
Knowledge of post-rape procedures and guidelines among first-year female resident students at the University of the Free State

T E Fonternel, L E W Krantz, L Koenig, L Greyling, Y van der Schyff, W J Steinberg, G Joubert

To the Editor: Rape is a serious violent crime. In South Africa in 1994, 44 751 rape cases were reported to the police,¹ increasing to 54 926 in 2006.² Of the rape victims in South

Africa, a third are young girls.^{3,4} Investigations strongly emphasise the importance of rape educational programmes.⁵ Our investigation was conducted before the amendment of Act 32 of 2007 regarding the legal definition of rape and related sexual offences was accepted and implemented.⁶

We aimed to determine the knowledge of post-rape procedures and guidelines among first-year female students living in a residence on campus at the University of the Free State (UFS), and how/where this information was acquired; evaluate the efficiency of existing educational campaigns and programmes; and, if necessary, outline new programmes that could be implemented.

Our study showed that the distribution of existing rape guidelines is inefficient. Respondents felt strongly that insufficient post-rape guidelines were available, and were eager to obtain adequate information. Since our sample consisted mainly of students who had recently matriculated, we concluded that precise post-rape guidelines should be addressed at school level.

Faculty of Health Sciences, University of the Free State, Bloemfontein

T E Fonternel, medical student

L E W Krantz, medical student

L Koenig, medical student

L Greyling, medical student

Y van der Schyff, medical student

Department of Family Medicine, Faculty of Health Sciences, University of the Free State, Bloemfontein

W J Steinberg, MB ChB, DTM&H, DPH, Dip Obst (SA), MFamMed

870

Department of Biostatistics, Faculty of Health Sciences, University of the Free State, Bloemfontein

G Joubert, BA, MSc

Corresponding author: W J Steinberg (gnogwjs.md@ufs.ac.za)



Methods

A descriptive study was performed in 2006 after a pilot study to test the logistics and questionnaires. Six of the 10 female residences on the UFS campus, which were representative of the general female student population, were included by a simple randomised selection process. First-year students who attended specific house meetings were requested to participate. Ethical considerations, informed consent, anonymity, confidentiality, and secure processing and storage of information were explained to participants. The Ethics Committee of the Faculty of Health Sciences, University of the Free State, granted approval.

Results

Three hundred and fifteen first-year female students, aged 17 - 24 years (mean 18.9 years) participated; 249 (79%) had matriculated in 2005 (range 2001 - 2005). Although 93.3% of respondents indicated that they knew what rape implied, only 71.8% of them could give a technically correct definition of rape.

Of the respondents, 59% (186/315) reported having received guidelines on rape. The sources of information included teachers (56.7%), posters and pamphlets (52.8%), family members (52.2%), invited speakers (37.1%), police (36.5%) and health care workers (30.9%). These respondents completed open-ended questionnaire items to indicate the steps they would take according to their acquired information, in the event of being raped. None indicated that she would go to a safe place, or that no alcohol or medication should be taken; 66.7% indicated that they would go to the police; 29.5% said they would go directly to a hospital; and less than 40% knew that they should not wash or take a bath/shower after having been raped.

Of 129 respondents who had not received information on post-rape guidelines similar to the previously informed group, 65.8% said that they would go to the police, while none indicated that no alcohol or medication should be taken.

Twenty-five per cent of respondents revealed that they knew someone who had been raped, and were asked in an open-ended questionnaire item to indicate what they did or said to help the victim. In 73.5% of cases, their responses were inappropriate or not applicable. None told the rape victim to go to a safe place, not to consume any alcohol or medication, or to place clothes that had been removed in a paper bag. Only

2.9% advised the rape victim not to bath, and to keep their clothes on, while going directly to a hospital was suggested by only 7.4%.

Only 16% of respondents felt that there was sufficient information available on post-rape guidelines, and 91.6% indicated that they would like to receive more information on the matter.

Discussion

None of the respondents was aware that no alcohol or medication should be consumed after having been raped. Consumption of any substances after the incident could influence the outcome of the victim's medical examination.¹ About two-thirds of respondents were convinced that the rape victim should go directly to the police, whereas it is recommended that the victim should go to a hospital first, from where the police would then be summoned.¹ The welfare of the victim could be compromised further by postponing medical treatment and a lack of sufficient co-operation between the police and health care services.

There were no statistically significant differences between the previously informed and uninformed groups. It could therefore be concluded that both had the same level of knowledge on post-rape guidelines, so calling into question whether available guidelines were communicated correctly, and if they were in the best interest of the rape victim.

An unforeseen result was that 84% of respondents indicated that the information available on post-rape guidelines was insufficient. Since rape is of such concern in South Africa, we expected more respondents to feel that adequate information was available to the public.

References

1. Rape Crisis Cape Town Trust. <http://www.rapecrisis.org.za/index.asp> (accessed 21 March 2006).
2. Rape Statistics – South Africa & Worldwide. http://www.rape.co.za/index2.php?option=com_content&do_pdf=1&id=875 (accessed 6 May 2008).
3. Dampster C. SA teachers 'raping pupils'. <http://news.bbc.co.za> (accessed 26 September 2005).
4. Jewkes R, Levin J, Mbananga N, Bradshaw D. Rape of girls in South Africa. *Lancet* 2002; 359: 319-320.
5. Danielson C, Holmes M. Adolescent sexual assault: an update on the literature. *Curr Opin Obstet Gynecol* 2004; 16: 383-388.
6. Department of Justice. Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007. Pretoria: Department of Justice. <http://www.doj.gov.za/legislation> (accessed 17 January 2008).

Accepted 26 May 2008.