



Research article

“They destroyed my life because I do not feel like a man anymore”: An Interpretative Phenomenological Analysis of Men's lived experiences of rape victimization

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ABSTRACT

Over the past three decades, rape victimization has been regarded as a women-only issue, with men regarded as the only offenders. This has resulted in a narrow-focused approach in addressing this scourge where men who could be primary victims are marginalized. This marginalization has also occurred in research, resulting in the paucity of literature on men's experiences of rape victimization in South Africa and globally. The main aim of the study was to explore, analyze and interpret men's lived experiences of rape victimization and the meaning they attached to such experiences. An Interpretative Phenomenological Analysis research design was used to collect and analyze data from a purposive sample of 11 participants, using semi-structured face-to-face interviews. The findings of the study revealed eight superordinate themes and related subordinate themes as follows: unexpected overpowering experience, forceful sexual violations, rape as torture, intense emotions attached to being raped, rape as a permanent emotional scar, negative perceptions of self, rape as something being taken away, and rape as divine punishment. The findings highlight the experiences and meanings which men attach to being raped, thus demonstrating the need to develop men-specific post-rape care management guidelines to support and care for men who are rape victims.

1. Introduction

According to the South African national crime statistics that were released by the national Minister of Police, rape was the leading type of sexual offences crime that was reported between 2018 and 2019 (South African Police Service, 2019). Out of the 52 420 total reported cases of sexual offenses crime, rape cases took the lead with 41 583 incidents, showing an increase of 3.9% from the 40 035 cases reported between 2017 and 2018 (South African Police Service, 2019). To paint the picture clearly, of the 52 420 cases of sexual offenses crime, sexual assault cases also amounted to 7 437 of all the reported sexual offenses in the country. These figures are suggestive of an underlying problem that the country has in terms of combating sexual violence, but numerous activists and scientists from many disciplines caution the nation that the statistics issued by the police are not a true reflection of the rape scourge in the country (Jewkes et al., 2002; Machisa et al., 2017; Oswalt et al., 2018; Palermo et al., 2013). Another concern about these figures is that they provide a sum of the reported cases of sexual offenses and do not provide the exact number of sexual violations experienced by women, children

and men in the country. Separating the number of victims according to their gender, would highlight the number of men who experience and report rape victimization to the police in South Africa. Such information is essential for highlighting the plight of male rape in South Africa and would support the need for the development of men-specific interventions for the post-rape management of male rape victims.

The ongoing campaigns that aim to curb violence against women such as the #menaretrash and #metoo social media campaigns have been instrumental in raising awareness of and fighting violence against women, even though it is still rife in many parts of the world. Men who become victims of rape remain marginalized from such awareness campaigns or efforts that are directed at curbing all forms of violence against women. This also happens in rape crisis centers throughout the world. For example, Javaid (2016) reports that rape crisis centers in the United Kingdom (UK) have no provision for male rape victims even though they are funded to provide support to all victims of rape. In some instances, these victims are turned away from the centers, which further shows that they are deprived of the care and support that they need and seek out (Cohen, 2014).

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This marginalization of men who are rape victims is also found in the field of research which has resulted in the dearth of literature on men's lived experiences of rape, both locally and internationally. Walklate (2013) and Cohen (2014) are of the opinion that feminist theory in the field of sexual violence has neglected rape victimization of men. This could be due to the fact that much of the feminist theory has largely focused on men as offenders and women as the only victims (Cohen, 2014; Javaid, 2015, 2016, 2017). Furthermore, most local studies on rape victimization have focused on women as primary victims of rape in South Africa (Christofides et al., 2006; Duma, 2006; Gontek, 2009; Sebaeng et al., 2016). These studies on rape victimization of women have been instrumental and pivotal in exposing the plight of rape against women, and the development of the current post-rape management guidelines and protocols for women and children in South Africa.

The above mentioned lack of literature both locally and internationally has also hampered the development of appropriate post-rape care management guidelines specific to men. As a result, the healthcare professionals rendering care to male victims of rape are unskilled when it comes to the process. Research on the lived experiences of men regarding rape victimization has thus become imperative in order to inform the development of men-specific post-rape management guidelines and the development of relevant policies to support the provision of holistic care for men who are rape victims. Such research may also assist in changing the health professionals' mind-sets when dealing with rape victims, to be open-minded to the special needs of male victims of rape. Therefore, the aim of the study was to explore, analyze and interpret men's lived experiences of rape victimization and the meaning they attached to those experiences.

2. Research method

2.1. Research setting and design

Ethical clearance to conduct this study was granted by the University of KwaZulu-Natal Biomedical Research Ethics Committee (BE334/18), and permission was obtained from the Tshwane District Health Research Committee (Ref. 48/2018). This study was conducted in three healthcare facilities that provide post-rape healthcare services to all rape victims, including men, in the City of Tshwane Metropolitan Municipality (CTMM). It is one of the country's largest metropolitan municipalities, situated in the Northern region of Gauteng province with an estimated population of 3 275 152. These are public facilities under the auspices of the provincial Department of Health.

This study had a qualitative research design that utilized Interpretative Phenomenological Analysis (IPA) to capture the men's lived experiences of rape victimization and how they make sense or interpret those experiences. The IPA was chosen as most suitable design for this study because of its ability to explore the experiences of people and how they make sense of their major life experiences (Smith et al., 2009; Smith and Osborn, 2007; Smith and Shinebourne, 2012).

2.2. Sampling and recruitment

In this study, a purposive sampling method was used to recruit 11 adult men who were rape victims and presented themselves at the three selected healthcare facilities in TMM for post-rape care services. This sample size was determined by data saturation and was considered adequate for IPA purposes because the intention was not to quantify results but to elicit rich, in-depth information about the participants' experiences of rape victimization (Alase, 2017; Smith et al., 2009). For inclusion in this study, the participants had to present themselves at the healthcare facility for rape within seven days of the incident of rape; be a man or identify himself as a man of 18 years and above; and present with no major physical injuries or complications that warranted urgent admission to the hospital. The researcher (the first author) distributed brochures which contained study information and his information, in all

three of the healthcare facilities. He then requested nurses and doctors on duty to contact him when a potential participant arrived at the facility. Immediately after receiving the message, the researcher would drive to the healthcare facility for recruitment. Upon arrival, he first determined if the participant had received healthcare or not before talking to the participant. If the participant had not received healthcare, the researcher would wait until the participant received healthcare. Once certain that the participant had received healthcare, the researcher then introduced himself and shared the study information with the participant, with the intention to request the participant's involvement in the study. Participants who voluntarily consented to participate in the study were given consent forms to sign, and arrangements for the first interview session were made. This ensured that the first interview was held within seven days of the incident, ensuring it was still fresh in the minds of the victims, thus eliminating the possibility of failed recall of the rape incident, which is often reported among victims of rape trauma (Mechanic et al., 1998). The time and venue for the follow-up interview session (which was scheduled a month after the rape incident) were agreed to during the first session and the researcher reminded the participants of this five days before the set date for the second interview session.

2.3. Data collection and analysis

Data collection commenced with a pilot study which was conducted with the first three participants to determine the shortcomings from the recruitment strategy, to check whether the participants could easily understand the interview questions and to determine any potential ethical issues that could arise during data collection and thus affect the credibility of the main study. The data collected from the pilot study were included in the data for the main study for data analysis because the same recruitment strategy was used and no ethical issues were identified (Duma, 2006; Duma et al., 2009; Mgozeli and Duma, 2019). In this study, data collection and data analysis occurred concurrently over four months between August and November 2018. The concurrent process assisted the researcher in determining data saturation which aided in determining the sample size since this was a purely qualitative study.

Data was collected through individual face-to-face interviews, which were conducted twice with each participant using a semi-structured interview guide. The first interview session was conducted within seven days of the rape incident with each participant and a follow-up interview session, which focused on the meaning that the victims attached to the rape experience was held one-month post-rape. All participants were given the option to choose a venue for the interviews, among these the researcher offered his office as an available venue to ensure their safety and privacy. Participants' safety in sexual violence research is crucial and researchers are responsible for safeguarding the safety of their research participants (Duma et al., 2009). For the first interview session, five participants chose to be interviewed at the researcher's office and six chose to be interviewed at the healthcare facilities. However, during the follow-up session, three of those who had their first session at the healthcare facilities chose the researcher's office for their follow-up interviews, and the other three remained at the healthcare facilities. From those who had their initial interview at the researcher's office, three continued with their interviews at the researcher's office while the other two held their interviews inside the researcher's car in a quiet botanical garden. The interviews were conducted in English, although the participants had a choice to use their home languages if they felt so inclined, because the researcher was fluent in the three most common indigenous languages spoken in the area. The interviews were audio-recorded using the audio recorder and the researcher used a voice-recorder application on his smartphone as a supplement.

The first interview sessions lasted between 60 and 90 min each whereas those for the follow-up session lasted longer – between 90 and 120 min. The second interview sessions were longer to allow participants more time to reflect on the meaning they attached to being raped, having

had at least a month of living with and reflecting on the whole rape experience. Also, during the second session, participants were more willing to share their in-depth personal stories and narrated the meanings they attached to their rape experiences. The interviews were transcribed verbatim within 24 h, while the researcher could easily recall the information. This enabled the researcher to commence with preliminary data analysis while immersing himself in data. Each participant's transcript was saved electronically in password-protected files using pseudonyms to ensure anonymity. Each participant had two interview transcripts labeled A and B under his assigned pseudonym. The access to the data was limited to the researcher and will be kept for a period of five years, according to the university policy on the storage of research data.

Data from the interview transcripts were analyzed using IPA guidelines, as outlined by Smith et al. (2009). Firstly, the researcher read and re-read each transcript to gain entrance to the participant's world. The researcher then made notes of significance in the left margin of the participant's transcript. After that, descriptive, linguistic and conceptual notes were made on short pieces of texts in the participant's transcript. Each transcript was then checked from the beginning and the researcher used the right margins to write emanating themes. This was followed by listing the emanating themes according to their connections and similar themes were grouped together, while others were labeled as superordinate themes. In keeping with IPA idiographic obligation (Smith and Eatough, 2007; Smith et al., 2009; Smith and Osborn, 2004), the researcher analyzed each case separately before doing across-case analysis. An expert in qualitative research and trauma research was employed for independent coding of data and their codes were compared with those of the researcher to ensure credibility. Thereafter, these were further confirmed by the senior qualitative and sexual violence researcher, who is also the research supervisor and the second author. The involvement of other people other than the researcher is a common practice in IPA, and this also strengthens the credibility of the study findings (Smith, 1996; Smith et al., 2009; Smith and Osborn, 2004). Member checking was also done with eight participants, where the researcher returned to participants to confirm whether the researcher's interpretations of their data were true reflections of their lived experiences of victimization and the meaning attached to such experiences. Finally, the analysis yielded eight superordinate themes with related subordinate themes as the men's lived experiences of rape victimization and the meaning they attached to those experiences.

2.4. Ethical considerations

Since this study involved human subjects and their experiences of a sensitive matter, the Declaration of Helsinki guided its execution (World Medical Association, 2015). Participation in this study was voluntary, and participants were free to withdraw if they felt uncomfortable, or if

they so preferred. The voluntary participation was also highlighted on the information sheet and a verbal explanation of the study's aim, participants' rights, risks and benefits, and the recruitment strategy was given to participants. All participants were reimbursed with ZAR150 for their travel expenses for the interviews and for their time (Duma et al., 2009; Mgozeli and Duma, 2019; Sullivan and Cain, 2004).

Prior to the commencement of the study, arrangements were made with the sessional psychologists in all the three facilities for easy referral of seven participants who were identified to need psychological support during the interviews. For each participant identified to display emotional distress, a booking for psychological support was made by the researcher through the facility reception office. An immediate booking was done for participants who were interviewed at the healthcare facility, and a telephonic booking was made for those who held their interviews out of the healthcare facility. Thereafter, each participant would be given a referral note with the scheduled date and time for the psychological consultation. Due to the fact that these facilities had no stationed psychologists, they only relied on sessional psychologists that only came once a week, the researcher had to support these participants with transportation costs (ZAR100) so that they don't miss their scheduled psychological appointments as a result of financial constraints.

3. Findings

The sample included 11 adult men, which comprised of ten black men and one white man (Table 1). Of the 11 men, eight identified themselves as heterosexual men and three identified themselves as homosexual men. Five of the eight men who identified as heterosexuals were in heterosexual relationships, two were widowed and one was married. Only one homosexual man reported being engaged in a relationship, while the other two reported not being in any relationship. Three were raped in prison and eight were general citizens. Data analysis yielded eight superordinate themes and related subordinate themes, which represent the men's lived experiences of rape victimization and the meaning they attach to those experiences.

3.1. Unexpected overpowering experience

This first superordinate theme of unexpected overpowering experience emerged from data in which participants reported the sudden and unexpected overpowering experience that they were subjected to by the perpetrator(s) prior to being raped. In most instances, the perpetrators used weapons and other objects to physically assault, threaten or restrain the unsuspecting victims, forcing them to surrender to sexual violation. Therefore, this superordinate theme yielded three related subordinate themes, including unexpected physical assault, overpowering physical restraining experience, and mental physical paralysis.

Table 1. Demographic Characteristics of participants.

Name	Age	Marital/relationship status	Sexual orientation	Perpetrator(s)
1. Esona	23	In homosexual relationship	Homosexual	2 = unknown men
2. Kulani	18	In heterosexual relationship	Heterosexual	1 = known man (uncle)
3. Lufefe	22	In heterosexual relationship	Heterosexual	4 = unknown men
4. Lwandle	63	Widowed	Heterosexual	1 = known man (neighbour)
5. Mzoe	19	In heterosexual relationship	Heterosexual	2 = fellow prisoners
6. Ncedo	34	Married	Heterosexual	2 = fellow prisoners
7. Ndivhuwo	27	In heterosexual relationship	Heterosexual	6 = friend and 5 other unknown men
8. Phaphama	25	Single	Homosexual	3 = unknown men
9. Sithathu	23	In heterosexual relationship	Heterosexual	1 = known man (former friend)
10. Siyakhula	65	Widowed	Heterosexual	3 = unknown women
11. Ziya	27	Single	Homosexual	1 = unknown man

The names used here are not the real/original names of participants.

3.1.1. Unexpected physical assault

This subordinate theme emerged from data in which participants reported being overpowered by the perpetrator who physically assaulted them, which included being 'klapped' (hit), slapped and choked when they resisted the rape. This is demonstrated by the following quotes:

"He then klapped [hit] me and choked me. I felt overpowered and stopped fighting him."

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

"I refused to take off my underwear, then one guy 'klapped' [hit] me on the face so hard, I blacked out for a moment"

(Lufefe, aged 22 years, raped by four strange men)

"When I tried to stop them, they got angry and then started to beat me with brooms they were using to clean the house. They hit me and were all beating me, all at the same time. I felt overpowered and confused."

(Siyakhula, aged 65 years, raped by three unknown women who entered his house under pretense of seeking domestic work)

3.1.2. An overpowering physical restraining experience

This subordinate theme emerged from data in which the participants reported to have been restrained by perpetrators who used power to hold the victims' hands or hold their bodies very tight to an extent they could not fight them off or physically move so that the perpetrators could then rape them.

"I tried to jump off from them but I couldn't because the other guy was already on top of me and the other two were holding my hands on each side and trying to pin me down. I felt overpowered and stopped fighting."

(Ndivhuwo, aged 27 years, raped by a friend and five other unknown men)

"...he grabbed me from behind or with my pyjama top and squeezed me on top of the bed. I realized what he was about to do and succumbed."

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

"My head was held down by one guy. The other one was busy fucking [having sexual intercourse with] me...he fucked [had sexual intercourse with] me until he finished and he then took a pillow to cover my whole face and mouth so that I couldn't make noise...then the other guy took his turn to rape me...they took turns and I felt overpowered"

(Ncedo, aged 34 years, raped by two fellow prisoners)

3.1.3. Mental-physical paralysis

This subordinate theme emerged from data in which participants reported that they could not do anything during the rape incident as their bodies froze and their minds blocked. This is demonstrated in the following quotes:

"I couldn't move or make any noise, I just froze. My head stopped working I was just opening my eyes and I couldn't do anything. I was very powerless, and my body felt dead."

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

"I could not move, niks [nothing].... I could not even try to fight...eeh I could not think...My mind was blank. It shut down. It went off.....I could not think about anything.... No, I couldn't."

(Lufefe, aged 22 years, raped by four strange men)

"My body just froze because I couldn't believe that those two guys were doing that to me. I couldn't move my arms or legs or even try to fight....my mind just blocked..."

(Ncedo, aged 34 years, raped by two fellow prisoners)

3.2. Forceful sexual violation

This superordinate theme emerged from data in which the participants narrated the actual acts of sexual violation they experienced at the hands of the perpetrators. These sexual acts were described to be both forceful, unwanted, painful and disgusting. They included both anal and oral penetration of the victims. This superordinate theme yielded two subordinate themes as follows: forceful and painful anal penetration, and forced oral sex.

3.2.1. Forceful and painful anal penetration

This subordinate theme emerged from data in which participants reported that the perpetrators forcefully inserted fingers, penises, and even a broomstick in their anuses to sexually violate them. They described this forceful penetration as a very painful experience, even likening it to being cut with a knife as demonstrated by the following quotes:

"He opened me very wide and I felt his hand touching my anus and while I was listening to that, I felt fingers getting into my anus. I then felt something getting deep into my anus and it was like someone is [was] cutting me with a blade because his penis was very big. It was very painful, and the boy had no mercy.... It was very painful. At some point, I thought it was a knife."

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

"He pushed his whole dick [penis] deep into my ass [anus] and it was very painful...it was very hot when he was busy pushing it in and out of my ass...he did that until he came [ejaculated] inside me."

(Kulani, aged 18 years, raped by his uncle)

Another participant who was raped by three women revealed that he was anal penetrated by fingers and broomstick as follows:

"While the first woman was doing that, the other woman started putting her fingers in my anus and when I tried to resist they all got very angry and shouted at me to keep quiet. One of them took a broomstick [they had been using to sweep the floor with] and she forcefully inserted it deep into my ass [anus] and it was so painful..."

(Siyakhula, aged 65 years, raped by three strange women who entered his house under pretense of seeking domestic work)

3.2.2. Forced oral sex

This subordinate theme emerged from data in which the participants reported that the perpetrators forcefully inserted their penises into the victims' mouths and instructed the victims to suck them until they ejaculated. This is demonstrated in the following quotes:

"He told me to close my eyes. Yeah, I closed my eyes as he instructed me to do so. Then I felt something (his penis) around my mouth...(Crying) eeh he was like 'open your mouth' and he pushed it (his penis) down my throat until I nearly vomited."

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

"Immediately after I entered the car, the guy who was sitting next to the driver then came to the backseat and he took his pants off...when I looked I just saw his erect penis and he forcefully grabbed my head and said 'suck

my dick [penis]’...and I did after he hit me, scratched me with his knife on my face (pointing at the shallow stab wound). I sucked him until he came [ejaculated] in my mouth, and the other guy also told me to suck his dick [penis]...Eeh, he also forced me to suck him...(crying)...I did and he also came [ejaculated] inside my mouth, and I had to swallow their cum [semen]...I couldn't spit it out because they told me to swallow it.”

(Esona, aged 23 years, raped by two unknown men)

In a different, but related incident, the participant who was raped by women reported that one female perpetrator grabbed his penis and sucked it, thus forcefully performing oral sex on him, described as follows:

“So they pushed me to the sofa (couch) then they took my clothes off and one just started touching my dick [penis] and she sucked it. She continued to suck it until they decided to beat me up when I said they should stop.”

(Siyakhula, aged 65 years, raped by three strange women who entered his house under pretense of seeking domestic work)

3.3. Intense emotions attached to being raped

This superordinate theme emerged from data in which participants reported the intense emotions that they attach to the rape experience. This data was mostly shared during the second sessions of the interviews and it is related to the meaning that they attached to being raped. This superordinate theme yielded four subordinate themes, namely: persistent anger, deep-seated generalized hatred, generalized human distrust and preoccupation with revenge.

3.3.1. Persistent anger

This subordinate theme emerged from data in which participants reported that they felt angry about what the perpetrators had done to them and they described this anger to be recurring every time they thought about their rape. This is demonstrated by the following quotes:

“I am very angry with [about] what they did to me. I'm still very angry and get very angry when I think about this.”

(Ndivhuwo, aged 27 years, raped by a friend and five other unknown men)

“I'm very angry with everything... I'm angry with [about] what happened to me because I never thought this guy would do this thing to me...I'm very angry with what he did to me”

(Sithathu, aged 23 years, raped by a former friend in prison)

“Whenever I think about this, I feel very angry and useless at the same time.... What makes me angry is the fact that I failed to fight for myself. This makes me angry...I feel different, as a man and this makes me angry every day. So the way I feel right now makes me not to have peace because I feel very angry. I have deep anger inside me, so this makes me feel angry with everyone, with everything.”

(Siyakhula, aged 65 years, raped by three unknown women who entered his house under pretense of seeking domestic work)

3.3.2. Deep-seated generalized hatred

This subordinate theme emerged from data in which participants described their deep-seated hatred for what the perpetrators did to them, even a month after the rape incident This hatred was directed at either the perpetrators or people of the same gender to that of the perpetrator. This is supported by the following quotes:

“You know this made me to have hatred towards judgmental people. I hate those guys because they judged me thinking that I'm gay, I hate them for what they did to me”

(Ndivhuwo, aged 27 years, raped by a friend and five other unknown men)

Another participant expressed his hate for men, as follows:

“I just hate men...what they did to me makes hate every man.”

(Lufefe, aged 22 years, raped by four unknown men)

The participant who was raped by women reported his hate for the women perpetrators and his hate for every woman, as depicted in the following quote:

“I hate those women...I feel I hate every woman.”

(Siyakhula, aged 65 years, raped by three strange women, who entered his house under pretense of seeking domestic work)

3.3.3. Generalized human distrust

This subordinate theme emerged from participants' reports that after the rape incident they did not trust anyone. This is demonstrated by the following quotes:

“This incident just proved to me that people are cruel, so they cannot be trusted. I do not think I can ever trust friends or anyone anymore.”

(Ndivhuwo, aged 27 years, raped by a friend and five other unknown men)

Another participant who was gang-raped by four men expressed his feeling that men are the same, causing him to lose trust in men in general, as follows:

“Sometimes I feel like all men are just the same.....the same. So when I see other men I sometimes feel they can do the same thing and I just lost trust in men...You know when you walk on the street and, see the other men it's not easy to trust them anymore.”

(Lufefe, aged 22 years, raped by four strange guys)

3.3.4. Persistent preoccupation with revenge

This subordinate theme emerged from data in which participants reported that they constantly think of taking revenge on the perpetrators. Participants reported that they want to take revenge to claim back their power, pride and to ensure that the perpetrators also get to feel the pain they had inflicted on them. The participants who were occupied with revenge reported their wish to take revenge by committing the same act (rape) back on the perpetrator. This is demonstrated by the following quotes:

“After this has happened, I honestly feel like killing that guy. What I told myself is that I want to save money to buy a gun and just kill him. I just wanna [want to] pay revenge even if means me doing the same thing to him...I want to do the same thing he did to me.”

(Sithathu, aged 23 years, raped by a former friend in prison)

Another participant reported that he wanted to take revenge by raping one of the perpetrators, as follows:

“I think the best thing now is for me to pay revenge by getting one of those guys and rape[ing] him...I want them to feel the pain that they have given me. I want to pay revenge and I cannot pay revenge with other things, I want them to feel the same thing...it's not nice, so they should feel the same thing.”

(Mzoe, aged 19 years, raped by two fellow prisoners)

The participant who was raped by three women believed that he should teach those women to respect men by strangling and beating them until they understood that women should not disrespect men. He further

reported that he was feeling better and wished they could come back because he would give them what they wanted. He said he would force them into sex because they wanted it and he wanted to show them that he could do it better, and he would ensure that he got his dignity back by sleeping with them the whole night, forcefully. The participant had this to say:

"I need to teach those women a lesson on how to respect a man. I would strangle their necks and beat them until they realize that a man is a man, not something to be disrespected by women. I wish one can come again because now I'm feeling much better than I was... I want them to come again.... I will give them what they wanted... I will take off their clothes and force them into sex like they did to me because this is what they wanted and I need to show them that I can do it better. Those women challenged me sexually, so I want to give them what they wanted.... eeh now I feel much better and I'm prepared to get back my dignity, I will sleep with them the whole night and I will make sure that I do it by force whether they like it or not."

(Siyakhula, aged 65 years, raped by three unknown women who entered his house under pretense of seeking domestic work)

3.4. Negative perceptions of self

This superordinate theme emerged from data in which participants described the ways they had changed and how they looked at themselves because of the experiences of rape. This superordinate theme yielded four subordinate themes as follows: self-blame, being turned into a woman, fear of becoming gay, and rape as a permanent label of weakness.

3.4.1. Self-blame

This subordinate theme emerged from data in which participants reported that they blamed themselves for failing to fight during the rape incident. This was supported by the following quotes:

"I never thought I would fail to protect myself as a man but look at me now... I failed myself (crying). I feel like a useless man that allowed other men to put their penises into his anus... I'm struggling to deal with the self-blame. My heart is telling me that it's all my fault."

(Ndivhuwo, aged 27 years, raped by a friend and five other unknown men)

"I feel very bad about this rape thing because I didn't do anything when they did it... I was supposed to be able to fight for myself, I feel like I can't handle it anymore, rape is very bad... I cannot make peace with myself that I allowed those guys to rape me."

(Ncedo, aged 34 years, raped by two fellow prisoners)

"I feel very stupid and I blame myself because I followed strangers to smoke weed... I was not supposed to go with them because I do not know them. I was impressed by the fact they were going to smoke weed, not knowing that they will rape me."

(Phaphama, aged 25 years, raped by three unknown men)

3.4.2. Being turned into a woman

This subordinate theme emerged from data in which participants reported they felt like women. This is demonstrated by the following quotes:

"I do not feel like a man anymore; I feel like a woman... Eeeh, you know ever since this thing happened to me I've been feeling like a woman because really I don't know what attracted those guys to me, to use me as their woman. They made me their woman because they took turns in raping me. Honestly, the more I think or try to make sense of this, it feels like I have now become a woman."

(Lufefe, aged 22 years, raped by four unknown men)

"Shoo! Shoo! Shoo! Not good. I feel weak, weak, weak, as if I am a girl. I feel like a woman and I don't want to feel like a woman... as much as I'm gay, I actually don't want to feel like a woman where people can just exercise power over you."

(Phaphama, aged 25 years, raped by three unknown men)

"They [perpetrators] destroyed my life because I do not feel like a man anymore, I feel like a woman. I felt like they made me be their wife because those men slept with me and used me, and I do not see myself as a man that I used to know.... I feel like a woman."

(Mzoe, aged 19 years, raped by two fellow prisoners)

3.4.3. Fear of having contracted HIV

This subordinate theme emerged from data in which participants reported that rape meant they now had HIV or AIDS. Participants had concerns that the perpetrators did not use condoms when they were raping them, and that to them it meant they had contracted HIV/AIDS. Although some perpetrators used condoms, participants also had concerns that those condoms might have ruptured while they were forcefully penetrating them. This is demonstrated by the following quotes:

"They had no condoms when they fucked [had sexual intercourse with] me, they just went in one by one inside me without condoms. Each one would fuck me until he cums [ejaculates] in my ass [anus] and I think they knew that they were all HIV positive and they just wanted to give me that disease. Who knows what their sicknesses are? To me this feels like I'm now HIV positive. I feel like I'm HIV positive... that's all it [this rape] means and I can't stop thinking that after so many years of being loyal to my girlfriend then four guys just decide to infect [me] with HIV."

(Lufefe, aged 22 years, raped by four unknown men)

"He just put something like vaseline (an ointment) in my ass [anus] and he started fucking [having sexual intercourse with] me without using a condom, so that's why I think I now have HIV. This whole thing makes me feel sick and it means I have HIV... I don't know why but it feels like I am sick with HIV because he did not use condoms."

(Kulani, aged 18 years, raped by his uncle)

Another participant also expressed the feeling that he had contracted HIV even though the perpetrators used condoms, as follows:

"They were wearing condoms when they did it, but then this thing still means they have given me HIV because guys in the prison are sick. I think I'm also sick because I have been fucked by other guys and I don't know if they came [ejaculated] inside me while they were fucking [have sexual intercourse with] me... maybe those condoms ruptured and then it means I have AIDS... that's just how it feels"

(Mzoe, aged 19 years, raped by two fellow prisoners)

The participant who was raped by three women also raised similar concerns, as follows:

"I never thought after staying for so many years, I will die because of HIV... look now these women just came to my house to rape me so that they can give me their AIDS. Since that day when this thing happened I've been thinking deeply that now I have this HIV in me... that's the meaning I have about this rape because I think they wanted to finish me off by giving me this illness."

(Siyakhula, aged 65 years, raped by three unknown women who entered his house under pretense of seeking domestic work)

3.4.4. Fear of becoming gay

This subordinate theme emerged from data in which participants started questioning and doubting their sexualities. Following the experiences of rape, participants felt that maybe they were gay since they had experienced sleeping with another man. This is demonstrated in the following quotes:

I've been asking myself why they did this to me and I think maybe I look gay that's why they did that...but I never looked gay...but since those guys slept with me it's like it's written in my face that I have slept with them and maybe I'm gay now because I know how it feels to be fucked by another guy."

(Ncedo, aged 34 years, raped by two fellow prisoners)

"I never thought in my life, I would be fucked by other guys, but it just happened to me. So this now means I might be gay because I have slept with other men."

(Lufefe, aged 22 years, raped by four strange men)

"I only knew that men who sleep with other men are gays, not knowing that I would be forced into sex by other men.... I really don't know...maybe I am gay too because they did this thing to me."

(Mzoe, aged 19 years, raped by two fellow prisoners)

3.4.5. Rape as a permanent label of weakness

This subordinate theme emerged from data in which participants reported that rape meant that they were weak and they linked this weakness to the fact that they allowed the perpetrators to rape them. This is demonstrated in the following quotes:

"It's like now a label in my life that I'm weak because I allowed those guys to put their penises in my ass. To me, rape means I am a weak man because if I was not weak those guys were not going to do what they did to me."

(Ndivhuwo, aged 27 years, raped by a friend and five other unknown men)

"This means that I'm weak because I allowed that young boy to rape me."

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

"This is not easy at all and this does not sit well with me, it means I'm weak because I allowed women to do what they liked with my body."

(Siyakhula, aged 65 years, raped by three unknown women who entered his house under pretense of seeking domestic work)

3.5. Rape as a permanent emotional scar

This superordinate theme emerged from data in which participants reported that rape is a scar or wound that will never heal or fade away in their lives. This is demonstrated by the following quotes:

"This is a wound that will never heal throughout my life, my family and everyone who cares about me...this is like a scar to me because it can never fade away."

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

"This is a scar in my life that will never fade and I will never forget what happened to me. I never thought in my life, I would be forced by women to [have] sex."

(Siyakhula, aged 65 years, raped by three unknown women who entered his house under pretense of seeking domestic work)

"I feel this is more like a wound or scar that will always be there [indicating] to me that I was raped by four guys."

(Lufefe, aged 22 years, raped by four unknown men)

3.6. Rape as torture

This superordinate theme emerged from data in which participants reported that rape was the most torturing experience they have ever had in their lives. This is demonstrated in the following quotes:

"Rape is a torture...this thing tortures you, it tortures your life and it really feels painful. I do not think there is anyone who deserves this torture. Those guys tortured me and it felt like it was the end of my life"

(Lufefe, aged 22 years, raped by four unknown men)

"This thing was happening to me for the first time, so I felt tortured because I [had] never experienced such a life-threatening situation in my life. I actually thought my life was coming to an end because of this torture...rape is torturing, trust me and I do not wish it for anyone...it tortures the hell out of you."

(Ncedo, aged 34, raped by two fellow prisoners)

Another participant who was raped by two strangers recounted his experience as follows:

"It was the worst thing ever because I was on my way to school when those guys decided to torture me...I really felt so tortured because one guy took a knife out and he forced me to suck his dick [penis]...and they took turns in torturing me."

(Esona, aged 23 years, raped by two strange men)

3.7. Rape as something taken away

This superordinate theme emerged from data in which participants reported that, to them rape meant that something was taken away from them. This superordinate theme yielded two subordinate themes, namely: destroyed human dignity and destroyed manhood.

3.7.1. Destroyed human dignity

This subordinate theme emerged from data in which participants reported feeling that the perpetrators had taken away or destroyed their dignity. This is supported by the following quotes:

"I feel like they took something away from me...They took away my dignity."

(Lufefe, aged 27 years, raped by four unknown men)

"Yeah I don't want to lie shame, that guy took away my dignity. In fact, I think he destroyed it because no one deserves what he did to me. He destroyed and took away my dignity as a person."

(Ziya, aged 27 years, raped by a friend of a friend)

"They have taken something away from me, they took my dignity away (crying). They destroyed my dignity. I feel like they took my dignity away.... it's gone (crying)."

(Esona, aged 23 years, raped by two unknown men)

3.7.2. Destroyed manhood

This subordinate theme emerged from data in which participants reported that rape destroyed and had taken away their manhood. Participants reported that their manhood would never be taken seriously again or they would never be seen as a man anymore, and they felt they

were not men enough, they just resembled something like a man. This is demonstrated by the following quotes:

“As for my manhood, it is destroyed and taken away. I am very disturbed that it might not be the same as it was. In my life I never thought I would sleep with a guy, I'm also scared that I might not be able to be seen as a man anymore as my reputation is tarnished, I don't think there is any girl that will want to date me anymore because my manhood is taken away.”

(Lufefe, aged 22 years, raped by four strange guys)

“I don't feel proud and confident as a man anymore... I feel my manhood is taken away from me by those guys. It's like I'm not a man anymore, I'm just like a useless thing that looks like a man. They destroyed my manhood [crying].”

(Ncedo, aged 34 years, raped by two fellow prisoners)

Another man who was raped in prison also expressed the same sentiments, as follows:

“I feel like my manhood is destroyed and I don't think I can stand up boldly in front of people and say I'm a man knowing exactly I have been raped and I didn't even try to protect myself...where would I get such confidence, knowing exactly that I once got penetrated by two guys who made me their wife in prison?”

(Mzoe, aged 19 years, raped by two fellow prisoners)

3.8. Rape as divine punishment

This superordinate theme emerged from data in which participants reported how the experience of rape victimization meant being punished by God or ancestors for their bad behavior or sins they had committed previously. Under this superordinate theme, three subordinate themes emerged, namely: rape as punishment from ancestors, rape as punishment from God, and rape as a curse.

3.8.1. Rape as punishment from ancestors

This subordinate theme emerged from data in which participants reported that rape is a punishment from ancestors even though they did not know exactly what they were being punished for. This is demonstrated by the following quotes:

“I'm sure this might be a punishment from my ancestors but I don't know why because I buried my wife well.”

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

“I might be doing something wrong that maybe my ancestors are not happy with, hence this punishment.”

(Siyakhula, aged 65 years, raped by three unknown women who entered his house under pretense of seeking domestic work)

“I just think maybe my ancestors are punishing me for something, I don't know, but I really need to find out because things like this do not just happen.”

(Ziya, aged 27 years, raped by a friend of a friend)

3.8.2. Rape as punishment from God

This subordinate theme emerged from data in which participants reported that they were being punished by God for reasons such as refusal to attend church, doing bad things or hurting other people through actions or behavior, and being punished by God for being gay. This is evidenced by the following quotes:

“Eee it might be punishment from God as well because my younger brother has been telling me to go to church and I have been refusing without any reason and I'm old – indeed, I need to go to church.”

(Lwandle, aged 63 years, raped by a young man who was his neighbor and who was an ex-convict)

“I have done a lot of wrong things, so this rape thing to me is a punishment from God for everything I have done. You know I have messed many people; my family and it feels like God is punishing me now.”

(Mzoe, aged 19 years, raped by two fellow prisoners)

“This makes me feel like God is punishing me for being gay.”

(Phaphama, aged 25 years, raped by three unknown men)

3.8.3. Rape as a curse

This subordinate theme emerged from data in which participants reported that they considered their rape as a curse to themselves or their families for whatever they may have done previously in their lives. This is demonstrated by the following quotes:

“I really don't know why those guys did this thing to me...maybe it's a curse, I don't know...this feels very wrong because guys cannot just decide to rape you, unless one is cursed. This to me means that I'm cursed although I don't know why, but it feels wrong.”

(Lufefe, aged 22 years, raped by four unknown men)

“I have done a lot of things to different people, I think now I'm cursed because of everything I did to those people...Eeeh, you know I think this rape thing is a curse to me...yeeah it means I'm cursed”

(Sithathu, aged 23 years, raped by a former friend in prison)

Another participant who was raped by his uncle expressed his feelings as follows:

“I think this is a curse in my family because he is my uncle, so he was not supposed to do this to me...my parents said we need to visit a ‘sangoma’ (traditional healer) to find out why he did this to me...maybe it's bad luck or I'm just cursed. There are just many things happening in my life and this rape is one of them.”

(Kulani, aged 18 years, raped by his uncle)

4. Discussion

The aim of this study was to explore, analyze and interpret men's lived experiences of rape victimization and the meaning they attach to those experiences. The findings revealed eight superordinate themes that emerged as the men's lived experiences of rape victimization and the meaning they attach to those experiences. Participants reported that rape was an unexpected overpowering experience that involved unexpected physical assault, overpowering physical restraining, and mental-physical paralysis. The findings highlight forceful sexual violence in which participants experienced forceful and painful anal penetration and forced oral sex. There were intense emotions that participants attached to being raped, such as persistent anger, deep-seated generalized hatred, generalized human distrust, and persistent occupation with revenge. Participants had negative perceptions about themselves that included self-blame, fear of being turned into a woman, fear of having contracted HIV, fear of becoming gay, and regarding rape as a label of weakness. The findings reveal that men attached different meanings to their experiences of rape victimization, such as rape as an emotional scar, torture, something that has been taken away including destroyed human dignity and manhood, and divine punishment, including punishment from ancestors, God, and rape as a curse.

The first superordinate theme 'unexpected overpowering experience' shows that rape victimization of men involved the use of force and exercise of power by either a single perpetrator or a group of perpetrators towards the victim. Overpowering the victim prior to raping them is reported as one of the tactics used by rapists to overpower and instill fear in their victims (Mgozeli and Duma, 2019; Quarshie et al., 2018; Sebaeng et al., 2016). Feminists on sexual violence research and male rape have reported that the rape of men is similar to the rape of women because it is all about seeking power, control and domination against the victim by the perpetrator (Abdullah-Khan, 2008; Gqola, 2015; Javaid, 2016). Self-defense training for men and women has been suggested as important for any would-be victims to use to protect themselves from being raped (Hollander, 2004, 2014; 2016; Jordan and Mossman, 2018; Mgozeli and Duma, 2019). However, there are different views on the dangers and merits of self-defense during a rape encounter. The actual acts of forced sexual violence, the rape, included forced painful anal penetration and forced oral sex. The majority of participants in this study experienced 'forced and painful penetration,' where perpetrators used their penises, fingers or an object, specifically a broomstick. Those who experienced 'forced oral sex' were forced to suck perpetrators' penises but one participant was fondled and his penis was forcefully sucked by one of the women who participated in gang-raping him. These acts of violation are similar to those experienced by women and demonstrate the forceful use of power by perpetrators against those they consider powerless and fearful (Duma, 2006; Gqola, 2015; Sebaeng et al., 2016).

During the unexpected overpowering experience and forceful sexual violation, participants reported that they also experienced physical-mental paralysis where they could not move or do anything to resist, although their brains were processing what was happening around them. Similar to the findings of this study, mental-physical paralysis, which is also known as tonic immobility, has been reported in studies of rape experiences of women (Abrams et al., 2009; Duma, 2006; Fitzgerald and Riley, 2000). For example, one participant mentioned that 'I couldn't move or make any noise, I just froze' and 'I was very powerless, and my body felt dead.' This subordinate theme "mental-physical paralysis" shows that even though peri-traumatic tonic immobility has been reported mostly among women and children, tonic immobility is not gender-specific as it is a reaction common to many victims of sexual assault (Van Buren and Weierich, 2015).

The findings revealed intense emotional reactions of men towards their experiences of rape victimization. Most participants expressed anger towards the rape itself and the fact that they failed to protect themselves or failed to fight, and this resulted in self-blame, which is also suggestive of a relationship between their anger or self-blame with tonic immobility as they could not defend themselves. For example, one participant who experienced mental-physical paralysis also felt self-blame and anger as he reported that 'I feel very bad and angry about this rape thing because I didn't do anything when they did it' and 'I was supposed to be able to fight for myself, I feel like I can't handle it anymore, rape is very bad.' Men who are sexual assault victims are at a greater risk of having negative thoughts and emotions towards themselves following the sexual assault (Galovski et al., 2013). Similar to the findings of this study, men who are sexual assault victims are also at greater risk of interpreting their experiences of mental-physical paralysis as a weakness (Van Buren and Weierich, 2015). This was clearer from the subordinate theme 'rape as a permanent sign of weakness' where participants interpreted their rape experience as a permanent sign of weakness. These participants linked this weakness to the fact that they allowed the perpetrators to rape them, which also includes some element of self-blame and self-guilt.

Hatred towards the rapist came out as another subordinate theme under the category of intense emotional reactions to rape, where participants reported hatred towards the rapists or those of the same gender of the rapist. For example, men who were raped by other men reported that their hate for men and their perception that all men are the same. Similarly, the other participant who was raped by women shared the same sentiments about women. Similar to the findings of this study, literature postulates that rape leaves a permanent scar on the victims (Borkar et al.,

2010; Elegbeleye, 2006; Chowdhury et al., 2008). Participants in this study reported that the rape scar was permanent and something that they would live with for the rest of their lives as they felt there was nothing they could do about it and that they would never forget it.

Furthermore, most of the participants were preoccupied with revenge and felt the need to take revenge by raping the perpetrators to regain their power and manhood, thus showing that they were contemplating sexual violence. According to Connell (2005), males are socialized to be powerful and independent, so powerlessness and helplessness are not an option because they prevent men from achieving the hegemonic masculinity. Men who fail to achieve this societal idea of masculinity and what the society expects from their gender are not seen as real men (Javaid, 2016). This could be the reason why another participant mentioned that 'I think the best thing now is for me to pay revenge by getting one of those guys and rape [raping] him' and that 'I want them to feel the pain that they have given me.' The need for revenge has been reported as another masculine behavior that men demonstrate when disclosing sexual victimization and they do it as a way of claiming back their masculinity (Weiss, 2010). Although Weiss (2010) reports that physical retaliation is exclusively directed at male offenders and leniency towards the female offenders, the findings of this study show that physical retaliation could be directed to any offender, including female offenders. For example, the participant who was raped by three females in this study reported that "I would strangle their necks and beat them until they realize that a man is a man, not something to be disrespected by women" and that "I will take off their clothes and force them into sex like they did to me because this is what they wanted and I need to show them that I can do it better." The participant felt that these three women challenged him sexually, so he expressed the need to show them that he could do better in a different situation. This shows how rape is perceived in a patriarchal society, that only men are reasonably allowed to dominate and overpower women, not the other way around (Gqola, 2015). In the social context of hetero-masculine sexuality, men are expected to be pursuers of sex and women to be pursued for sex (Weiss, 2010). More research on female-perpetrated male sexual violence is needed in order to map out how men make sense of their lived experiences of being raped or coerced into sex by women.

Although all the participants were recruited from the post-rape care centers where they received counselling and HIV post-exposure prophylaxis (PEP), most of these men had fears of contracting HIV. The fear of contracting HIV was reinforced because some offenders did not use condoms during the rape. Also, others were uncertain as to whether the condoms used had broken during the assault. In South Africa, the current protocols for HIV prophylaxis classify sexual assault as another indication for PEP, meaning that rape victims should receive ongoing counselling and HIV testing as a way to prevent HIV transmission which could emanate from the sexual assault (Arend et al., 2013; Roland et al., 2012). The fact that these victims were very concerned about getting HIV suggests the need to strengthen counselling services specific to male rape victims and the need for ongoing health education programs for these victims so that they may understand the disease process better. This is prudent to reduce the chances of self-stigmatization as some of the participants reported that being raped meant that they were HIV positive or had AIDS.

The superordinate theme 'something is taken away' emerged as another key meaning that men attached to their lived experiences of rape victimization. Under this theme, the category 'destroyed human dignity' emerged in which participants reported that rape destroyed or took away their human dignity. Similar findings were reported in a study conducted in Rwanda amongst women genocide victims (Mukamana and Brysiewicz, 2008). The findings revealed that men attached the loss of manhood to their lived experiences of rape and they had fears of being gay. For example, one participant mentioned that 'I don't feel proud and confident as a man anymore' and that 'I feel my manhood is taken away from me by those guys.' Although little has been written about the perceived loss of manhood amongst male rape victims, one old study revealed that most men reported damaged masculinity and questioned their sexuality, more especially those who identified as heterosexuals before the sexual

assault (Mezey and King, 1989). This is an important key feature in the rape victimization of men because raped women do not report damages relating to their womanhood or femininity, and they do not question their sexuality like male rape victims do. Literature reports that male rape victims experience rape differently when compared to female victims and that males are more likely to question their sexual orientation because rape contradicts the masculinity norms such as men's power, self-reliance and independence (Clark, 2014; Graham et al., 2011; Javaid, 2016; Sivakumaran, 2005, 2007; Walker et al., 2005).

The superordinate theme 'rape as punishment' emerged as one of the meanings that men attach to their rape experiences as they felt they were being punished by God or ancestors. Similar findings have been reported by women rape victims (Duma, 2006; Jewkes and Morrell, 2010; Jewkes et al., 2005). Although it was not clear as to what exactly they felt they were being punished for, some participants associated the punishment with many wrong things they had done before, while another participant felt he was being punished by God for refusing to go to church. Yet another participant felt rape was a punishment directed at him by God for being gay. It has been reported that men who identify as gay often feel that rape is punishment directed towards them for their sexual orientation (Walker et al., 2005).

In the absence of men-specific post-rape management guidelines, the health professionals should acknowledge that there are common non-gender-specific reactions for all rape victims and therefore should be able to address those reactions professionally and with care, even when they are confronted with men as rape victims seeking health care and management. This study found that there are some cultural and contextual aspects regarding the way people perceive and make sense of rape victimization, such as regarding rape as ancestral, curse or divine punishment. While it is important to acknowledge these as such, these may not necessarily apply to all cultures even within the same country, which is multicultural and diverse, or cultures in other contexts such as the Western European cultures. As a result, these may not be considered in the development of management guidelines or protocols for post-rape care specific to men who are actual and potential victims of rape. Although these are currently not available in the country, their absence should not be used as an excuse for failure to attend to male rape victims seeking health care.

5. Strengths and limitations

Firstly, a qualitative approach ensured that the researchers could use the men's voices to emphasize the dilemma concerning sexual violence and how men experienced rape victimization and the significance and meaning of those experiences for them. The participants in this study were interviewed over a period of one month, where the first interview session was within seven days of the rape incident and the second interview session was after a month. This allowed the researchers to gather more information about the men's lived experiences of rape victimization and the meaning they attached to their experiences. This provides a foundation for future longitudinal studies on the men's journey of recovery from sexual assault victimization. The researchers used a small qualitative sample to capture the voices of men regarding their experiences of rape. The intention was not to quantify these experiences, but rather to gather in-depth information about men's lived experiences of rape victimization. The sample, though small, was also within the principles of IPA, as most IPA studies are conducted with small homogenous samples.

Declarations

Author contribution statement

S.E. Mgozoli: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data; Wrote the paper.

S.E. Duma: Conceived and designed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data.

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Competing interest statement

The authors declare no conflict of interest.

Additional information

No additional information is available for this paper.

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References

- Abdullah-Khan, N., 2008. *Male Rape: the Emergence of a Social and Legal Issue*. Springer.
- Abrams, M.P., Carleton, R.N., Taylor, S., Asmundson, G.J., 2009. Human tonic immobility: measurement and correlates. *Depress. Anxiety* 26 (6), 550–556.
- Alase, A., 2017. The interpretative phenomenological analysis (IPA): a guide to a good qualitative research approach. *Int. J. Educ. Literacy Stud.* 5 (2), 9–19.
- Arend, E., Maw, A., de Swardt, C., Denny, L.A., Roland, M., 2013. South African sexual assault survivors' experiences of post-exposure prophylaxis and individualized nursing care: a qualitative study. *J. Assoc. Nurses AIDS Care* 24 (2), 154–165.
- Borkar, R., Bashir, M., Meshram, S., Madhusudan, S., 2010. Medico-legal and socio-demographic profile of rape cases in district hospital, Adilabad (Andhra Pradesh). *Ind. J. Foren. Med. Toxicol.* 4 (2), 45–47.
- Chowdhury, U.B., Bose, T.K., Prasad, R., 2008. Rape: its medicolegal and social aspect. *J. Indian Acad. Forensic Med.* 30 (2), 69–71.
- Christofides, N.J., Muirhead, D., Jewkes, R.K., Penn-Kekana, L., Conco, D., 2006. Women's experiences of and preferences for services after rape in South Africa: interview study. *Bmj* 332 (7535), 209–213.
- Clark, J.N., 2014. A crime of identity: rape and its neglected victims. *J. Hum. Right.* 13 (2), 146–169.
- Cohen, C., 2014. *Male Rape Is a Feminist Issue: Feminism, Governmentality and Male Rape*. Springer.
- Connell, R.W., 2005. *Masculinities*. University of California Press, Berkeley, Calif.
- Duma, S.E., 2006. *Women's Journey of Recovery from Sexual Assault Trauma: a Grounded Theory*. University of Cape Town.
- Duma, S.E., Khanyile, T.D., Daniels, F., 2009. Managing ethical issues in sexual violence research using a pilot study. *Curationis* 32 (1), 52–58.
- Elegbeleye, O., 2006. Is rape in the eye or in the mind of the offender? A survey of rape perception among Nigerian university stakeholders. *Educ. Res. Rev.* 1 (2), 40.
- Fitzgerald, N., Riley, K.J., 2000. Drug-Facilitated Rape: Drug-Facilitated Rape: Looking for the Missing Pieces.
- Galovski, T.E., Blain, L.M., Chappuis, C., Fletcher, T., 2013. Sex differences in recovery from PTSD in male and female interpersonal assault survivors. *Behav. Res. Ther.* 51 (6), 247–255.
- Gontek, I., 2009. Sexual violence against lesbian women in South Africa. *Outliers Collect. Essays Creative. Writ. Sex. Afr.* 2, 1–18.
- Gqola, P.D., 2015. *Rape: A South African Nightmare*. MF Books, Johannesburg, South Africa.
- Graham, K., Bernards, S., Wilsnack, S.C., Gmel, G., 2011. Alcohol may not cause partner violence but it seems to make it worse: a cross national comparison of the relationship between alcohol and severity of partner violence. *J. Interpers Violence* 26 (8), 1503–1523.
- Hollander, J.A., 2004. "I can take care of myself" the impact of self-defense training on women's lives. *Violence Against Women* 10 (3), 205–235.

- Hollander, J.A., 2014. Does self-defense training prevent sexual violence against women? *Violence Against Women* 20 (3), 252–269.
- Hollander, J.A., 2016. The importance of self-defense training for sexual violence prevention. *Fem. Psychol.* 26 (2), 207–226.
- Javaid, A., 2015. The dark side of men: the nature of masculinity and its uneasy relationship with male rape. *J. Men's Stud.* 23 (3), 271–292.
- Javaid, A., 2016. Feminism, masculinity and male rape: bringing male rape 'out of the closet'. *J. Gen. Stud.* 25 (3), 283–293.
- Javaid, A., 2017. In the shadows: making sense of gay male rape victims' silence, suffering, and invisibility. *Int. J. Sex. Health* 29 (4), 279–291.
- Jewkes, R., Morrell, R., 2010. Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *J. Int. AIDS Soc.* 13 (1), 6.
- Jewkes, R., Penn-Kekana, L., Rose-Junius, H., 2005. "If they rape me, I can't blame them": reflections on gender in the social context of child rape in South Africa and Namibia. *Soc. Sci. Med.* 61 (8), 1809–1820.
- Jewkes, R., Sen, P., Garcia-Moreno, C., 2002. *Sexual Violence: World Report on Violence and Health*, 26. World Health Organization.
- Jordan, J., Mossman, E., 2018. "Back off buddy, this is my body, not yours": empowering girls through self-defense. *Violence Against Women* 24 (13), 1591–1613.
- Machisa, M., Jina, R., Labuschagne, G., Vetten, L., Loots, L., Swemmer, S., et al., 2017. Rape Justice in South Africa: A Retrospective Study of the Investigation, Prosecution and Adjudication of Reported Rape Cases from 2012. South African Medical Research Council, Gender and Health Research Unit, Pretoria, South Africa.
- Mechanic, M.B., Resick, P.A., Griffin, M.G., 1998. A comparison of normal forgetting, psychopathology, and information-processing models of reported amnesia for recent sexual trauma. *J. Consult. Clin. Psychol.* 66 (6), 948.
- Mezey, G., King, M., 1989. The effects of sexual assault on men: a survey of 22 victims. *Psychol. Med.* 19 (1), 205–209.
- Mgozolazi, S.E., Duma, S.E., 2019. "As I was walking down the street, four strange guys came and took me under the bridge, where they all raped me": an interpretative phenomenological analysis of the types of rape experienced by men in South Africa. *Am. J. Men's Health* 13 (6), 1557988319882589.
- Mukamana, D., Brysiewicz, P., 2008. The lived experience of genocide rape survivors in Rwanda. *J. Nurs. Scholarsh.* 40 (4), 379–384.
- Oswalt, S.B., Wyatt, T.J., Ochoa, Y., 2018. Sexual assault is just the tip of the iceberg: relationship and sexual violence prevalence in College students. *J. Coll. Student Psychother.* 32 (2), 93–109.
- Palermo, T., Bleck, J., Peterman, A., 2013. Tip of the iceberg: reporting and gender-based violence in developing countries. *Am. J. Epidemiol.* 179 (5), 602–612.
- Quarshie, E.N.-B., Davies, P.A., Badasu, M.I.A., Tagoe, T., Otoo, P.A., Afriyie, P.O., 2018. Multiple perpetrator rape in Ghana: offenders, victims and offence characteristics. *J. Sex. Aggress.* 24 (1), 125–141.
- Roland, M.E., Myer, L., Martin, L.J., Maw, A., Batra, P., Arend, E., et al., 2012. Preventing human immunodeficiency virus infection among sexual assault survivors in Cape Town, South Africa: an observational study. *AIDS Behav.* 16 (4), 990–998.
- Sebaeng, J.M., Davhana-Maselesele, M., Manyedi, E., 2016. Experiences of women who reported sexual assault at a provincial hospital, South Africa. *Curatiosis* 39 (1), 1–7.
- Sivakumaran, S., 2005. Male/male rape and the taint of homosexuality. *Hum. Rts. Q.* 27, 1274.
- Sivakumaran, S., 2007. Sexual violence against men in armed conflict. *Eur. J. Int. Law* 18 (2), 253–276.
- Smith, J.A., 1996. Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychol. Health* 11 (2), 261–271.
- Smith, J.A., Eatough, V., 2007. *Analysing Qualitative Data in Psychology*.
- Smith, J.A., Flowers, P., Larkin, M., 2009. *Interpretative Phenomenological Analysis. Theory, Method and Research*. Sage Publications Ltd.
- Smith, J.A., Osborn, M., 2004. *Interpretative Phenomenological Analysis*. Wiley Online Library.
- Smith, J.A., Osborn, M., 2007. Pain as an assault on the self: an interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychol. Health* 22 (5), 517–534.
- Smith, J.A., Shinebourne, P., 2012. *Interpretative Phenomenological Analysis*. American Psychological Association.
- South African Police Service, 2019. South Africa's Crime Statistics for 2018/19. *Crime Statistics 2018/2019(Annual Stats)*. Retrieved from. <https://www.saps.gov.za/service/s/crimstats.php>.
- Sullivan, C.M., Cain, D., 2004. Ethical and safety considerations when obtaining information from or about battered women for research purposes. *J. Interpers. Violence* 19 (5), 603–618.
- Van Buren, B.R., Weierich, M.R., 2015. Peritraumatic tonic immobility and trauma-related symptoms in adult survivors of childhood sexual abuse: the role of posttrauma cognitions. *J. Child Sex. Abuse* 24 (8), 959–974.
- Walker, J., Archer, J., Davies, M., 2005. Effects of rape on men: a descriptive analysis. *Arch. Sex. Behav.* 34 (1), 69–80.
- Walklate, S., 2013. *Gender, Crime and Criminal Justice*. Willan.
- Weiss, K.G., 2010. Male sexual victimization: examining men's experiences of rape and sexual assault. *Men Masculinities* 12 (3), 275–298.
- World Medical Association, 2015. *WMA Declaration of Helsinki—Ethical Principles for Medical Research Involving Human Subjects*, 2013. Google Scholar.