Christians, and the remaining 10% were a combination of Hindus, Buddhists, and Jews. The other point highlighted by the author is that most of history's refugees have been the

direct or indirect product of war. "Currently, the largest group of refugees in the world are those fleeing civil conflict in Syria" (Rueckert, 2017:4).

In 2013, the United Nations High Commissioner for Refugees (UNHCR) reported that 20 million people in four North African and Middle Eastern countries, namely Somalia, South Sudan, Nigeria and Yemen, were facing extreme drought and many of these individuals were becoming refugees, forced from their homelands in search of stable food sources. Refugees fleeing hunger can of course be escaping from other factors at the same time, including the rise of extremist groups like Boko Haram in Nigeria and the impacts of climate change. Studies estimated that in the next 83 years, 13 million coastal dwellers could be displaced by climate change, joining the teeming mass of refugees and displaced people (UNHCR, 2013).

2.6   THE RISKS REFUGEES FACE

The seriousness of their situation can lead refugees to take risks they would not otherwise take, exposing them to dangers that other migrants would take care to avoid. The trauma embedded in the refugee experience also plays a role, as the after-effects normally rob them of their inherent defence mechanisms and increases their tendency to engage in risky behaviour. These issues render them ideal targets for those who prey on the powerless and defenceless.

Wilson (2011:2) reported that the major risk refugee's face is the "disturbance of family and community institutions that may have protected them in the past. Families are often separated at refugee camps while fleeing, leaving women and children vulnerable". The presence of foreign troops and officials in refugee camps creates an increased demand for sexual "services", leaving unaccompanied females particularly at risk. The social structures that may have accommodated them in their home communities are frequently broken down as well. The lack of safety, financial constraints, and absence of emotional support leave many refugees hopeless, homeless, needy, and at risk of being exploited. According to Wilson (2011:5), studies have revealed that traditional justice systems no longer exist for refugees, leaving them without legal aid, support, defence, or

representation. Each stage of a refugee's journey brings exposure to specific risks. Once they are fleeing and escaping, refugees face new dangers. The compelled and difficult nature of their migration often leads them to take desperate measures, including seeking the help of smugglers to get them across international borders. These illegal traffickers may harm those they are helping, or they may work in close partnership with drug, sex, labour, and human traffickers. The refugees are also vulnerable to exploitation by corrupt border patrol and labour enforcement agents, and even security personnel.

The UNHCR (2017) reported that it "has received deeply worrying reports of refugees and migrants kidnapped, held against their will for several days, physically and sexually abused, tortured or coerced by smugglers and criminal gangs at several points along key routes."

Once settled in the country of asylum, a refugee's possibility of being harmed or endangered does not end. Wilson (2011:5) said: "the unattended mental effects of trauma can leave a refugee less likely to access social support networks and render him/her unemployed." They face obstacles to legal employment, such as lack of authorisation, unfamiliarity with local employers and employment practices, and language or dialect issues. The desperation created by such barriers can force women and children into prostitution. Wilson (2011:7), also asserted that refugees are at particular risk for "human trafficking, as a result of their vulnerability due to the seriousness of losses they have experienced, and their unsafe life situations until substantial solutions become available." The UNHCR (2009) also asserted that trafficking risks for refugees are at ever-increasing levels worldwide.

Rugunanan and Smit (2011:1) indicated in their study on refugees and asylum seekers in Johannesburg, South Africa, that refugees and asylum seekers tended to be urbanised, well-educated with some sort of higher level education, and multilingual. A joint study of the Forced Migration Studies Programme at the University of the Witwatersrand in Johannesburg and the Refugees and Forced Migration Programme at Tufts University, Boston, reflected similar findings, namely that non-nationals were better educated and predominantly city oriented,

and had either been entrepreneurs or in specialist positions in their country of origin (Jacobsen & Landau, 2003).

Ojong (2012:142) affirms that migrant and refugee entrepreneurs are responsible for widespread changes in patterns of development and innovation in entrepreneurial practices in cities. The products and marketing strategies are new, for example the provision of foreign goods such as African fabrics, and hair and skin products which are predominantly supplied by women as a means of surviving economically in a foreign land. Despite their level of education and entrepreneurial skills, the "new lives" awaiting refugees seem not to be better than the lives they have fled, as they are continuously subjected to xenophobic attacks and unemployment.

2.7   THE EFFECTS OF BEING A REFUGEE

Lindencrona, Ekblad and Haff (2008:121) state that refugees have experienced severely stressful events because of political or religious oppression, war, migration, and resettlement. Before being forced to flee, refugees may experience imprisonment, torture, loss of property, malnutrition, physical assault, extreme fear, rape, and loss of livelihood. While fleeing, refugees are often separated from family members, robbed, forced to inflict pain or kill, witness torture or killing, or lose close family members or friends, and suffer acute environmental conditions. Lindencrona et al. (2008:125) emphasise this by saying that the most outstanding effect of all the experiences of refugees is that of betrayal, either by their own people, by enemy forces, or by the politics of their world in general. All these negative experiences have affected refugees' health and their ability to develop trusting interpersonal relationships, which are critical to resettlement and healing.

According to Quiroga and Jarason (2005:77), "torture continues to be reported as an independent predictor of medical and psychiatric illness in refugees of war." Lindencrona et al. (2008:122) assert that tortured refugees experienced emotional trauma and sometimes they are in need of physical healing that must be carefully assessed and treated.

Nicholson and Twomey (2000:254) quoted a refugee from Europe, who said:

> We lost our home, which means the familiarity of daily life. We lost our occupation, the confidence that we of some use in this world. We lost our language, the naturalness of reactions, the simplicity of gestures, the unaffected expression of feelings. We left our relatives in the Polish ghettos and our best friends have been killed in the concentration camps, and that means the rupture of our private lives.

2.8 AGENCIES LOOKING INTO THE EXPOSURE OF REFUGEES

Violence against women and children is neither justifiable, nor acceptable. With the necessary political will, and suitable and enough resources, violence against women and children could be completely reduced and eventually eradicated. Human rights treaties, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), as well as the Constitution of South Africa (1996) and the laws of South Africa, guarantee women and children the right to live their lives free from violence. According to the South African CEDAW report (South Africa, 2008:2, 4, 64), the Government ratified the CEDAW in 1995 without reservation.

There is a wide variety of influential parties, organisation in political, social, and other spheres that hold particular perceptions and produce particular kinds of discussions about refugees. Haddad (2004:40) cited the following argument by Zetter and Soguk:

> …states define and construct refugees as objects of their administrative bureaucracies, non-governmental organisations (NGOs) conceptualise refugees in terms of damaged social groups that need organisational interventions such as a relief, and the media, in all its forms, usually constructs refugees in negative terms.

Therefore, institutional and public descriptions of refugees are largely motivated by the respective interests of the institutional entities concerned.

Zetter, as cited by Haddad (2004:46), states that the discourses of institutions about refugees tend to influence how refugees are perceived by the general public and eventually affect how refugees define themselves. Agier (2008:98)

substantiates this by saying that "refugee's face globalisation of their political debaters, at the same time as a sharp confrontation with nation-states, from the painful experience they have of national borders, and from their quest for institutional recognition and the rights associated with this."

South Africa is one of the signatories to international and regional instruments that protect refugees. The granting of refugee status in South Africa is based upon the definition of a refugee, as stated in the Refugees Act 130 of 1998 and supported by the 1951 UN Convention, the 1969 OAU Conventions, and the International Covenant on Economic, Social and Cultural Rights, namely that a refugee is:

> A person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his/her nationality and is unable or owing to such fear, unwilling to avail himself/herself of the protection of that country, or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such an event, is unable or, owing to fear, unwilling to return to it...

Therefore, any applicants whose stories do not reflect or coincide with the contents of the Office of the United Nations High Commissioner for Human Rights for South Africa's ([sa]) clause upon the time of his/her application is deemed a non-refugee. One can deduce that in order to acquire refugee status, an applicant has to present stories of suffering, helplessness, hopelessness, persecution, damage, crisis, and other related negative experiences in order to convince the Home Affairs officers to grant him/her refugee status. By strictly defining the criteria for deciding whether a person should be recognised as a refugee or not, the UN refugee clause effectively creates refugees by its own definition of refugees.

The direct and entire relationship between the state and the citizen effectively excludes refugees as strangers and pushes them outside the intimate state-citizen relationship (Noronha, 2013). In the current state of affairs, where nation-states are defined by, among other things, their territoriality and citizenry, the refugees are seen as a threat, a burden, infiltrators, and aliens at worst.

Soguk, cited by Haddad (2004:43), maintains that the social context discussions about refugees spread by nation-states lead to the problematisation of refugees as troublesome, wounded, and restless, and therefore requiring institutional treatment and control. Soguk also emphasised that such "conceptualisation of refugees by nation-states reduces refugees to voiceless and pathologic peripheral social groups" (Haddad, 2004:43).

According to Rugunanan and Smit (2011:714), the xenophobic attacks in May 2008 affected the lives of many foreigners in South Africa. In the attacks, 62 people died, many were injured and raped, and 25,000 were displaced from the "homes" they created for themselves in South Africa.

The study further revealed that political discourses of refugees at the highest level of government greatly affected the social representations of refugees and asylum seekers in media outlets. Such findings reflected another finding of a study by Vicseck (2008) carried out to establish the links between political and media discourses of refugees.

2.9 CONCLUSIONS

In conclusion of this chapter, refugees face a lot of risks daily, and it seems as if in many instances they are being treated as objects by different stakeholders or institutions, rather than human beings with feelings.

CHAPTER 3
SEXUAL VIOLENCE AGAINST REFUGEE WOMEN

3.1   INTRODUCTION

Sexual violence occurs throughout the world. It can have psychological, emotional, and physical effects on a survivor. This chapter will look at the concept of sexual violence, the extent of sexual violence in South Africa and internationally, different forms of sexual violence, reasons that women are raped, the extent and statistics on sexual violence, legislation and sexual violence, the risks of being sexually abused, the effects of sexual violence on a woman and specifically on a refugee woman, the needs of a woman who was exposed to sexual violence, and the healing process of the victim of sexual violence.

3.2   DEFINING SEXUAL VIOLENCE

The ugly truth about rape is that it is a sadistic crime that has nothing to do with desire. It can happen to anyone – women, children, babies, and the elderly – regardless of race, sexual orientation, culture, or background. No one asks to be raped and it is devastating to the victims. According to the WHO report on sexual violence worldwide (Wihbey, 2011:149) it is a very serious crime and it is all about power. Many do not report rape for many reasons. Some of these reasons are fear of persecution, societally or within their families if the perpetrator is a relative; a lack of trust in law enforcement; fear of revenge by the perpetrator/s; or a financial loss in instances where the victim is being financially supported by the perpetrator/s. Moreover, some victims or survivors of rape are rendered invisible by their positionality, while undocumented refugee/migrant women or sex workers might not report rape due to fear of further discrimination, persecution, or hate crimes. Thus, rape statistics might not accurately reflect the endemic nature of gender-based violence in South Africa.

The WHO defines sexual violence as follows (Butchart, Garcia-Moreno & Mikton, 2010:149):

> …any sexual act, 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 and work.

3.3   THE EXTENT OF SEXUAL VIOLENCE IN SA AND INTERNATIONALLY

The World Report on Violence and Health (WHO, 2002) reports that perpetrators of sexual violence are often motivated by a desire for power and control. Given these motivating forces, rape is common in situations of armed conflict and internal strife. An act of forced sexual behaviour can be life-threatening. Like other forms of torture, it is often meant to hurt, control and humiliate, violating a person's innermost physical and mental integrity. Perpetrators of sexual violence can include family members, for example where a parent is sexually abusing a child. Bass and Davis (1994:285) in their book reported many instances of children experiencing incest.

Coomaraswamy (2002b:40) substantiates this by saying that sexual violence is a gross violation of fundamental human rights and, when committed in the context of armed conflict, a grave breach of humanitarian law. Coomaraswamy (2002b:42) also reported that:

> …in some countries, there are also other forms of violence against women linked to particular traditional or cultural practices, such as violence related to dowry in South Asia, and honour killings (in which a woman who has been raped is murdered by a male of her family to protect the family's honour) in parts of Asia and the eastern Mediterranean.

Bourgois (2003:138) describes how young men feel pressured by roles of "successful" masculinity and family structure passed down from their parents and grandparents, together with modern ideals of manhood that also place an emphasis on material use. Due to a high rate of unemployment, they are unlikely

to attain either of these models or expectations of masculine "success". In these circumstances, ideals of masculinity are reshaped to emphasise misogyny, substance abuse, participation in crime, and often xenophobia and racism. Bourgois (2003:140) asserted that "gang rape and sexual conquest are normalised, as men turn their aggression against women they can no longer control patriarchally or support economically." He also argued that men raised in families with strongly patriarchal structures are also more likely to become violent, to rape and use sexual force against women, as well as to abuse their intimate partners, than men raised in homes that are more egalitarian.

According to the Department of Social Development (DSD) (2014:10), the true extent of violence against women is impossible to measure, as only a small quota of all acts is reported and investigated. Nevertheless, there is enough national and global evidence that violence against women manifests in a continuum of multiple, interrelated and sometimes recurring forms. It can involve physical, sexual, psychological, and emotional abuse and economic exploitation, and can be experienced in a range of settings across both private and public spheres. The DSD (2014:15) goes on to say:

> These forms of violence include, but are not limited to, domestic violence, sexual violence by non-partners, marital rape, date rape, stalking, sexual harassment, sexual exploitation, domestic homicides, and harmful traditional practices, such as forced child marriages and female genital mutilation.

Women also experience violence during the course of their lives in different ways and surroundings, and many forms of violence are extended against women of all ages. Violence against women can also surpass national boundaries and the available data suggest that South Africa is a source, transit, and destination country for women subjected to forced labour and sex trafficking.

The World Report on Violence and Health (WHO, 2002) stated that statistics on sexual violence specifically come from police, clinical settings, non-profit organisations (NPOs), and survey research. In general, sexual violence has been

a neglected area of research. The available data are sparse and divided. Police statistics are often incomplete and limited. For fear of victimisation, and other unknown reasons, many women do not report sexual violence. Data from medico-legal clinics, on the other hand, may favour the more violent incidents of sexual abuse. The portion of women who do seek medical services for quicker interventions related to sexual violence is also minute.

According to a survey conducted by the South African Medical Research Council (2017) in South Africa, a rape occurs every 17 seconds in South Africa. One in two women admits to being raped, one in four men admits to having raped someone, and one in seven men admit to being part of a gang rape. Three in four men said they perpetrate violence against women. Other staggering statistics are that 144 women report a rape every day and only one in 25 cases is reported to the police. Out of the rape cases that are reported, 45% are child rapes, and 50% of South African children will be abused before the age of 18.

 DSD (2014:6), also highlighted that the high level of violence against women and children is particularly alarming and continues to have a devastating and lasting effect on survivors. It also harms communities and families across generations and constitutes one of the key drivers of the HIV epidemic in the country. Violence undermines social and economic development; it reinforces intergenerational cycles of poverty and inequalities; and impedes progress towards achieving the Millennium Development Goals (MDGs), the National Development Plan (NDP) 2030, and the realisation of human rights.

The Protocol on Gender Development (SADC, 2009:124) reveals that violence against women includes physical, sexual, economic, and psychological abuse, and shows no discrimination in terms of boundaries of age, race, wealth, or geography. Globally, it is estimated that one in every three women faces some form of violence during her life and one in every five women will become a victim of rape or attempted rape in her life.

3.4   DIFFERENT FORMS OF SEXUAL VIOLENCE

Garcia-Moreno and Watts (2011:2) state that "violence against women takes many forms, including physical, sexual, and psychological, and it can occur in the family, in the community, or perpetrated by the state." Intimate partner violence, rape, and other forms of sexual abuse are almost universal.

Herbele and Grace (2009:15-16) assert that "sexual violence can describe forms of molestation that do not include penetration, or even violence that does not include physical contact, such as verbal harassment." They further say that "victims of sexual violence are sexually objectified", meaning the assailant views his/her victim as a mere thing, a being that is either not human or less than human. According to Ndulo and Grieco (2009:329), the definition of sexual violence "encompasses a wider variety of abuses that includes sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution, sexual bartering, torture, insertion of objects into genital openings and attempted rape or actual rape."

According to the Pennsylvania Coalition Against Rape (PCAR) (2007:11), there are many definitions of sexual violence in our society, all of which are influenced by social, economic, political, and cultural forces and perspectives. The rape crisis movement has strived to define sexual violence clearly from the perspectives of victims and survivors, while taking into consideration that individuals define and experience sexual violence in distinctive ways/manners. The PCAR ([sa]:33) says:

> Sexual violence is perpetuated or sustained by a rape culture – a system of attitudes, beliefs, messages, inequities, and acts that support sexual aggression and violence. Sexual violence occurs within a context of oppression, including sexism, racism, ableism, heterosexism, ageism, and classism.

According to the World Report on Violence and Health (WHO, 2002:149), sexual violence includes rape, which is defined as physically forced or otherwise coerced penetration, even if minor, of the vulva or anus, using a penis, other body parts, or

an object. It can also include other forms "of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva, or anus" (WHO, 2002:149). Rape of a person by two or more perpetrators is known as gang rape.

3.5   REASONS THAT WOMEN ARE RAPED

According to Gavey (2009:96), "rape is not an inevitable outcome of sexual difference". Rather it is made up by authoritative discourses of sex and gender that place men as normatively or behaving correctly and naturally both sexually driven and aggressive/violent, and women as sexually passive and vulnerable. She further argues that it is a "gendered grammar violence" which not only constructs women as the objects of men's violence, but also as the subjects of fear. Sigusch (2004:12) says that feminists assert that women have to defend themselves, not necessarily by self-protection, but by means of cultural transformation or change, challenging what society has taken or adopted as the normal and natural forms of feminine and masculine personification.

In most settings, a woman seeking medical treatment after a rape may be required to first report her case to the police in order to get a medical referral. This prerequisite, in turn, may expose women to further violence. South Africa is a culprit of such practices.

Ward and Marsh (2006:12) report that victims of rape in Darfur, for example, have been jailed for unwanted pregnancies happening outside of marriage. A 16-year-old Sudanese girl who suffered the rejection of her family and fiancé experienced additional abuse at the hands of police:

> When I was eight months pregnant from the rape, the police came to my hut and forced me with their guns to go to the police station. They asked me questions, so I told them that I had been raped. They told me that as I was not married, I will deliver this baby illegally. They beat me with a whip on the chest and back and put me in jail. There were other women in jail who had the same story. During the day, we had to walk to the well four times a day to get the policemen water, clean and cook for them. At night, I was in a small cell with 23 other women. I had no other food than what I could find during my work during the day. And the only water was what I drank at the well. I

stayed 10 days in jail and now I have to pay the fine 20,000 Sudanese dinar they asked me. My child is now two months old.

To those who were rejected by their family and community, and who also do not receive basic psychological help, the emotional effects of their exploitation may be as weakening as any physical harm.

Mukamana (2008:15) reports that rape survivors in Rwanda still live under continuous afflictions or discomfort, which minimises their employability and their ability to take care of their families. One such survivor, who was gang raped and beaten unconscious during the genocide, woke up only to witness the killing of people all around her. Ten years later, she said:

> I regret that I did not die that day. Those men and women who died are now at peace whereas I am still here to suffer even more. I am handicapped in the true sense of the word. I do not know how to explain it. I regret that I am alive because I have lost my desire for life. We survivors are broken-hearted. We live in a situation which overwhelms us. Our wounds become deeper every day. We are constantly in mourning.

3.6   LEGISLATION AND SEXUAL VIOLENCE

There are various forms of sexual violence, rape being the one most commonly referred to. The legal definition of rape varies from country to country. In many societies, it is defined as sexual intercourse with another person without their consent. Rape is committed when the victim's resistance is overcome by force or fear, or under other coercive conditions. According to South Africa's Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, "any person (A) who unlawfully and intentionally commits an act of sexual penetration with a complainant (B) without the consent of B, is guilty of the offence of rape." However, many forms of sexual violence do not fall under the strict definition of rape, such as insertion of objects into genital openings, oral and anal coitus, attempted rape, and the infliction of other sexually abusive acts. Sexual violence can also involve the use or threat of force in order to have sexual acts performed by third persons.

Masemola (2017:2) states that complaints of rape are treated leniently by the police, particularly if the assault is committed during a date or by the victim's husband. Where police investigations and court cases do proceed, the procedures are either extremely lax or corrupt, with legal papers being "lost" in return for bribes, for example.

According to the MDGs: Country Report 2013 (South Africa, 2013:51), since 1994 South Africa has introduced a raft of laws that directly address gender issues, has ratified a range of gender-related international conventions and instruments, and has established structures to address the above problems and protect women.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (African Commission on Human and Peoples' Rights, 2005), Article 3, states that every woman shall have the right to dignity inherent in a human being and to the recognition and protection of her human and legal rights. Accordingly, every woman shall have the right to respect as a person and to the free development of her personality. It is further stipulated that state parties shall adopt and implement appropriate measures to prohibit any exploitation of women, be it sexual, verbal or through any form of violence (African Union, 2003:7).

The Constitution of the Republic of South Africa, 1996, stipulates that every person has the right to life and dignity, which has to be respected and protected. Moreover, no one should be subjected to slavery or forced labour. In South Africa, the Domestic Violence Act 116 of 1998 condemns violence against women.

3.7   THE RISKS OF BEING SEXUALLY ABUSED

Wenzel, Tucker, Elliott, Marshall and Williamson (2004:144) argue that those vulnerable to sexual violence are firstly women, especially the destitute and those living in shelters in remote areas of detention, secondly adolescent girls and boys, particularly if they live alone or with only one parent and are of a low socio-economic status, and thirdly, displaced individuals and refugee communities.

Chapter six of the World Report on Violence and Health (WHO, 2002:156) indicates that studies have revealed that the social environment within a community is usually more important than the physical surroundings. The beliefs of a community regarding male dominance and male entitlement to sex will greatly affect the likelihood of sexual violence taking place in that community (WHO, 2002:156): "For instance, in some places, even some refugee camps, it has been found that rape and gang rape can sometimes occur in public, with passers-by refusing to intervene due to fear of the perpetrators."

Butchart et al. (2010:111) assert that sexual violence can happen to anyone regardless of age, race, income level, ethnicity, religion, sexual orientation, or education level. However, certain vulnerabilities or risk factors contribute to sexual violence victimisation and perpetration; poverty is among those factors.

The PCAR (2007:11) substantiates that poverty is among the root causes of sexual violence and has a daily presence in the lives of many victims and survivors. Research shows an unquestionable link between poverty and sexual violence. Sexual violence can endanger a person's economic well-being, often leading to homelessness, unemployment, interrupted education, general health and mental health issues, and other daily stressors and struggles of life. In turn, living without having one's basic needs met can increase a person's risk for sexual victimisation. Perpetrators of sexual violence target individuals who seem vulnerable – whether due to gender, age, race, disability, sexual orientation, immigration status, income, or other reasons.

Poverty is linked to both the perpetration of sexual violence and the risk of being a victim of it; it forces many women and girls into occupations that carry a relatively high risk of sexual violence like prostitution. Poor women and girls are more at risk of rape in the course of their daily tasks than those who are better off financially, for example when they walk home on their own from work late at night, work in the fields, or collect firewood alone. "Several authors have argued that a critical point of masculine identity contributes to the relationship between poverty and the carrying out of sexual violence" (Kalra & Bhugra, 2013:10)

The PCAR (2007:24) states that there is much research to suggest a connection between homelessness and sexual violence. Sexual assault is both a forerunner to and a consequence of homelessness. Numerous challenges affect the daily lives of people who live on the street, with the majority being women and children.

According to a study conducted by Moyo, Patel and Ross (2015:20) on homeless people in Hillbrow, South Africa, the common difficulties faced included violence, mistreatment by police, sexual abuse, and limited access to proper healthcare. Additionally, Tembe (Cape Town Project Centre, 2015), a researcher participating in a homelessness research collaboration known as the Homeless Summit, observes that many street members have difficulty accessing food, sanitation, and safety.

Hynes and Lopes (2000:819) share this sentiment: "people with heightened risk perception and those who were personally victimised or witnessed sexual and gender-based violence during childhood, or being homeless are prone to subsequent victimisation or perpetration of sexual and gender-based violence themselves."

Feller, Turk and Nicholson (2005:336) say that women are specifically targeted for violence because of the symbolism of gender roles. They further argue that during war, "women's bodies become highly allusive and the physical territory for a broader political struggle in which sexual violence, including rape, is used as a military strategy to humiliate and demoralise an opponent."

In most cases, women and girls, either disabled or not, are the ones vulnerable to rape or sexual violence. This is asserted by the following statement by Greco and Dawgert (2007:11): "…perpetrators of sexual violence often target individuals who lack power in the larger society, such as women; people with disabilities; elders; children; teens; people of colour; lesbian, gay, bisexual, and transgendered individuals; and immigrants, migrants, and refugees." Perpetrators deliberately target individuals who will be less likely to report the incident, or when they do tell someone, are less likely to be believed or deemed reliable.

Sustainable Development Goal (SDG) 5 of the United Nations Children's Fund (UNICEF) (2014:11) states that achieving gender equality for women and girls is crucial to achieving the world we want. Women and girls face particular vulnerabilities and threats, which must be explicitly tackled. The MDGs created a strong foundation with a clear focus on gender equality that has been carried forward in the proposals of the Open Working Group (OWG). They also focus on discrimination, and there is an explicit mention of the sexual violence and exploitation faced by women and girls, forced marriage, female genital mutilation, and the recognition of unpaid and domestic work.

MDG 3 promotes gender equality and the empowerment of women, with the aim to eliminate gender disparity in primary and secondary education by 2015 (UN, 2015). However, not much has changed.

3.8 THE EFFECTS OF SEXUAL VIOLENCE ON A WOMAN AND SPECIFICALLY ON A REFUGEE WOMAN

Sexual violence has an overwhelming impact on the physical and mental health of the victims. The World Report on Violence and Health (WHO, 2002:60) states that it can cause physical injury and it is associated with an increased risk of a range of sexual and reproductive health problems, with both short- and long-term results. "Its impact on mental health can be as serious as its physical impact, and may be equally long-lasting" (WHO, 2002:60). Deaths following sexual violence may be as a result of suicide, HIV infection, or murders of "honour".

The World Report on Violence and Health (WHO, 2002:64) states that violent or forced sex can increase the risk of transmitting HIV. In forced vaginal penetration, abrasions and cuts commonly occur, thus facilitating the entry of the virus through the vaginal mucosa, especially when the perpetrator is HIV positive. Studies have asserted that being a victim of sexual violence and being susceptible to HIV share a number of risk behaviours. The World Report on Violence and Health (WHO, 2002:164) accentuates this by saying "forced sex in childhood or adolescence, for

instance, increases the likelihood of engaging in unprotected sex, having multiple partners, participating in sex work, and substance abuse."

Sexual violence can also deeply affect the social well-being of victims; individuals may be stigmatised and rejected by their families and others as a consequence. According to the MDGs: Country Report 2013 (South Africa, 2013:55) in most third world countries, it is found that "family response to sexual violence blames women without punishing men, concentrating instead of restoring 'lost' family honour." Such a response creates an environment in which rape can occur with punishment. Recently in South Africa a woman has been sentenced to life imprisonment for being involved in the rape of her two-month-old baby. Because of this judgement, the Gauteng Department of Social Development said it will pursue the person who raped this two-month-old baby, as the mother cannot be judged alone and the perpetrator left out (Maughan, 2018). Modern families often try to protect their women from rape and may also put their daughters on contraception to prevent visible signs should it occur. The researcher is of the opinion that there is not much social pressure to control men or persuade them that forced sex is wrong.

Bassuk and Melnick (2000:110) state that traumatic experiences such as sexual violence can interfere with caregiving commitments, pursuing of goals, and the ability to hold a job, while the progressing effects of trauma increase the risk of developing stress-related illnesses.

Sexual assault is consistently linked to increased rates of post-traumatic stress disorder (PTSD), suicidal ideation, and depression. The DSD (2014:19) reports that depression is one of the most common consequences of sexual and physical violence against women. Women subjected to violence are more likely to abuse alcohol and drugs, and to report sexual abnormalities, suicide attempts, PTSD, and central nervous system disorders. "Physical injuries can include broken bones and chronic health conditions. Reproductive health consequences can include gynaecological problems, sexually transmitted infections (STIs), unwanted pregnancies, and problems with childbirth" (Rainn 2018:2). Rainn (2018:2) states that self-harm, eating disorders, dissociation, sleep disorders, sexual abuse, and

flashbacks are some of the effects which can also be observed in clients who have been sexually molested. According to Bass and Davis (1994:55), "in a rigidly controlled family system where the abuse is hidden and all appearances are normal, anorexia or bulimia can be a cry for help."

According to the DSD (2014:20), violence against women also harms families and puts children significantly more at risk of health problems, poor school performance, and behavioural and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life. The cruelty of sexual violence is that it can destroy the lives of women, but more so, take their lives away, render them homeless, powerless, hopeless, and helplessness. "In 2011/2012 that 2,286 women were murdered in, which represented 14.6% of contact crimes reported against women during that period" (DSD, 2014:21).

The Protocol on Gender Development (SADC, 2009:124) states that violence against women has far-reaching consequences, harming families and communities. It not only violates human rights, but also hampers productivity, reduces human capital, and undermines economic growth. As a result of violence, women may suffer poor health, isolation, an inability to work, loss of wages, lack of participation in regular activities, and a limited ability to care for themselves and their children.

A study by Mukamana (2008) also asserts that domestic violence often escalates in refugee situations, due to the enormous pressures of refugee life, for example, having to live in closed camps without any personal privacy.

3.9   THE NEEDS OF A WOMAN WHO WAS EXPOSED TO SEXUAL VIOLENCE

The fundamental assumption of the multi-sectoral approach is that gender-based violence, including sexual violence, cannot be sufficiently addressed through the provision of services within a single sector. This calls for holistic, inter-organisational and inter-agency efforts across the health, social services, legal, and security sectors. These efforts must promote participation of the constituent

community, interdisciplinary and inter-organisational cooperation, and collaboration and coordination among stakeholders.

Ward and Marsh (2006:8) suggest that relevant actors from each of the sectors may include:

- The health sector: health facility administrators, doctors, nurses, midwives, traditional birth attendants, community health workers, traditional healers, and health ministry officials.
- The psychosocial sector: social workers, counsellors, teachers, and representatives of the ministry responsible for social welfare.
- The legal/justice sector: judges, legislators, lawyers, NGOs, and legal aid/advocacy groups, as well as representatives of the Ministry of Justice.
- The security sector: police, international and national military, and representatives of the Ministry of Interior.

The multi-sectoral model clearly indicates responsibilities which are unique to each sector. Ideally, the different sectors should be involved in the activities included below in order to address the needs of women and girls affected by gender-based violence. Ward and Marsh (2006:11) further propose the following:

- The health sector should actively screen clients for gender-based violence; ensure same sex interviewers for individuals who have experienced sexual violence and/or gender-based violence; respond to the immediate health and psychological needs of the woman being exposed; institute protocols for treatment, referral and documentation that guarantee confidentiality; provide gender-based, violence-related services free of cost; and be prepared to provide forensic evidence and testimony in court when authorised by the individual.
- The psychosocial sector should be able to provide continuous psychological help, which requires the training, on-going monitoring, and assessment of social workers and community services workers; confidentially gather and compile statistics; and facilitate referrals for other services. There should also be income-generating projects that will promote financial self-sufficiency for women.

- The legal sector should be able to provide free or low-cost legal counselling, representation, and other court support to women who have been exposed to sexual violence; review and revise laws that reinforce gender-based violence; and monitor court cases and judicial processes concerning refugee cases. The security, police, military, and peacekeeping personnel should attend workshops about sexual violence; be held to zero-tolerance codes of conduct; and be trained on how to properly intervene in cases of gender-based violence. They should have private rooms for engaging with individuals who have been exposed to sexual violence; ensure same sex interviewers; refer to relevant stakeholders; collect standardised and variable data on incidents; and establish specialised units to address gender-based violence.

- Health, psychosocial, justice, and security sectors should encourage and train the community to participate in gathering data and reporting such data immediately, as well as conducting their own monitoring and evaluations. Departments can form referral networks, share information, and actively participate in regular meetings with representatives from the various sectors or stakeholders; this will help to tackle the needs of women who have experienced sexual violence holistically and effectively. The needs of women who have experienced sexual violence should be put first, they should be treated with respect and dignity, their personal information should be kept confidential, and their personal safety should be guaranteed.

- Measures should be taken to minimise potential stigma for women who have experienced sexual violence and awareness about sexual violence should be raised in the community. There should be options for women to be able to exercise the right to choose the course of medical and psychosocial treatment, police intervention, and legal support.

Another crucial element of the multi-sectoral approach is close partnership with local women groups and, if relevant, representatives from the ministry responsible for women affairs. Women should be encouraged to participate from the beginning in gender-based violence programmes and uphold an active role continuously, assessing, evaluating, and developing the programme. It is imperative that they

should be decision makers, which will empower them and help them to take ownership of these programmes and conduct them from their own perspectives.

The 2003 UNHCR Guidelines for Prevention and Response (UNHCR, 2003) are intended to be used by the staff of the UNHCR, UN agencies, inter-governmental and NGOs, and host government agencies who provide protection and assistance to refugees and persons of concern to the UNHCR. In recognising that sexual and gender-based violence is being prolonged by unequal power relationships between women and men, the guidelines provide a new angle to the problem, encouraging strategic collaborations, including men and women, national and international human rights NGOs, the UNHCR, other UN agencies, and states to promote change in their respective communities. They also emphasise the importance of involving the refugee community, especially women, in planning, implementing, and evaluating activities designed to prevent and respond to sexual violence. The DSD is funding a number of projects in South Africa which are aiming to assist women who have encountered sexual violence and other gender related abuse.

3.10   THE HEALING PROCESS OF THE VICTIM OF SEXUAL VIOLENCE

The experiences of individuals who have suffered sexual violence differ from person to person, and so does their recovery or healing – it is a process that can take months for some, and years for others. According to Rainn (2018:3), survivors can decide to seek support from a therapist after sexual abuse, or from family, friends, and community members.

According to Bass and Davies (1994:67):

> The commitment to heal rises from a different set of life circumstances for each survivor: A young girl who turns her father in for molesting her may be ordered by the court to go to therapy. A twenty-five-year-old woman may get married and suddenly find that she cannot maintain the intimacy she felt with her husband before their wedding. A thirty-year-old may start to feel crazy when her daughter reaches the age she was when her own abuse began. An older woman might decide to heal at the funeral of her abuser.

One woman did not get help until she was hospitalised for eating difficulties. Healing is not always a matter of choice; one woman was quoted saying that it was a compulsion (Bass & Davis, 1994:67).

3.11 CONCLUSIONS

In conclusion, the researcher is of the opinion that everybody has a strong, inborn desire to heal and to be made whole. Every person has a strong will to seek relief from pain when given an opportunity in life. Survivors of sexual violence need to be given an opportunity to tell their stories according to their frame of reference and be assured that they have been heard and be told that healing is a process and is possible.

CHAPTER 4

RESEARCH METHODOLOGY AND RESEARCH FINDINGS

4.1   INTRODUCTION

In this chapter the researcher will present, discuss, and analyse data that were collected using six refugee women from two shelters for abused women in Pretoria Central. The researcher collected data through the use of semi-structured interviews, since the aim was to explore and understand the lived experiences of refugee women who have experienced sexual violence. Refugee women were given an opportunity to voice their personal experiences regarding their exposure to sexual violence by means of an interview schedule.

The research report consists of the following five chapters:

- **Chapter 1:**
  An introduction and general orientation to the research report was provided, with specific focus on the following: theoretical framework, rationale and problem statement, goal and objectives, research approach, type of research, research design, research methods, study population and sampling, data collection, data analysis, pilot study, ethical considerations, and chapter outlines.

- **Chapter 2:**
  This chapter focusses on refugees as a phenomenon.

- **Chapter 3:**
  This chapter provides a literature review on the effects of sexual violence on refugee women.

- **Chapter 4:**
  Chapter 4 provides a discussion and analysis of the empirical data.

- **Chapter 5:**

  Chapter 5 presents the conclusion and recommendations pertaining to the research findings.

The data that were collected were analysed and certain themes and sub-themes were identified. The content of the latter will be discussed in this chapter and supported by relevant literature.

To attain the goal of the research study, the following objectives were pursued:

- To conceptualise and describe sexual violence as phenomenon.
- To conceptualise and describe the status of refugee women.
- To explore and describe the effects of sexual violence on refugee women.
- To explore and describe the experiences and challenges of refugee women that are exposed to sexual violence.
- To formulate recommendations that can be taken in consideration during therapeutic interventions.

4.2   RESEARCH METHODOLOGY

4.2.1   RESEARCH APPROACH

Fouché and Delport (2011:65) are of the view that "a study is qualitative if the purpose of the study is primarily to describe a situation, phenomenon, problem or event." They affirm that a qualitative approach in its widest sense implies that the researcher will elicit participants' accounts of meaning, experiences, or perceptions.

Green and Thorogood (2009:5, 38) hold the view that the goal, aim, or purpose of the study will determine whether one should use the qualitative approach as the principal approach or not. They maintain that if the aim is "to understand the perspectives of participants, explore the meaning they give to phenomena, or

observe a process in depth, then qualitative approach is appropriate." Therefore, the researcher employed the qualitative approach for this study.

Streubert Speziale and Carpenter (2007:2) state that a qualitative researcher believes in multiple realities (perspectives or opinions) which need to be considered when trying to fully understand a phenomenon, situation, or experience. The phenomenon which is going to be explored by the researcher is delicate and sensitive in nature, that is: "The effects of sexual violence on refugee women." Such a topic is likely to generate emotional and often painful responses. The researcher used the person-centred interviewing skills sensitively and tentatively in order to facilitate a process in which the participants shared their experiences and described their emotions that were psychologically distressing of nature and that they found an opportunity to express. In qualitative research, participants are viewed as experts of their own field (Babbie & Mouton, 2010:53).

4.2.2 TYPE OF RESEARCH

This study focused on the effects of sexual violence on refugee women. Applied research was used in this study, as it focused on the use of knowledge rather than the pursuit of knowledge for its own sake (Jupp, 2006). It addresses immediate problems facing the professional practice. Sexual violence has been discovered by most researchers as a phenomenon which has, and is, affecting individuals, families, and communities of different nationalities.

4.2.3 RESEARCH DESIGN

Nieuwenhuis (in Maree, 2007:70) defines a research design as a "plan or strategy specifying the how and from where the participants will be selected, the data gathering techniques to be used and how the data collection will be done".

Green and Thorogood (2009:42) maintain that a research design attempts to indicate the what, how and why of data production. The researcher sought to follow the phenomenological design in order to explore the in-depth experiences of refugee women who were exposed to sexual violence.

Cresswell (2013:76) affirms that a phenomenological design describes the common meaning of the lived experiences of a phenomenon for several individuals.

Fouché and Schurink (2011:316) assert that at the root of the phenomenological design the intent is to understand the phenomena under study by means of a description of a human experience as it is experienced by the subjects.

4.2.4 RESEARCH METHODS

This study was based on qualitative research methods and research techniques which assisted the researcher to capture the subjective experiences of refugee women who were exposed to sexual violence. Ritchie and Lewis (2005:28) affirm that qualitative research is, by nature and function, mainly explorative and descriptive.

The research methods that were used in this study will be discussed below.

4.2.4.1 Study Population and Sampling

Kumar (2011:24) is of the view that the accuracy of the study's findings depends on the way the researcher will go about selecting a sample. Strydom (2011b:223) says the term sample implies the existence of a population or universe of which the sample is a smaller part, or a set of individuals selected from a population. The sum of all possible participants or the population that the researcher is interested in studying is all refugee women in Pretoria Central who were exposed to sexual violence.

Strydom (2011b:228) further argues that the qualitative paradigm's main focus is on non-probability sampling techniques. The researcher will utilise purposive sampling to select six participants which, according to Rubin and Babbie (2005:247, in Strydom, 2011b:232), is based entirely on the judgement of the researcher in that a sample is composed of elements that are the most characteristic or representative of the population that serve the purpose of the study. The researcher went to The Potter's House and Mercy House, which are

shelters for abused women in Pretoria Central, to give information letters to managers who assisted in recruiting participants. The researcher got the contact details from the managers, and the first three women from each shelter who met the following criteria were included:

- Refugee women (according to the Refugees Act 130 of 1998);
- aged 18 years and older;
- that have been exposed to sexual violence as refugee women;
- that have been exposed to sexual violence in their home country, in transit, or in South Africa; and
- that are conversant in English.

4.2.4.2 Data Collection

Semi-structured interviews were utilised by the researcher to collect data, since the researcher wants to explore and understand the lived experiences of refugee women who have experienced sexual violence, as indicated by the research question of this study. Refugee women had an opportunity to voice their personal experiences regarding their exposure to sexual violence.

According to Flick (2009:172), there is a wide range of aspects to take into consideration when it comes to unstructured interviews. The latter is used as a way to understand the complex behaviour of people without imposing prior information that might limit the field of inquiry:

- Deciding on how to present oneself
- Accessing the setting
- Locating the participant
- Gaining trust
- Understanding the language and culture of the participants

Interviews were recorded with a voice recorder in a private place for approximately one hour with the consent of the participants.

4.2.4.3 Data Analysis

The analysis of qualitative research involves aiming to uncover and understand the big picture, by using the data to describe the phenomenon and what this means.

Qualitative research, similar to quantitative research, involves labelling and coding data in order for similarities and differences to be recognised. According to Cresswell (2009:185), the organisation and preparation of collected data for analysis involves transcribing the interviews word-for-word, optically scanning material, typing up field notes, or sorting and arranging the data into different categories depending on the sources of information. It is also suggested by the author that non-verbal interview events such as pauses, laughter, nervous moments, and expressions should be included.

Responses from six semi-structured interviews with the participants (real names will be changed and replaced with fictitious names) were coded and analysed according to Cresswell's nine steps for analysing the qualitative generated data (Schurink, Fouché & De Vos, 2011:403-418):

- **Step 1: Planning for recording –** the researcher organised and prepared for data analysis, read through all the scripts carefully, and record the data collected through one on one, semi-structured interviews with participants. The researcher recorded all interviews and hand-written notes with the participants' consent.
- **Step 2**: **Data collection and preliminary analysis –** data analysis and transcription of data was an on-going process, and field notes were typed, sorted, and arranged into different categories. Data collection and analysis were done simultaneously in order to build a concrete and coherent interpretation of data.
- **Step 3: Managing or organising the data –** the researcher made a list of all the topics, put similar topics together, and listed them in columns that had headings such as "major topics", "unique topics", and "leftovers". Data were managed and organised in file folders, index files, and computer files. Files will be converted into appropriate text units.

- **Step 4: Reading and writing of memos –** the researcher read and re-read the transcripts in their entirety to get a complete picture about the interview before breaking it into parts. Memos were written in the margins of field notes or transcripts, as this helped in the initial process of exploring the database.

- **Step 5: Generating categories, themes and patterns –** the researcher found the most descriptive wording for topics and turned it into themes, meaning recurring ideas, language and patterns of the same thoughts that link people and settings together.

- **Step 6: Coding the data –** the researcher attached codes to the categories and themes by use of abbreviation, key words and numbers. The phenomenon under study was described in detail, themes were developed through classified systems, and the researcher provided interpretation based on her own views and opinions in the literature.

- **Step 7: Testing the emergent understandings –** data were evaluated and the researcher determined how useful the data were in enlightening the questions being explored and how central the data were to the stories that unfolded about the social concerns in regard to the study.

- **Step 8: Search for alternative explanations –** the researcher analysed the discovered categories, themes and patterns in the collected data, and searched for other feasible explanations for the data and the linkage among them. The emphasis was on identifying, clarifying, and demonstrating why the explanation offered is the most acceptable one.

- **Step 9: Writing the report –** the researcher presented the analysed data in the form of written descriptions from the verbatim accounts of the conducted interviews to support the themes, substantiated by literature.

4.2.4.4 Data Quality: Trustworthiness, Credibility, Transferability, Conformability, and Dependability

Streubert Speziale and Carpenter (2007:364) describe trustworthiness as "establishing the validity and reliability of qualitative research". They emphasise that qualitative research is trustworthy when it accurately represents the experiences of the study participants.

- **Credibility**

Credibility is an alternative to internal validity, in which the goal is to demonstrate that the study was conducted in a manner that ensures that the participants were accurately identified and described (Schurink et al., 2011:420). The researcher identified refugee women who have experienced sexual violence. Semi-structured interviews were conducted which could be utilised in a pilot study. Constructs were clearly conceptualised to avoid similarities.

The researcher explored the personal feelings and experiences of participants that might influence the study and integrate the understanding into the study to promote objectivity. Member checking was completed by sourcing information from individual participants about their perceptions in relation to data analysis, interpretations, and the results obtained (Best, 2012:11).

Furthermore, the researcher received debriefing from other colleagues who have been exposed to the lived experiences of refugee women in general (Schurink et al., 2011:421)

- **Transferability**

Transferability refers to the probability that the research findings have meaning to others in similar situations. Schurink et al. (2011:420) argue that in a qualitative study, transferability or generalisability to other settings may impose problems or be problematic. The researcher agrees with this opinion, since the research study is about the personal experiences of refugee women who have experienced sexual violence. Therefore, it will pose problems for the researcher to generalise the findings to other settings of similar situations, though the in-depth findings and themes were used to ensure the transferability of data to another context.

- **Dependability**

Schurink et al. (2011:420) explain dependability as a process "whereby the researcher asks whether the research process is logical, well documented

and audited". It is an important part of trustworthiness, because it establishes the research study's findings as consistent and repeatable. The researcher made sure that the findings correlate with the raw data collected, in order to ensure that if other researchers were to look over the data, they would arrive at similar findings, interpretations, and conclusions about the data.

- **Conformability**

  Conformability is a strategy to ensure neutrality. According to Schurink et al. (2011:421), "in qualitative research neutrality refers to data neutrality and not the researcher's neutrality." The researcher followed an approach to ensure neutrality during the research process by listening to the stories of the participants in an unconditional manner (Cresswell, 2013:16).

4.3 Pilot Study

Strydom (2011c:237) defines a pilot study as a "procedure for testing and validating an instrument by administering it to a small group of participants from the intended test population". Strydom and Delport (2011:395) further assert that in a "qualitative research the pilot study allows the researcher to focus on specific areas that may have been unclear previously or to test certain questions." Therefore, the researcher did a pilot study, by engaging with one participant among the six who formed part of the sample to explore the main research question, in order to make sure that the main research question will be able to elicit enough information from the participants.

4.4 ETHICAL CONSIDERATIONS

In life, ethics guide behaviour and decisions. They tell us what is right and moral and what is not. Strydom (2011a:114) describes "ethics" as a set of moral principles suggested by an individual or group, which is subsequently widely accepted, and which offers rules and behaviour expectations about the most correct (and appropriate) conduct towards experimental subjects and respondents/participants, employers, sponsors, other researchers, assistants, and students.

In social research, ethics guides us through a range of concerns, dilemmas, and conflict that arise concerning the proper way to conduct a study (Neuman, 2006:27), especially social work research that primarily uses human beings as research participants. The ethical issues that the researcher considered and attended to during the research process were:

4.4.1   Voluntary Participation and Informed Consent

The researcher ensured that the rights of the women were guaranteed throughout the research process. In this instance, women   participated voluntarily and set the conditions for facilitation of the interviews (e.g. a place which is conducive for them, where the participants will not feel threatened). The researcher informed the participants that she is a postgraduate student at the University of Pretoria, and that the researcher conducted the research mainly for the purpose of the study.

Bless, Higson-Smith and Kagee (2006:142) rightly say the principle of autonomy incorporates the freedom of an individual's action and choice to decide whether or not to participate in research. The researcher created an opportunity for potential individuals to make an informed decision to participate voluntarily in this research. Interviews were recorded with their consent.

Strydom (2011a:117) states that obtaining consent implies that all possible or adequate information on the goal of the investigation should be made known to the participants in order for them to make an informed decision to participate in the research. The procedures that were followed during the investigation and the possible advantages, disadvantages, and dangers to which respondents may be exposed were explained to the respondents.

The researcher made sure that respondents were legally and psychologically competent to give consent. They were informed that participation in the research was voluntary of nature and that they could choose not to participate.

Written consent was obtained from the participants, which was an indication that all participants understood what the research entails.

4.4.2 Confidentiality / Privacy and Anonymity

The researcher maintained the confidentiality with the participants. She did not in disclose their names and their identities were always protected.

According to Strydom (2011a:119), confidentiality refers to agreements between persons that limit others' access to private information. The researcher was aware that all people have the right to privacy and it is their right to decide when, where, to whom and to what extent their attitudes, beliefs, and behaviour may be revealed. The researcher made sure that the privacy and identity of the participants were secured, since they were a vulnerable group of refugee women who had experienced sexual violence in the past. The information the refugee women shared, were based on their personal experiences and was handled in a confidential manner by the researcher. They were assured that their real names will never be disclosed due to the fact that pseudonyms were used.

4.4.3 Avoidance of Harm

According to Babbie (2010:64), human research should never injure the participants. Participants can also be harmed psychologically in the course of the social research process.

Strydom (2011a:115) advises that subjects can be harmed in a physical or an emotional manner; therefore researchers should weigh the risks against the importance and possible benefits of the specific research project. However, the researcher looked out for the subtlest dangers and guard against any person suffering physical or emotional harm as a result of the research.

Emotional harm to respondents is often more difficult to predict and to determine than physical discomfort, but it has more far-reaching consequences for the respondents (Strydom, 2011a:115). Therefore, to minimise such harm, the participants were advised in advance about the potential impact of the investigation and that it might cause emotional disturbance, as they will be telling their stories of being sexually violated, which has the potential of bringing back painful, unwanted memories.

The participants were informed that they have the right to withdraw from the investigation at any stage if they so wish. The researcher tried her outmost to protect the participants from any form of discomfort or harm.

4.4.4 Debriefing

Onwuegbuzi, Leech and Collins (2008:13) define debriefing as follows:

> …intervention by professional helpers to assist people who have experienced extremely stressful or traumatic events to share the material with peers or supervisors. The interviews could additionally serve as an audit trail documenting the evolution of the researcher's thoughts, perceptions, feelings, experiences and learning over the course of the research.

Debriefing interviews may illuminate challenges as they emerge during the research process and allow for adjustments to be made, thus serving as a self-corrective measure during the research process. Due to the nature of the study, which is phenomenological, the researcher did the debriefing where it was necessary.

4.4.5 Deception of Respondents

Strydom (2011a:119) states that the deception of respondents is when the researcher deliberately misrepresents facts in order to make another person believe what is not true, violating the respect to which each person is entitled. Deception involves withholding information or offering incorrect information, in order to ensure the participation of respondents when they would possibly have refused it.

The researcher therefore made sure that all the participants were well informed about the research process, as well as the way the semi-structured interviews will be facilitated.

4.4.6 Actions and Competence of Researcher

According to Strydom (2011a:123), researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed research. Babbie (2010:71) asserts that researchers are scientifically obliged to report

correctly on the analysis of data and the results of the study they are investigating or have investigated.

As a qualified social worker who is registered with the South African Council for Social Service Professions, the researcher is currently employed at the Department of Social Development under the Directorate of Partnership and Financing. In her previous employment at a shelter for abused women, the researcher rendered therapeutic services to abused women and their children, including refugee women from the DRC and Zimbabwe.

The researcher acquired other skills to conduct a research project at third year level at the University of Cape Town, and when she was doing her Honours in Industrial Sociology at the North-West University in 2007. She also produced a research project during her fourth year of Social Work studies at the University of South Africa during 2011.

The researcher upheld the values and principles of social work throughout the research process. The participants were accepted unconditionally and the researcher acted in a non-judgemental manner towards the participants as they told their stories according to their frame of reference.

4.4.7   Release or Publication of Findings

The researcher introduced the findings of the proposed scientific investigation to the public in the form of a written report. Strydom (2011a:126) and Babbie (2010:71) agree that the researcher has the obligation to make all shortcomings and errors known; even negative findings must be admitted and made known to the readers.

Plagiarism is a serious offence and therefore all due recognition was given to sources consulted and people who collaborated.

The research report will be available in the form of a mini dissertation in the University of Pretoria's library. Manuscripts for publishing results will also be

prepared, findings will be presented at a conference, and shelters will be provided with the necessary findings if needed.

4.5 RESEARCH FINDINGS

4.5.1 BIOGRAPHICAL PROFILE OF PARTICIPANTS

The following table presents the biographical information of the refugee women who experienced sexual violence that participated in this study.

Table 4.1: Biographical profile of participants

Participant	Country of Origin	Age	Participant's children
1. Participant A	DRC	42 years	Three daughters (21, 14 & 10 years old)
2. Participant B	Rwanda	47 years	Two sons (25 & 19 years old) and two daughters (17 & 15 years old)
3. Participant C	Burundi	30 years	Two daughters (9 & 7 years old)
4. Participant D	DRC	28 years	1 son (12 years old)
5. Participant E	Rwanda	32 years	1 daughter (6 years old) and 1 son (4 years old)
6. Participant F	DRC	37 years	Three sons (22, 20 & 12 years old) and two daughters (16 & 10 years old)

As indicated above, all participants came from other African countries and their ages ranged between 28 and 47 at the time of the study. All the participants have dependent children whom they have to look after. Most of the participants stayed in one of the two identified shelters, except one participant (Participant B) who was staying in another form of a shelter that was provided by a group of Congolese Nationals.

4.6 DISCUSSION OF THE DIFFERENT THEMES ACCORDING TO THE SEMI-STRUCTURED INTERVIEW SCHEDULE

The themes and sub-themes of the semi-structured interviews emerged as depicted in the table below.

Table 4.2: Themes and sub-themes that emerged from the interviews

THEME 1	Refugee women's perceptions of sexual violence
Sub-theme 1.1: Hopelessness	
THEME 2	The effect of sexual violence on the survivor's emotional functioning
THEME 3	The effect of sexual violence on the survivor's physical functioning
THEME 4	The effect of sexual violence on the survivor's social functioning
THEME 5	The effect of sexual violence on the survivor's financial functioning
THEME 6	The effect of sexual violence on the survivor's spiritual functioning
THEME 7	Sexual abuse and its effect on the survivor's parenting capacity
THEME 8	Surviving mechanisms that the survivor uses to deal with the trauma of sexual abuse
THEME 9	The availability of resources to support the survivor to cope with the trauma of sexual violence
THEME 10	Challenges that survivors of sexual abuse experience when they seek protection from law enforcement systems

4.6.1 Theme 1: Refugee women's perceptions of sexual violence

During the interviews, it became apparent that all participants referred to the exposure to sexual violence as an experience that they would rather like to forget. Some of the participants would like to act as if the incident(s) never took place. According to Grobler and Schenck (2009:73):

> Behaviour may, in some instances, be brought about by organic experiences and needs that have not been symbolised. Such behaviour may be inconsistent with the structure of the self, but in such instances, the behaviour is not owned by the individual.

When some of the participants expressed their perceptions regarding sexual violence, it seemed as if they did not want to be associated with it, or they wanted to keep it to themselves, and they responded as follows:

Participant A: *"I want to keep it a secret forever in my heart. I do not want my three girls to know what happened to me, even my family. I do not have affection for men."*

Participant E: *"I do not want my husband to know that I was raped by soldiers who were looking for him, because he will divorce me. It is like that in our country, we have seen women being divorced and rejected by their families back home. Men cannot be trusted. They undermine women."*

Humphries (2009:22) supports these perceptions of participants by indicating that "when these sexual crimes take place during civil wars, the victims prefer not to disclose it because of shame, and the possibility that their families will dishonour, rejects or kill them."

Bass and Davis (1994:39) indicate that when a person is being abused, their boundaries and their ability to take charge of the environment around them is being violated and they feel disempowered. The abuse humiliates them and leaves them with the feeling that they are of little value. These words were nearly exactly asserted by Participant B during the interview. She and other participants formulated their pain as follows:

Participant B: *"I was homeless, hopeless, accepted life as it comes. I like people do not attend to me, because I am nobody, cannot be anybody, and did not have any hope."*

Participant A: *"I do not know how to say it, but the thought of it is very painful."*

Participant C: *"It was a very painful experience."*

Participant D: *"It was like someone put a knife in my heart. I wish that all men can die."*

Participant E: *"I do not know how to explain the pain of it, it is always there."*

Participant F: *"It is a destroyer of the heart."*

Many of these painful experiences were conveyed by a 47-year-old survivor, as quoted by Bass and Davis (1994:37), when the person said the following:

> It has controlled every facet of my life, it has damaged me in every possible way, it has destroyed everything in my life that has been of value, it has prevented me from living a comfortable emotional life and to be able to love clearly.

The participants' viewpoints are that to be sexually violated can be seen as a very painful experience. The word that the participants repeatedly used to explain their experiences during their exposure to sexual violence is "painful". These memories will clearly not fade away without intensive therapeutic interventions.

4.6.1.1 Sub-theme 1.1: Hopelessness

As the interviews continued, the researcher observed many of the participants experienced hopelessness, especially when they were raped again when they tried to seek support. Two participants out of the six were gang raped by the rebel soldiers in their country of origin, while the other four participants were raped in South Africa while seeking refuge. In most refugee camps, including the ones in Europe and Africa, women have been gang raped, sexually assaulted with sticks, and mutilated (Hjelmgaard, 2017). The same author indicated that in October 2016, a refugee centre in Sweden was attacked during which a wheelchair-bound woman was allegedly gang raped. The participants explained their experiences in this regard as follows:

Participant D: *"I was raped by more than three soldiers at home Congo, men whom we thought they are supposed to protect us. When those soldiers raped me, I wished that I can die, since they even stabbed me with a knife in my stomach and when I discovered that I was pregnant."*

Participant E: *"After those soldiers raped me, I wanted to kill myself as I felt like they took me as an animal."*

Among the four participants who were raped in South Africa, Participant C said:
"I drank lot of pills hoping to kill myself, but my daughter stopped me."

Participant F: *"I stand on the ledge of a flat wanting to throw myself down, and my son saw it and stops me from doing it."*

The WHO (2011) reports that "perpetrators of sexual violence are often motivated by themes like a desire for power and domination. Given these motivating forces, rape is common in situations of armed conflict and internal strife." The latter is supported by two of the participants who reported that they were gang raped during armed conflict in the DRC, while three others reported that they were raped by their spouses, or people they regarded as their partners, who they hoped would protect them against violence.

According to Friedman (2008:69), refugees also face the anxiety associated with leaving their homeland with no knowledge of when, or if, they will be able to return. They often try to adjust or recreate their culture in countries of resettlement while they are waiting to return home. This is particularly painful if refugees have lost the social status they once held in their community. One of the participants explained it as follows:

Participant B: *"I was practising as a qualified social worker in my country, because of war, and rapes I have experienced. I was forced to leave my country and I left my certificate to that I am a social worker home."*

Most refugees have lost family support and they are more stressed, as some do not even know whether their family members are still alive. During the interviews, the following two participants expressed their concerns regarding the family members they left behind as follows:

Participant C: *"My Father died of sugar diabetes and my mother is very sick, and no one is taking care of her. I want to go home to be with her and my children."*

Participant F: *"You see when I was running away from Congo, I left my first son, husband, and my parents' home. I miss them and wish to meet them again."*

All participants reflected on the fact that they are forced to form new families in the country they fled to. These feelings left them feeling hopeless and wondering whether they will be able to see their families ever again.

Friedman (2008:70) agrees with the above statement of the participants when he says that refugees are often forced to establish or form new emotional support in the country they fled to. He further argues that to "ignore the trauma of sexual violence, can be serious, and can be responsible for a range of long term effects like severe depression, anger, hostility, nightmares, insomnia, and waking memories."

4.6.2   Theme 2: The effect of sexual violence on the survivor's emotional functioning

The Kering Foundation ([sa]) reports that "women can experience abuse without being bodily harmed". They can also experience anxiety attacks and depression, and can even become suicidal because of a lack of clarity about the future. Emotional abuse does not leave physical scars, but it can have a tremendous effect on a woman's well-being. All participants confirmed this by indicating that the sexual violence that they were exposed to left emotional scars which create only sadness and, in some cases, a form of depression. They also shared that they constantly ask themselves why it happened to them specifically. Some of the participants explained it as follows:

Participant C: *"I wished I was dead. People just use us and then reject us, now I have AIDS my husband has also left me."*

Participant E: *"Sometimes I ask myself why am I living, I want to die, I envy other women's lives who never went through what I went through."*

Participant D: *"Sometimes I think people are using me to hear my story, and after that they reject me or label me. I remember one day in the shelter I told the house mother my story. The following day I overheard other women in the shelter talking about my story, and my heart was so pained."*

Participant A: *"It is like trauma to me, very painful, I feel like this pain is going to affect me all my life."*

Participant F: *"This pain is so painful, you do not know how to take it out of you, it will always be there."*

Participant B: *"It is so painful to be raped by your own husband and leave you for another woman in a foreign country."*

The American Psychiatric Association (2016) reports that PTSD is a psychiatric disorder that can occur in soldiers and other people who have experienced or witnessed life-threatening events such as natural disasters, terrorist incidents, war, or violent personal assaults and sexual violence. People suffering from PTSD often relive the experience through nightmares or flashbacks of the incident. They may also have difficulty sleeping and can feel detached from their environment. PTSD can lead to the development of other related disorders such as depression, as some of the participants indicated in this study.

All participants agreed with the above statements when they said the following:

Participant A: *"Is like I see them. Is like it happened yesterday."*

Participant B: *"I do not want to talk about it, as it brings back those bad memories. I just want to be alone."*

Participant C: *"I do not sleep at night; when I think that I was raped and now I am HIV positive."*

Participant D: *"Sometimes in the night I see the pictures of those soldiers who raped me, and this causes me to be afraid and not to sleep."*

Participant E: *"When those pictures come of what they did to me I cry a lot; and I will be awake. It will be like they are just here, and I tell myself that when I see them I will kill them."*

Participant F: *"I wish that the bad memories and pictures of what they did to me can be removed easy. I try very hard to forget what they did to me, but it is not easy, because sometimes you see those images".*

The Joyful Heart Foundation ([sa]) confirmed the above-mentioned statements when it reported that victims of sexual abuse can suffer from mental effects such as PTSD, including flashbacks, nightmares, severe anxiety, and uncontrollable thoughts.

4.6.3   Theme 3: The effect of sexual violence on the survivor's physical functioning

Friedman (2008:72) indicates that:

> …the physical consequences of sexual violence which may of short or long term in nature, may include HIV infection, sexually transmitted diseases, mutilated genitalia, pregnancy, miscarriage of an existing foetus, abortion, menstrual disorder, severe abdominal pain and self-mutilation as a result of psychological trauma.

The Joyful Heart Foundation ([sa]) reports that the common physical effects of sexual assault and rape can be vaginal blood flow and pain, difficulty walking, broken or dislocated bones, STIs and sexually transmitted diseases (STDs), bruises, and unwanted pregnancies. The participants shared how their physical functioning was affected:

Participant A: *"I was lucky that when I was gang raped as I did not contact HIV, but I am suffering from a stroke, my right hand used to shake and my right feet could not move. I felt like I am losing my brain, or going crazy. The doctor told me to stop thinking too much as I have a stroke now."*

Participant B: *"The marks on my face was of the result of my husband who beated me when he demanded sex by force"*

Participant C: *"I tested HIV positive and I am on ARV [antiretroviral] treatment because of rape. I have high blood pressure now, and the doctor has told me to try not to think too much, sometimes I feel like I cannot control what I am thinking. My husband use to insult me and force me to sleep with him, he also slept with other women and he has left me with two kids for these women."*

Participant D: *"It was very painful when I was gang raped and I was 15 years old. I slept in the hospital for two years. Those five men stabbed my stomach with a knife, and the rape gave me pregnancy. I used to go to hospital in and out because of the pregnancy as the operation where they stabbed me was opening when my stomach was growing because of the baby. Sometimes I was unconscious, not knowing what is happening around me."*

Participant E: *"They treated me like an animal those three men when they raped me. I will never forget when one of them put the mouth of the gun under my breast and shot me and I fell down. I thought that I was dead. This is one of the reasons even today that I have not told my husband that I was gang raped. He is thinking that I was admitted to the hospital because of the gun shot. This operation under my breast reminds me of what I went through and, I think I will never forget what happened to me."*

The above quoted statements confirmed without a doubt that most of the participants were physically affected by the sexual violence and that the scars on their bodies will always remind them of the sexual trauma that they were exposed to.

4.6.4 Theme 4: The effect of sexual violence on the survivor' social functioning

Hayley (2012) indicates that many survivors, including her, have been deserted by a significant other after sharing with them that they were victims of sexual assault. She also emphasises that it takes an empathetic, compassionate, and patient person to be supportive, helpful, and understanding to someone who has experienced sexual abuse.

All the participants reported that they experience difficulty in establishing trusting relationships with others. They responded as follows regarding friendships or communion with others:

Participant A: *"I cannot trust men, friends of anybody with my children or myself."*

Participant B: *"I do not have contacts with friends, family even the father of my children. I do not know where he is."*

Participant C: *"Staying in a shelter is not like staying home. I miss home."*

Participant D: *"South Africa is not home. People here also do not want us. I do not even know when I will see other members of my family. War is not good. It has separated us from our love ones.* This is not home. It will never feel like it is home."

Participant E: *"This place will never be home. The people here are xenophobic, they do not want us and, I miss my home. I use to have my own house, and here I am renting after renting"*

The participants in this study indicated that they do not have contact with friends or family, and eventually become isolated from family and the broader community.

Friedman (1992:71) indicates that refugees face the pain of leaving their homeland with no knowledge of when, or if, they will be able to return to a place they call home. While they wait for the day that they can go back to their homelands, they continue with their lives in other countries, adapting to others' cultures and rebuilding their own.

4.6.5 Theme 5: The effect of sexual violence effect on the survivor's financial functioning

All the participants reported that they continuously struggle to experience any form of financial stability for several reasons. Firstly, they find it difficult to be successful when applying for a position due to their refugee status and, secondly, they have to compete with indigenous people for temporary or minor jobs.

Loya (2015:2793) indicates that the exposure to sexual violence has the potential to disrupt survivors' financial stability in several ways, namely the constant need to take time off due to a lack of proper IDs or permits; diminished performance; job loss; and the inability to work. All of these issues have an impact on survivors' economic well-being in the months or years following the assault. The views of Loya (2015) were supported by the responses of the participants in the following way:

Participant A: *"There are no jobs. I live by selling weaves on Church Square with my elder daughter. The Congolese Organization also help us sometimes with food parcels."*

Participant B: *"Since my husband left me, I am renting this small place to do sewing for people who want help."*

Participant C: *"I cannot go to church, because I do not have transport money. I see people nice there and me and my children we do not have nice clothes. I do not have money to buy clothes."*

Participant E: *"There are no jobs in South Africa. They cannot hire me as a social worker. I live by doing piece jobs and we are many looking for those piece jobs, even the people of the country are looking for those jobs. There is no work here."*

Participant F: *"I sell sweets on the streets, and the job which I do to clean flats in Visagie Street, but the money is not enough for me and my children and to pay the rent. We sometimes ask for donations and at the church they also help us"*

Due to lack of resources in South Africa, the participants find it difficult to survive financially.

4.6.6   Theme 6: The effect sexual violence on the survivor's spiritual functioning

Magrath (2016:115-132) indicates that grief has distressed humanity since the beginning of time:

> If God is good, why is there suffering in the world? Why is there war, hunger, disease, death? Why is evil allowed to prevail? Why the wicked are allowed to perpetrate profound killings against the most innocent and vulnerable among us? Why are children allowed to suffer from the attacks of sexual predators? Why?

Bass and Davis (1994:166) indicate that "finding the spiritual part of yourself can be an important aspect of your healing process". A survivor of sexual violence, as quoted in Bass and Davis (1994:167), formulated it as follows: "The more I remembered, the more I realized that God did not care for me at all. If He did not care for me, He was not who I thought He was. And who was He?"

The perceptions regarding spiritual beliefs as referred to by the authors above were confirmed by participants in this study as follows:

Participant A: *"I asked myself is there any God, and if He is there, does He care."*

Participant B: *"I thought that God does not exist. Why did God not help me?"*

Participant C: *"At first it was difficult to believe that God is there and do care. People encouraged me to go to church but it was not easy, as I will see other women nice and me not having nice clothes and sick with HIV."*

Participant D: *"I wish those men can die. I am praying to God to kill them."*

Participant E: "When I can see them, I will kill them myself. Why did God not help me?"

Participant F: *"I asked myself, is there a God? Does He see me?"*

Knapik, Martsolf and Draucker (2008:111) indicate that many survivors of sexual violence confirm that spiritual beliefs play an important role in their healing process. Having a strong spiritual association creates for survivors the possibility of being supported and led in their struggles, obtaining new understandings that help in their recovery, and attaining strength as a result of passing spiritual trials. For some, these experiences result in thoughtful spiritual ups and downs, as survivors come to attribute spiritual meaning to the violent incidents and experience godly interventions that transform the progress of their lives.

All participants indicated that it was not easy at the beginning to admit that they are the ones who had to go through what they went through, but through fellowship with others at churches, seeking the face of God, and talking to other women at the shelters who had experienced the same grief as theirs, they learned to accept and "try" to let go of what happened to them.

They responded on the above as follows:

Participant A: *"When I look at myself that I have stroke, to tell the truth; I wish for those men bad things. At the shelter they encourage us to go to church and forgive people. I am not sure whether I have forgiven them, as the pain is still there."*

Participant B: *"It is not easy to forget, but I have learned to forgive them as I grow older."*

Participant C: *"At the shelter some pastors come and preach to us that we must forgive, but I do not think I will forgive that man what he did to me."*

Participant D: *"I do not think I will forgive those men because of what they did to me. I wish that they can die."*

Participant E: *"I wish them dead every day. I do not think I will forgive them."*

Participant F: *"It is not easy to forget what they did to me, but our Pastor and other people encouraged us to forgive, but it is not easy. The thought of it is very painful."*

Bass and Davis (1994:167) indicate that "a healing spirituality is the opposite of feeling isolated. It is a desire for life, a feeling of association, of sharing life around you." Two Participants concurred with this statement by saying the following:

Participant B: *"I have learned to forgive them."*

Participant C: *"Going to church and engaging with other people has helped me a lot."*

The authors (Bass & Davis, 1994:163) further suggest that people should first remember what happened to them, bring it to the surface instead of suppressing it,

grieve over it, if possible be angry about it, and move on with life. They should also try to forgive themselves, meaning they have to stop blaming themselves.

Bass and Davis (2012:63), as quoted by Spies (2012), indicate that beginning the healing process will entail the following: "deciding to heal, making your own growth and recovery a priority, sets in motion a healing force that will bring to your life a richness and depth you never dreamed possible." Spies (2012:66) also emphasises this by saying though adult survivors experience lot of pain in their lives, they have many opportunities in this life and potential to experience delightful feelings.

4.6.7 Theme 7: Sexual abuse and its effect on the survivor's parenting capacity

Williams (2015:25) found that mothers with a history of sexual violence tend to use physical strategies for handling conflicts with their own children, as they lack the confidence to lead their children and rather perceive themselves as failures. These words of Williams are endorsed by a survivor, as quoted by Bass and Davis (1994:282):

> I wasn't sure of myself and what I was doing with my boys. I didn't have a memory of the right things to use as a base in my parenting. The base I had was of the wrong things, the things not to do. I had to do what I thought was right. I had to be awake all the time to make sure I didn't hurt my kids. I had to be very aware.

The participants verified this with their personal experiences:

Participant C: *"I like to beat my children when disciplining them, or feeling stressed."*

Participant F: *"I used to find myself beating my boy, because he use to give me a lot of problems, and I will hear reports from school that he beats other children."*

Spies (2012:74) refers to parenting as one of the most challenging and demanding jobs anyone can assume, even in the best environment. In the case of survivors of sexual violence, it must be an even more difficult task if there are no resources to support the parent in hard times.

The Australian Institute of Family Studies (2012) reports that survivors of sexual abuse are at great risk of neglecting or abusing their children if adequate intervening protections, such as community or family support and financial resources, are not made available.

A survivor, as quoted by Bass and Davis (1994:282), confirms this by saying the following:

> I parent my children intentionally. I knew what kinds of things kids needed, that I didn't get-things like good touching, good physical contact, talking to them like real people – but I did not know how to provide them, I had to teach myself to do those things. I watched how a couple of good families worked. I did a lot of reading. I actively fantasized about what a good family would be like. Initially it was awkward, but now it feels natural.

Bass and Davis (1994:290) state that to be overly careful is an intensification of the healthy want of survivors to keep their children safe. If you are anxious, and unaware of the causes of your fears, it is easy to become compulsive or overdo something.

Some of the survivors endorsed the above-mentioned statements regarding the discomfort that they experience in their role as a parent.

Participant A: *"I am over-protective about my girls. I have told them never to trust men in their lives."*

Participant E: *"I have seen those soldiers raping girls of six years. I keep my girls in close doors."*

The above feelings as expressed by the participants with specific reference to being overprotective of their children is endorsed by Bass and Davis (1994:28) when they indicate that adult survivors of child sexual abuse may experience the impulse to defend their own children against any likely circumstances in which exploitation can take place. The same authors assert that overprotection is an overemphasis of the healthy desire of survivors to keep their own children safe. One of the participants explained it as follows:

Participant D: *"I love my son who came through rape. He is innocent, and he does not know anything what happened to me. I want it to stay like that."*

Four of the participants were of the opinion that there is no support for survivors in a foreign country to assist them with the difficult task of raising their children. They explained it as follows:

Participant B: *"Here in this country it is difficult for one to be helped. It is only God who helped me and my children."*

Participant C: *"I do not have anything to give to my children. Mercy House Shelter is the one helping me."*

Participant E: *"It is not easy to be with children here. They are staying with me in the flat, no money to take them to school."*

Participant F: *"I came with two children in this country. Now I am having four, not easy for me and them. No one is helping me."*

One survivor, quoted by Daum (2017), said:

> I am a mom, and I am a survivor of childhood sexual abuse. Once being a survivor started to interfere with my ability to be a "normal" mom, I started paying more attention to how and why the two identities were connected.

The survivor's words reflect that sexual violence does affect an individual's potential parenting capabilities.

Schore (2001:203), as cited by Duncan (2005:269), reports that mothers who were sexually abused reported misunderstandings about expected family attributes. These misperceptions generate social struggle, which escalates to inner tensions for the mother and outside pressure for the child.

The above responses of participants reflected on the fact that irrespective of the difficult situations refugee women had faced, they managed to do what they perceived as the best for their children.

4.6.8   Theme 8: Surviving mechanisms that the survivor uses to deal with trauma of sexual abuse

Surviving mechanisms used to survive a trauma differs from one person to the next. Phanichrat and Townshend (2010:62-78) say that mechanisms to manage sexual abuse include looking for support, cognitive engagement, positive thinking, self-acceptance, and seeking of significant strategies. All participants indicated during the interviews that they are not just sitting and doing nothing to deal with the trauma they were exposed to, but in one way or another they are finding ways to survive financially, as well as emotionally, to the best of their knowledge.

Some of the participants explained as follows how they try to survive their exposure to sexual violence and also protect themselves against further abuse:

Participant A: *"I sell by the street waves the whole day to try to forget what happened to me."*

Participant B: *"I keep myself busy with sowing clothes in order to forget about men."*

Participant D: *"I do whatever kind of job I can do; I do not want to do anything with men."*

Three other participants believed that participating in activities in the shelter and engaging in conversation with other women and people around them had helped them to survive. They responded on the latter as follows:

Participant C: *"When I am alone I think too much about what happened to me. Sometimes I feel like my head is spinning, but when I am with other women in the shelter, I feel better."*

Participant E: *"When I engage with other women, hear their stories, I see my case as better, because others they have remove their wombs after the rape. Others got sick and died. This makes me to thank God and tell myself he is the one to judge."*

Participant F: *"The testimony of other women and what they went through makes me to want to leave again, as I see my case better than theirs. Lots of women in the church and my Pastor have encouraged me to stay positive. My work also gives me energy."*

To survive the ordeal of sexual violence, it is necessary for survivors to receive intensive therapeutic interventions. Unfortunately, the survivors often find it difficult to trust other adults, such as therapists. The outcome of the latter is that they often miss out on therapy that can assist them to survive the abuse in a more effective way. Some of them explained their fears as follows:

Participant D: *"There was a time I felt very tired for telling people my story, because I felt used. I told the housemother at the shelter and I heard other women at the shelter talking my story. There was a time I felt like people are just using us."*

Participant E: *"You do not know whom to believe or trust anymore. In order for you to get help you need to tell your story again, again and again."*

Participant F: *"In order to be helped you need to tell your story. I have told my story to many places, and is like a wound which is refusing to heal."*

The above thoughts are also recorded by Spies (2012:64) when she indicates as a researcher in this field that adult survivors often initially viewed her as someone who would use her power to hurt them, and that they had no reason to trust her as a counsellor. Spies argues that one reason for this view is that the counsellor represents another adult with power like the perpetrator, who tells them that they will take care of them, but ultimately disempowers them. They tend to feel helpless.

4.6.9   Theme 9: The availability of resources to support the survivor to cope with trauma of sexual violence

It became clear to the researcher that there are not enough resources in the community to support refugee women that have been exposed to sexual violence. The participants explained it as follows:

Participant A: *"From the shelter of Potters House I stayed in Pretoria West Refugee Camp where they assisted me with food and nappies for children. JRS – Jesuit for Refugee Services – also assisted me with food parcels and three months' money to pay rent after that they told me not to come back again. Our National Congolese Council for Development is an organisation like an NGO and, they helped me and my children."*

Participant C: *"The most available and accessible resource for me is the shelter where I am staying currently with my two kids. The social worker is there to talk to whenever I want, and at the shelter they have promised to assist me with transport money to go back to Burundi. Tshwane District Hospital is where I take my ARVs treatment. The Church though is far and I do not have money to transport me and the kids."*

Participant D: *"After staying at the shelter, Future Family assisted me for three months with money for rent and food parcels, and after that they told me not to come as there are many refugees they are assisting. Jesuit Refugees Services also helped me to do short courses such as English and nursing courses so that I can work as a caregiver."*

Participant E: *"I stayed at the shelter for three months. Jesuit Refugee Services helped with food parcels and rent money for three months, and short courses such as cosmetology and English since I am from a French Speaking country."*

Garwood ([sa]) reports that in the month of July 2018, Jesuit Refugee Services in South Africa celebrated the graduation of 221 refugees and asylum seekers from the Arrupe Women's Skill Center and Pretoria Skill Center. These women have completed five months of training in their chosen discipline and have received materials to start up their own businesses. Their courses of study included sewing, baking, cosmetology, make-up application, hairdressing, computer literacy, and English. Some of the participants did mention that Jesuit Refugee Services (JRS) assisted them with some of the short courses, and two of the participants have done courses in cosmetology and make-up application. Another participant is doing a course in sewing, three are doing a course in hairdressing, and one participant is selling weaves. This shows that though there is a lack of resources to help refugees in South Africa, some NGOs that assist refugees do their outmost to enable refugees to stand on their own feet to feed themselves and their children.

4.6.10 Theme 10: Challenges that survivors of sexual abuse experience when they seek protection from law enforcement systems

In South Africa, women and victims of sexual violence continue to face a judicial and police system that routinely denies them compensation. Women, regardless of race or nationality, complain of uncaring treatment from the criminal justice system. Police are often ignorant of the laws shielding women from violence and, within the courts, judges repeatedly discount rape survivors' testimonies and give lenient sentences to rapists (Human Rights Watch, 2018:11).

Sigsworth (2009:24) reports that South Africa has an extensive legislature and policy framework for responding to sexual offences, including the new Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, specialised Sexual Offenses Courts, Thuthuzela Care Centres, and comprehensive National Policy Guidelines for victims of sexual offences. The author argues that law reform alone is inadequate in working openly with sexual offences, and that law and policies need to be explained properly and completed in order to be useful to be understood by the layperson in the community.

All participants reported that the police did not help them at all, except in the case of Participant F who said: *"While in Cape Town the police are the ones who assisted me from the streets while I was homeless, and took me to a shelter."*

Participant A: *"The police here do not help anyone, especially when you are a refugee. To go to them is a waste of time. Home affairs cannot help anyone with papers. They want us to pay money for them to renew papers. I do not have that money to do papers for me and my three daughters, and Lawyers of Human Rights want us to pay them before they can assist us this days."*

Participant B: *"The police told me it is no use for me to lay charges against my husband who sexually molested me. I do not trust them."*

Participant C: *"When I reported my husband who was beating me and sleeping with me by force, the police laughed at me."*

Most of the participants complained about the service delivery of the Department of Home Affairs, since the department refused to renew their residence documents or issue birth certificates to children that were born in South Africa. The outcome of the latter may be that children cannot attend school due to the absence of a birth certificate. Some of the participants responded as follows:

Participant D: *"It is difficult to get help from any person. The United Nations Agencies which are supposed to help us told me that they have lost my documents. This means I have to start a new file. Going to Home Affairs is not easy as the queues are long. Home Affairs officials want us to bribe before they can help us. As you see me, I am with no papers and I am tired of going there every three month to renew the papers."*

Participant F: *"I did not even have money to pay the Lawyers for Human Right to assist me. Home Affairs is a nightmare with papers. They are refusing to renew our papers, even for my children, and this is affecting their schooling. It is not easy for me."*

All participants indicated that they are afraid that the police will arrest them because of a lack of proper documents or because they have been unable to renew their documents at Home Affairs. They also indicated that UNHCR officials are no help to them. When they try to follow up on files they opened at the UNHCR, they are told that their files were lost.

The Women's Commission for Refugee Women and Children (2002:40) reports that refugee women without proper personal documentation are exposed to sexual exploitation and abuse. Refugee women are not usually provided with documents showing that they are in the country legally.

5. CONCLUSIONS

In this chapter, empirical data were discussed and supported with literature. The data as shared by participants during the data collection process were discussed. The data were collected through semi-structured interviews and the findings of the interviews concluded on the experiences and challenges of refugee women that were exposed to sexual violence.

The conclusions and recommendations based on the empirical findings of the study will be discussed in full in the following chapter

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1   INTRODUCTION

In most cases, scholars aim to arrive at conclusions and make recommendations concerning their study. The outcomes of this study were derived directly from the data as presented by the participants. The previous chapter indicated the results and this chapter will provide a short summary of the research goal and objectives, themes utilised to collect data, key findings, limitations of the study, and recommendations, with the intention of improving the problem under study.

The researcher is working as a social worker at the Department of Social Development, and has worked at an NPO and shelters which accommodate abused women. Therefore, the rationale of this study develops from the researcher's observations while practicing at shelters for abused women and children. The researcher has observed that little has been researched regarding the effects that sexual violence may have on refugee women. This points to a gap in the literature regarding the way sexual violence can affect the lives of refugee women.

5.2   RESEARCH GOALS AND OBJECTIVES

The goal of the study was to explore and describe the experiences of refugee women exposed to sexual violence. The goal was accomplished by executing the objectives as discussed below.

- **Objective 1 and 2:** To conceptualise and describe sexual violence as a phenomenon, as well as the status of refugee women.

  The literature review that the researcher discussed in Chapter 2 and 3 of the study assisted in helping to conceptualise and describe the status of refugee women and sexual violence as a phenomenon.

- **Objective 3 and 4:** To explore and describe the effects of sexual violence on refugee women, as well as the experiences and challenges they faced in this regard.

  During the empirical phase of this study the researcher explored and described the experiences of the participants regarding the effect sexual violence had on them by means of unstructured interviews. The findings confirmed that refugee women who were exposed to sexual violence had many challenges to face which have a definite effect on their total well-being.

- **Objective 5:** To formulate guidelines regarding how these women can be supported by means of therapeutic interventions.

  The researcher was able to formulate certain conclusions that were based on the outcome of the empirical study. Certain limitations were highlighted and several recommendations regarding further research and best practices were formulated.

5.3   KEY FINDINGS

The following key findings were formulated:
- All the participants experienced short-term and long-term effects that affect their total well-being.
- The participants confirmed that the exposure to sexual violence has long-term effects, which in turn create several challenges due to a lack of resources in the community.
- Refugee women that were exposed to sexual violence need intensive therapy to survive this trauma.

5.4 CONCLUSIONS

This section presents the conclusions of the study.

5.4.1 Theme 1: Refugee women's perceptions of sexual violence

The participants' perceptions of sexual violence led to the following conclusions:

- The participants referred to the exposure to sexual violence as a painful experience that they would like to forget.
- The participants' views of the exposure to sexual violence confirmed the fact that it has rendered them powerless and that they are unable to trust men again in the future.

5.4.1.1 Sub-theme 1.1: Hopelessness

- The participants reported that they felt hopeless when they were taken advantage of by people they were seeking support from.
- The fact that they left their homeland in fear, not knowing where they are going or whether they will be able to return home, adds to the feeling of uncertainty and hopelessness.
- The feeling of hopelessness makes them wonder whether they will ever see their family members again.

5.4.2 Theme 2: The effect of sexual violence on the survivor's emotional functioning

- The participants confirmed that the exposure to sexual violence affected the quality of their well-being in a negative way.
- The intensity of the trauma that the above exposure created for the participants was described by them as an experience which they will remember for the rest of their lives.

5.4.3 Theme 3: The effect of sexual violence on the survivor's physical functioning

- The participants reported that the physical scars that the exposure to sexual violence caused are of a permanent nature.

5.4.4 Theme 4: The effect of sexual violence on the survivor's social functioning

- The participants reported that as a result of the exposure to sexual violence, they are experiencing difficulties in all the relationships that form part of their social life.

- The participants stated that they find it difficult to identify with South Africa as their homeland and will always have the need to return back to their country of origin.

5.4.5 Theme 5: The effect of sexual violence on the survivor's financial functioning

- The participants confirmed that they find it difficult to attain financial stability, due to the fact that they have to compete with the native people for scarce, minor jobs.

5.4.6 Theme 6: The effect of sexual violence on the survivor's spiritual functioning

- Most of the participants confirmed that they distance themselves from any form of religion due to the fact they felt that they were not protected by God during their exposure to sexual violence.

5.4.7 Theme 7: Sexual abuse and its effects on the survivor's parenting capacity

- Most of the participants regarded themselves as failures because of their lack of parenting skills. They are often over-protective towards their children and find it difficult to trust others with their children.

5.4.8 Surviving mechanisms that the survivor uses to deal with the trauma of sexual abuse

- Most of the participants indicated that they always try to find ways to deal with the aftermath of the sexual violence that they were exposed to. Some of these surviving mechanisms help them to "move on in life", despite the pain they experience.

5.4.9 The availability of resources to support the survivor to cope with the trauma of sexual violence

- The participants affirmed that there are not enough resources in the community to support refugee women who have been exposed to sexual violence.

5.4.10 Challenges that survivors of sexual abuse experience when they seek protection from law enforcement systems

- The participants indicated that the different state departments in South Africa do not have the capacity or knowledge to support refugee women after they report their exposure to sexual violence.

5.5 LIMITATIONS

This study had the following limitations:

- Due to the fact that the population that was used in this study was of limited scope, the researcher cannot generalise the results.
- Due to the sensitive nature of the phenomenon that was researched, it was difficult to find participants to take part in the study.

5.6 RECOMMENDATIONS

The following recommendations were formulated for practice:

- Due to the need for skilled helpers in this field of practice, there is a need to train professionals in the helping professions to offer effective, culturally sensitive counselling to refugee women who were exposed to sexual violence.
- The Department of Social Development and the Department of Justice need to take note of the special needs of refugee women that were exposed to sexual violence. Personnel in these systems need to be trained to deliver an effective service to these survivors.

- Refugee women can be consulted to create effective helping programmes to assist them to survive their exposure to sexual violence.
- Refugee women need to be supported to regain self-power by creating resources or programmes through which self-empowerment can take place.

5.7   FUTURE RESEARCH

The following can be recommended regarding further research:

- A national study can be done to explore the effectiveness of service rendering to refugee women that were exposed to sexual violence.
- The perceptions of helping professionals, including social workers, about refugee women can be explored, as well as the way their perceptions affect service rendering to these women.

5.8   CONCLUSIONS

The researcher was able to achieve the goals and objectives of the study. Conclusions and recommendations were made which are based on the research findings.

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