

Never-ending dilemma: Victimisation of survivors of sexual assault in the Western Cape Province, South Africa

Magadlela, ZN

Department of Safety & Security Management, Tshwane University of Technology, Pretoria

Prof. Dr. Mofokeng, JT

Department of Safety and Security Management, Faculty of Humanities, Tshwane University of Technology

Dr. Mabunda, DQ

College of Law. School of Criminal Justice, South Africa

Abstract

Rape and sexual assault against women, despite the progressive Bill of Rights crafted in the Constitution, 1996 define a country at a moral crossroad. Sexual assault poses a serious challenge to both the survivor and the criminal justice system (CJS). Yet, it remains one of the most serious, under-reported crimes in South Africa. Women who experience sexual assault are left with devastating effects such as physical and psychological harm and social victimisation. Following an explorative, qualitative approach, twenty-nine participants were selected using purposive sampling. Digitally recorded in-depth interviews between the first author and participants were transcribed and analysed. The findings highlighted that role-players rendered inadequate services to victims without guidance from an institutional framework, thus often exposing sexual assault victims to further secondary victimisation. The decline in the proportion of cases successfully prosecuted by the CJS is greater than the numbers being referred to it. Furthermore, the absence of specific guidelines relating to the statement taking by inexperienced police members, statement-taking skills, was identified as one of the weaknesses in the current system. Based on the findings, it is clear that if not properly managed, victims of sexual assault may end up not recovering from the traumatic ordeal they have experienced. In order to assist them towards recovery, social systems taking care of victims must be well-sensitised, non-judgemental and have the ability to treat victims with dignity and respect.

Keywords: Best practices, Secondary victimisation, Trauma, Violence, Service excellence.

Introduction

Sexual assault against women is globally prevalent (Scott et al., 2018; World Health Organization [WHO], 2013). Sexual assault is traumatic and has adverse effects in the short and long term; irrespective of the age and gender of the victims (Jina, Machisa, Vetten, Loots, & Jewkes, 2020). Victims are at high risk of being abused again (Jain, Mathur, Kothari, & Mathur, 2008), and perpetrators of these acts are at an increased risk of repeating these violent acts (Lisak & Miller, 2002). Rape is a crime that is associated with serious psychological harm (Maung, 2021). Sexual

violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work” (WHO, 2017). According to this definition, a very wide range of behaviours, from rape at gunpoint to sexual coercion under threat of dismissal (i.e., with false agreement), would be classified as acts of sexual violence. Little is known about factors that influence the conviction rates of rape cases in the Bishop Lavis Police Cluster in the Western Cape province. The aim of this study was therefore to close this gap to inform evidenced-based recommendations for the improvement of service delivery to sexual assault victims and access to and utilisation of related services in the Bishop Lavis Police Cluster in the Western Cape province.

Literature review

Impact of Trauma

Sexual assault can lead to a variety of problems, including diagnoses of anxiety disorders, depression, post-traumatic stress disorder (PTSD), eating and sleep disorders, suicide attempts (Chen et al., 2010; Dartnall & Jewkes, 2013), gynaecological problems, and neurological, vascular, respiratory, gastrointestinal, and autoimmune diseases (Jina & Thomas, 2013). These negative mental health consequences can contribute to the intrinsic vulnerabilities that place an individual at future risk of rape (Mazars, Magan, Jewkes, & Shamu, 2013). While appropriate counselling has been shown to mitigate or eliminate the effects of PTSD, depression, and other morbidities, an assessment in South Africa found poor integration of mental health services into post-rape care and a general lack of capacity to provide appropriate and compassionate acute and long-term mental health services (Abrahams & Gevers, 2017). Survivors who do not receive mental health services will continue to suffer unduly from mental health morbidities and may also continue a cycle of vulnerability and risk. Sexual assault may also lead to increased alcohol and marijuana misuse (Dartnall & Jewkes, 2013), which in turn can increase the risk of additional sexual revictimisation (Hannan, Orcutt, Miron, & Thompson, 2017).

South Africa has the highest global rate of sexual assault and was once dubbed the rape capital of the world (Jewkes, Sikweyiya, Dunkle, & Morrel, 2015). The South African Police Service (SAPS) provides statistics on sexual assault annually. However, the available statistics represent the tip of the iceberg as many sexual assault cases are underreported and under-prosecuted (Jewkes & Abrahams, 2002). Among women who have been exposed to rape, between 19% and 50% develop PTSD (Liu, Wang, Li, Gong, & Liu, 2017; Tiihonen et al., 2015). Rape may also cause severe social consequences due to the stigma associated with the event, and less than 16% of cases are actually reported to the police (Wolitzky-Taylor, Resnick, McCauley, Amstadter, Kilpatrick, & Ruggiero, 2011). Given the scope of this problem, it is imperative to understand the reasons behind low reporting of sexual assault cases, as well as CJS interventions in the early aftermath of rape reported to the police, which may also

prevent the development of secondary victimisation (Yuan, Koss, & Stone, 2016). Research indicates that survivors of sexual assault have historically been marginalised and disempowered by unjust laws and unequal access to justice opportunities and social services. Most sexual assaults are never reported to law enforcement, and for reported cases, most will never be successfully prosecuted. This reality has been a long-standing source of frustration for survivors, victim advocates, and members of the CJS (Campbell, Patterson, & Bybee, 2012). Despite arguments that sexual assault statistics recorded by the SAPS cannot be taken as an accurate measure of either the extent or trend of this crime, it is worth noting that in 2016/2017, a total of 49 660 sexual offences were recorded by the SAPS; down from 51 895 in 2015/2016 (AfricaCheck, 2017). Estimates of rape prevalence in South Africa vary widely within and across provinces; with rape by a partner ranging from 1.5% to 18.8% (Dunkle, Jewkes, Brown, Gray, McIntyre, & Harlow, 2004) and non-partner rape ranging from 2.1% to 12.2%. This may be due to actual differences across locations and/or an artifact of differences in the measures used. These figures highlight the magnitude of the prevalence of sexual assault in South Africa. Although these numbers are likely to significantly underestimate the true incidence of sexual assault, they provide the basis for the acknowledgement of the existence of the crime in the country.

Uncertainty as to how many people in South Africa are affected means that gaps in terms of service access, the adequacy of existing service capacity and coverage, as well as those at particular risk of rape and other forms of sexual assault are difficult to assess. In South Africa, experiences of rape and other forms of sexual assault are associated with the education and income levels of both the victim and the perpetrator, the characteristics of and equality within the intimate partnership, and societal norms around patriarchy and violence (Mazars et al., 2013).

Criminal Justice Response

Sexual assault survivors may turn to the CJS, the civil justice system, or both following an assault (Lorenz, Kirkner, & Ullman, 2019). Currently, the CJS is the primary institution available for responding to sexual offences, yet this system is underused and largely ineffective at prosecuting cases (Australian Bureau of Statistics, 2010; Daly & Bourhours, 2010). Where the CJS would typically involve reporting the assault to the police and participating in the justice process if charges are pursued, survivors may also pursue remedies within the civil legal system such as civil orders of protection, financial assistance, and child custody in events such as spousal rape (Lorenz et al., 2019). Survivors rely heavily on informal Support Providers (SPs) post-assault in navigating civil and CJSs, and in interpreting these experiences. While the CJS can provide an array of services to sexual assault survivors, only 5% to 20% of survivors report assault to the police (Lonsway & Archambault, 2012). Several factors make survivors more likely to report cases to the police: older black and white survivors are more likely to report immediately following an assault (Chen & Ullman, 2014). Survivors are reluctant to seek help from formal systems (such as the police) because they believe they would be unable or unwilling to help, believe that it would contribute to further psychological harm, and that they would fail to protect them

from the perpetrators (Patterson, Greeson, & Campbell, 2009). The majority of rapes and sexual assaults are not reported to the authorities as the legal process can be a lengthy and daunting one. However, systemic failures in terms of victims reporting sexual assault are at the heart of such low confidence in the current system as one that fairly and adequately represents the interests of women taking the brave step to report sexual assault.

Given victims'/survivors' poor experiences with system procedures and the poor likelihood of securing a conviction against a sexual offender, the idea of victims/survivors obtaining a sense of justice from the CJS appears remote; even in the face of significant substantive law and procedural reforms. Yet, the CJS is customarily considered the primary institution for responding to such crimes. Reforms need to move beyond focusing on reducing victim trauma in current system structures, and towards addressing how the system can be responsive to victims'/survivors' individual justice needs (Clark, 2010). Shortcomings of the CJS's handling of sexual offences, which are well documented in the literature, have been identified by South African authors such as Van der Bijl and Rumney (2009). They have responded with affirmation of the need to improve responses and set policy agendas aimed at making systems more responsive to victims. Indeed, providing adequate legal responses to sexual assault remains a key agenda for the South African CJS and policymakers. In the last decade, South Africa has embarked on substantial reform of its sexual offence laws. In many respects, these reforms are similar to those adopted in other jurisdictions, in that they address issues of definition, evidence, and procedure. However, these reforms also exist in a particular social context. This context includes the large number of South Africans suffering from human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), the phenomenon of child and baby rape, and the high rate of reported sexual victimisation, which has been described by Rumney (2009) as "one manifestation of a very violent society" in which there is a "general climate of tolerance towards rape".

The current review

Given the conflicting findings, this review aims to synthesise research that has examined police officers' attitudes towards rape victims to (i) establish whether there is evidence that police officers hold more negative attitudes about rape victims than other populations, focusing on attributions of blame and credibility and rape myth acceptance; and to (ii) determine how such attitudes have an impact on police decision making. No previous review seems to have been conducted in this area. Given that there is evidence that attitudes towards rape have changed over recent years (see Mennicke, Anderson, Oehme, & Kennedy, 2014), this review only summarised literature published between 2000 and 2016. The implications of such a review may suggest that change is still needed in police forces, particularly as police officers typically represent the first point of contact with the CJS for rape victims (Wentz & Archbold, 2012) and especially if there is evidence that holding these attitudes is linked to biased investigative decision making. Holding these negative attitudes may

provide one important explanation for the low levels of rape victim satisfaction and the high levels of attrition, which again supports the argument that change is still needed in the police.

Theoretical framework

Research shows that numerous factors and theories are related to sexual violence (Gannon, Ward, Collie, & Thakker, 2008). According to Gialopsos (2017), biological, ecological, and neuropsychological factors play a significant role with regard to sexual violence and abuse and form part of an integrated theory of sexual offending. Gialopsos (2017) posits that psychological theories provide a conceptual model of the psychological problems that facilitate sexual violence and abuse. Gialopsos (2017) argues that the reason *why* men have a propensity to rape is because they are evolutionarily programmed to prefer impersonal sex, which is likely to be optimised by coercive sex. Vold, Bernard, and Snipes (2002) opine that a theoretical framework assists researchers in situating and contextualising formal theories into their studies as a guide. Pratt (2008) posits that research without a theoretical framework lacks accurate direction to the search for appropriate literature and scholarly discussions of research findings. For this research, rational choice theory was found to be appropriate. Sikweyiya, Jewkes, and Morrell (2007) emphasise the significance of understanding and investigating the sexual assault phenomenon in South Africa through a theoretical lens. Grant and Osanloo (2014) describe a theoretical framework as the “blueprint” or guide for a research study. These authors argue that such a blueprint is “borrowed” by the researcher for his/her own “house” or research inquiry. According to Vold et al. (2002:42), rational choice theory started to gain prominence in criminology in the 1980s. Moreover, Lily, Cullen, and Ball (2007:266) posit that rational choice theory is also referred to as the opportunity theory, since perpetrators commit crime because an opportunity is present to do so. Ullman (2010:30) argues that “people will make rational decisions based on the extent to which they believe those choices will maximise benefits and minimise costs”. Sexual crime is committed by rational beings who make rational decisions regarding whether to engage in the act of rape or not (Loughran, Paternoster, Chalfin, & Wilson, 2016:101; Pratt, 2008:43). These authors argue that perpetrators of sexual crimes can be discouraged from engaging in the act by ensuring harsh sentences, as well as implementing measures that will serve as deterrents, punishments, or disadvantages to the perpetrators.

The implications of rational choice theory related to sexual crimes in South Africa are exacerbated by the fact that perpetrators are aware of the flaws in the CJS with regard to punishment and consequences. It may be argued that punishment for sexual offences is often not a deterrent as it takes a long time before a perpetrator is sentenced and victims and witnesses are often no longer willing to testify against perpetrators of sexual violence as they fear secondary victimisation. In some instances, victims of sexual violence do not report these types of crime as they do not trust the CJS (SAPS, 2020). The lack of reporting on sexual crime in South Africa, as pointed out by Alarid (2000:395), is created and strengthened by the absence of punishment.

This perceived lack of punishment is viewed by perpetrators as an opportunity to continue with these types of crime with impunity. As a result, sexual crime statistics continue on an upward trajectory (SAPS, 2020). The rational choice theory means that situational factors, such as a motivated offender, the target or victim's vulnerability, and the presence or absence of guardians or police either influences or deters the commission of criminal activities (Burke, 2005, p. 46; Newburn, 2007, p. 289; Lily et al., 2007, p. 272). Gialopsos (2017, p. 144) posits that the opportunity principle in the rational choice theory is that crime happens because there is an opportunity for it to take place. Gialopsos (2017, p. 145) further argues that sexual violence may be theoretically and empirically assessed by examining it from an opportunity framework. The opportunity framework investigates how exposure and closeness to motivated offenders, attractiveness or suitability as a target, and sometimes lack of capable guardians to deal with these issues (Burke, 2005, p. 46; Newburn, 2007, p. 289; Siegel, 2004, p. 94). It is evident that, in the context of this study, when the opportunity framework is applied, the victims must be close to motivated offenders, the offenders must view the victims as attractive, and there must be an absence of people who can protect the victim from being raped (Pratt, 2008, p. 112).

Research materials and methods

Following an explorative, qualitative approach, 24 participants were selected using purposive sampling. The sample comprised eight Visible Policing SAPS officials, eight Family Violence, Child Protection and Sexual Offences (FCS) Units detectives, and eight public prosecutors. Self-determination of participants was ensured by sampling participants who were legally and psychologically eligible to consent to participate in the research. Participation was voluntary and the participants were given an alternative of having interviews conducted at police stations or at their respective homes; depending on the time and place convenient to them. Demographic data were not included in this study as they were regarded as identifiers with the possibility of linking the participants, which would breach the anonymity and confidentiality agreed upon. Data were collected through in-depth face-to-face interviews with the use of an audio recorder to capture the participants' voices. Semi-structured interview questions were posed to each participant, as discussed below.

The first author took field notes, which were supplemented by the audio recordings. The interviews took approximately 45 minutes per participant. Verbatim transcriptions from the audio recordings were used as the primary data source and were supplemented by the researcher's field notes. Digitally recorded in-depth interviews between the first author and the participants were transcribed and analysed. Using an interactive process, complemented by the use of the software program ATLAS.ti, emerging themes were identified, and the findings were documented and discussed. Data were independently analysed by the authors through an open-coding method using Tesch's steps of data analysis (Creswell, 2009). The study commenced after obtaining clearance permission to access participants. The participants were further consulted on a one-on-one basis to provide them with detailed information regarding

the purpose and procedures of the study. Basic ethical principles applicable to research performed on human subjects, such as respect for persons, beneficence, justice, confidentiality, anonymity, and the right to privacy, were observed.

Research results and interpretation

The participants shared their views regarding female sexual assault cases characterised by weaknesses in sexual assault detection and the prosecution of cases. Four themes emerged, namely ongoing secondary victimisation; lack of consistent collaboration; lack of adequate training regarding taking victims' statements; and the need for improved best practices by the CJS. These themes are discussed below.

Theme 1: Ongoing Secondary Victimisation

When asked which factors contributed to low reporting of sexual assault by survivors to the SAPS, it emerged from the findings that the majority of participants concurred that, overall, most victims had not been treated fairly by the CJS. The findings painted a bleak picture that sexual assault cases were significantly underreported. The cardinal question is what is it about victims' experiences in the CJS that could constitute secondary victimisation? It emerged from the findings that one major barrier to reporting is that many victims felt that they would not be believed and that the provided services could not help them, because of their own previous experiences, the experiences of others, or because it is something that their perpetrator has repeatedly told them. Research indicates that when a woman discloses an experience of sexual victimisation, it is important to explore areas of psychological distress, determine expectations for intervention, and consider available options (Yuan et al., 2016:1).

For years, researchers have stressed how the CJS can potentially increase victims' suffering (Wemmers, 2013:222). Growing concerns about the plight of sexual assault victims led to the introduction of guidelines and legislation aimed at improving the treatment of crime victims by the CJS. Yet, despite years of policy formulation and research on victims, relatively little is still known about how victims are affected by their experiences with the CJS (Wemmers, 2013:222). The implications for policymakers are that adequate guidance and support in the form of improved services offered to victims of sexual assault, such as trauma counselling, adequate feedback regarding progress made in processing cases, as well as information about how to obtain follow-up medical, legal, or mental health services, must be provided to the victims.

One participant said:

"In general, there are times when the members don't take incidents of sexual assaults seriously. Sometimes when we are called out to police stations, the victim would be sitting in the Community Service Centre [CSC] waiting for you. Upon close investigation, one would soon notice that victims have not been relocated to a more user-friendly environment away from CSC, to either a waiting room or the trauma room. Members don't treat victims with [the] dignity they deserve and these practices should surely be addressed" (Participant 2).

"I think everyone has a different opinion, but my attitude is that you need to be there for help and assistance and see to the victim that she is helped and calmed down before you listen to

what she has to say and she's in a safe place ... It depends on certain people. Some of our colleagues think it is the victim's fault because they were sexual[ly] assaulted. On my side of the story, when interviewing the people, I put in empathy, I do not judge and I keep my mind open" (Participant 7).

Based on the above responses, the results illustrate the importance of procedural justice. Procedural justice refers to the perceived fairness of CJS procedures (Wemmers, 2013:222). The findings of this study corroborate earlier victimological research on the importance of information and positive interactions with the police for victims' sense of fairness. As in Carr, Logio, and Maier's (2003) study on what matters for victims as they navigate the juvenile CJS, the victims in this study were strongly affected by their interactions with the police and the information that they received about the procedures. The importance that victims place on interpersonal contact with the police raises the question of whether administrative procedures, such as victim impact statements, are able to provide victims with a sense of fairness and participation. As Sanders, Hoyle, Morgan, and Cape (as cited in Wemmers, 2013:222) argue, victims want to participate in the CJS, and direct contact between victims and prosecutors seems necessary for victims to feel part of the criminal justice process. One area of particular concern is survivors' experience with disclosing their assault and seeking assistance from various community services, including the police, prosecutors, doctors, and nurses. Victims sometimes receive responses that leave them feeling blamed or doubted. Some individuals receive little or no help after reporting the assault (Yuan et al., 2016:3). Although some victims were satisfied with their criminal justice experiences, many found it unfair and lacking moral satisfaction (Yuan et al., 2016:3).

The findings of this study illustrate that role players rendered inadequate services to victims, without guidance from an institutional framework; thus often exposing sexual assault victims to secondary victimisation. The perceived lack of adequate procedural justice has a negative impact on creating a victim-friendly procedural process. However, it is noteworthy to indicate that the participants highlighted that there were pockets of excellence in non-governmental organisations and other role players in attempts to reduce secondary victimisation. The participants indicated that early interventions had been instituted to mobilise a positive procedural justice process for sexual assault victims in order to reduce exposure to negative interactions earlier in the recovery process. Thuthuzela Care Centres are one-stop facilities that have been introduced as a critical part of South Africa's anti-sexual violence strategy, which aim to reduce secondary trauma for the victim, improve conviction rates, and reduce the cycle time for finalising cases. The Thuthuzela project is led by the National Prosecuting Authority's Sexual Offences and Community Affairs (SOCA) Unit, in partnership with various donors, as a response to the urgent need for an integrated strategy for prevention, response, and support for sexual assault victims. Since its establishment, the SOCA Unit has been working to develop best practices and policies that seek to eradicate victimisation of women and children, while improving prosecution, particularly in the areas of sexual offences, maintenance, child justice, and domestic violence (Matthews, 2010:98-123).

Theme 2: Lack of Consistent Collaboration

Regarding the question on the weaknesses in sexual assault detection and prosecution of cases, it emerged that the majority of the participants concurred that there was a lack of consistent collaboration among the various role players who respond to victims' sexual assault. When victims report sexual assault cases, the system that they enter into is often confusing and potentially entails revictimisation. Research indicates that when the process is not streamlined and coordinated among the various responding agencies, it is often experienced by victims as a series of disconnected processes that feel disjointed and overwhelming (Clarke, Lotz, & Alzuru, 2011:1). Clarke et al. (2011) argue that it is important that responders and service providers approach the response to sexual assault as one coherent process and take collective responsibility for a victim's experience during every stage; not just during one part of the process. In terms of the findings of this study, the responses showed that there was no synergy within the CJS towards processing sexual violence-related cases. One prosecutor, for example, talked about his/her job as attempting to "make all the pieces add up" so that the survivors get justice and perpetrators are held accountable. Some said:

"It's been my experience that they [courts] come in with a preconceived notion that it's going to be one way and when we tell them that's it's going to be another way... There has been friction..." (Participant 1).

"... there needs to be more collaboration and referral" (Participant 5).

"If communication is good, then everything else falls into place ..." (Participant 11).

Based on the responses above, the results indicate that collaboration was not a priority among the role players in the CJS. The implications are that in order to improve effective service delivery to victims, relevant role players need to integrate their services in order to gain a deeper understanding of one another's roles, activities, and strengths, and consequently the value of working in deeper partnership. Improved collaboration can create opportunities to increase the capacity of all role players. Another type of collaboration to be enhanced is between sexual assault coalitions, organisations, and behavioural and public health systems. Efforts to promote mental health screenings and utilisation of psychological services among the general public often occur independently from activities that promote the needs of sexual trauma survivors (Clarke et al., 2011; Wemmers, 2013; Yuan et al., 2016).

Despite the fact that collaboration can be considered as a long process that must be prioritised by all relevant role players, there was consensus among the participants that innovative ways to coordinate work across the CJS were necessary. The participants also highlighted that innovative ways would need to address the development and evaluation of new assessment tools and intervention strategies in order to be utilised by service providers with direct contact with victims. Clarke et al. (2011) point out that respectful, understanding, and supportive interaction with responders can have a major impact on the likelihood that victims will participate in prosecuting the crimes committed against them, whether for current or future offences. Being connected with effective and comprehensive support services (through local advocacy and/or mental health agencies) can also provide the support needed for victims to continue to participate in these cases.

Theme 3: Lack of Adequate Training Regarding Taking Victims' Statements

The theme of lack of training highlights the challenge that SAPS members lack the necessary skills to record victims' statements. Getting cases right with adequate and complete statements the first time depends on correct case preparation. The participants said:

"Some of the statements are weak. It seems as if some members focus more on finishing the statement as quick as possible as it's just another statement they have to take and go attend to other cases ... We have to retake these weak statements. Like at Langa, it's difficult as we need to get an interpreter to understand the victim. There is someone here at the office that can also assist with interpreting Xhosa to English ... Especially when you come out at night during standby, you need to understand the victim lest you make an inaccurate statement" (Participant 11).

"To be honest, the uniform members are not adequately trained to obtain statements from sexual assault victims. Sometimes when the dockets being read or revisited during inspections, it is mostly found out that the story obtained from the victim is a different from what the statement indicates. This causes the statement to be retaken and opening up the wounds again to the victim. We would like a skeleton docket to be opened from the station level, and then the FCS will come later and retake the correct statement" (Participant 15).

The above responses illustrate that there is insufficient technical training for recording of victims' statements by SAPS members. The responses to the theme of lack of training regarding taking victims' statements show theoretical and practical evidence that the basic functioning and rhetoric of the techniques currently employed at the station level do not support the fundamental priority that sexual assault victims have the right to receive adequate and professional service. The absence of specific guidelines relating to statement taking by inexperienced police members and lack of statement-taking skills were identified as weaknesses in the current system. The implications are that members lack interviewing and writing skills. The participants noted:

"The environment makes things difficult for the victim to speak out. Also, the interviewer should be trained on how to interview the victim who was raped. Not having any experience in this regard would make the matter very difficult for the complainant ... When it comes to rape cases, especially here, the victims are traumatised and cannot talk to us, and they say they need time. Often these are underage and we speak to the children. The language is sometimes a problem as not all of us understand Afrikaans. We often call someone who understands or can speak Afrikaans to assist. Sometimes we are even traumatised by taking statements from some of the victims; however, this is part of our duties" (Participant 21).

"If a complainant withdraws or retracts a sexual assault allegation, the police tend to interpret this as evidence that the allegation was fabricated. The possibility must also be acknowledged, however, that the victim was too afraid to proceed, or decided that the likely costs of pursuing the complaint might outweigh the advantages. The latter conclusion could be reached as a result of encountering hostile reactions from the perpetrator, negative responses from family or friends, disbelieving or judgmental police perceptions, or from her own fears, doubts and self-blaming processes. Case retractions or withdrawals can therefore signify many different things and it is important for the police to try to ascertain what it signifies for the victim rather than [to] stamp their own interpretation on her actions" (Participant 23).

The above responses have significant implications for policymakers. Interviewing victims of sexual assault require professional and different approaches, as well as the application of different skills and techniques, as both demand adequate knowledge and the ability to identify elements of crime. The provision to improve statement taking for inexperienced members to have legal, technical, and experiential skills cannot be transferred overnight; however, innovative measures should be put in place to remedy the situation. Ethical and legal standards should at all times be taken into consideration, as well as the psychological factors involved in the interview process, particularly those that affect the ability of an individual to make free decisions and rational judgments. The SAPS also needs to make provision for the use of victims' languages and train SAPS officials to take accurate statements that reflect the real incident without diluting the facts.

Theme 4: The Need for Improved Best Practices by the Criminal Justice System (CJS)

When asked what could be proposed as best practices for responding to victims of sexual assault, it emerged that the participants concurred that the CJS needed to develop adequate, procedural processes, appropriate for the accurate, timely, and effective collection and processing of DNA evidence, including protocols and practices specific to sexual assault cases, which should address appropriate steps in the investigation, detection, and prosecution of cases that might involve DNA evidence. The participants indicated:

"For some [victims] ... the stress of going through the [criminal justice] process may be more than they can handle; they choose to heal in their own way" (Participant 2).

"Testifying is not easy, interviewing is not easy. Going through an examination is very difficult to do. That's just three basic parts ... add the trauma, not to mention any other complications [such as] disease; add in telling your family, your husband; judgment from your friends. If there were a way to use taped interviews as testimony [that] would be good, but we can't do that, you can't cross-examine a video tape. I think it's just our system, it's not for victims" (Participant 13).

"Our focus is on the victim's welfare and, in the first instance, dealing with medical issues and injuries. We always assess the opportunity to take the victim to a professional appointment, where they will be medically assessed and offered a counselling support worker. We are better able to meet the victims' needs and are more aware of the avenues to support those needs. Victims now have access to a direct line on which they can speak to specialised officers trained to deal with serious sexual assaults" (Participant 19).

The responses illustrate the need for the CJS to approach the collection and processing of evidence by all relevant role players involved (medical-forensic, law enforcement, victim advocacy, and forensic laboratory) to be of a professional standard and encourage well-coordinated efforts to work together towards improved and procedural system in a timely and effective manner. A coordinated and collaborative approach to sexual assault cases provides reassurance and support to the victims of sexual violence, improves victim engagement to facilitate healing, and increases the potential for the just resolution of these cases.

Study limitations

Firstly, the concern with the approach used for the purposes of this research was that it relied heavily on the participants' ability to accurately remember what happened previously based on the following criteria: (1) whether the victims received good treatment from the doctor when examined for sexual assault; (2) whether the victims were comforted and referred for counselling; and (3) whether the medical doctor explained the examination procedure or the findings to the victim or whether all communication appeared to be directly between the investigating officer and the medical doctor. A further limitation was that participants' views could not be generalised as being the views of all CJS members, police members, and public prosecutors in the Western Cape province. However, the participants' views provided useful insight as to how the police and prosecutors who currently handle sexual assault cases are generally committed to their work and to serving the women who are victims of these crimes. From the 24 participants interviewed, although all had extensive experience with sexual assault investigations and prosecution, it must be stated from the onset that the participants interviewed cannot necessarily be viewed as representative of the SAPS and the Department of Justice in the Western Cape province overall. This sample was intentionally selected because of their expertise in the area of sexual assault investigation and prosecution, and comprised staff with extensive experience within policing generally.

Because this study focused on sexual offences in Bishop Lavis Police Cluster in the Western Cape province, it does not provide a complete picture of this crime problem in other areas. The authors did not, for example, systematically examine the psycho-social impact of sexual crime on different racial and age groups to explore discrepancies among these groups. Similarly, observations and interviews with victims, an approach that is sometimes traumatic, could result in further perceived victimisation. While the authors attempted to analyse all available information, it is not possible to generalise the findings to all victim populations in South Africa. Despite the fact that alternative means to collect data were used, the responses were often not what was expected and did not add value to this research; leading to such data being discarded. The authors fully acknowledge that the perspectives in this article are not representative of the research that has been conducted in other areas in South Africa. Similarly, the research sample was small and generalisations should be made with caution. Future research in other areas should make use of various other sampling strategies and designs that will allow for more comprehensive work. Researchers ought to consider quantitative input on survey results, as this study was based on qualitative interviews.

Conclusion and recommendations

This paper demonstrated that despite the efforts by the CJS to minimise the scourge of secondary victimisation of female sexual assault victims, the findings indicate that the

procedural process is yet to improve. The role players that respond to sexual assault are yet to positively influence victim engagement by adhering to a victim-centred and trauma-informed approach. Utilising trauma-informed and victim-centred approaches in the development and implementation of policies and procedures would go a long way in ensuring the implementation of improved statement-taking processes, timely submission of evidence to forensic laboratories, improved communications and investigative procedures, the promotion of better-informed prosecutorial decision making, and ultimately may reduce secondary victimisation of victims by the CJS. Furthermore, the findings of this study showed that sexual crime is spiralling out of control in South Africa and that perpetrators carry on with impunity as it is perceived that the CJS is ineffective. It was noted that perpetrators of sexual are rational in their actions. Moreover, these perpetrators commit these crimes knowing full well the flaws and gaps in the CJS. Minimum sentences for perpetrators of sexual crimes should serve as a deterrent for potential perpetrators. As a result, the authors make the following recommendations:

- Adequate training with regard to statement taking and the provision of resources for sexual crime officers;
- Thorough, independent, and impartial investigations by designated officers should be undertaken for all allegations of sexual crime; and
- Proper protection of victims of sexual crime who lodge complaints at police stations.

It is also important that social work services be made available at all police stations alongside other psycho-social support. The experience of being raped has a negative effect on the mental health of the victims; victim centres should therefore develop therapeutic programmes to prevent perceived secondary victimisation. A conducive environment that is supportive of sexual crime victims should be created that provides specifically for victims. Furthermore, counselling and debriefings for sexual crime victims should be prioritised and emphasised. Non-judgmental and victim-centred support should be made available at all police stations where victims may privately relay their experiences to well-trained police officers. More importantly, training programmes for handling sexual crimes should be regularly conducted at all police stations in South Africa.

Acknowledgements

Authors would like to express their appreciation to the anonymous reviewers for their comments and suggestions on this manuscript. No research support received in connection with the preparation of this article.

References

Abrahams, N., & Gevers A. 2017. A rapid appraisal of the status of mental health support in post-rape care services in the Western Cape. *South African Journal of Psychiatry*, 23, a959. <https://doi.org/10.4102/sajpsychiatry.v23i0.959>.

- AfricaCheck. 2017. GUIDE: Rape statistics in South Africa. Retrieved from <https://africacheck.org/factsheets/guide-rape-statistics-in-south-africa/>.
- Alarid, L.F. 2000. Sexual assault and coercion among incarcerated women prisoners: Excerpts from prison letters. *The Prison Journal*, 80(4), 391-405.
- Australian Bureau of Statistics (ABS). 2010. Criminal courts, Australia (Cat. No. 4513.0). Canberra: ABS.
- Burke, R.H. 2005. An introduction to criminological theory (2nd ed.). Cullompton: Willan.
- Campbell, R., Patterson, D., & Bybee, D. 2012. Prosecution of adult sexual assault cases: A longitudinal analysis of the impact of a sexual assault nurse examiner program. *Violence Against Women*, 18(2), 223-244.
- Carr, P., Logio, K.A., & Maier, S. 2003. Keep me informed. *International Review of Victimology*, 10(2), 117-136.
- Chen, L.P., Murad, M.H., Paras, M.L., Colbenson, K.M., Sattler, A.L., Goranson, E.N., ... Zirakzadeh, A. 2010. Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85(7), 618-629.
- Chen, Y., & Ullman, S. E. 2014. Women's reporting of physical assaults to police in a national sample: A brief report. *Journal of Aggression, Maltreatment & Trauma*, 23(8), 854-868.
- Clark, H. 2010. What is the justice system willing to offer? Understanding sexual assault victim/survivors' criminal justice needs. *Family Matters*, 85, 28-37.
- Clarke, M., Lotz, L.M., & Alzuru, C. 2013. Enhancing local collaboration in the criminal justice response to domestic violence and sexual assault: A CCR/SART development toolkit. Retrieved from <http://www.nccasa.org/cms/wp-content/uploads/2013/11/ERS-CCR-SART-Toolkit.pdf>
- Creswell, J.W. 2009. *Research design: Qualitative, quantitative and mixed methods approaches* (3rd ed.). Thousand Oaks: Sage Publications.
- Daly, K., & Bouhours, B. 2010. Rape and attrition in the legal process: A comparative analysis of five countries. *Crime and Justice*, 39(1), 565-650.
- Dartnall, E., & Jewkes, R. 2013. Sexual violence against women: The scope of the problem. *Best Practice & Research: Clinical Obstetrics & Gynaecology*, 27, 3-13.
- Dunkle, K.L., Jewkes, R. K., Brown, H.C., Gray, G. E., McIntyre, J.A., & Harlow, S.D. 2004. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *The Lancet*, 363, 1415-1421.
- Dunn, J.L. 2010. *Judging victims: Why we stigmatize survivors, and how they reclaim respect*. Boulder: Lynne Rienner Publishers.
- Gannon, T.A., Ward, T., Collie, R.M., & Thakker, J. 2008. Rape: Psychopathology, theory and treatment. *Clinical Psychology Review*, 28(6), 982-1008.
- Gialopsos, B.M. 2017. Sexual violence in academia: Policy, theory, and prevention considerations. *Journal of School Violence*, 16(2), 141-147.
- Gilmour, N. 2016. Understanding the practices behind money laundering: A rational choice interpretation. *International Journal of Law, Crime and Justice*, 44, 1-3.
- Grant, C., & Osanloo, A. 2014. Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your 'house'. *Administrative Issues Journal: Connecting Education, Practice and Research*, 4(2), 12-26.
- Hannan, S. M., Orcutt, H. K., Miron, L. R., & Thompson, K. L. 2017. Childhood sexual abuse and later alcohol-related problems: Investigating the roles of revictimization, PTSD, and drinking motivations among college women. *Journal of Interpersonal Violence*, 32, 2118-2138.
- Hill, J. 2009. *Working with victims of crime: A manual applying research to clinical practice* (2nd ed.). Ottawa: Department of Justice Canada.
- Jain, R., Mathur, P. N., Kothari, S., & Mathur P. 2008. *Medico-legal evaluation of sex assault cases admitted at Sardar Patel Medical College & P.B.M. Hospital, Bikaner, India*. *Ind Medica*, 8(1). Retrieved from <https://www.indmedica.com/journals.php?journalid=9&issueid=119&article>

id=1591&action=article

- Jewkes, R., & Abrahams, N. 2002. The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science and Medicine*, 55(7), 1231-1244.
- Jewkes, R., Penn-Kekana, L., Levin, J., & Ratsaka, M. 2001. Prevalence of emotional, physical and sexual abuse of women in three South African provinces. *South African Medical Journal*, 91(5), 421-428.
- Jewkes, R., Sikweyiya, Y., Dunkle, K., & Morrell, R. 2015. Relationship between single and multiple perpetrator rape perpetration in South Africa: A comparison of risk factors in a population-based sample. *BMC Public Health*, 15, 616. <https://doi.org/10.1186/s12889-015-1889-9>.
- Jina, R., Machisa, M., Vetten, L., Loots, L., & Jewkes, R. 2020. Unspoken victims: A national study of male rape incidents and police investigations in South Africa. *South African Medical Journal*, 110(9), 926-931.
- Jina, R., & Thomas, L.S. 2013. Health consequences of sexual violence against women. *Best Practice & Research: Clinical Obstetrics & Gynaecology*, 27, 15-26.
- Lily, J.R., Cullen, F.T., & Ball, R.A. 2007. *Criminological theory: Context and consequences* (4th ed.). Thousand Oaks: Sage Publications.
- Lisak, D., & Miller, P.M. 2002. Repeat rape and multiple offending among undetected rapists. *Violence and Victims*, 17(1), 73-84.
- Liu, A.N., Wang, L.L., Li, H.P., Gong J., & Liu, X.H. 2017. Correlation between posttraumatic growth and posttraumatic stress disorder symptoms based on Pearson's correlation coefficient: A meta-analysis. *Journal of Nervous and Mental Disease*, 205, 380-389.
- Lonsway, K.A., & Archambault, J. 2012. The "justice gap" for sexual assault cases: Future directions for research and reform. *Violence Against Women*, 18(2), 145-168.
- Lorenz, K., Kirkner, A., & Ullman, S. E. 2019. A qualitative study of sexual assault survivors' post-assault legal system experiences. *Journal of Trauma & Dissociation*, 20(3), 263-287.
- Loughran, T. A., Paternoster, R., Chalfin, A., & Wilson, T. 2016. Can rational choice be considered a general theory of crime? Evidence from individual-level panel data. *Criminology*, 54(1), 86-112.
- Maung, H.H. 2021. A dilemma in rape crisis and a contribution from philosophy. *Humanities and Social Sciences Communications*, 8, 93. <https://doi.org/10.1057/s41599-021-00769-y>.
- Matthews, I. 2010. The National Prosecuting Authority. Retrieved from http://www.issafrika.org/crimehub/uploads/CICH_5.pdf
- Mazars, C., Magan, S., Jewkes, R., & Shamu, S. 2013. Study on violence against women in South Africa: Know your epidemic – Know your response. Retrieved from: esaro.unfpa.org/en/publications/stop-violence-against-women-south-africa-know-your-epidemic-know-your-response.
- Mennicke, A., Anderson, D., Oehme, K., & Kennedy, S. 2014. Law enforcement officers' perception of rape and rape victims: A multimethod study. *Violence and Victims*, 29(5), 814-827.
- Newburn, T. 2007. *Criminology*. Cullompton: Willan.
- Patterson, D., Greeson, M., & Campbell, R. 2009. Understanding rape survivors' decisions not to seek help from formal social systems. *Health & Social Work*, 32(2), 127-137.
- Pratt, T.C. 2008. Rational choice theory, crime control policy, and criminological relevance. *Criminology and Public Policy*, 7(1), 43-52.
- Ruback, R.B., & Thompson, M. P. 2001. *Social and psychological consequences of violent victimization*. Thousand Oaks: Sage Publications.
- Scott, K.M., Koenen, K.C., King, A., Petukhova, M.V., Alonso, J., Bromet, E.J., ... Kessler, R.C. 2018. Post-traumatic stress disorder associated with sexual assault among women in the WHO World Mental Health Surveys. *Psychological Medicine*, 48, 155-167.

- Siegel, L. J. 2004. *Criminology: Theories, patterns & typologies* (8th ed). Belmont: Wadsworth.
- Sikweyiya, Y., Jewkes, R., & Morrell, R. 2007. Talking about rape: South African men's responses to questions about rape. *Agenda*, 21, 48-57.
- Sinclair, M. 2007. Editorial: A guide to understanding theoretical and conceptual frameworks. *Evidence-Based Midwifery*, 5(2), 39. Retrieved from <https://pdf4pro.com/view/a-guide-to-understanding-theoretical-and-2cd731.html>
- South African Police Service (SAPS). 2017. Crime situation in South Africa 1 April 2016 – 31 March 2017. Retrieved from https://www.saps.gov.za/services/final_crime_stats_presentation_24_october_2017.pdf.
- South African Police Service (SAPS). 2020. Crime statistics: Crime situation in the Republic of South Africa: Quarter Three (October to December 2020). Retrieved from https://www.saps.gov.za/services/october_to_december_2020_21_crimestats.pdf
- Steele, S.J., Abrahams, N., Duncan, K., Woollett, N., Hwang, B., O'Connell, L., ... Shroufi, A. 2019. The epidemiology of rape and sexual violence in the platinum mining district of Rustenburg, South Africa: Prevalence, and factors associated with sexual violence. *PLOS One*, 14(7): e0216449. <https://doi.org/10.1371/journal.pone.0216449>
- Strobl, R. 2004. Constructing the victim: Theoretical reflections and empirical examples. *International Review of Victimology*, 11, 295-311.
- Strobl, R. 2010. Becoming a victim. In P. Knepper and S. Shoham (Eds.), *International handbook of victimology* (pp. 3-26). Boca Raton: Taylor Francis Group.
- Tiihonen, J., Rautiainen, M-R., Ollila, H. M., Repo-Tiihonen, E., Virkkunen, M., Palotie, A., ... Paunio, T. 2015. Genetic background of extreme violent behavior. *Molecular Psychiatry*, 20, 786-792.
- Ullman, S. E. 2010. *Talking about sexual assault: Society's response to survivors*. Washington, D.C.: American Psychological Association.
- Van der Bijl, C., & Rumney, P. N. S. 2009. Attitudes, rape and law reform in South Africa. *The Journal of Criminal Law*, 73, 414-429.
- Van Dijk, J. M. (2009). Free the victim: A critique of the Western conception of victimhood. *International Review of Victimology*, 16, 1-33.
- Vold, G. B., Bernard, T. J., & Snipes, J. B. 2002. *Theoretical criminology* (5th ed.). New York: Oxford University Press.
- Wemmers, J. 2013. Victims' experiences in the criminal justice system and their recovery from crime. *International Review of Victimology*, 19(3), 221-233.
- Wemmers, J. 2018. Judging victims: Restorative choices for victims of sexual violence. *Victims of Crime Research Digest*, No. 10. Retrieved from <https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd10-rr10/p3.html>.
- Wentz, E., & Archbold, C.A. (2012). Police perceptions of sexual assault victims: Exploring the intra-female gender hostility thesis. *Police Quarterly*, 15(1), 25-44.
- Wolitzky-Taylor, K.B., Resnick, H.S., McCauley, J.L., Amstadter, A.B., Kilpatrick, D.G., & Ruggiero, K.J. 2011. Is reporting of rape on the rise? A comparison of women with reported versus unreported rape experiences in the National Women's Study replication. *Journal of Interpersonal Violence*, 26(4), 807-832.
- World Health Organization (WHO). 2013. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: WHO.
- World Health Organization (WHO). 2017. Violence against women – Intimate partner and sexual violence against women: Fact sheet 2017. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>.
- Yuan, N.P., Koss, M.P., & Stone, M. 2016. Current trends in psychological assessment and treatment approaches for survivors of sexual trauma. Washington, D.C.: Applied Research Forum, National Online Resource Center on Violence Against Women.