

Rape in South Africa: A Narrative Synthesis on the Psychological Impact of Rape on South African Women

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Abstract

The literature argues that although there are ample research and studies conducted regarding rape and its physical impact, the mental and psychological effects of rape are often neglected and overlooked. The purpose of this paper is to provide a literature overview (narrative synthesis) of the psychological impact of rape on South African women. Numerous aspects were identified in South African literature: anxiety, depressive symptoms, external stigmatization/ostracism, posttraumatic stress disorder, feelings of worthlessness/shame/guilt, persistent sadness/anger, self-stigmatization/blame, social isolation, social victimization, suicidal thoughts and traumatic dissociation. In conclusion, sexual violence (especially rape of women) is a violation of human rights that cannot be disregarded. It must never be accepted by a culture of silence and impunity, either by the South African or society. It is the legal and social responsibility of every South African to stop sexual violence while at the same time maintaining its wrongfulness and unacceptableness in terms of traditional culture, social values, and the law.

Keywords

Literature Overview, Psychological Impact, Rape, Sexual Violence, South Africa, Women

1. Introduction

The subject of rape remains a highly charged and sensitive topic that is often overlooked and understudied (Walfield, 2021). Sexual violence against women is a global and widespread crime (Cepeda et al., 2022). The act of sexual violence

appears in every country, and it does not differentiate between culture, class, level of education, income, or race (Cepeda et al., 2022). Sexual violence refers to a variety of behaviors that leads to any “attempted or completed sexual act, ranging from unwanted sexual touch to rape, committed against any person who has not freely given their consent” (Dworkin et al., 2021: p. 497). Mamabolo et al. (2022b) explain that rape is sexual intercourse that is initiated by a perpetrator towards an individual who is obliged to submit by force against their will or by the threat of bodily injury, violence, verbal persistence, dishonesty, and other manipulative measures. Lastly, according to the Sexual Offences and Related Matters Act (SORMA) (No. 32 of 2007), as summarized in Mamabolo et al. (2022b: p. 86), rape can be described as “a physically forced or coerced sexual penetration, even if it is slight, of the victim’s body, including vaginal, vulva, anal or oral penetration using a penis or other body parts or an object.” The aim and purpose of this narrative synthesis is to provide a literature overview to the reader regarding the rape crises in South Africa, especially regarding South African women, and the possible adverse effects it can have on their psychological well-being.

Narrative synthesis uses text or word-based approaches, including findings from quantitative and qualitative studies (Edwards & Kaimal, 2016). Although the narrative synthesis usually has multiple data sources, the findings will be reported in a narrative, story-telling format (Edwards & Kaimal, 2016). Furthermore, a narrative synthesis “analyzes the results of individual studies in an in-depth and systematic way, creating a final integrated presentation of the findings” (Edwards & Kaimal, 2016: p. 32). Therefore, this narrative synthesis will aim to provide an overview of findings on the psychological impact of rape in the South African context, demonstrating how this approach can be used in a comprehensive way to integrate and portray findings from a variety of methods (Edwards & Kaimal, 2016). First, we will provide an overview of rape in the global context before discussing the South African context, ending with a summary and discussion of the psychological impact that rape can have on South African women.

2. Rape in the Global Context

Current data confirms the notion that all forms of sexual offences are alarmingly high throughout the world, with a total number of 35% of women having experienced either sexual or physical violence, and 7% have been sexually assaulted by someone other than their partner (Cepeda et al., 2022). Furthermore, Dworkin et al. (2021) conducted a study that estimated a lifetime prevalence of sexual offences at 3.3% to 12.2% for Asia, 16.4% for Australia, 6.9% to 11.5% for Europe, 5.8% to 15.3% for Latin America, 13.0% for North America and 4.5% to 21.0% for Africa. Of all the mentioned statistics regarding sexual offences, completed rape was the highest, especially in the South African context (Mgoqi-Mbalo et al., 2017). Sadly, even when data on rape statistics is available, it is underestimated due to underreporting (Cepeda et al., 2022; Lutz-Priefert, 2015; Mgoqi-Mbalo et al., 2017).

Moreover, studies have shown that, on average, between 2% and 20% of

individuals have experienced rape in their lifetime in developing countries such as Rwanda, Zimbabwe, and South Africa (Mamabolo et al., 2022a). Developed countries such as Canada, Denmark, and the United States of America reported that they have an overall prevalence of rape, with an average of 2.9% across the three countries (Mamabolo et al., 2022a). This indicates that although rape occurs in developed countries, it is more likely to be experienced in developing countries. Mamabolo and Maluleke (2022) attributed this factor to the effects of rape on a community or society and how they respond to it. Developed countries are more likely to support the victim, encouraging the victim to get help facing the trauma (Mamabolo & Maluleke, 2022). In developing countries such as in Africa, Asia and the Caribbean, rape victims are abandoned/neglected, or the crime itself is not a priority, which leads to a lack of social and legal justice (Mamabolo & Maluleke, 2022). Subsequently, the rape victim is often rejected by the community, where they are left alone to deal with the repercussion of rape (Mamabolo & Maluleke, 2022).

3. Rape in the South African Context

Analysis conducted by Brown (2018), indicates that South Africa faces an epidemic of rape that is so endowed in their own culture it cannot be separated into a culture of its own. For instance, a belief that a lack of sex affects mental health negatively has historically led to a legitimizing of sexual violence (Armstrong, 1994, as cited in Theunissen, 2023). Globally, South Africa has one of the highest occurrences of rape (Egenasi et al., 2024). According to Fakunmoju et al. (2021), South Africa is a middle-income developing southern African country with an infamous history and prevalence of rape. A shocking example was when more than eighty people were arrested for a gang rape of eight women in Krugersdorp, Gauteng Province, South Africa (Aljazeera, 2022). A group of armed assailants forcibly entered a music video production site, assaulting the crew and cast as they unloaded gear and set up the stage (Aljazeera, 2022). Charges against these men were later dropped, causing outrage in South Africa (Magome, 2022). Findings of a study conducted by Ubisi (2023) indicate that out of all the rape cases reported to the Mamelodi Police Station, Gauteng Province, South Africa, about 80% never end in conviction due to several complications relating to physical evidence being insufficient or crime scenes being tampered with, leading to contaminated evidence. After analyzing a national sample of 3952 rape cases reported in 2012 (see Machisa et al., 2023), it was found that only 9% were finalized with conviction.

With the ongoing rape crisis in South Africa, Walker and Low (2005) noted that the government implemented specialized sex courts to alleviate the burden on the judicial system and improve the prosecution of sex crimes. This initiative led to a recent conviction of a man who committed over ninety rapes, including some involving children as young as nine years old (Africanews.com, 2022). The verdict came shortly after the South African President Cyril Ramaphosa emphasized that sexual violence should be considered the main pandemic affecting the country (Africanews.com, 2022). South African courts have also recognized that sexual

violence against South African women is a violation of women's rights (Deane, 2018). Despite increased attention to the crisis, however, rape victims continue to distrust the criminal justice system due to the potential consequences for themselves, their family, or their rapist (if known) (Lehner, 2017).

South Africa has a history of some of the highest rape statistics worldwide and was often referred to in the early 2000s as the rape capital of the world (Artz & Combrinck, 2003; Buiten & Naidoo, 2016; Mamabolo et al., 2022b; Padmanabhanunni & Gqomfa, 2022), which according to Rupcic (2024) a description still invoked today. According to Gouws (2022), rape in South Africa is systemic and endemic. South Africa's annual police crime statistics confirm this (Gouws, 2022). For example, in 2019/2020, there were 42,289 rapes reported, as well as 7749 sexual offences (Gouws, 2022). This leads to about 115 rapes a day (Gouws, 2022). Police data shows that rape and sexual offenses increased by 13% between 2017/18 and 2021/2022 (Africanews.com, 2022). Between July and September 2021, nearly 10,000 rapes were reported (Isilow, 2021), and within the first three months of 2023, there were 10,512 victims of rape in South Africa (Hlati, 2023; Kahla, 2023). This scenario has remained more or less the same every year since the early 2000s, with the numbers going somewhat up or down (Gouws, 2022). Even though rape is a crime that affects all South Africans, women are far more likely to be rape victims, and evidence suggests that sexual violence continues to increase (Artz & Combrinck, 2003; Oshodi et al., 2020).

South African Rape Statistics and Reporting

Considering the severe consequences of rape, it is essential to have an overall understanding of the prevalence within the South African context (Dworkin et al., 2021). According to the South Africa Police Service (SAPS) there has been an overall increase in the reported cases of rape incidences. Table 1 contains the latest reported statistics (at time of writing this paper) regarding rape in the South African context (SAPS, 2020/2021-2022/2023).

Table 1. South African rape statistics from 2020/2021 to 2022/2023.

Province	Rape Statistics 2020/2021 (of cases reported)	Rape Statistics 2022/2023 (of cases reported)	Difference	Percentage (%)	Increased/ Decreased
Limpopo	3126	4054	928	22.89%	Increased
KwaZulu-Natal	6685	8468	1783	21.10%	Increased
Northern Cape	908	1096	188	17.15%	Increased
North West	2661	3206	545	17.00%	Increased
Free State	2258	2688	430	16.00%	Increased
Gauteng	7525	8811	1286	14.60%	Increased
Western Cape	4442	5036	594	11.80%	Increased
Eastern Cape	6114	6883	769	11.17%	Increased
Mpumalanga	2611	2795	184	6.58%	Increased
TOTAL	36,330	43,037	6707	15.58%	Increased

Source: SAPS (2020/2021-2022/2023).

As mentioned above and supported by numerous studies, the incidence of rape is rising (Artz & Combrinck, 2003; Buiten & Naidoo, 2016; Mamabolo et al., 2022b; Padmanabhanunni & Gqomfa, 2022). Previous studies have indicated that one in five women in South Africa encounters rape or sexual violence (Ndawonde, 2023). Deriving from previous statistics, it is evident that rape is not an uncommon experience for women, yet there seems to be a continued underreporting of rape cases (Brown, 2018; Mamabolo & Maluleke, 2022).

Prior research indicates that underreporting remains the main issue for victims not receiving adequate justice and for perpetrators not getting convicted (Arponen et al., 2023; Geldenhuys, 2015). Although there is an increase in rape statistics, underreporting remains one of the biggest challenges within the South African context (Arponen et al., 2023). It is argued that vulnerability factors can lead to underreporting, a concept that is understudied in the context of rape (Arponen et al., 2023). Although reporting the rape incident can lead to a conviction, prevent future victimization, and provide the victim with adequate care, the rape victim often feels that there is a high risk of being disbelieved and blamed during the legal and medical processes (Arponen et al., 2023). Geldenhuys (2015) contends that enhancing reporting rates is vital to tackling the crime of rape. However, there are specific barriers within the South African context that will inhibit female rape victims from reporting their cases, and that might shed some light on the current reported rape statistics (Du Plessis, 2007; Geldenhuys, 2015).

Geldenhuys (2015) provides an array of barriers that might be the cause of female rape victims not reporting the crime perpetrated against them. A few barriers were identified as most relevant within the South African context. They include personal barriers where the female rape victim has a fear of not being believed or thinking that she is lying. Relational barriers can consist of feelings of pity and love towards the rapist. This is often observed when the rape victim suffers from acquaintance rape (Arponen et al., 2023; Geldenhuys, 2015). The victim can experience procedural barriers where the criminal justice system is unable/unwilling to accommodate the needs of the victims, such as the absence of an interpreter and the attitude of the police officer at the charge office. Communicational barriers include the unavailability of sign language, audiotape, or braille to assist disabled victims (Geldenhuys, 2015). Female rape victims might also experience feelings of shame, guilt, and embarrassment, as well as fearing having to relive the trauma during the investigation and the legal proceedings (Geldenhuys, 2015). A concerning trend has grown progressively in South Africa, where the first responders to a rape crime scene are not properly qualified to collect and handle evidence (Ubisi, 2023). According to Ubisi (2023), this raises the likelihood of evidence contamination, eventually making it inadmissible in court. The persistent prevalence of rape and the widespread underreporting of incidents highlight the pervasive influence of rape culture in South Africa (Allen, 2018).

4. Impact on Psychological Well-Being of South African Women

Sachs-Ericsson et al. (2014) highlight the serious adverse effects of rape on the physical health of an individual. However, Abrahams et al. (2020) and Abrahams et al. (2013) argue that although there are ample research and studies conducted regarding rape and its physical sequelae, the psychological and mental impact of rape is often neglected and overlooked. Oshodi et al. (2020), as well as Wyatt et al. (2017), indicate that major depressive disorder, generalized anxiety disorder, and posttraumatic stress disorder are most likely to be present following the act of rape. This can be confirmed by a study conducted by Padmanabhanunni and Gqomfa (2022) where they found that in the South African context, major depressive disorder, generalized anxiety disorder, and posttraumatic stress disorder, along with suicidal ideation and dysfunctional sexual behavior, are most prevalent after the incident of rape. Table 2 will provide a summary of the psychological impact of rape on South African women.

Table 2. Summary of psychological impact of rape on South African women.

Psychological Impact	Source
Anxiety.	Malan et al. (2011); Nkomo (2012); Oshodi et al. (2020); Padmanabhanunni & Gqomfa (2022); Wyatt et al. (2017).
Depressive symptoms.	Abrahams et al. (2021); Abrahams et al. (2013); Davhana-Maselesele et al. (2014); Makhaye et al. (2023); Makhaye & Ajani (2023); Malan et al. (2011); Mamabolo & Maluleke (2022); Mgoqi-Mbalo et al. (2017); Mhlongo et al. (2023); Nkomo (2012); Oshodi et al. (2020); Padmanabhanunni & Gqomfa (2022); Steel et al. (2019); Vieweger (2019); Wyatt et al. (2017).
External stigmatization/ostracism.	Du Plessis (2007); Jewkes et al. (2022); Steele et al. (2019); Womersley & Maw (2009).
Posttraumatic stress disorder.	Abrahams et al. (2021); Davhana-Maselesele et al. (2014); Du Plessis (2007); Malan et al. (2011); Maw (2013); Mgoqi-Mbalo et al. (2017); Mhlongo et al. (2023); Oshodi et al. (2020); Padmanabhanunni & Gqomfa (2022); Sepeng & Makhado (2018); Steele et al. (2019); Wyatt et al. (2017).
Feelings of worthlessness/shame/guilt.	Helman (2021); Helman (2023); Mamabolo & Maluleke (2022); Maw (2013); Willan et al. (2024).
Persistent sadness/anger.	Mamabolo & Maluleke (2022); Moss (2009).
Self-stigmatization/blame.	Abrahams & Jewkes (2010). Jewkes et al. (2022); Maw (2013); Mgoqi (2006); Vieweger (2019); Willan et al. (2024).
Social isolation.	Mamabolo & Maluleke (2022); Moss (2009); Sebaeng et al. (2016).
Social victimization.	Sebaeng et al. (2016); Vieweger (2019).
Suicidal thoughts.	Abrahams et al. (2021); Oshodi et al. (2020); Padmanabhanunni & Gqomfa (2022); Sebaeng et al. (2016); Steele et al. (2019); Stones & Moss (2013); Vieweger (2019).
Traumatic dissociation.	Nkomo (2012); Nöthling et al. (2015).

5. Discussion

Despite several research studies on rape investigation and prosecution, as well as the treatment and or mistreatment of rape victims, it remains a great concern in South Africa (Albanie, 2024). According to Albanie (2024), victims often show

reluctance to disclose incidences of sexual offences, and those who do, face challenges in being believed or having their cases heard in court. Even if a woman never in reality experiences rape, she may think of it as fundamentally possible due to her gender (Dosekun, 2007). According to Moffett (2006), at least one in three South African women will be raped in her lifetime. The South African rape culture have numerous underlying components, which include toxic heterosexual masculinity, sexism, confrontational sexual beliefs, and the normalization of violence (Mayeza, 2024). According to Rupcic (2024), In South Africa, a disparate coalition of law enforcement, human rights workers, health officials, and activists claim that some South African women don't even know they have been raped. Rape in South Africa is therefore a complex issue (Albanie, 2024).

While the law in South Africa is shaped around clear definitions, in the discussion of the general public, the question of what is rape is unclear (Jewkes & Abrahams, 2002). According to Jewkes and Abrahams (2002), a given incident of non-consensual sex will be construed differently depending on the following factors; 1) the relationship of the victim to the perpetrator, 2) the ages of those involved, 3) widespread social concepts of gender roles in decision making around sexual matters, 4) the environments in which it occurred and lastly, 5) whether the woman was believed compliant with an idea of "modest" behavior. The issue of whether a set of actions establish rape will also depend on the individual discussing the incident with whom, where, when, and in what circumstances the rape occurred (Jewkes & Abrahams, 2002). According to Mamabolo and Maluleke (2022), rape is one of the crimes and social problems that is, to some degree, considered as a community's minimum priority. However, the victims suffer from severe physical, mental, and emotional consequences. Myths and stereotyping have long been blamed for the denial of many occurrences of non-consensual sex as rape and as a cause of under-reporting among victims (Van der Bijl & Rumney, 2009). Therefore, an issue of trust exists within communities. According to a research study conducted by Dosekun (2007), the crisis of trust broadens to the South African government because they do not protect women against rape. According to Deane (2018: p. 85), sexual violence against women in the South African context is happening on such a large scale that it has been reported to be "socially normalized, legitimized and accompanied by a culture of acceptance". It is possible that many South African men are buying into the belief that in enacting intimate violence (such as sexual offences) on women, they are performing a necessary work of social stabilization (see Moffett, 2006). The consequences of rape on women can be classified as either physically, mentally, or emotionally traumatic, whereas in most cases all three are present (Mamabolo & Maluleke, 2022).

The most common and persistent effects of rape involve mental health concerns and weakened social confidence (Gluck, 2021). According to Gluck (2021), the aftermath of rape consists of a range of acute and chronic physical and psychological effects. Victims require comprehensive care that addresses both the immediate and long-term impacts of rape as they emerge (Gluck, 2021). Often, a victim's intimate relationship, if it existed before the assault, disintegrates within a

year after the rape, further exacerbating the psychological impact on the victim (Gluck, 2021). Victims of extremely violent rape, those who were assaulted repeatedly, or those assaulted at a very young age may require lifelong treatment (Gluck, 2021). Wyatt et al. (2017) note that the psychological consequences of rape are influenced by various factors, including the specifics of the event, the victim's immediate psychological response, the reactions from their social network, and the use of denial. More severe rape occurrences increase the possibility of denial, emotional distancing, or self-blame (Meyer & Taylor, 1986), which in turn increases the risk of posttraumatic stress disorder, as well as sexual, eating, and mood disorders (Faravelli et al., 2004). Additionally, victims with a strong religious belief system are at an elevated risk for posttraumatic stress disorder, necessitating the screening for religiosity in the treatment of rape survivors (Sepeng & Makhado, 2018). The literature on the prevalence of posttraumatic stress disorder among South African rape survivors cannot be overlooked, and the implications for women reporting rape merit discussion (Du Plessis, 2007).

Gluck (2021) identifies self-blame as one of the most common psychological consequences of rape. Victims often use self-blame as an avoidance-based coping mechanism, which can slow down or even halt the healing process (Gluck, 2021). Other common emotional and psychological effects of rape include anger, distrust of others, guilt, feelings of personal powerlessness, flashbacks, dissociative identity disorder, eating disorders, sleep disorders, borderline personality disorder, depression, and posttraumatic stress disorder (Gluck, 2021). Similar to self-blame, when victims disclose their assault experiences, they frequently receive victim-blaming responses (Bhuptani, 2020). Researchers estimate that 25% to 75% of sexual offence victims who disclose their assault encounter blame responses from at least one person (Bhuptani, 2020). In a diverse community sample of women who had been sexually assaulted in adulthood, most victims received mixed responses (positive, supportive, and negative), with at least one blaming reaction perceived as upsetting (Ahrens et al., 2009, as cited in Bhuptani, 2020). Evidence suggests that self-blame and victim-blame can intensify feelings of shame among sexual offence victims (Bhuptani, 2020).

Most rape victims experience a strong severe reaction that lasts for several months (Resick, 1993). By three months post-crime, most of the initial turmoil has decreased and stabilized, but some victims continue to experience chronic problems for an indefinite period (Resick, 1993). Besides the increased likelihood of posttraumatic stress disorder, anxiety, and depression, women who are raped also suffer from much higher levels of sexual dysfunction (Vartan, 2014). The most common symptom is dyspareunia, or pain during intercourse (Vartan, 2014). Other issues, including menstrual problems, chronic pelvic pain, and hampered arousal and desire, can be lifelong challenges for women who have been raped (Vartan, 2014).

6. Conclusion

The issue of rape in South Africa has been thoroughly documented and analyzed

through academic, legal, governmental, and media reports (Du Plessis, 2007). It is widely recognized as a crisis of significant magnitude in the post-apartheid era (Dosekun, 2013). The South African Parliament acknowledges that sexual offenses are a pervasive social issue, indicative of systemic dysfunction within the country (Rumney & Van Der Bijl, 2010). The prevalence of sexual violence in South Africa is seen as a reflection of a highly violent society where there is a general tolerance towards rape (Rumney & Van Der Bijl, 2010). Sexual violence against women is more common in environments with rigid gender roles, where masculinity is linked to toughness and dominance, and femininity to submissiveness (Makhaye et al., 2023). Makhaye et al. (2023) note that South African society remains deeply influenced by patriarchal views, where masculinity is considered superior and gender roles are unequal, with men dominating and women viewed as inferior.

According to Vieweger (2019), it has been suggested that the South African Police Services and criminal justice system are perceived as ineffective by many South Africans, and it appears to be of no disbelief that women in South Africa are becoming disheartened with the South African government's response to rape. South Africa is a society of extreme contradictions, particularly between the promises of the constitution and the reality of the existing society (Clarke, 2020). According to Orth et al. (2020: pp. 194-195) "based on the rape culture framework, the pervasiveness of rape and sexual assault in society is not only a by-product of the prevalence of rape but also how rape is constructed by society". The existence of rape culture does not only impact risk factors relating to sexual violence, but also influences post rape behavior, which cover and perpetuate rape and the culture of rape (Mkhize et al., 2022). Most notably, rape culture appears to foster the silencing of its victims (Ridgeway, 2017, as cited in Mkhize et al., 2022).

Rape, therefore, results in numerous severe and chronic health issues for women, both physically and psychologically (Chaudhury et al., 2017). Physical consequences include vaginal or rectal injuries, sexually transmitted infections, unwanted pregnancies, and unsafe abortions where legal options are restricted (Chaudhury et al., 2017; Kilonzo et al., 2009). While acknowledging the importance of these physiological factors, Chaudhury et al. (2017) argue that the psychological impacts—such as self-blame, work adjustment difficulties, sexual dysfunction, major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder—are often overlooked. This paper aimed to provide a narrative synthesis (overview of literature) of the psychological impact of rape on South African women. The review of literature identified several aspects (see Table 2), and research by Wyatt et al. (2017) highlights the need for interventions addressing the long-term pervasive effects of rape.

As the authors of this paper, we conclude with the following; sexual violence, particularly the rape of women, is a human rights violation that cannot be justified under any circumstances (Deane, 2018). It must not be legitimized by a culture of silence and impunity, either by the government or by South African society

(Kruger, 2013, as cited in Deane, 2018). It is both a legal and social duty for everyone to work towards preventing sexual violence while maintaining its wrongfulness and unacceptability within traditional culture, social values, and the law (Deane, 2018). Rape is a violent crime (Ross, 1993), and it is imperative to end this violence against women in South Africa.

7. Limitations and Recommendations

Due to the narrative synthesis approach implemented in this paper, the authors are aware that some South African literature on the psychological impact of rape on South African women could have been omitted.

Women's responses to rape are often limited by the options available to them (Vieweger, 2019). In the study conducted by Maw (2013), rape survivors indicated that counseling was the greatest need. The South African government, South African Police Services, South African courts, and psychology services need to take note of the psychological impact of rape on South African women and develop and implement the necessary interventions and counseling services needed on all levels (governmental, police, court, and psychology) in the South African context. To ensure rape convictions in South Africa (see Machisa et al., 2023), it is also recommended that comprehensive police investigations and continual training which addresses negative gender or other rape stereotyping are critical.

The following specific recommendations are made for all relevant stakeholders in the South African context. For the *legal system*, we suggest that more specialized rape courts across South Africa with trained judges and prosecutors should be established. We also recommend that dedicated units within police stations staffed with dedicated counsellors and legal advisors should be created. Regular, mandatory training programs focusing on trauma-informed approaches, evidence collection, and victim support should also be considered. For *health care providers*, we suggest that mobile mental health clinics and community-based support groups should be established. Hospitals should also develop integrated care units that offer medical treatment, psychological counselling, and social support. Follow-up programs that provide ongoing counselling and support for rape survivors should also be implemented.

For *community leaders*, we recommend that they should launch educational campaigns that address rape myths, promote gender equality, and encourage supportive behavior towards rape survivors. They should also establish support groups and safe spaces within communities where rape survivors can share their experiences and receive support. Workshops and dialogue should also be conducted with religious and traditional leaders in communities to encourage them to speak out against rape and support rape survivors. *Educational institutions* can integrate comprehensive sex education and rape prevention programs into South African school curriculums. We also strongly recommend that all South African schools and universities should establish counselling services and support groups.

And finally, for *government and policy makers*, we recommend that they

should develop and implement policies that mandate comprehensive support for rape survivors and strict penalties for offenders. More government funding should also be allocated for healthcare, legal, and community support services specifically for rape survivors. The South African government should also establish a monitoring and evaluation framework to track the impact of various interventions developed and implemented in the South African context.

By implementing these detailed and targeted recommendations, stakeholders can collaboratively address the multifaceted issue of rape in South Africa, providing comprehensive support to rape survivors and working towards the eradication of the rape culture in the South African society.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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