Journal of Criminology and Criminal Justice Studies
Vol. 2, No. 1, 2024, pp. 95-120 • ISSN: 2583-9918
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URL: www.arfjournals.com
https://doi.org/10.47509/JCCJS.2024.v02i01.06

The Quality of Post-rape Services Rendered to Adult Female Survivors within the South African Criminal Justice System

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To Cite this Article
Nigel Bradely Bougard, Gloudina Maria Spies & Karen Booyens (2024). The Quality of Post-rape Services Rendered to Adult Female Survivors within the South African Criminal Justice System. *Journal of Criminology and Criminal Justice Studies,* 2: 1, pp. 95-120. *https://doi.org/10.47509/JCCJS.2024.v02i01.06*

Abstract: After a rape, the survivor is reliant on services provided by various service providers. This article presents the perceptions of 28 service providers regarding medical, medico-legal, psychosocial, and legal service rendering to adult female rape survivors within the criminal justice system. A qualitative research approach was followed to explore and describe the experiences of service providers in rendering post-rape services, while applied intervention research was used to form the basis for the formulation of recommendations regarding certain key components that should form part of a post-rape prototype service delivery model. By using stratified random sampling, 9 medical and medico-legal practitioners, 16 psychosocial and 3 legal service providers were selected. The data was collected by means of a semi-structured interview schedule. The findings highlight the challenges and advances that service providers experience in providing post-rape services to adult females within the criminal justice system.

Keywords*:* Interdisciplinary; service quality; service delivery; rape survivor; service providers.

Introduction

Rape is a significant problem in communities universally and is perceived as a physical, social, and emotional intrusion on the survivor (Kumar & Parkash, 2020). Globally, women are subjected to various forms of abuse (i.e., harassment, torture, humiliation, and exploitation), and rape is an escalating phenomenon in recent society. This sexual

Received : 12 February 2024 • **Revised :** 25 March 2024 • **Accepted :** 29 March 2024 • **Published :** 1 March 2024

offence is becoming progressively problematic to overlook, given the substantial impact it bears. Worldwide, it is estimated that 15 million adolescent girls (aged 15-19 years) have been subjected to the crime of rape. More importantly, almost a third of all adolescent girls and women aged 15-49 years of age, were subjected to sexual violence in 2020, while approximately 120 million girls (1 in 10) under the age of 20 have been subjected to some form sexual victimisation, inclusive of rape (UNICEF, 2022: World Health Organization [WHO], 2020). The interchange with regards to power relations between genders have continuously made women vulnerable to rape (Howl & Stanko, 2022; Kaithwas & Pandey, 2018). Furthermore, violence perpetrated against women is reflected as an abuse of human rights, apparent as being a noteworthy result of gender inequality, a public health concern and an impediment to sustainable development universally.

After a rape incident, the survivor may experience medical, medico-legal, psychosocial, and legal consequences that requires the interventions of service providers. As such, these consequences, and accumulative individual needs of the rape survivor within the criminal justice system (CJS), should be of prime importance. Within the medical domain of post-rape services, victims require medical treatment for sexually transmitted infections (STIs), prevention of pregnancy, and other chronic medical conditions such as chronic pain, difficulty sleeping, poor physical and mental health (Kotzé & Brits, 2017; WHO, 2019). Medical post-rape services to victims can generally be clustered into addressing the immediate effects, which is the direct result of the rape, whereas medium- to long-term consequences emerges over a period of time (Kotzé & Brits, 2017; WHO, 2019). With regard to the medico-legal post-rape services, it is essential that the physical examination of the victim comprises of a genito-anal examination. Forensic evidence is only considered in legal proceedings if evidence is collected within 96 hours (4 days) of the rape, although the prospect of finding any evidence diminishes after 72 hours (3 days). Anogenital injuries provide evidence to validate an allegation of rape, which may progress to a successful trial, or conviction, with various expectations within the CJS. Likewise, the utilisation of micro-visualisation technologies (i.e., coloscopy) may improve the likelihood of a conviction, while it may also play a direct or indirect role in relation to secondary victimisation, as it may be regarded as being intrusive by the victim and potentially embarrassing in nature (Kotzé & Brits, 2017).

The psychosocial challenges of rape are widely differentiated, depending on the personal circumstances of the survivor. The psychosocial consequences of rape can be immediate (traumatic and expressive) and long-term (post-traumatic stress disorder [PTSD]) in nature, and may include depression, anxiety, neurosis, substance misuse, and suicidal thoughts and tendencies (Brown, Khasteganan, Brown, Hegarty, Carter,

Tarzia, Feder & O'Doherty, 2019; Parcesepe, Martin, Mclean & García-Moreno, 2015; Subramanian & Green, 2015).

The legal aftermath of rape comprises of procedural processes, which may prompt victims to delay or simply abstain from reporting the incident, emanating from preconceived fear that legal service providers within the CJS will treat them inversely; or even place some form of blame on them as a result of their actions prior to the rape (Skinnider, Montgomery & Garret, 2017). Legal service providers in the CJS focus mainly on physical and forensic evidence, as well as the trustworthiness of the victim, while often seemingly neglecting the position of the rape victims' absence of consent in relation to the crime of rape (Banovic & Vujosevic, 2019; Skinnider et al., 2017). These legal processes can be exhaustive and overwhelming for adult female rape survivors. Further exasperating the plight of rape survivors is that cases of rape can be dismissed from the criminal justice process during four important phases within the CJS being the initial reporting phase (when the police reviews the merits of the case); the investigation phase (identification of the alleged rapist and securing forensic evidence); pre-trial phase (when the legal service providers concludes the merits of the case); and the trial phase (when a presiding officer delivers a ruling (Skinnider et al., 2017).

In light of the challenges in accessing a holistic mode of post-rape services, the Thuthuzela Care Centres (TCCs) emerged. In South Africa TCCs function as multi-sectoral one-stop facilities that embrace an all-inclusive approach in rendering vital post-rape services in one location, empowering rape survivors to report the incident and receive healthcare and psychosocial support. Additionally, TCCs are purposely situated in or near communities where the prevalence of rape is notably high. These centres are usually positioned within primary or secondary health facilities. A few TCCs are located within detached structures known as park homes and not in a health facility. It was also in practice that TCCs are connected with or of close proximity to sexual offences courts (Bougard & Booyens, 2015; National Aids Convention of South Africa, 2018). The three main objectives of the TCCs are to:

- Reduce the secondary victimisation of gender-based violence survivors;
- Increase conviction rates in addressing rape perpetrated against women; and
- Ease the burden of case management (Bougard & Booyens, 2015; National Aids Convention of South Africa, 2018).

From the introduction it is clear that rape survivors have varied needs and that service providers play an important role in the ultimate recovery and healing of the survivor.

Aim and Objectives of the Research

The aim of the research was to describe and explore the interdisciplinary perspectives of service providers within the CJS regarding the quality of post-rape services rendered to adult female survivors. The objectives were as follows:

- To highlight the quality of post-rape service delivery to adult female survivors by different professionals in the CJS.
- To explore the challenges these professionals experience in rendering post-rape services to adult female survivors.
- To formulate key recommendations in rendering post-rape services to adult female survivors.

Problem Statement

The widespread incidence and prevalence of rape in South Africa and the desire to eliminate this form of crime as a matter of urgency is well-documented (National Aids Convention of South Africa, 2018; SAPS Crime Statistics April to March 2020/2021). Policies to manage sexual offences such as rape in South Africa are resultant from initiatives by the Department of Justice and Constitutional Development (DoJCD) and the National Prosecuting Authority (NPA). Despite these policies, South Africa has seen a delay in implementing policy decisions over the years, as a result of insufficient budgeting and operational planning regarding post-rape service rendering to adult female rape survivors (National Aids Convention of South Africa, 2018; Triangle Project Policy Brief, 2016). Statistics on the performance of service providers in the CJS pertaining to rape are scarce, making it problematic to assess the effect of the Sexual Offences Amendment Act in legislation and policy frameworks, which are initiatives intended to manage the prevalence of rape in South Africa (Sibanda-Moyo, Khonje & Brobbey, 2017). The needs of adult female rape survivors comprise of but not limited to medical and medico-legal intervention, legal assistance and psychosocial support (Hollomotz, Burch & Bashall, 2023; Orleans & Malan, 2020; Tenaw, Aragie, Ayele, Kokeb & Yimer, 2022). Moreover, there exists a need from service providers for a survivor-centred approach, with an emphasis on human rights in rendering post-rape services to adult females within the CJS (UN Women, 2022).

Literature Review

For this literature review, the focus will be on medical, medico-legal, psychosocial and legal needs of rape survivors, legislative and policy frameworks in rendering these services, and challenges in affording post-rape services to adult female survivors within the CJS in South Africa.

Needs of Adult Female Rape Survivors within the CJS

Medical and Medico-legal Needs of Adult Female Survivors within the CJS

At presentation at a medical facility, the medical practitioner should attend to the victims' acute, short-term and long-term medical needs, inclusive of physical and

mental observation (Schafran, 2015). The facilitation of post-exposure prophylaxis (PEP) is time-sensitive, with the first dose of drugs administered within 72 hours (3 days) after the rape. Unquestionably, PEP is sometimes the last step in the treatment chain. In circumstances in which the victim was not able to give consent to a medical examination potentially due to the immediate trauma, a three-day starter pack of PEP is provided, and the patient is informed by the medical practitioner to return for further HIV testing and a complete course of PEP for 28 days (if eligible). Eligibility infers that the rape survivor tested human immunodeficiency virus (HIV) negative upon representation at the rape crisis centre (National Aids Convention of South Africa, 2018). Other medical needs include but not limited to treatment for STI's and unwanted pregnancies, genital injuries and specialised psychological interventions (Tenaw, Aragie, Ayele, Kokeb &Yimer, 2022).

Within the domain of medico-legal services, the care and examination of the rape survivor needs to be executed by a qualified healthcare practitioner. The medical practitioner must be a proficient communicator so that relevant history of the rape can be recorded. The medical practitioner should also be well-informed in collecting biological trace evidence; and how to interpret and report these results verbally and in writing. The examination should be conducted in a quiet setting with access to the required equipment and assistance. Pointers of forensic medical interest to corroborate findings are the rape survivor's over-all health, use of prescriptive medication or drugs, menstrual period, prior sexual relationships, time since last voluntary intercourse and current genital lesions (Kotzé & Brits, 2017).

Psychosocial Needs of Adult Female Rape Survivors within the CJS

The psychosocial needs of rape survivors may be inclusive but not limited to the following (Martin, 2016):

- Creating formal and informal social support systems.
- Reinforcing and empowering behaviours to gain a sense of safety.
- Educating survivors of rape to manage their emotions (i.e., as anger, shame and fear).
- Re-establishing physical and psychological consistency.
- Constructing skills that will aid rape survivors in reclaiming a sense of personal power and control over their lives.
- Advising the victim of rape about the nature of the crime victimisation, so that they are aware of what to expect within the CJS and beyond.
- Facilitating and encouraging rape survivors to minimise negative thoughts surfacing from the traumatic event they had been subjected to.

- Assisting rape survivors through the mourning process.
- Encouraging resolution and closure, which is anticipated to lead to personal growth and permit the rape survivor to build confidence and strength to trust people once again.

By investigating these key needs set above, as well as aiding the undercurrents and needs specific to the crime of rape, the helping professions such as social workers may be influential in nurturing healing and growth in rape survivors, for them to begin the process of perceiving themselves as no longer being victims but survivors of rape (Martin, 2016).

Subsequently, trauma-informed services should be facilitated by a thorough comprehension of the consequences of rape on the life of the survivor. In a trauma-informed approach, the service provider should be aware of the effect of rape on the survivor and to reduce re-traumatisation. The trauma-informed paradigm permits a considerable and humane principle for theorising and addressing the numerous challenges confronting those pursuing mental health and other related services (Bach, Hansen, Ahrens, Ni & Hansen, 2021; Subramanian & Green, 2015).

Legal Needs of Adult Female Rape Survivors

- Providing legal support with the aid of the informing the plaintiff of their rights, processes and procedures within the CJS.
- Ensure that the victim is aware of their obligations within the CJS.
- Encouraging the rape survivor to continue with case, irrespective of challenges that they might experience during legal proceedings.
- Effective and timeous communication in relation to case progression.
- Support the rape survivor with civil legal assistance (i.e., civil protection orders, financial assistance and child custody in instances the crime occurred within a relationship or marital rape.
- Adult female rape survivors have a desire to be treated with dignity and respect within the CJS (Lorenz, Kirkner & Ullman, 2019; United Nations High Commissioner for Refugees, 2019).

Legislative and Policy Frameworks in Rendering Post Rape Services to Adult Females Within the CJS

The legislative framework, policies, directives, and guidelines when disseminating victims' rights and post-rape services in the CJS are the National Policy Framework (NPF), Victim Empowerment Programme (VEP), and the Victim Services Bill (VSB).

The authors selected these specific policies, directives, and guidelines as they are current in addressing the rights and needs of adult female rape survivors within the CJS. The authors will also discuss the sexual offences courts and their role in the TCC model.

National Policy Framework

Section 62 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 involves the implementation of the National Policy Framework (NPF) as a mode of aiding a consistent and inter-sectoral response to the prevention of rape and rendering services to rape survivors in the CJS. The NPF was introduced by key stakeholders from the DoJCD, Department of Social Development (DSD), Department of Health (DoH), Department of Correctional Services (DCS), South African Police Service (SAPS) and the NPA (Department of Justice and Constitutional Development, 2012). The objectives of the NPF are as follows:

- Permit a continuous and co-ordinated mode in service rendering by all government departments and institutions mandated with the managing and administration of cases of rape;
- Enable the implementation, application, and administration of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007; and
- Develop a plan for the advancement of services for survivors of violence and ensure the provision of resources (Department of Justice and Constitutional Development, 2012).

Victim Empowerment Programme

The VEP emerged in South Africa as a programme of the National Crime Prevention Strategy in 1996 and was fully endorsed in 1999 (Nel, 2019). The aim of the VEP is to prioritise crime reduction and acknowledge victims' rights and needs within a restorative justice framework. Through restorative justice all the stakeholders concerned (i.e., victims, alleged perpetrators, families affected by the crime(s) and societal members) can access justice, acknowledge the injuries suffered by the adult female rape survivor, recommend restitution, take actions to prevent similar crimes from transpiring in future, and work towards reconciliation (A Dialogue Between Government and Civil Society, 2013; Nel, 2019). The mission of the VEP is to facilitate an integrated and all-inclusive mode and coordinated service delivery to victims of crime (Nel, 2019). The essential functions of the VEP are to:

- Expedite the victim's cooperation with service providers within the CJS, improving crime investigations and prosecutions;

- Meaningfully reduce the long-term consequences of trauma and victimisation; and
- Prevent repeat victimisation and the incidence of victims taking justice into their own hands when trauma interventions are not available immediately after the crime, thus preventing the cycle of violence, which supports crime reduction ingenuities (Nel, 2019).

The Victims' Charter

The Service Charter for Victims of Crime in South Africa (also referred to as the Victims' Charter) offers a significant outline for the coalition of all laws and policies regarding the rights of victims and services provided to victims of crime and violence. Service providers working with victims of crime are expected to sustain quality in service delivery, thus facilitating client satisfaction with the services received (Commission for Gender Equality, 2016). The objectives of the Victims' Charter are to:

- Curb secondary victimisation within the CJS;
- Ensure that victims remain important in the CJS;
- Clarify the service standards that can be plausible by and are to be rendered to victims when they enter the CJS; and
- Take into consideration the perspectives of the victims regarding the standards of services rendered within the CJS (Commission for Gender Equality, 2016).

The Victim Support Services Bill

The Victim Support Services Bill has relevance to post-rape legal, health and psychosocial support to victims of rape.

The Victim Support Services Bill pertaining post-rape legal services

It is proposed in the Victim Support Services Bill that upon reporting rape to the police, the adult female rape survivor is assisted by a representative of the Family Violence, Child Protection and Sexual Offences (FCS) Unit of the SAPS. The main purpose of the Victim Support Services Bill in relation to legal services, is to facilitate the survivor in accessing legal services. The victim should be given a case number, and the details of the investigating officer should be relayed to the plaintiff. The rape survivor should also be incessantly updated regarding case progression if an arrest has been made and the circumstances under which bail was granted to the alleged rapist. A copy of the victim's statement should be made available to the victim and legal service providers if desired, and the case should be transferred to the NPA within thirty days after the rape occurred. In situations in which a case cannot be transferred to the NPA, the adult

female rape survivor should be informed by the police concerning the reasons not to proceed with the charge of rape against the alleged accused. The Civilian Secretariat for Police is anticipated to provide oversight regarding the monitoring of rape cases; ensure that adult female rape survivors are treated with respect and dignity by all role players in the CJS; and ensure that witness fees are provided to the plaintiff as outlined in the Criminal Procedure Act 51 of 1977 (Victim Support Services Bill, 2020).

The Victim Support Services Bill within the Ministry of Health

The DoH is endorsed to deliver oversight in providing satisfactory access to healthcare for rape survivors, for example the provision of PEP, treatment of STIs, treatment of physical injuries, termination of pregnancy if requested by the patient, and enabling the compulsory HIV testing of an alleged sex offender. It also remains the directive of the DoH to oversee and accord for the medico-legal examination of adult female rape survivors (Victim Support Services Bill, 2020).

The Victim Support Services Bill within the sphere of psychosocial support for adult female rape survivors

The DSD should provide post-rape psychosocial programmes and services to adult female rape survivors according to set directives. Services provided by the DSD should be inclusive but not limited to court preparation; legal, and social work services; comprehensive information of available psychosocial service providers within the vicinity to the rape survivor; provide a toll-free number for reporting the rape (24 hours 7 days a week); and guarantee that all adult female rape survivors are provided with an acknowledgement of receipt with a reference number for any further communication. It is also the duty of the DSD to join forces with other service providers (i.e., Department of Education (DoE), DoH, and DoJCD in recommending the relevant policies pertaining to the management of victim support services and guarantee that victim support programmes and services are accredited. The DSD is also assigned to evaluate the effectiveness of victim support programmes and services and to provide the necessary resources within a standardised manner (Victim Support Services Bill, 2020).

Challenges in affording post-rape services to adult females within the TCCs in South Africa

There are various challenges experienced by service providers when rendering services to rape survivors. In the subsequent section some of these challenges in relation to the TCCs are highlighted, with a focus a on the medical and medico-legal, psychosocial and legal mode of post-rape services rendered to adult females.

Challenges in Rendering Post-rape Medical and Medico-legal Services

During 2015-2016 two studies were conducted and found that approximately half of TCCs (55) have a designated healthcare practitioner (mainly during the day). At certain TCCs, victims of rape were only referred for a medical examination the following day. As such, some rape survivors may opt to abandon seeking medical care (Thuthuzela Care Centres Compliance Audit and Gap Analysis, 2016; Vetten, 2015). There are also other challenges at TCCs such as the availability of medical equipment (i.e., speculums; colposcopes; gynae couch or lithotomy tables for the medico-legal examination), which may affect the quality of medical and medico-legal services rendered (Thuthuzela Care Centres Compliance Audit and Gap Analysis, 2016). Additionally, research conducted by Machisa, Jina, Labuschagne, Vetten, Loots, Swemmer & Meyersfeld (2017) in South Africa found that most adult rape survivors went for a medico-legal examination within 72 hours, with challenges experienced by service providers in recording the injuries and accurate completion of the J88 medico-legal form which is a form to document and corroborate evidence found in relation to the crime of rape (Machisa et al., 2017).

Challenges in Rendering Post-rape Psychosocial Services

Some of the most important challenges in rendering post-rape psychosocial services are, but not limited to:

- Poor remuneration and availability of psychosocial services providers.
- Availability of psychosocial services after hours and on weekends when it is crucial.
- The quality of psychosocial services is at risk due to its availability and funding, which in turn may lead to it being abandoned within the TCC model (Global Fund to Fight AIDS, Tuberculosis & Malaria, 2019).

Challenges in Rendering Post-rape legal Service to Adult Female Rape Survivors

A challenge expressed by Daniel (2021) was an apparent a backlog in the processing of DNA results at the National Forensic Science Laboratories of the SAPS. On a positive note, during 2021-2022 the DoJCD in collaboration with SAPS reduced the backlog of rape cases known as a Criminal Case Backlog Action Plan, with preference given to gender-based violence (GBV) related cases. This initiative is closely monitored by a committee, further facilitated by an APP indicator. Most importantly, SOCs increased significantly from 51 to 106 by 2021, further accompanied with a *National Guidelines for the Establishment of Sexual Offences Courts with a Regulations Resource Checklist*, established by the DoJCD, NPA, Legal Aid SA and the Judiciary (Update of Sexual Offences Courts and Elimination of Backlog Cases, 2022).

Furthermore, the J88 medico-legal form does not explicitly guide service providers to document the examination methods that they have used and are reliant on the subjective views of service providers detailing medico-legal information at their own discretion (Jina, Jewkes, Vetten, Christofides, Sigsworth, Loots 2015). Other challenges included rape victims not reporting the crime due to the false rape claim myth; treatment of rape survivors by the police; burnout of the police; assistance in accessing legal services; a desire for more sexual offences courts; lost dockets; informing the victim of their case progression; postponement of cases; infrastructure in the investigation of cases; readiness of the victim to give a statement; provision of more staff; audit of the J88 medico-legal form; and readiness of the victim to give a statement (Heath et al., 2018; Machisa et al.; Messina-Dysert, 2015).

Theoretical Framework

Within the context of the research, the authors selected the ecological systems theory, which guided the study.

Urie Bronfenbrenner (1979) presented the ecological systems theory, which categorises an individual's environment into five intersecting spheres, all with collective levels of interface with the person. The five spheres and how it relates to the rape survivor are the *microsystem (the individual and her family), mesosystem (immediate surroundings of the person), exosystem (intervention of state agencies), macrosystem (cultural perspectives)* and *chronosystem (developmental effects of rape on the victim overtime)* (Eriksson, Ghazinour & Hammarström, 2018; Martin, 2016). As the ecological systems theory is guided by five levels of interrelated systems known as the *microsystem, mesosystem, exosystem, macrosystem and chronosystem*, it supported the authors during the research process to focus on the different levels of functioning of the rape survivors during service rendering within the CJS, while the victimological theories highlights the vulnerability of women in relation to the crime of rape during their daily lives and exposure to criminality, which are further worsened by an imbalance in relation to gender interaction between women and men.

Research Methodology

A qualitative research approach guided the research process, as the subjective experiences of interdisciplinary service providers rendering post-rape services to adult female rape survivors within the CJS was investigated (Leedy & Ormrod, 2019). The participants were recruited at three TCCs in the Gauteng province by means of probability sampling (Gravetter & Forzano, 2016; Strydom, 2021), and nine medical and medico-legal, 16 psychosocial and three legal service providers participated in the study. Specifically stratified sampling was utilised to document service providers' viewpoints (being

medical, medico-legal, psychosocial, and legal) in rendering post-rape services to adult female rape survivors (Engel & Schutt, 2017; Maree & Pietersen, 2020; Rubin & Babbie, 2016). The type of research was applied, since the study was conducted within a practical setting, and recommendations on improving post-rape services were made (Fouché, 2021; Marotti de Mello & Wood, 2019). The research design was facilitated by a multiple case study design, more specifically an instrumental case study design, since the researchers documented the subjective perspectives of interdisciplinary service providers rendering post-rape services to adult female rape within the CJS (Piekkari & Welch, 2018). An instrumental case study design supported the study to gather more detailed information (i.e., perceived quality of post-rape services in South Africa) (Ridder, 2017). The data was collected through telephonic and face-to-face interviews and analysed by using Braun and Clarke's thematic analysis. Ethical clearance to conduct the research was provided by the Faculty of Humanities' Ethics Committee, University of Pretoria (GW20180844HS). Additionally, permission to conduct the research was approved by key governmental stakeholders being the NPA, DoH and SAPS.

Findings and Discussion

In this article the biographic and demographic details of the participants are described as well as the themes and sub-themes that emerged pertaining to post-rape service rendering in South Africa.

Biographic and Demographic Details of Service Providers

Gender

Most of the service providers (n=22; 78.6%) were female and only a few participants (n=6; 21.4%) being male service providers. This finding overlaps with a qualitative study by Skhosana (2016) focusing on the viewpoints of service providers (being 17 medical personnel and lay counsellors rendering post-rape services at one Clinical Forensic Medical Service Centre and two TCCs in Ekurhuleni Gauteng province) where most of the service providers (82.3%) were also female (Skhosana, 2016).

Professional Status within the Criminal Justice System

As already indicated in the article, three domains of post-rape service providers were presented in this study, namely the psychosocial sphere, the medical sphere, and the legal sphere. The medical sphere of participants included six (21.4%) forensic nurses (being the most represented group within the collective sample) and three medical doctors (10.7%). Within the psychosocial sphere of post- rape service rendering, the majority of service providers were auxiliary social workers (n=5; 17.9%) (being the

second highest from the sample), followed by social workers (n=3; 10.7%) and site coordinators (n=3; 10.7%) respectively. A small number of first responders (n=2; 7.1%) and victim assistant officers (n=2; 7.1%) contributed to the study, whilst one (3.6%) clinical psychologist participated in the research. The legal field of post-rape service providers were represented by one (3.6%) court preparation officer, one (3.6%) case manager, and one investigating officer (3.6%).

Years of Experience

The years of experience of service providers within the CJS were diverse. Participants with 1-4 years' experience (n=7; 25%), 5-10 years (n=6; 21.4%), 10-15 years (n=8; 28.6%), 15-20 years (n=4; 14.3%) and more than 20 years' experience (n=3; 10.7%) In light of the above description of the levels of experience of service providers rendering post-rape services to adult female rape survivors, the service providers are adequately experienced, with most (28.6%) having 10-15 years of work experience within the CJS.

Thuthuzela Care Centre Affiliation

Concerning the shared representation of the service providers regarding their affiliation with the corresponding TCCs, the majority of the participants were enlisted at research site (RS) 2 (n=11; 39.3%) being service providers (6-13 18, 24 and 28), ensued by RS 1 (n=9; 32.1%) which were service providers (1-5, 17, 23, 26-27) and RS 3 (n=8; 28.6%) comprising of service providers (14-16, 19-22 and 25). It is noteworthy that within the realm of psychosocial service providers, the dispersal of participants in relation to social workers and auxiliary social workers were extensively distributed between the three research sites, with RS 2 having five auxiliary social workers and one social worker on a full-time basis provided by a non-governmental organisation (NGO) operating 24 hours, whilst RS 1 and 3 only had one social worker, with the social worker at RS 1 provided by the DoH (Wednesdays and Fridays), and the social worker at RS 3 provided by an NGO on a part-time basis (Mondays and Wednesdays). RS 1 and 2 are open on a 24/7 basis, whilst RS 3 is not operational after 18:00.

The following themes and sub-themes surfaced during the analysis of the data:

- ***Challenges in rendering post-rape medical and medico-legal services***
- **Medical challenges in rendering post-rape services**
- **Patient understanding in relation to medication an adherence to follow-up appointments**

In sub-Saharan Africa, dual epidemics of HIV and rape make the implementation of PEP a crucial component of the public health response to rape. Moreover, genital trauma related to rape increases the likelihood of HIV transmission. Understanding the

uptake and use of PEP could inform strategies to improve the efficacy of PEP (Clinical Guidelines Programme, 2022; Machuki, Kiarie & Roxby, 2017). This was conveyed by service providers 21 and 22 as follows:

Service provider 21 (Forensic nurse):

> Sometimes, they don't ask, and they come back. Like with the medication for 28 days, they finished it in one week. Its strong medication, and they are severely sick. Trauma is something else, because you are here, but you are not here. At that point, they don't actually take in the information that you give them. We also call them to follow-up, some come, others don't.

Service provider 22 (Forensic nurse):

> I don't think we have challenges, especially us health providers. The main problem can be the patient, some of them, they don't take the medication as prescribed. Some of them, they don't come on the days that are given. Some of them, they just disappear.

Shortage of Medical Staff

TCCs are battling with staff, more specifically after-hours, with long waiting hours for the rape survivor (Vetten, 2015). Furthermore, service providers within the healthcare sector should place an emphasis on adequate staff encoupled with the appropriate diagnostic equipment in rendering post-rape services (Tenaw et al., 2022). This was indicated by services providers 20 and 25 as follows:

Service provider 20 (Forensic nurse):

> We only have a shortage of staff.

Service provider 25 (Medical doctor):

> It's more a matter of logistics, in the sense that there are constraints for government to employ doctors around the clock, but it is better for the patient to be seen sooner, rather than later. But the government can't provide services around the clock. Some medico-legal facilities can only be open for 8 hours, while the need is for them be functional 24 hours. Manpower challenges is thus directly related to financial constraints, they just cannot employ enough people. Its logistics more than anything else.

Advancement in medical post-rape services Improvement of PEP regimen

Two-drug regimens (containing a fixed-dose combination) are usually preferred over three-drug regimens, emphasising the use of drugs with fewer side-effects. An example

of a triple PEP regimen in instances of several alleged rapists if available (lamivudine, zidovudine, and lopinavir-ritonavir). Significantly, the choice of drugs and regimens should be aligned with national and international directives, which makes it easier for the survivor to complete the medication (Clinical Guidelines Programme, 2022; Muriuki, Kimani, Machuki, Kiarie, & Roxby 2017). Service provider 17 cited an improved PEP regimen.

Service provider 17 (Forensic nurse):

As it is now, the clinic is changing to the new regimen for post-rape HIV prevention. We are still using the old regimen. We need to finish off the stock that we have and start giving the new tablet. They send us occasionally for trauma containment.

Medico-legal challenges in rendering post-rape services Gender of the forensic examiner

The gender of the medico-legal examiner has been ascribed as being a recurrent issue of concern (Kanan, 2018) since female survivors prefer to be examined by a female clinician. This was indicated by service providers 17, 19-21, and 24. Service provider 17 (Forensic nurse) opined the following:

Our challenge will be medical male doctors examining females when there is no female nurse inside the room. We don't have male nurses, but they become so sceptical to be examined by male nurses. What if in the shift there is only a male doctor and male nurse?

Refusal to undergo medico-legal examination

Services providers 21-22 and 24 shared that some victims refuse to be examined. This was captured by service provider 21 (Forensic nurse) as follows:

Sometimes the patient doesn't want to be examined. With adult women, it can also sometimes be a burst condom, so they will not tell us, sometimes, they come in as a walk-in, and they had sexual intercourse without using a condom, saying it was rape. We belief what the patient tells us. Some just want treatment, which we have to give them, even if they don't want to be examined.

Advancements in medico-legal post-rape services Improvement of the J88 medical form

The revised J88 form (making it more reader friendly and all-inclusive), is beneficial in court proceedings since it provides a more detailed approach to documenting clinical

forensic findings (Ladd & Seda, 2021). This was shared by service providers 21 and 24 as follows:

Service provider 21 (Forensic nurse):

> If you look at our J88, we find it totally different, we get to the point now. When you go to court, you have to include in the J88 a brief clinical finding, although some courts don't want that. Some just want the injuries written, and not the clinical history of the patient, but that is how we were trained. But now the difference with the J88, it is more detailed to the finer details. We also do an audit after the completion of the examination, with reference to the J88, to see where we might have gone wrong. That means, another medical staff member will audit mine, and I will audit theirs. We also audit our files since we have a protocol of what to write. You improve yourself as well if somebody tells you. We thus have a checklist to review the J88.

Service provider 24 (Medical doctor):

> At least the J88 now, is all-inclusive regarding the information that we put in is much better than what was required in the past. It will also be better if trained police officials working with rape cases are also based at the hospital or clinic. Sometimes when we call the police, it is a normal police officer not trained in sexual offences that is coming and this police officer will take the statement. You find out the caseload for specialised police officers are huge within a certain district, so they take longer to come. There are also always delays when it comes to the processing of DNA. Even a case that you have seen in 2016, you will be called in now only in 2021, five years later.

Concerning the quality of post-rape medical and medico-legal care, service providers shared that they were confronted with an array of challenges within the management of medium-long term care, application of policies and advancements in relation to rendering post-rape medical care and medico-legal care (Machisa et al., 2017).

Efficiency of the colposcope in detecting injuries

Service provider 23 (Medical doctor) shared the following:

> A minority of patients suffer from allergies when using the dye during the forensic examination. We have the colposcope, that has limited the need to use the dye, because with the colposcope you can also see invisible injuries to the naked eye. You can see injuries much better than using the dye.

A colposcope is a magnification device utilised to detect abrasions and lacerations, which are difficult to see (Schafran, 2015:6). Although the use of the colposcope is an

advancement, there are an inadequate number of healthcare facilities in South Africa that have colposcopies; and even if it is available, it is not completely used during forensic examinations (Jina et al., 2015:5).

Challenges in rendering post-rape psychosocial services A dedicated social worker at TCCs

A dedicated social worker be should be available at all TCC centres to provide psychosocial services (Skhukumisa, 2012). At the time of writing, the DSD acknowledged that South Africa has a critical shortage of social service professionals, emanating from an incapacity of government sectors (mainly due to budgetary restraints), to adequately provide social workers across all sectors (Critical shortage of social workers in South Africa – here's how much they get paid, 2022). This became evident by views shared by service providers 19, 20 and 25: opined:

Service provider 19 (Forensic nurse):

On weekends, we don't have a social worker here. Some cry non-stop. As a nurse, you must make sure you make the patient calm. They cry, and they can kill them themselves. We refer them to the hospital, psychiatry, I can't let the patient go, it will be dangerous.

Service provider 20 (Forensic nurse):

For now, it is a problem. It is lockdown. The social worker is not coming every day, only coming Monday, Wednesday, and Friday.

Service provider 25 (Medical doctor):

No support that I know of for psychosocial. They bring in a forensic social worker on certain days, and that's the end of it. But in the criminal justice system, no. They just focus on their aspect being: to prosecute or not to prosecute, that's it.

A male social worker

Bass and Davis (2008) explains that the adult female rape survivor has the choice to receive therapy from a female social worker. This was highlighted by service providers 15 and 21. they shared:

Service provider 15 (Site coordinator):

In this Thuthuzela Care Centre, we have one social worker provided through an NGO. We have a male social worker, and most of our victims are female. We find that some of our female rape survivors do not feel comfortable being seen by a male social worker. Because of resources, we do not have another social

worker that is in here, that can assist us. It is also one thing we have escalated to Department of Social Development to work with us.

Service provider 21 (Forensic nurse):

We have a male social worker; patients don't want a male social worker. So, having a male social worker, it is a problem at times.

Advancement in psychosocial services Support systems to helpers

Taylor (2016) cited in (Van Wijk, Ntombela & Mabvurira 2021), expresses a need for helping professionals are continuously subjected to stressful events daily and should receive assistance, to be fully aware in dealing with trauma. This was shared by service provider 11 (Auxiliary social worker):

We, ourselves, also go for counselling. The one that I benefit more from, is helping the helper. It is more of a debriefing session. We are also equipped in dealing with the trauma that we see on a daily basis.

Challenges in rendering post-rape legal services to adult female rape survivors

Service providers lamented numerous challenges in rendering post-rape legal services to adult female rape survivors. The process of seeking assistance from law enforcement service providers results in the reinforcement of cultural perspectives that women should blame themselves and feel ashamed for their own victimisation (Messina-Dysert, 2015; Watson, 2015). Additionally, the Ministerial Advisory Task Team on the Adjudication of Sexual Offences Matters stressed the need for the re-establishment of the sexual offences courts and the development of a model that would address the challenges regarding a lack of sexual offences courts (Ministerial Advisory Task Team on the Adjudication of Sexual Offences Matters, 2013; Sexual Offences Courts National Strategic Draft Plan, 2016-2020). Rape survivors also has a need to be informed about the progress of their case on a continuous basis (Know- your- rights- TCC, s.a.; Molina & Poppleton, 2020). Gerber (2021), and Mallene (2019) expressed concerns over a backlog in the processing of DNA results at the National Forensic Science Laboratories. The J88 medico-legal form does not explicitly guide service providers to document the examination methods that they used, and reliant dependent on subjective service providers detailing this information at their own discretion (Jina, Jewkes, Vetten, Christofides, Sigsworth, Loots 2015). Rape survivors are immensely subjected to the false rape claim myth, and do not report the crime emanating from fear that they will not be believed (Messina-Dysert, 2015). Other challenges included treatment by the police, burnout of the police, assistance in accessing legal services, a desire for more

sexual offences courts, lost dockets, informing the victim of their case progression, postponement of cases, infrastructure in the investigation of cases, readiness of the victim to give a statement, provision of more staff, audit of the J88 medico-legal form and readiness of the victim to give a statement. Some of the challenges were expressed by the service providers as follow:

Service provider 4 (Social worker):

> Some are complaining about the services that they receive from SAPS. If they come and complain, I inform a NPA member, and we solve the problem as a team.

Service provider 8 (Social worker):

> Now, DNA, it delays. The DNA results can take three to five years I don't know. They will say this or that is not there, so already, the case is not going forward. They are some will say that, because the doctor said maybe there was penetration, let us wait for the DNA results.

Service provider 21 (Forensic nurse):

> Sometimes the investigating officer does not get back to them. Sometimes when they have to appear in court, they also do not have a subpoena. Patients also give wrong addresses and phone numbers. That is why if they come to report a rape, they don't want the legal route, only medication.

Advancements and Practices Regarding Legal Services for Adult Female Rape Survivors

Advancements were shared by the participants in rendering post-rape legal service to adult female rape survivors, being a centre needs approach in rendering post-rape services and testifying in camera at sexual offences courts. They articulated the following:

Service provider 16 (Social worker):

> We try to adjust the Thuthuzela Care Centre model according to the specific needs of our centre, for example, me as the site coordinator, receive the victims as they walk in, interview, and inform them of the services. But for this centre, we adjust it a bit. To try to avoid interviewing, and just inform them of services as they walk in because the medical staff and social worker work with them.

Service provider 26 (Case manager):

> At court, we have the Sexual Offences Courts. They come in with CCTVs. They come with the aid of intermediaries. CCTV and testifying rooms will be for adults. But now you have to make an application for that to happen. But the law

makes provision that even an adult does not need to testify in presence of an accused. Most importantly, access to the building at Sexual Offences Courts, we can actually hide our victim away from the suspect.

Recommendations and Implications for Policy and Legislation in Rendering Post-rape Services to Adult Females

It is envisioned that a post-rape model should be holistic and scientific of nature, with a specific protocol to guide the service provider in delivering an all-inclusive service. This can also prevent fragmented service delivery. The ecosystem approach comprises of different subsystems such as the *mesosystem* (community resource), the *ecosystem* (formal systems such as law enforcement [police officers] in the community) and the *microsystem* (personal assistance), believed to be a more appropriate approach to the survivor of rape in a more holistic way. It can be accepted that a model based on a scientific framework will harness the best possible results regarding service rendering to adult female rape survivors within the CJS. Designated support systems for adult female rape survivors should be generally accessible to all, especially victims from disadvantaged communities (Bach et al., 2021). The following table provides an overview of key recommendations from the service providers to be considered for inclusion in policy and legislation in rendering post-rape services to adult females.

Limitations and Challenges of the Study

The research findings cannot be generalised since the study was conducted at only three medico-legal research sites within the Gauteng province. Furthermore, only a few legal service providers (three) participated in the study, while the majority of participants were medical and psychosocial service providers.

Conclusion

It became evident during this study that professionals that have to render services to female rape survivors experience certain challenges, which impact on the quality-of-service rendering. The medical and medico-legal domain of post-rape services indicated adherence to PEP and the comprehension thereof as being challenging. Adult female rape survivors also preferred to be examined by a female clinician. In relation to psychosocial services, the unequal distribution of these services and remuneration of service providers remains an issue of concern within the CJS. The legal component of post-rape services presented the most challenges being the processing of DNA, treatment by the police, communication, and the urgency for all rape cases to be heard within designated sexual offences courts within the CJS. A holistic and scientific approach

Table 1: Recommendations in Rendering Post-rape Services to Adult Females

MEDICAL	*MEDICO-LEGAL*	*PSYCHOSOCIAL*	*LEGAL*
Designated facility for the termination of pregnancy. Pathways of referral for specialist post-rape care. Clinical and psychosocial monitoring of the patient for 6 months. Financial assistance in accessing post-rape medical services. Allocation of more medical staff. Regarding PEP, two-drug regimens should be prioritised with fewer side-effects. Improvement of patient comprehension with regards to medication and adherence to follow-up appointments. All Thuthuzela Care Centres to be open 24/7, with sufficient staff capacity.	A desire to be examined by a female clinician. Utilisation of the coloscopy across all facilities in detecting ano-genital injuries. Highlighting communal awareness campaigns regarding the importance of not taking a bath/shower, prior to the medico-legal examination. Availability of rape kit across all facilities.	A need to be informed of their rights within the CJS. A need to receive counselling services from a female psychosocial service provider. Prioritising more social workers. A need for protocols and legislation to be reviewed in keeping abreast with the needs of adult female rape survivors. Financial assistance in accessing post-rape counselling services. Maintenance of confidentiality. Group therapy. Assistance with comfort packs. The age of psychosocial service provider should be closely matched with the age of the survivor. Pre-and-post HIV counselling by first responders. Prioritising initiatives aimed at addressing secondary victimisation within the CJS. Campaigns in creating awareness of post-rape services rendered. Continuous training. Implementation of protocols and processes.	Attitude of legal service providers in rendering post-rape services. Promote accessibility of legal services. Monitoring of legal services. Implementation of more sexual offences courts. Prioritising court preparation of survivors and service providers. Testifying in camera. Training of police officials. Adequate provision of resources in term of legal services. Centre-needs-approach in rending post-rape legal services. Continuous stakeholder engagement. Provision of debriefing services to service providers. Timeous processing of DNA. Consensus regarding the roles and duties of service providers. Improvement of infrastructure in the investigation of cases. Refresher courses for service providers. Provision of designated police officials at all Thuthuzela Care Centres. Transport between facilities. Provision of updates pertaining to the progression and withdrawal of cases. Endorsement of the auditing of the J88 by medical practitioners and case managers. It is proposed that first responders be trained in assisting the survivor with enquiries pertaining to court preparation. Prioritising debriefing of service providers. Victim impact statement. Victim empowerment programmes.

Source: Author's own

surfaced as more effective and inclusive, but also more cost-effective in rendering post-rape services to adult females within the South African CJS. Evidently from the research findings, the researchers are the opinion that the quality-of-service rendering to the adult female survivor needs to improve drastically with an emphasis of these services to be holistic and scientific.

Notes

This study formed part of a doctoral degree of the first author, funded by the University of South Africa, Academic Qualifications Improvement Programme. The project was conducted through the University of Pretoria. Opinions expressed and conclusions reached are those of the author(s) and are not necessarily to be attributed to the University of South Africa and University of Pretoria.

References

A Dialogue Between Government and Civil Society. (2013). *Towards Safe, Violence-free Communities for Women and Girls in South Africa: Working Together to Improve Police Responses*.http://www.policesecretariat.gov.za/downloads/reports/dialogue_report_women_girls.pdf.

Bach, M.H., Hansen, N.B., Ahrens, C., Nielsen, C.R. Walshe, C & Hansen, M. (2021). Underserved survivors of sexual assault: a systematic scoping review. *European Journal of Psychotraumatology*, 12 (1):1-15. https://doi.org/10.1080/20008198.2021.1895516.

Bass, E. & Davis, L. (2008). *The Courage to Heal: A guide for Women Survivors of child Sexual Abuse*. New York: Harper Perennial Publishers.

Banović, B.M. & Vujošević, J. (2019). Forensic evidence and case attrition in the criminal justice system. *Thematic Conference Proceedings of International significance*, (9)1:29-41.

Bougard, N.B. & Booyens, K. (2015). Adult female rape victims' views about the Thuthuzela Care Centres: A South African multi-disciplinary service model. *Acta Criminologica, Special ed*, Edition (5): 9-33.

Brown, S.J., Khasteganan, N., Brown, K., Hegarty, K., Carter, G.J., Tarzia, L., Feder, G. & O'Doherty, L. (2019). Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood. Cochrane *Database of Systematic Reviews*, 11:1-251 https://:doi.org/ 10.1002/14651858.CD013456.

Clinical Guidelines Programme: New York State Department of Health AIDS Institute. (2022). https://www.ncbi.nlm.nih.gov/books/NBK562734/pdf/Bookshelf.pdf.

Commission for Gender Equality. (2016). *Fighting fire with(out) fire: Assessing the work of police stations in combating violence against women.* Johannesburg: Commission for Gender Equality.

Critical shortage of social workers in South Africa – here's how much they get paid, (2022). https://businesstech.co.za/news/government/617521/critical-shortage-of-social.workers-in-south-africa-heres-how-much-they-get-paid/.

Daniel, L. (2021). *SA's DNA backlog won't be cleared before 2023, at the current processing rate.* https://www.businessinsider.co.za/south-africa-dna-backlog-wont-be-cleared-by-2023-2021-8.

Department of Justice and Constitutional Development. (2012). National Policy Framework: Management of Sexual Offence Matters. http://www.justice.gov.za/vg/sxo/2012-draftNPF.pdf.

Engel, R.J. & Schutt, R.K. (2017). *The practice of research in social work*, 4th ed. Thousand Oaks, CA. SAGE.

Eriksson, M., Ghazinour, M. & Hammarström, A. (2018). Different uses of Bronfenbrenner's ecological theory in public mental health research: what is their value for guiding public mental health policy and practice? *Social Theory & Health*, 16(4):414-433.

Fouché, C.B. (2021). Introduction to the research process. In Fouché, C.B. Strydom, H., & Roestenburg, W. J.H. (Eds). *Research at grass roots: for the social sciences and human service professions*. (5th edition). Pretoria: Van Schaik.

Global Fund to Fight AIDS, Tuberculosis & Malaria. (2019). *The Global Fund to Fight AIDS, Tuberculosis and Malaria: Leveraging the commitment to gender equality in a time of change and austerity.* Geneva, Switzerland: The Global Coalition on Women and AIDS.

Gravetter, F.J. & Forzano, L.A.B. (2016). *Research methods for behavioral sciences*. (5th ed). Stamford, CT: Cengage Learning.

Heath, A., Artz, L., Odayan, M. & Gihwala, H. (2018). *Improving Case Outcomes for Sexual Offences Cases Project: Pilot Study on Sexual Offences Courts*. Cape Town, South Africa, Gender Health and Justice Research Unit.

Hohl, K. & Stanko, E.A. (2022). Five Pillars: A Framework for Transforming the Police Response to Rape and Sexual Assault. *International Criminology*, 2(3):222–229.

Hollomotz, A., Burch, L. & Bashall, R. (2023). *Formal support needs of disabled adult sexual violence victim-survivors: A qualitative research report*. Ministry of Justice. United Kingdom. https://www.gov.uk/government/publications/formal-support-needs-of-adult-victim-survivors-of-sexual-violence.

Jina, R., Jewkes, R., Vetten, L., Christofides, N., Sigsworth, R. & Loots, L. (2015). Genito-anal injury patterns and associated factors in rape survivors in an urban province of South Africa: a cross-sectional study. *BMC Women's Health*; 15:1-29.

Kaithwas, M. & Pandey, N. (2018). Incompetency and Challenges of Police in Rape Cases. *Social Work Chronicle,* 7(1): 52-71.

Kanan, Y. (2018). *Overview and comparison of international models of service provision for victims of sexual assault*. https://www.gov.scot/binaries/content/documents/govscot/publications/factsheet/.

Lorenz, K., Kirkner, K. & Ullman, S.E. (2019). Recommendations for Responding to Survivors of Sexual Assault: A Qualitative Study of Survivors and Support Providers. *Journal of Interpersonal Violence*, 36(4): 1005-1028.

Know- your- rights- TCC, [s.a]. https://rapecrisis.org.za/wp-content/uploads/2020/07/Know-Your-Rights-TCC-WEBWHATSAPP.pdf.

Kotzé, J.M. & Brits, H. (2017). The emergency management of a rape case in a nutshell: adolescent and adult cases. *South African Family Practice*, 59(6): 230-236.https://https://doi: 10.1080/20786190.2017.128090.

Kumar, P & Parkash, R. (2020). Is rape crime or curse: issues, challenges and management. *The International Journal of Indian Psychology,* 8(4):2349-3429.

Ladd, M. & Seda, J. (2021). *Sexual Assault Evidence Collection*. Treasure Island. StatPearls.

Leedy, P.D. & Ormrod, J.E. (2019). *Practical research: planning and design*. (12th edition). New York: Pearson.

Machisa, M., Jina, R., Labuschagne, G., Vetten, L., Loots, L., Swemmer, S., Meyersfeld, B. & Jewkes, R. (2017). *Rape Justice In South Africa: A Retrospective Study Of The Investigation, Prosecution And Adjudication Of Reported Rape Cases From 2012.* Pretoria: Gender and Health Research Unit, South African Medical Research Council.

Muriuki, E.M., Kimani, J., Machuki, Z., Kiarie, J., Roxby, A.C. 2017. Sexual Assault and HIV Postexposure Prophylaxis at an Urban African Hospital. *AIDS Patient Care STDS*, 31(6):255-260.

Marotti de Mello, A. & Wood, T. (2019). What is applied research anyway? *Revista de Gestão,* 26(4):338-339.

Maree, K. & Pietersen, J. (2020). Surveys and the use of questionnaires. In Maree, K. (Ed). *First Steps in research,* (3rd edition). Pretoria: Van Schaik.

Martin, M.E. (2016). *Introduction to social work: Through the eyes of practice settings (Connecting core Competencies)*. Essex: Pearson.

Messina-Dysert, G. (2015). *Rape culture and spiritual violence: Religion, Testimony, and Visions of Healing*. New York: Routledge.

Ministerial Advisory Task Team on the Adjudication of Sexual Offences Matters. (2013). *Report on the re-establishment of sexual offences courts.* https://cisp.cachefly.net/assets/articles/attachments/45749_2013-sxo-courts-report-aug2013.pdf.

National Aids Convention of South Africa, (2018). Process Evaluation of NGO Services at Thuthuzela Care Centres. https://nacosa.co.za.

Nel, J.A. (2019). Victim empowerment. In R. Peacock (Ed.). *Victimology in Africa South Africa.* (3rd edition). Pretoria: Van Schaik.

Orleans, A.D. & Malan, Z. (2020). Improving the quality of care for female rape survivors at Scottish Livingstone Hospital, Molepolole, Botswana: A quality improvement cycle. *African*

Journal of Primary Health Care & Family Medicine, 12(1):1-11. https://doi.org/10.4102/phcfm.v12i1.2238.

Parcesepe, A.M., Martin, S.L., McLean, D.P. & García-Moreno, C. (2015). The effectiveness of mental health interventions for adult female survivors of sexual assault: A systematic review. *Aggression and Violent Behaviour*, 25:15-25.

Piekkari, R. & Welch, C. (2018). The case study in management research: beyond the positivist legacy of Eisenhardt and Yin? In Cassell, C., Cunliffe, A.L. & Grandy, G. (Eds). *The SAGE handbook of qualitative business and management research methods: history and traditions. London:* SAGE.

Ridder, H. (2017). The Theory Contribution of Case Study Research Designs. *Business Research*, 10(2): 281-305.

Rubin, A. & Babbie, E.R. (2016). *Empowerment Series: Research Methods for Social Work*. Boston: Cengage Learning.

SAPS Crime Statistics April to March 2020/2021. https://saps.ac.za.

Subramanian, S. & Green, J.S. (2015). The General Approach and Management of the Patient Who Discloses a Sexual Assault. *Missouri Medicine,* 112(3):211-217.

Schafran, L.H. (2015). *Medical Forensic Sexual Assault Examinations: What are they, and what can they tell the courts?* https://www.legalmomentum.org/sites/default/files/reports/Judges%20Journal%202015%20Medical%20Forensic%20Sexual%20Assault%20Examinations%20with%20Endnotes.pdf.

Sibanda-Moyo, N., Khonje, E. & Brobbey, M.K. (2017). *Violence against women in South Africa: A country in crisis*. Centre for the Study of Violence and Reconciliation: Braamfontein, Johannesburg.

Skhosana, B.S. (2016). *Provider perceptions of the quality of post-rape care in Ekurhuleni District. Johannesburg*. Master of Public Health in Social and Behaviour Change Communication. University of Witwatersrand. Johannesburg.

Skinnider, E., Montgomery, R. & Garret, S. (2017). *The Trial of Rape: Understanding the Criminal Justice System Response to Sexual Violence in Thailand and Vietnam*. New York: United Nations.

Strydom, H. (2021). Sampling techniques and pilot studies in qualitative research. In Fouché, C.B. Strydom, H., & Roestenburg, W. J.H. (Eds). *Research at grass roots: for the social sciences and human service professions*. (5th ed). Pretoria: Van Schaik.

Tenaw, L.A, Aragie., M.W, Ayele, A.D., Kokeb, T., Yimer, N.B. 2022. Medical and psychological consequences of rape among survivors during armed conflicts in northeast Ethiopia. *PLoS One*. 17(12). doi: 10.1371/journal.pone.0278859.

Thuthuzela Care Centres Compliance Audit and Gap Analysis. (2016). *Thuthuzela Care Centre Compliance Audit and Gap Analysis. Report prepared for the United States Agency for*

International Development. Foundation for Professional Development. http://shukumisa.org.za/wp-content/uploads/2018/02/PA00MQJ6-1.pdf.

Triangle Project Policy Brief, (2016). *Thuthuzela Care Centres*. http://triangle.org.za/wp-content/uploads/2020/01/Thuthuzela-Care-Centres-Policy-Brief-2016.03-01.pd.

Update of Sexual Offences Courts and Elimination of Backlog Cases. (2022). https://pmg.org.za.

UNICEF, (2022). *A Familiar Face: Violence in the lives of children and adolescents*. https:// data.unicef.org/resources/a-familiar-face/.

UN Women. (2022). *Safe Consultations with survivors of violence against women and girls.* https://unwomen.org.

United Nations High Commissioner for Refugees. (2019). https://www.unhcr.org/flagship-reports/globaltrends/globaltrends2019/.

Vetten, L. (2015). "I*t sucks/It's a wonderful service": post-rape care and the micropolitics of institutions*'. Johannesburg: Shukumisa Campaign and ActionAid South Africa. http://shukumisa.org.za/wp-content/uploads/2017/09/Thuthuzela-Care-Centres-Shukumisa-Report-2015.pdf.

Van Wijk, T., Ntombela, N., & Mabvurira, V. (2021). Trauma and Social Work in South Africa, Need for a Comprehensive Trauma Intervention Model for Social Workers. *Prizren Social Science Journal*, 5(3):69-76.

Victim Support Services Bill (43528)-2020. https://www.justice.gov.za/VC/docs/20200717-gg43528gon791-VSSbill.pdf .

Watson, J. 2015. *The Role of the State in Addressing Sexual violence: Assessing Policing Service Delivery Challenges Faced by Victims of Sexual Offences.* APCOF Policy Brief No.13. Cape Town, South Africa: African Policing Civilian Oversight Forum.

World Health Organisation. (2019). *Violence against women*. https://www.who.int/news-room/fact-sheets/detail/violence-against-women.

World Health Organisation. (2020). *Violence Against Women Data.* https:// https://platform.who.int/data/sexual-and-reproductive-health-and-rights/violence-against-women-data.