

**AN EVALUATION OF THE CHALLENGES FACED BY MANKWENG  
THUTHUZELA CARE CENTRE IN DEALING WITH VICTIMS OF SEXUAL  
OFFENCES**

**By**

**NTOMBIZODWA MNYAKENI**

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**Supervisor:** Prof W Maluleke

**Co-supervisor:** Dr FM Manganyi

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## **DECLARATION**

I **Ntombizodwa Mnyakeni** hereby declare that this dissertation entitled: "**AN EVALUATION OF THE CHALLENGES FACED BY MANKWENG THUTHUZELA CARE CENTRE (TCC) IN DEALING WITH VICTIMS OF SEXUAL OFFENCES**" is submitted to the University of Limpopo (UL) for the Master degree in Criminology and Criminal Justice and has not previously been submitted by me for a degree at any other institution. I further affirm that this work provided in this dissertation is my own work and all sources cited or quoted are indicated and acknowledged by means of a comprehensive list of references.

**SIGNATURE**



**DATE: 2023**

**MNYAKENI N**

## **DEDICATIONS**

This study is dedicated in loving memory of the following important people who lost their lives during my academic journey and lifespan:

- My Stepfather, Mr Paul Mandla Motaung (1952/25/12 – 2021/20/12),
- My Stepmother, Mrs Constance Dorah Motaung (1954/20/10 – 2006/17/09); and
- My biological Mother, Miss Sesi Maria Mnyakeni (1972/05/06 – 1995/04/12).

Importantly, I strongly believe that they are all proud of the woman I became and the way I improve myself daily. May their spirit rest in internal peace in God.

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## ABSTRACT

*Sexual offences has persisted to be a serious criminal phenomenon worldwide and also in South Africa. The challenges and consequences associated with sexual offences demand that effective prevention programmes be developed to target and deter future sexual offences and recidivism. Sexual violence is the intention by the perpetrator to commit an offence at the absence of consent from the complainant or victim. The perpetrator is causing or attempting to coerce an individual to engage involuntarily in any sexual act by force, threat of duress or without the individual's consent. Different communities across all different cultures and traditions understand sexual violence as an individual crime, which is rape. Therefore, the main aim of this study was to evaluate the challenges faced by the Mankweng Thuthuzela Care Centre (TCC) when dealing with victims of sexual offences. The TCC is an organisation that aims to empower victims of sexual crimes to become survivors through learning to accept and understand what happened to them as victims of sexual violence.*

*Utilising qualitative and evaluative research design lenses, this study purposively selected 10 participants to gain an insight into their thoughts, attitudes, behaviour, values systems, and motivations on this subject. They were all subjected to the semi-structured key informative interview (KII) method. Based on the transcribed data, various study themes and sub-themes were extracted as study findings that were then analysed using the inductive Thematic Content Analysis (TCA) – Multidisciplinary centre; secondary victimisation and revictimisation; alcohol abuse and substance abuse; poverty; hesitance to report; lack of resources; awareness of campaign; psycho-social support; and failure to administer post-exposure prophylaxis (PEP).*

*It was recommended that a monthly staff workshop and training should be developed for the TCC, so that the value derived from standard protocol or trained personnel in relation to victims of sexual violence can become significant. Such training will also include meeting expectations for sensitivity and professionalism around the issues of sexual offences. In turn, this will help put the investigatory process into context for the initiated investigations.*

**Keywords:** Challenges, Evaluation, Sexual Offences, *Thuthuzela* Care Centre, Victims

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## **LIST OF ACRONYMS AND DESCRIPTIONS**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>CA</b>	Canada
<b>CJS</b>	Criminal Justice System
<b>CO</b>	Colombia
<b>CSO</b>	Civil Society Organisation
<b>DCS</b>	Department of Correctional Services
<b>DoE</b>	Department of Education
<b>DoH</b>	Department of Health
<b>DoJ &amp; CD</b>	Department of Justice and Constitutional Development
<b>DRC</b>	Democratic Republic of the Congo
<b>DSD</b>	Department of Social Development
<b>HIV</b>	Human Immunodeficiency Syndrome
<b>ICTFY</b>	International Criminal Tribunal for the Former Yugoslavia
<b>ICTR</b>	International Criminal Tribunals for Rwanda
<b>KE</b>	Kenya
<b>KII</b>	Key Informative Interview
<b>MWA</b>	Ministry of Women Affairs
<b>NGO</b>	Non-Governmental Organisation
<b>NPA</b>	National Prosecuting Authority
<b>PEP</b>	Post-Exposure Prophylaxis
<b>SA</b>	South Africa
<b>SAPS</b>	South African Police Services
<b>SOAA</b>	The Criminal Law (Sexual Offences and Related Matters)

Amendment Act [No. 32 of 2007]

<b>SOCA</b>	Sexual Offences and Community Affairs
<b>STD</b>	Sexually Transmitted Disease
<b>STI</b>	Sexually Transmitted Infections
<b>TCC</b>	Thuthuzela Care Centre
<b>UNAMIR</b>	United Nations Assistance Mission for Rwanda
<b>UNSRC</b>	United Nations Security Council Resolution
<b>USA</b>	United States of America

# **CHAPTER ONE**

## **GENERAL ORIENTATION**

### **1.1. INTRODUCTION AND BACKGROUND**

This study focuses on the evaluation of challenges faced by the Mankweng Thuthuzela Care Centre in dealing with victims of sexual offences. This study could contributes vital knowledge to the community members of the Mankweng area by helping them to make informed decisions regarding incidences of sexual offences, as such sexual crimes must not only be reported to the nearest police stations, but also to Thuthuzela Care Centres (TCCs). The TCC is a ‘one-stop shop” offering a wide range of services dealing with cases of sexual offences.

This chapter begins by providing the introduction and background of this study, followed by the problem statement. This is followed by stating the aim and objectives that guided this study. Notable definitions of key concepts are employed in this research chapter, namely, evaluation, challenges, TCC, victims and sexual offences. The significance of the study is also discussed. The layout of the chapters is also briefly discussed to give readers an overview of the other chapters. Chapter Two will deliberate on and review the relevant literature regarding the topic under investigation.

Sexual offences remain a problematic issue in South Africa (SA), and most victims of the associated crimes tend to suffer from a range of serious after-effects or consequences, which include psychological, physical, emotional, sexual, and reproductive health issues, and were caused by the sexual abuse, harassment and coercion, among others (Matetoane, 2019). Sexual violation has significant effects not only on the victims, but also on their families and society at large. This includes a continuum of behaviours such as coercion, unwanted contact, and non-contact, attempted or completed sexual crime and unwanted experience such as harassment (Dills, Fowler, & Payne, 2016). Sexual offences remain a serious phenomenon worldwide and around SA affecting the victims’ health and wellbeing.

Therefore, the negative consequences most often associated with sexual offences demand that effective prevention programmes be developed by governments to target and deter future sexual offences and recidivism (Holcomb, Marcum, Richards, Clotfelter, & Alexander, 2015). It is important that the development and implementation of interventions to deter sexual offences across the globe should target male and female adults as well as children. It should also include other involved communities and organisations. Raising public awareness of these crimes and their disastrous after-effects must be seen as one of vital strategies that should be adopted to prevent and deal with issues of sexual offences across SA. To this end, early approaches have assumed that sexual offences are usually caused by single elements such as anger or deviant sexual arousal (Kowakzyk, 2019).

In terms of the Constitution of the Republic of SA of 1996, sexual offence is the intention by the perpetrator to commit the offence in the absence of consent from the complainant or victim. It is causing or attempting to cause an individual to engage involuntarily in any sexual act by force, threat of duress or without the individual's consent. A child under the age of 12 is too young to give permission to any sexual behaviour or to even understand the consequences of such act. This is included in Section 5 of the Act, where the Act that refers to sexual offences states that any sexual act with a child is automatically a crime and is defined as sexual assault or rape. An individual who is over the age of 16, be it a boy or a girl, can give consent. This assumes that a child who is over 16 years of age has a reasoning capacity to understand the difference between 'Yes' and 'No', the difference between what is right and what is wrong or what constitutes good or evil. However, where such consent is not given, then a sexual assault case should be opened.

The premise of this study stems from motives identified by different scholars on this subject and the available justifications of most perpetrators of sexual offences, who usually rely on the myth that most female victims of sexual offences "do not dress properly" or that "the clothes victims wear call for attention to a sexual act". They also hold the incorrect belief that most victims of sexual offences are somehow at fault for being sexually violated. Often, such justifications by the perpetrators lead to victims of sexual offences not being treated sensitively and with empathy, and in turn, this creates a huge space for revictimisation (Dipa, 2012).

Most victims of sexual offences face different tribulations in the Criminal Justice Systems (CJS), including the failure to be treated with respect and dignity, despite these rights being enshrined in SA's Constitution. Most victims do not have access to any relevant information or feedback from the time of reporting a sexual offence to the time that the matter is headed to court. There is a lack of psycho-social support, and a lack of coordination between different departments dealing with sexual offences, such as the South African Police Services (SAPS), the Department of Justice and Constitutional Development (DoJ & CD), the Department of Correctional Services (DCS), the Department of Health (DoH) and the Department of Social Development (DSD) and other relevant stakeholders, including the non-governmental organisations (NGOs). For most victims facing the CJS for the first time, this can be overwhelming and frightening, which usually leads to cases being dropped by the victims, or victims not participating or helping during the process that is meant to offer them healing and rehabilitation (Watson, 2015).

## **1.2. PROBLEM STATEMENT**

The purpose of providing victim support services to victims of sexual offences is to help victims deal and cope with the trauma of having been sexually victimised, but not to deal with what lead to or caused the incident of being sexually violated (Sivagurunathan, Orchard, Macdermid & Evans, 2019). Ndlovu (2012) states that victims are usually indecisive about the services rendered to them, because it means having to face up to feelings and issues that they had been avoiding and refused dealing with since the day when they were victimised. Therefore, such avoidance results in uncooperative and missed sessions, which leads to destructiveness. Many victims are hypersensitive to criticisms and rejection. Some exhibit self-destructive and suicidal behaviour. Hobbs (2018) states that the TCC is an organisation that is geared towards sexual violence matters and able to relate to victims of sexual crimes by empowering them to become survivors through accepting and understanding what happened to them as victims of sexual offences.

According to Vetten (2015), the TCC is an extension of the National Prosecuting Authority (NPA), located within hospitals. The TCC was first established in 2000 at the Jooste Hospital in the Western Cape and linked to the Wynberg Sexual Offences Court. The model of this centre was to have the ability to mediate the interests of both the CJS, as well as those of the public health systems with the inclusion of the NGOs.

Holcomb et al. (2015) state that it is important for service providers to understand the victims' behaviour after the incident of being violated to be able to establish a meaningful relationship with the victims, since they are reluctant to trust anyone and most of them believe that anyone can betray them in the same manner that their perpetrators did by forcing their actions and rules on them without their consent. Hing (2010) believes that the victims' fear of retribution and the anxious expectations of being subjected to awkward questioning by the police, the court of law and the health services leads to victims delaying their reporting of the crime immediately after the incident. This weakens the investigators' ability to gather forensic evidence and the statement report that must be recorded by the service provider (for example, a police officer, medical doctor, or a social worker), depending on which service provider the victim first made contact with.

Statistics South Africa (2022) indicate that the Limpopo Province reported about 3821 sexual offences in the year 2018, followed by a significant increase in the year 2019, by reporting 4060. However, there was a decrease of reported 3990 cases in 2020, with another small decrease, with 3740 cases being reported in the year 2021, but a significant increase of 4306 reported cases for 2022. The Republic of South Africa (2022) crime statistics showcase that the local SAPS reported 45 sexual offences during the fourth quarter (2021/2022) in the Mankweng area, from January to March 2017-2018. There had been 57 reported cases during January to March 2018-2019 period; from January to March 2019-2020, there was a decrease to 46 reported sexual offences cases; and an increase to 49 cases during January to March 2020-2021, with an increase to 59 cases in January to March 2022 to 59. This last increase indicated a difference of 7 cases or a percentage increase of 14,3%.

Sexual offences, as a focus of this study, can involve a widely diverse and sensitive range of actions by the perpetrator, including fondling, corrective sexual assault and rape, sexual abuse of a child, date rape, forced exposure to pornography, compelled sexual harassment and assault. All these acts are classified as criminal act when they involve a minor or involve a non-consenting major and need special attention across all countries and communities (Ndlovu, 2012). Therefore, different communities from different cultures and traditions interpret sexual offences as a crime involving a non-consenting individual as rape. To add clarity to the way how communities and legal bodies or government can assist the victims, this study will advance knowledge and understanding to the different stakeholders.

### **1.3. STUDY'S AIM**

A study's aim is defined as the purpose or the desired outcome. Seidel and Shavelson (2007) highlight that a study's aim tends to be big in scope. The researcher defined the study's aim as a focus on the outcomes or result of the conducted study, which is direct, narrow and consistent in its nature and scope. Therefore, the aim of this study was to '*evaluate the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area.*'

### **1.4. STUDY'S OBJECTIVES**

The study's objectives refer to the directions regarding the desired results of the study's aim. The study objectives are measurable and numerous (Seidel & Shavelson, 2007). Doody and Boiley (2016) argue that a study's objectives are more specific than the study's aim. The study's objectives lead to addressing the identified problem(s), guide the conducted study and give prospects for identification, description, exploration, and comparison of the study's findings. Thus, study objectives form part of the short-term goals of the research, which are intended to achieve the study's aim.

The objectives of this study were four-fold, namely, to:

- Determine the nature of sexual offences in the TCC's Mankweng area.
- Establish the causes of sexual offences in the Mankweng area, using the assistance of the TCC.
- Identify the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area.

- Discover the effectiveness of the services provided to victims of sexual offences by the TCC in the Mankweng area.

## **1.5. DEFINITION OF KEY CONCEPTS**

### **1.5.1 Challenges**

Calikoglu (2019) defines challenges as the tasks that require effort and whose successful outcome is not guaranteed. The TCC is an organisation that faces various challenges when dealing with victims of sexual offences. These challenges lead to a reduced effectiveness regarding the achievement of the aim and vision of the organisation.

### **1.5.2 Evaluation**

Ghaicha (2016) explains that evaluation is the collection, analysis and interpretation of information about any aspect of an organisation's programme, or the education or training as part of a recognised process of judging its effectiveness, its efficiency and any other outcomes it may have. This study aimed at evaluating the TCC's challenges in dealing with victims of sexual offences, the collection of information, analyses, interpretation, and the effectiveness of the TCC.

### **1.5.3 Sexual offences**

The Constitution of the Republic of South Africa of 1996 defines sexual offence as an intention by the perpetrator to commit the offence in the absence of consent from the complainant or victim. The perpetrator is causing or attempting to cause an individual to engage involuntarily in any sexual act by force, threat of duress or without the individual's consent. The Criminal Law (Sexual Offences and Related Matters) Amendment Act [SOAA] [No. 32 of 2007] was established to protect any person who has experienced any of the following sexual offence or crimes:

#### **1.5.3.1 Child pornography**

This refers to the act when a child is used for the purpose of the perpetrator publishing pornographic material and the perpetrator taking photographs of the un-consenting child in pornographic poses or even being sexually molested/raped.

#### **1.5.3.2 Child prostitution**

This occurs when a person uses a child or any person living with mental disabilities in sexual acts for a (Financial or other) reward or exposes them to pornography. Anyone can be a victim of a sex crime. It is important that victims understand that they are not to blame. This is especially important in the case of children, as they do not even understand what they are exposed to.

#### **1.5.3.3 Incest**

Incest occurs when people who are related and are therefore not allowed to marry each other engage in a sexual act with each other. This includes sexual relations between a parent and a child, between siblings, uncles/aunts, grandparents and children. It is illegal, even if they both agreed to the sexual relations.

#### **1.5.3.4 Rape**

Rape occurs when a person forces another to have sexual intercourse without their consent. This is a crime and must be reported. The SOAA of 2007 also makes it a crime for a person to force another person to rape someone. This is known as compelled rape.

#### **1.5.3.5 Sexual assault**

This occurs when a person sexually violates another person without their consent. This is a crime and must be reported. The SOAA of 2007 also makes it a crime for a person to force another person to witness or perform sexual acts with someone else who is non-consenting. This is known as compelled sexual assault.

#### **1.5.3.6 Sexual grooming**

This occurs when a person educates, introduces or prepares a child or a person living with a mental disability to perform or witness any sexual act or become sexually ready. Children are usually unaware that the person is grooming them for sexual acts, because this person is often especially “nice” to the child. In most instances, after becoming uncomfortable with the actions or demands by the person, the child is scared to report this, because the incident could have been taking place over a long time and they may have enjoyed being treated with favours and being given a lot of attention. This act is a crime and must be reported.

#### **1.5.4 Thuthuzela Care Centre**

The NPA (2008) stated that *Thuthuzela* is an isiXhosa word, meaning ‘comfort’, which became the adopted TCC Model as a multidisciplinary approach and led by the Sexual Offences and Community Affairs (SOCA) Unit of the NPA. The TCC is a service delivery model known as a multidisciplinary one-stop centre for victims of sexual offences and domestic violence. It focuses on the reaction to, prevention of and support for victims of rape and sexual assault.

Bougard and Booyens (2015) explain that there are TCCs situated in all nine provinces of SA in terms of the criteria set forth in a blue print document (protocol). These centres are located at health facilities and have a victim-centred approach; they are directed by courts and are guided by a prosecutor during the investigation of the alleged sexual offence. The TCC service delivery model aims to ensure coordination, cooperation and the involvement of all the relevant stakeholders in the provision of a range of services.

#### **1.5.5 Victims**

According to Fohring (2018), victims are persons who individually or collectively have suffered harm. This includes physical or mental injury, emotional suffering, economic loss, or substantial impairment of their fundamental rights through acts or omissions that are in violation of criminal laws, including those laws proscribing the criminal abuse of power. The term ‘victim’ also includes, where appropriate, the immediate family or dependants of the direct victim and persons who have suffered harm in intervening to assist victims in distress or to prevent victimisation. Davies, Francis, and Greer (2017) state that a person may be considered a victim regardless of whether the perpetrator is identified, apprehended, prosecuted, or convicted and regardless of the relationship between the perpetrator and the victim.

## **1.6. STUDY'S SIGNIFICANCE**

As initially stated, it was the researcher's aim that this study will contribute to the creation and enhancement of knowledge among the community of Mankweng by informing communities and individuals that all sexual offences are a crime. Hence, such crimes must be reported not only to their nearest police station, but also to the TCC, which is a one-stop service centre dealing with cases of sexual offences. The findings of this study will aim to influence new applications and approaches to be accomplished on how to deal with the challenges that the TCC is dealing with on a daily basis. This study will also contribute new information to the limited number of studies about the services geared towards addressing sexual offences in general as offered by the NGOs, as limited criminological studies have been conducted on the operational challenges faced by such South African centres.

Blaickie (2009), Brynard and Hanekom (2006) state that research must make a reasonable direct or useful contribution to some field of high priority interest in the public or private sector. To satisfy the viewpoints expressed by Denscombe (2002) this research will add new knowledge in the following areas:

- **Academic Community:** The new knowledge will be available to the UL library and the greater academic community will have access to the information. The information can be used both in curriculum and learning programmes and as a referral source for students and researchers for further research studies.
- **South African Society:** Society will benefit, because the study will identify and research the different types of sexual offences, highlight the usefulness of reporting sexual offences, and will inform communities that there are centres such as the TCC in the Mankweng area that deal directly with issues of sexual offences. The South African communities will, by having better information regarding the subject under investigation, be able to empower themselves with knowledge and thus address the way they interact with each other, or how they take better care of vulnerable individuals regarding their possible exposure to the treat of sexual offences.

- **Industry:** The South African law enforcement industry with investigative capabilities will benefit from this research, because investigators will acquire more knowledge, be able to improve their skills, methods and techniques in terms of dealing with and assisting victims of sexual offences. This research will contribute to a higher competency level of assistance offered to victims. The information will be used in curricula for future training to cultivate more professional investigators.

## 1.7. LAYOUT OF THE CHAPTERS

- **Chapter One:** Chapter One is the general orientation of the study, and it covered the following headings: introduction, study's aim, study's objectives, research problem, significant of the study, definition of key concepts and summary. This chapter aimed to provide the context of the study, to enable an understanding of the researcher's critical thinking and in turn, aid readers to observe, explore and understand the study topic at hand.
- **Chapter Two:** Chapter Two of this study, the literature review, discusses in depth the research topic, and the researcher collected accurate, sound, and reliable information of secondary data from old and new academic books, journal articles, and electronic journals that were relevant to the study topic at hand.
- **Chapter Three:** The theoretical framework forms Chapter Three of this study and deals with the Classical Organisation Theory in relation to the study under investigation.
- **Chapter Four:** Chapter Four of this study focuses on the research methodology. It presents the procedures and techniques used to collect the primary and secondary data for this study purpose. It also presents the evidence to test the credibility, transferability, dependability, and confirmability of the data used in this study. This chapter attends to the methods used to select the participants of the study, and analyses the strategies and steps used to protect and value the dignity of the participants.

- **Chapter Five:** Chapter Five of this study entails the data presentation, interpretations and discussions. The chapter discusses the viewpoints and knowledge of the participants in comparison with the literature gathered and the theoretical framework to test, interpret and prove the aims and objectives of this study.
- **Chapter Six:** Chapter Six of this study presents the summary of the study findings, conclusions and suggested recommendations regarding the research topic and explains the limitations that were present during this research.

## **1.8. SUMMARY**

This chapter provided an overview of different studies and authors about the key concept or topic investigated in this study. The study's aim and objectives were identified to provide a guideline and protocol to follow in the other chapters. The next chapter (Two) will present the literature review applied in this study, which was guided by the aim and objectives of this study.

## **CHAPTER TWO**

### **LITERATURE REVIEW ON EVALUATING THE CHALLENGES OF DEALING WITH VICTIMS OF SEXUAL OFFENCES**

#### **2.1. INTRODUCTION**

The current chapter presents the literature review to clarify and evaluate what had been investigated and found by other researchers and scholars regarding the topic under current investigation. International and local literature was reviewed for this chapter. Evaluating the challenges faced by the TCC in dealing with victims of sexual offences, the literature relevant to this study was guided by the study aim [*To evaluate challenges faced by the Mankweng TCC in dealing with victims of sexual offences*].

The objectives of this study were designed four-fold, as follows: (1) To determine the nature of sexual offences in the Mankweng Area according to the TCC; (2) to establish the causes of sexual offences in the Mankweng area, using the assistance of the TCC; (3) to identify the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area; and (4) to discover the effectiveness of services provided by the TCC in the Mankweng area to victims of sexual offences.

#### **2.2. THE NATURE OF SEXUAL OFFENCES**

Sexual violence is a very serious crime phenomenon around the world. Beyond the trauma caused to the victims, it has a serious and negative impact on the public health departments, the criminal justice departments, and the community at large, and is a crime against individuals' humans rights (Ndlovu, 2005). Sexual violation tends to reinforce the myth of women's subordination to men, although there is a growing evidence that boys are also victims of coercion to sexual activities. However, girls are disproportionately affected traumatically and with a wider range of potential consequences, including pregnancy (Umana, Fowole & Adeoye, 2014). The negative consequences of sexual violation on the victims' health are profound and include chronic pains, sexually transmitted infections/diseases, depression and suicidal tendencies, unwanted pregnancy and adverse pregnancy outcomes such as miscarriage and abortion, among others (Ocheing, 2013).

Sexual offence is any sexual act, attempted to obtain a sexual act, unwanted sexual comments or advances towards an un-consenting victim, in any setting, including but not limited to home and work (Ocheing, 2013). Sexual offence can also include sexual harassment, a sexual assault act leading to the trafficking of women and men, using coercion, threat of harm or physical force by any person regardless of the relationship and any form of contact or interaction, in which an individual is used without their consent for sexual stimulation of the perpetrator or another person. Involuntary sex refers to a variety of behaviours, including touching/groping, verbal intimidation, sexually based insults, and rape (Williams, 2022).

According to Okur, Van der knap and Bogaerts (2020), non-contact sexually offensive behaviour includes suggestive sexual looks, talk and comments, exposure to pornographic material, masturbation and exhibitionism in front of a child or an adolescent. Sexually charged contact behaviour includes hugging, kissing, rubbing against and indecently touching a child or an adolescent suggestively, the insertion of fingers and objects in the vagina or the anus, and oral and penetrative sex (Dills *et al.*, 2016).

### **2.2.1 Different types of perpetrators of sexual offences**

It is important to understand that not all perpetrators of sexual offences behave in the same manner or are motivated by the same drive/urges or reasons, nor are all perpetrators mentally ill or motivated by purely sexual gratification or aggression in committing an offence to the victims (Brotto, Atallah & Wylie, 2016). A disturbed psycho-sexual background of many perpetrators of sexual offences often includes families with histories of conflict and special problems in the way they relate to women. Rapists tend to be convinced that men have the right to take what they need, based on a distorted belief in domination over women. They believe that they are inherently “takers while women are givers,” hence; women should be submissive towards men (Okur *et al.*, 2020).

#### 2.2.1.1 Types of rapists

The focus of this study is not specifically on rape or rapists; however, rapists need to be considered to understand some of the motivation or typology of many perpetrators of sexual crimes or sexual offences. The following is the list of the various types of rapists:

- **Power rapists:** They suffer great personal insecurity; they usually have an overwhelming fear of impotence and doubts about their own masculinity. They normally use intimidation and aggression to gain power and control over their victims. They will use physical aggression and weapons to overpower and subdue their victims (Johnson & Beech, 2017).
- **Anger rapists:** They usually believe that they must retaliate for some imagined wrong or loss. This type of perpetrator usually feels some type of conflict within his personality that impels him from a psychological state of equilibrium into a sudden rise of anger, possibly triggered by some image/similar situation or the victim's looks, resulting in the angry assault on the victim. These assaults are often unplanned, explosive attacks directed towards randomly selected victims. This type of rapist finds no sexual satisfaction in rape, but uses sex as a weapon to degrade their victims. These rapists vent their anger and rage by beating their victims. They may force the victim into aberrant sexual acts and may use vulgar language as a means of both intimidation and degradation. Often, these perpetrators have a history of aggressive and violent crime (Mc Rae, 2019).
- **Sadistic rapists:** This type of rapist or perpetrator usually seeks revenge and punishment, using violence and cruelty, where the victim is typically only a symbol regarding the source of the rapist's anger. These rapists are very deliberate in their rape crimes and plan each one very carefully. Sadistic rapists are usually very ritualistic in their attacks on their victims, where most victims often suffer extreme physical injuries during the process of being raped. Most sadistic rapists are also murderers (Higgs, Carter, Tully & Browne, 2017).
- **Date rapists:** These are individuals who are known to the victims and who force unwanted sexual advances on the victims. Date rape is a phenomenon that surpasses physical abuse, and these rapists often make themselves believe (And try to convince the victims and the CJS) that it was not rape, but a sign of love, affection, and appreciation, and consensual sex; hence, the victims may not even

recognise that a sexual crime has been committed to them (Karakasi, Vasilikos, Voultsov, Vlachaki & Pavlidis, 2017).

- **Men to men rapist:** Men-to-men sexual crime perpetration can be categorised into two type of perpetrators, where the first category refers to homosexual men, who sexually assault other homosexual men primarily for intimacy or sexual gratification, and the second category refers to heterosexual men, who sexually violate other men as an expression of their own social dominance and corrective social norms or control (Greathouse, Saunders, Matthews, Keller, & Miller, 2015).

## 2.2.2 Sexual revictimisation

The secondary level of victimisation is defined as a failure to treat victims with dignity, respect and understanding regarding the dynamic of the offence and the trauma the victim has gone through. This includes everyone involved in the healthcare, social and criminal justice system who are meant to aid the survivors of sexual violence. It also includes victims of any crime within the criminal justice system, which must ensure that victims remain central to the criminal justice process. However, these objectives have not been achieved (Dipa, 2012). According to Campbell (2006), the most common encounter of secondary victimisation or revictimisation of sexual offence victims does not begin in the court room, but it already starts the moment the victims elect to report the incident that has taken place. It is alleged that the legal process may inflict additional trauma, shame, embarrassment and demands on the victims, which can keep them in the victimised role and cause further trauma.

Ndlovu (2021) states that complaints are often handled by young inexperienced members of the criminal justice system, who are not equal to the task, despite the fact that it is the policy of the SAPS that only experienced staff members should handle these sensitive cases of the victims. The medical system is also reported to be quite traumatising, where victims must be intimately examined, often by male doctors. Women also speak repeatedly of their shock at being confronted in the street by their rapist, not having been informed of their release on bail, which is another secondary victimisation, as victims then live in fear of another rape or even revenge for having reported the perpetrator. Such victims are forced to face the perpetrator, where the rights of the complainant or victim have been completely disregarded during the bail process (Gekoski, Adler, & Gray, 2013)

### **2.2.3 Behavioural patterns of male perpetrators who sexually assault female victims**

Greathouse *et al.* (2015) contend that the behaviour of sexual assault perpetrators is made up of three stages: (1) planning on a conscious or unconscious level prior to the offence; (2) committing the offence; and (3) forming thoughts or plans after the offence, allowing the individual to commit sexual assault again in the future. Although some perpetrators of sexual assault make a series of deliberate decisions about how, when, and where to hunt, target, and subdue and overpower a victim, most make a series of seemingly irrelevant decisions that eventually lead to the execution of a sexual assault (Mc Rae 2019).

For example, a perpetrator may feel lonely or angry and begin drinking to cope with these negative feelings, and then go to a bar or club, where there are a few highly intoxicated women, presenting the potential perpetrator with the opportunity to commit a sexual assault. Other research has found that some perpetrators' behaviour during the assault can be very different, depending on whether they are strangers to or acquaintances of the victim (Higgs *et al.* 2017). Following the assault, sexual assault perpetrators commonly display cognitive distortions, or thought processes, that provide them with their fabricated justification or excuses for their behaviour. These may include blaming the victim or denials that the act was planned (Johnson & Beech, 2017).

### **2.2.4 Understanding the sensitiveness of sexual survivors**

Victims of sexual offences experience feelings of embarrassment, shame, and guilt after the incident of any sexual crime. Victims of sexual offences undergo cognitive disturbance, physical problems, difficulties dealing with their own and others' behaviour, and interpersonal difficulties, often rejecting any physical closeness even of husbands or partners. The consequences of sexual offences include post-traumatic stress disorder symptoms, depression, and suicidal thoughts (Ashby & Kaul, 2016).

Therefore, it is important that the SAPS, as the first point of contact with the CJS, must provide victims with services that are victim-friendly and treat victims with sensitivity. This necessitates a lot of training, which could include such staff members having to try and visualize how they would treat the victim, if it were their own sister, mother, wife, and so forth who had been victimised. According to the South African DoJ & CD (2008), victims have the rights to be treated with fairness, respect for their dignity and right to privacy. They have the right to receive correct and relevant information, protection, assistance, compensation, and restitution. Victims of sexual crimes must be treated sensitively and according to the intensity of their experienced trauma by the relevant healthcare, social or CJS service providers.

### **2.2.5 The experience of sexually abused survivors**

Gupta *et al.* (2005) conducted a study in India on the experiences of female survivors of sexual crime by close relations. In-depth interviews were conducted focusing on the different victims surviving incest. Some of the interviews revealed the following, quoted verbatim. Participant A expressed that her abuser was her uncle, whom she would visit regularly on weekends, as illustrated herewith:

*"There was no space on the bed, so he lay on top of me. I found it difficult to breathe. I was wearing a short nightie. I do not remember wearing any leggings, because he put his finger in very easily, then he half undid his pyjamas and inserted his penis. It was painful, very, very, very painful."*

Participant B stated that her abuser was her father, who started abusing her at a very young age, this was put as follows:

*"I had just started wearing bra. I remember that he put his hands inside my blouse and touched me and said, 'Oh, you have become very big'. I remember he had this strange expression on his face, so I just moved away and remember feeling very comfortable."*

#### **2.2.5.1 Children and adults experiencing sexual abuse by incest**

Incest is a sexual act between family members, where most perpetrators are people the victims is physically and emotionally close to and whom they trust. These family members often enjoy the position of power, authority and respect in the household and are in most cases uncles, brothers, fathers, cousins, and so forth, who do not have any regret for the crime they committed.

They believe that the crime is bad only because they were caught. A great deal of research has been done examining the dynamic behind the reasons for incest (Tidefors, Arvidsson, Ingevaldsons & Larsson, 2010). Browne and Finkelhor (1986) confirm that in a sample of juvenile incest perpetrators, most came from homes where there was great deal of physical, sexual, substance and emotional abuse. According to McDonald and Martínez (2019), incest perpetrators often promise love and affection to the victims, with the message that the child is more loved than the other members of the family, and the incestuously activity is a special secret that should be shared only between the perpetrator and the victim. They also tend to threaten that no one is allowed to know about it under any circumstances and that if the secret would be told to others, then the same thing will be done to their siblings and the family will be killed. In most cases, the victim is forbidden to have friend or any close relationship with other members of the family (McDonald *et al.*, 2019).

#### **2.2.6 Reasons non-reporting of sexually related crimes by potential victims**

Chopin and Beauregard (2020) reflect that most victims of sexual related crimes do not understand the different behaviours that are part of sexual crimes. Rape is one of the most under-reported sexual crimes, which is one of the most degrading, and other than murder, one of the most violent crimes. O'Sullivan (2003) highlights that fear and embarrassment contribute to most victims hesitating to report such crime, and fear having to confront the trauma of the encounter again at the police, the investigators of the crime and the ordeal of the trial as well as their fear of what will happen once the perpetrator is released from prison. Thompson, Sitterle, Clay and Kingree (2007) share that victims are usually reluctant to report the crime, because of the following reasons:

- The stigma attached to the crime.
- The sexist treatment being given to many victims, who are in effect mentally or emotionally raped a second time by the CJS.
- Legal procedures that usually take a lot of time and are mostly humiliating, degrading and embarrassing.
- The fact that the burden of proof often rests with the victims, who must prove that the attack/assault/rape was forced and against their will and that they tried to resist the perpetrator's attack/assault.

## **2.2.7 Myths about cultural norms and sexual violence against women and children**

Sexual violence myths exist in for many reasons. This includes inherited structural conditions, gender role expectations and the traditional or fundamental exercise of power in a patriarchal society (Connell, 2013). Sexual abuse is a major social problem across the world and yet, rape is one of most under-reported crime around the world, while the actual prevalence is expected to be high (Russell, Higgins, & Posso, 2020). Many communities in South Africa and in many countries around the world seem to be blind towards, or even tolerate a sexual abuse culture, which exposes women and children to revictimisation and vulnerability of becoming sexually violated. Such culture of sexual exploitation carries the prejudices and stereotypes and false notions, allowing women and children becoming victims of rape or any other sexual violence. These false nations are widely and persistently spread with images even persisting in the media, which serve to give power and justification to male perpetrators of sexual aggression against women and children (Sivagurunathan, Orchard, MacDermid, & Evans, 2019).

Cense (2019) states that many men simply exclude the possibility that their sexual advances towards a women might be rejected or that a woman has the right to make an autonomous decision about participating in any sexual activities and may refuse the advances. In many cultures, women as well as men regard marriage as entailing the obligation on women to be sexually available to their husbands virtually without boundaries. One of the most common myths about rape and other sexual violence includes the belief that the way women dress, or act indicates that “she wants it” and that sexual violence occurs, because man cannot control their sexual impulse or that most women’s “No” during the time of intimacy is not actually meant, while any such arguments are clearly invalid. Crenshaw (2018) reveals that men, who are persecuted for sexual violation against women usually defended themselves during the trial with the words that they believed that women could easily resist rape, if they really wanted to.

This statement suggests that the perpetrators claim that any women can successfully fight off a man or a group of men, if she does not wish to be raped. Obviously, this is in nearly all cases not possible from a physical or emotional stance, where the victims are overpowered, or where they are too young, too old, not mentally capable to understand exactly what is happening. However, in many societies, men tend to be physically larger, stronger and faster than women, while women are brought up in societies that expect them to be passive, weaker and receptive to the dominant men.

### **2.2.8 International crimes and standard on victims' rights**

Wortley and Smallbone (2006) contends that the greatest obstruction victims of sexual offences face when it concerns an international crime can be to have the crime investigated in the first place, as many cases concerning crime and human violation are never made the subject of a formal complaint. This may be because victims do not have the necessary knowledge of procedures, they are scared of further victimisation or do not think that the authorities will act on their behalf. Therefore, international crimes tend to have grievous consequences for victims, where they tend to directly attack the personality and individuality of the victims, disrespecting their human rights. The sentiment of shame arising out of the victimisation is higher compared to ordinary crimes, as the disgrace and disrespect for victims is often overpowering in such an alien environment.

Similarly, Doak (2008) share that to accomplish active participation in criminal proceedings, international and regional human rights bodies have officially recognised that victims have certain rights to information and involvement throughout the proceedings that concern them. Therefore, they are starting to find the complete exclusion of victims from criminal proceedings as unacceptable, according to the reflection and development of the UN Victims Declaration, which was adopted in 1985.

Bassiouni (2006) explain that this declaration recognised, among other matters, that victims should be heard in criminal proceedings, they should have their privacy protected, have access to proceedings for redress, and be provided with financial, medical and other assistance. The UN's Basic Principle on Remedy and Reparation, which was adopted in 2005, recognised that victims of gross human rights violation and serious violation of international humanity law have certain basic rights including must be treated with humanity and respect for their dignity and human rights, and

appropriate measures should be taken to ensure their safety. They should be provided with equal access to an effective judicial remedy, equal effective and prompt reparation for the harm suffered and be given access to relevant information concerning the violation and reparation mechanism. However, this was not technically binding on sets, while both of these documents have been held to carry significant weight (Zwanenburg, 2006).

### **2.2.9 The comparative rights of the victim regarding sexual offences in different countries**

Bhattacharyya (2009) highlights that sexual violence crime affects all countries across the globe, indicating the necessity to develop protective measures for victims of sexual offences. The term victim is defined in different administrative divisions as referring to a person suffering some form of harm, loss or injury caused by a criminal act. Victims' right are also stated by several administrative divisions. Zwanenburg (2006) confirms that in **India (IN)**, a victim is defined or rather interpreted as a person who has suffered any loss or injury caused by the act or omission for which the accused person has been charged; while in **Kenya (KE)**, the term victim refers to any natural person who has suffered injury, loss, and damage because of another person's offence.

The **Canadian (CA)** Victim Bill of Rights (2015) defines a victim as an individual who has suffered physical or emotional harm, economic loss, or property damages because of a crime committed against them.

Examining the **South African** definition of the term victim, according to the Victim Charter, a victim of crime is a person who has suffered harm, including physical or mental injury, emotional suffering, economic loss, or substantial impairment of their fundamental rights through acts or omissions that are in violation of South Africa's criminal law. The term victim includes, where appropriate, the immediate family or dependents of a direct victim. Victims have the following rights, according to Funk (2015):

- The right to information.
- The right to protection.
- The right to participation.
- The right to seek restitution.
- The right to make a complaint.

The victims may apply their rights at all stages of the criminal process, including when an offence is being investigated or prosecuted, when the offender is subjected to the corrections or conditional release process, when the accused is subjected to court or the Review Board's jurisdiction, if the perpetrator is found unfit to stand trial or criminally responsible based upon a mental disorder.

- **Kenya:** The Victim Protection Act [VPA] (No. 17 of 2014) provides that any person dealing with a victim shall ensure that the victim is immediately secured from further harm before any other action is taken in relation to the victim. This includes securing food and shelter until the safety of the victim is guaranteed; securing urgent medical treatment for the victim and immediate psycho-social support for the victim; police protection for the victim where appropriate; and placing the victim and any other person related to the victim who may still be in the custody or control of the offender in a place of safety. However, in most cases, resources are limited, and, in some cases, support will be limited to advising the victim on self-help measures such as advising a victim to move to a different location (Barbour & Gorlick, 2008).
- **Colombia (CO):** In theory, victims have the right to access free legal aid during certain parts of the criminal proceedings. However, where the state provides legal services to victims, this is often substandard and only provided during the trial phase. Langford (2008) stated that this made the role of the prosecutor in promoting the victims' interest during the investigation phase very important.
- **Democratic Republic of the Congo (DRC):** Legislation relating to victims of sexual violence allows a judge to make a direct request to a medical officer and psychologist to examine the victim to determine appropriate medical care and address psycho-social trauma. Rules of procedure and evidence exclude defence relating to the victim's consent. Court protection measures for victims of sexual offences are provided in the form of security, physical and psychological wellbeing, dignity and privacy. Closed court sessions may be ordered at the request of the victim (Zwanenburg, 2006).

- **United States of America (USA):** Evidence pertaining to a complainant's prior sexual conduct was admissible in sexual assault trials in both the USA and Canada during the mid-1970s and early 1980s. However, rape shield statutes were introduced in the United States in the early 1980s (Barbour et al., 2008). The aim of the shield legislation is to protect rape complainants from the psychological trauma associated with the public disclosure of the rape complainant's prior sexual activities and propensity for unchaste behaviour. The aim of the rape victim shield laws is thus to eliminate a common defence strategy of putting the complainant rather than the defendant on trial. The rape shield law has many prohibitions, which are applicable during a sexual offence trial to protect the complainant. The rape shield law prohibits the questioning of rape victims about their past sexual history (Friman, 2009). Victims of sexual offences in the USA are afforded the following rights (Boateng & Abess, 2017):
  - The right to be reasonably protected from the accused.
  - The right to reasonable, accurate, and timely notice of any public proceeding involving the crime or any release or escape of the accused.
  - The right not to be excluded from any such public proceedings.
  - The right to confer with the attorney for the state in the case.
- **SA:** Despite the substantial reforms in rape laws, especially those governing character evidence, there are still factors in SA's courts that prevent a successful prosecution. These may include considerations such as the victim's sexual inexperience, her respectability, absence of consensual contact with the accused before the assault. It may also include the level of resistance by the victim, and that the complainant may be cross-examined regarding her credibility or lack thereof if she testifies in court. However, the right to cross-examine is not absolute, as the right to cross-examination can be abused in a system that requires the judicial officer to play a passive role (Daly & Bouhours, 2010).

According to Section 227(2) of the Criminal Procedure Act - CPA [No. 51 of 1977] (in Omar, 2010) reveals that:

*"Evidence regarding the character and sexual history of a women may not be adduced and such female shall not be questioned regarding her previous sexual history except, with the leave of the court, which shall not be granted unless the court is satisfied that such evidence or questioning is relevant. It is submitted that Section 227(2) of the CPA, 1977 is similar to Section 2(1) of the Canadian Criminal Code, because these sections prohibit the admission of evidence pertaining to the complainants' past sexual history unless such evidence is relevant to the case." (Omar, 2010).*

It should be noted that Section 227 of the CPA, 1977 applies to both males and females. According to Olugbua and Wachira (2011), victims are afforded the following rights:

- The right to be treated with fairness and with respect for dignity and privacy.
- The right to offer information.
- The right to receive information.
- The right to protection.
- The right to assistance.
- The right to compensation.
- The Right to restitution.

### **2.3. THE CAUSES OF SEXUAL OFFENCES**

Hanson and Morton-Bourgon (2009) reveals that the characteristics associated with sexual violation in an effort to understand the reasons for or causes of sexual assaults, which can range between coercion and aggression to behaviours that meet the legal definition of sexual offences committed by perpetrators. Sexual offences or abuse continues to be a serious problem across the globe. Literature confirmed that sexual perpetration is based upon a complex set of behaviours that are most likely influenced by a combination of factors, which include an individual's developmental and family history, personality, and environmental and societal influence.

According to Malamuth, Heavey and Linz (2013), the confluence model of sexual aggression it is a tested theory of adult sexual assault perpetration, which consists of developmental, attitudinal, and environmental factors. It describes two different pathways to sexual aggression: the hostile masculinity pathway and the impersonal sex pathway. The hostile masculinity pathway can be explained as an individual's experiences during early childhood, when they are exposed to abuse (drugs, alcohol, sexual abuse) and parental violence (between the parents, towards other adults as well as towards the children), which in turn, affect the individual's attitudes and behaviour and can lead to delinquent behaviour. Such behaviour can be reinforced by peers, who exhibit a similar behaviour, which contributes to the individuals developing negative attitudes towards women and any meaningful romantic relationships. Instead, they develop the belief that women are merely sexual objects, there for men's gratification.

The impersonal sex pathway describes a process, whereby abusive experiences in their home environment lead to the child or adolescent's association with delinquent peers, who encourage sexual promiscuity and conquests. This leads to early engagement in sexual activity, which increases the opportunities leading to perpetration of sexual assault, when their advances are rejected (Malamuth *et al*, 2013).

### **2.3.1 Cultural norms and gender-related attitude**

Cohen, Dalton, Holder-Webb, and McMillan (2020) claim that "culture and gender roles have a major impact on individuals' existences, the forms and nature of individuals' behaviour, including the use of violence". Gender roles and norms are social standards that are intricate. The relevant laws and code of practice regarding appropriate and inappropriate conduct that governs what is accepted or not accepted in interrelating with individuals in a specific social group guide society's norms and rules. However, what is acceptable behaviour in a gang or among delinquent individuals will probably be outlawed by society and be strongly rejected by the different social groups.

For instance, over the past centuries, many societies accepted that men held the supreme power over women to the extent that they controlled or disciplined women through physical customs that exposed women to violence (including intimate violence) and girls to sexual exploitation. Traditional ideology granted women only extremely limited legal options to refuse sexual violence, and men did not believe that they were actually sexually violent towards women. In many cultures, marriage entailed or still entails the obligation on women to be sexually available whenever the husband wishes to have intercourse, ignoring the woman's wishes. Many social groups or cultures with strong behavioural rules that ignore women's equality or rights have contributed to the prevalence of sexual offences (Gotell & Dutton, 2016).

### **2.3.2 Sexual motives**

According to Gill and Mason-Bish (2013), violence against women is widely believed to be motivated by men's need to dominate women. This view conjures up the image of a "powerful, masculine and dominant" man, who uses violence against women as a tool to support his belief of his superiority, but research suggests that the motive is more complex. Such research recognises that power and control frequently underlie intimate partner violence, but the purpose of the violence may also be in response to a man's feelings of powerlessness and his inability to accept rejection (Ali & Naylor, 2013). It also has been argued that rape represents fulfilment of sexual needs through violence, but research has found that motives of power and anger are more prominent in the rationalisations or justifications for sexual aggression having occurred rather than sexual desires having been met.

### **2.3.3 Stereotype and social learned behaviour**

Brauer and Tittle (2012) explain that social learning theory argues that humans learn social behaviour by observing others' behaviour and the consequences of that behaviour, and thereby forming ideas about what behaviours are appropriate, trying to act out those behaviours, and continuing with them if the results are positive. A stereotype, in social psychology, is anything that lacks individual marks or identifiers, and instead appears as though it is made from a cast. From a social constructionist perspective, a stereotype is always a social construction that may have some basis but is a gross generalisation.

Hellmann (2008) claims that most male victims of rape do not want to report their case to the police, because they feel it was their fault for not having been strong enough to fight the attacker off. Most are too embarrassed and humiliated to share their story with anybody. Stereotype and socially learned behaviour does not view aggression as inevitable, but rather sees it as a social behaviour that is learned and shaped by its consequences, and that it encourages violence to endure in societies, because it is modelled both in individual families and in the wider society (Gilbert, 2002).

#### **2.3.4 Media coverage**

Byrne and Taddeo (2019) state that Television (TV) and media at large, but especially TV (movies) are filled with scenes of pornography and women being threatened, raped, beaten, tortured and murdered. Such regular coverage and people's exposure to such often brutal and insensitive visual imagery with pornography and violence has shown to decrease empathy for rape victims, as pornography encourages the objection of women and endorses sexual aggression especially towards women. According to Hutchful (2020), it appeared that television shows that the increased depiction of violence and sexual explicitness mostly on women tends to result in insensitivity towards females, who become victims of violence and generated a widespread attitude that society is accepting such violence.

Byrne and Taddeo (2019), establish that elementary school children, who watched many hours of violence on television tended to exhibit more aggressive behaviour as teenagers and were more likely to be arrested for criminal acts as adults. Many movies shown on television (or nowadays on social media) are found to be supportive of violence and sexual exploitation of women and by the extent that TV series or movies show virtually no consequences to the violent or domineering behaviour towards women. In most cases, the victims are harmed, and the offenders are not punished, which seems as if the regular exposure of unpunished violence sends a message to viewers that violence is tolerated or even celebrated, where the perpetrators are seen as heroes.

### **2.3.5 Peer pressure and gang groups**

Cohen (2020) claims that all of us have to make decisions that will influence the people around us or our own lives and society. Therefore, people constantly need to evaluate their options and make well-considered decision. These decisions can be influenced by various factors, many of which are shared social views and pressures to conform to others' standards, for example, peer pressure, which is especially prominent among children and adolescents, to be accepted and fit in with in a certain gang or group. Most forms of sexual violence, such as gang rape, are predominately committed by young men through peer pressure, while sexual aggression is often declared a defining characteristic of being "a man" in most young gangs or groups and it significantly related to the wish to be held in high esteem (Hellmann, 2008).

Abbey, Helmers, Jilani, McDaniel, and Benbouriche (2021) examine whether the peers' attitude towards sexual assault and violation was associated with the likelihood of having committed sexual assault. They found that individuals who perceive their peers as approving of sexual assault are more likely to commit sexual assault themselves. Agreeing with such notion of peers' influence, Van, Walrave, De Marez, Vanhaelewijn, and Ponnet (2021) reveal that individuals who believed that there was strong peer pressure to encourage or coerce them to engage in sexual activity were also more likely to perpetrate sexual assault at a later stage. This research also suggests that men who associate themselves with sexually aggressive peers are much more likely to report coerced intercourse outside the gang context than men not mixing with sexually aggressive peers.

According to Miller, Tancredi, McCauley, Decker, Virata, Anderson, and Silverman (2012), research on the effects of peer influences on sexual assault perpetration indicates that an individual's perceptions of his peers' attitudes and behaviours about sex and sexual aggression are correlated to sexual assault perpetration. This study also found that perceptions of peer approval of forced sex are directly related to sexual assault perpetration.

### **2.3.6 Substance abuse**

Finney (2004) acknowledged that there was a strong correlation between alcohol consumption, sexual assault and violence, where most perpetrators become aggressive after the consumption of alcohol and perceive women as sexually arousing and then end up forcing themselves sexually onto a victim, as they want to satisfy their aggressive need. Abbey, Parkhill, Jacques-Tiura and Saenz (2009) emphasise that alcohol increases the chance that a man would incorrectly interpret women as wanting sexual activity and this misinterpretation increases the probability of a sexual assault. Their research examined the role of alcohol as a facilitator of sexual assault and the results concluded that most participants who consume alcohol perceive themselves and their partners as being more sexually active than they perceive partners who are sober.

Mathews, Jewkes, and Abrahams (2015) confirm that consuming alcohol or drugs tends to make it more difficult for women to protect themselves, as it affects the cognitive and motor skills effectively acting on warning signs. Men who are heavy drinkers in social situations tend to use alcohol consumption as an excuse for their own unacceptable behaviour that contributes to sexual assault. Drinking alcohol and using drugs tends to also place women in settings, where their chances of encountering a potential offender are greater. Alcohol consumption has been linked with assault perpetration through several pathways (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2001).

#### **2.3.6.1 Alcohol abuse**

Read, Colder, Livingston, Maguin, and Egerton (2021) show that research on the role of alcohol consumption in sexual assault perpetration has focused on two different mechanisms, through which alcohol can have an effect: a pharmacological and a psychological effect. Pharmacological mechanisms of alcohol consumption refer to a decrease in cognitive functioning because of alcohol consumption and to a decrease in inhibitions. After consuming alcohol, individuals lose sight of distal cues, such as empathy for the victim and the long-term consequences of their actions. Instead, they tend to focus on more immediate cues, such as sexual arousal, anger, and frustration. This effect has been theorised to be more likely to occur in men who are predisposed to sexual aggression.

Psychological mechanisms of alcohol consumption refer to the interaction between the perpetrators' beliefs about the effects of alcohol on their own behaviour and the pharmacological effects of alcohol. According to Abbey (2011), alcohol can affect how intoxicated individuals interpret the behaviour of others around them to conform to what they want to happen. For example, if an individual is looking to engage in sex, they may interpret a woman's willingness to dance as an invitation to have sex.

### **2.3.7 Early childhood development**

Childhood environments that are physically violent, emotionally non-supportive and characterised by competition for scarce resources often have been associated with sexual violence in those environments and later in life of the children growing up in such environments. The association between childhood abuse and sexual assault perpetration later in adulthood is supported by research indicating a link between childhood abuse and later problems in adulthood, such as malfunctioning of adult interpersonal relationships, substance abuse, depression, suicide, and various forms of violent behaviour (Waddell, Pepler, & Moore, 2001).

#### **2.3.7.1 Sexual, physical and emotional abuse during childhood**

Bywaters, Bunting, Davidson, Hanratty, Mason, McCartan, and Steils (2016) state that sexual, physical and emotional abuse during childhood had been researched by different scholars and found to have a link to sexual assault perpetration later as an adult. Maltreatment or abuse during childhood may instil a sexual interest that involves coercion and force to the victim later in life. Victim to victimiser theory purports that experiencing sexual abuse as a child leads the victim re-enacting that childhood trauma as an adult on their own chosen victims. However, this is not an automatic after-effect and does not occur among all individuals who had such experiences during childhood. Therefore, it is also not an automatic excuse for these individuals' deviant behaviour later in life. Peterman and Dixon (2003) explain that emotional abuse is a behaviour that harms a child's self-worth and emotional wellbeing and it can include actions such as name calling, shaming, rejection and withholding of love. It has been found that most children, who have experienced emotional abuse or neglect, develop anger issues and have problems with treating their intimate partners with love in adulthood.

They also often use violence to try and force their partners to show them love or acceptance. Their aggression is often a call for attention, for care. Banyard, Williams, and Siegel (2004) share that many of the men, who were incarcerated for various forms of sexual violence, had been abused as children. Moreover, studies that examined both child molesters and adult rapists more frequently identified an association between sexual assault during childhood and later own sexual assault perpetration, while studies that had limited their sample to perpetrators of adult sexual assault often failed to find an earlier reason for such acts. Results of a meta-analysis suggested that sexual offences against adults are more likely to occur by offenders, who had suffered physical abuse as children. Sexual offences towards children are more likely to have been sexually abused (Not the more generic physical abuse) as children (Bywaters *et al.*, 2016).

### **2.3.8 Poverty**

Matta, Jonson-Reid and Seay (2014) contend that women and girls living in poverty may be more at risk of being raped during the course of their daily tasks than those who are better off. For example; when they walk home on their own from work late at night, or work in the fields or collect firewood alone, they are vulnerable targets. Children of poor women may have less parental supervision when they are not in school, since their mothers may be at work and unable to afford childcare. The children themselves may, in fact, be working and thus vulnerable to physical and sexual exploitation.

Bryant-Davis, Ullman, Tsong, Tillman and Smith (2010) affirm that poverty forces many women and girls into occupations that carry a relatively high risk of sexual violence, particularly if they were forced to become involved in sex work. Poverty creates enormous pressures for them to find or maintain jobs, pursue trading activities and, if studying, obtain good grades – all of which render them vulnerable to sexual coercion from those who can promise them help or money. Poorer women are also more at risk of intimate partner violence, of which sexual violence is often a manifestation, as they believe that they would not be able to leave the violent partner and fend for themselves, especially if they come from poor backgrounds or have limited education or training.

## **2.4. IDENTIFIED CHALLENGES FACED IN DEALING WITH VICTIMS OF SEXUAL OFFENCES**

It is a statistically proven fact that sexual violence in South Africa is unacceptably high, and thus, the problem of sexual violence in South Africa is a major concern to government and civil society alike (Moffett, 2008). Collins and Long (2003) provide that sexual violence has immediate and long-term consequences that can be devastating for the physical, emotional and mental health of the victims, and can make victims vulnerable to future episodes of sexual abuse or violence. Trippany, Kress, and Wilcoxon (2004) describe that the impact of having become a victim of sexual violence is overwhelming and affects every level of a person's being. These researchers found that survivors of sexual offences tend to suffer from severe depression, suicidal attempts, fear, anxiety, psychiatric symptoms, and may develop substance abuse problems, and difficulties with social adjustments during the first three to four months after the experienced violence.

Collins *et al.* (2003) claim that there were also secondary effects, such as a reduction in the victims' ability to work or study, and difficulties with forging new relationships or maintaining positive relationships with friends and family, which may lead to having problems with the ability to care for others.

### **2.4.1 Sexual survivors experiencing flashbacks after the traumatic event**

McNally (2005) highlights that exposure to trauma "did strange things to people's memory and recalling classification", when traumatic memories appear to become engraved in the mind. There has also been a great deal of debate in the academic literature about whether people can forget traumatic events, but tend to remember them clearly even years later. They claim that human's way of remembering things, processing new memories, and accessing old memories is radically changed when one is under stress.

Paivio (2014) comments that there are two different memory systems in the brain - one for verbal learning and remembering what is based on words; and another system that is largely non-verbal. As the verbal and non-verbal memories are intertwined and complexly interrelated, it is the verbally-based memory system that is particularly vulnerable to high levels of stress. When one is overwhelmed with fear, one tends to

close the capacity for speech, the capacity to put words to the experience, which is an occurrence commonly known as ‘speechless terror.’

Van de Kolk, Pynoos, Cicchetti, Cloitre, D'Andrea, Ford, and Teicher (2012) state that flashback is a sudden intrusive re-experiencing of the event of being sexually violated, which most victims of such crime go through. Similarly, during a flashback, victims become overwhelmed with the same emotions that they felt at the time of the traumatic event. Steele and Kuban (2011) mention that flashbacks are likely to occur when victims are upset, stressed, frightened or aroused. When triggered by any association with the traumatic event, their minds can become flooded with the images, emotions, and physical sensations associated with the original trauma. Many victims feel as if the traumatic experience is happening again and they may have difficulty separating the past from the present. Often, victims have difficulties to recognise the experience they are having as a flashback, but instead, they feel that they are “losing their minds” or are having a panic attack. Some victims experience speechless terror and their capacity to encode information in language is radically altered.

Paivio (2014) observes that these victims developed what has become known as “amnesia” for the traumatic event – the memory is there, but there are no words attached to it, so it cannot be either talked about or even thought about. Many times, the flashback occurs in the form of a physical symptom that is a reminder of the previous assault, for example, when a victim experiences a sharp and penetrating pelvic pain that can become chronic pelvic pain. These have come to be known as “body memories”. Physical symptoms are not likely to be recognised by the healthcare professionals as being related to a previous traumatic event as they are emotionally triggered.

## **2.4.2 Unintentional pregnancy and gynaecological complications**

Young, Deardorff, Ozer and Lahiff (2011) note that pregnancy may result from rape and in many countries, women are not educated on the use of contraceptives or are not offered the opportunity to use them to control whether they want to fall pregnant or the number of children they want. Young girls are not given contraceptives without the permission of their parents, which increases the likelihood of teenage pregnancy. In many societies, teenagers start to become sexually active as early as 14 years old, but they lack the knowledge of what is forced, coerced or consensual sex or how to prevent falling pregnant.

Beck, Alshami, de la Luz, Camacho de Anda, Kendall, Rosati, and Rowe (2018) state that women who have been raped are often forced to carry the child to full term or else put their lives at risk with back-street abortions, where legal abortions are prohibited. Very young women/children who fall pregnant, may not even be aware that they are pregnant, until it is too late for an abortion. There are frequently reported cases of children/young women having aborted or even given birth in toilets or in bushes/the veld and leaving the foetus or baby there.

Experience of coerced sex at an early age reduces a woman's ability to see her sexuality as something over which she has control. Oladeji, Chamla, Safiyanu, Mele, Mshelia, and Agbor (2021) highlight that it is less likely that an adolescent girl, who has been forced into sex, will have used contraception or the perpetrator using a condom, increasing the likelihood of her becoming pregnant. A study of factors associated with teenage pregnancy that was conducted in Cape Town, South Africa, found that forced sexual initiation was the third most strongly related factor to teenage pregnancy. According to Vondee (2018), forced sex can also result in unintended pregnancy among adult women. Gynaecological complications have been consistently found to be related to forced sex. These include vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain, and urinary tract infections.

#### 2.4.2.1 Sexually transmitted diseases

According to Ndlovu (2005), the Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases (STD) were recognised as consequences of sexual violence, such as forced anal sex, oral sex, vaginal sex and genital rubbing, among others. These infections commonly occur via cuts, thus facilitating the entry of the virus when it is present. Williams and Bryant (2018) indicate that research conducted among women living in shelters has shown that women, who experience both sexual and physical abuse from intimate partners, are significantly more likely to have had STDs. Mekonnen and Wubneh (2021) explain that the risks of HIV and other STDs are likely to be particularly high among women who have been trafficked into sex work. Williams et al. (2018) point out that cross-cultural data from rape centres reveals that a large percentage of rape and sexual abuse incidents were committed by perpetrators among girls as young as 15 years.

Ndlovu (2005) further reveals that in some cultures, HIV-positive men tend to abuse young women sexually in the belief that “having sex with a virgin will cure the acquired immunodeficiency syndrome (AIDS)”. Manzini (2001) claim that forced sex is nearly always physically rough, which facilitates damaged tissue and HIV transmission. Young women are often threatened by their boyfriends and sexually harassed, if they are not willing to have sex, being told that it is a sign of love if they have sex and that they would be abandoned if they did not agree to intercourse. Meel (2003) provides that many girls living in developing countries were raped or forced into sex by older men, who would seek out young girls with little or no sexual experience and thus less likely to have STIs/HIV. They would therefore also not wear condoms, increasing the risk of transmitting STIs/HIV and impregnate these little girls.

Nkosana and Rosenthal (2007) believe that being a victim of sexual violence and being susceptible to HIV or STD infections, added several risk behaviours. Manzini (2001) state that forced sex during childhood or adolescence, for instance, increased the likelihood of engaging in unprotected sex, having multiple partners, participating in sex work, and substance abuse. People who experienced forced sex in intimate relationships often found it difficult to negotiate condom use either because using a condom could be interpreted as mistrust of their partner or as an admission of promiscuity, or else because they feared experiencing violence from their partner (Nkosana et al, 2007).

#### 2.4.2.2 The initiation of pre-exposure prophylaxis

According to Scannell (2018), the pre-exposure prophylaxis (PEP) is time-sensitive, with the first dose of drugs needing to be administered within 72 hours of the rape having occurred. Kim, Martin, and Denny (2003) posit that the time-bound nature of this treatment can particularly disadvantage victims, who often only disclose sexual abuse sometime after it occurred. Other delays found to hinder fast access to PEP for both adults and children, include a lack of awareness of the time-bound nature of PEP application, the time spent at various CJS institutions taking statements from rape survivors, as well as long waits in casualty. Communities are often not knowledgeable that HIV infection can be prevented through the administration of PEP.

Ndlovu (2005) indicates that patients reported defaulting on their treatment as they forgot to take their medication, or not taking their medication in the prescribed dosages, or because of the side effects. Time constraints also affected the amount of information healthcare providers offered to rape survivors, including around adherence to the medication dosage and frequency. Ndlovu (2021) further states that lack of follow-up procedures and limited provision to rape survivors of medication to address the side effects of PEP were also identified as barriers. Kim *et al.* (2003) indicated that most rape survivors do not always understand the PEP drug regimen and, therefore, do not take the medication correctly. Some rape survivors may be in no state to absorb all the health-related information they are provided in the immediate aftermath of the rape. Interviews confirmed that taking PEP is a complex experience for rape survivors, with the stigma attached to rape, as well as HIV, being particularly powerful barriers. Being blamed for the rape and receiving inadequate social support inhibited women's ability to comply with the drug regimen.

#### 2.4.2.3 Unsafe abortions

Haddad and Nour (2009) acknowledge that there is a major concern of unplanned pregnancy, which is related to unsafe abortion. On a global scale, more than half the deaths of mother and child caused by unsafe and usually illegal abortion are in Africa, where one in four unsafe abortions are done by teenagers. Such deaths are preventable. The frequency of unsafe abortions is indicative of the failure of family planning programmes and the poor implementation of abortion legislation and access to legal abortion services.

Singhs, Prada, Mirembe, and Kiggundu (2005) provide taht evidence of adolescent girls where unintended pregnancy and unsafe abortion were associated with violence and sexual coercion. According to the study conducted by Ndlovu (2005) in Soweto, out of a total of 90 16-24-year-old women surveyed, over half (57.3%) reported at least one prior pregnancy, and 10.7% reported having had an abortion, most of these young women knew where to get an abortion (77.8%), and most knew someone who had had an abortion (65.6%).

#### **2.4.3 Interpersonal effects**

According to Wolf and Pruitt (2019), victims of sexual violence face multiple consequence after the event of being sexually violated by their perpetrators that include the social implication of their trauma, which is coupled with the psychological impact that affects the functioning of the victim's daily life and social environment. Pulverman and Meston (2020) contend that most communities are not well-informed regarding the issues of sexual violence, and therefore, victims of sexual offences usually experience sexual dysfunctions after the event, which can influence the victims' ability to form any kind of close and loving relationship after the incident of being sexually violated.

Winters, Colombino, Schaaf, Laake, Jeglic, and Calkins (2020) concedes that most victims avoid being around people and family members or the environment in which the incident has occurred. Victims usually display an escaping or avoidance behaviour in their effort to avoid having to think about the day of the trauma and thereby avoid feelings of guilt, embarrassment, self-blame and inferiority. Hence, most victims are likely to change where they live and move to areas, where no one knows them, and they change their telephone number. It is common that victims experience a variety of sexual dysfunction, such as erectile dysfunction among male victims, pains, and loss of sexual interest. Jina and Thomas (2013) note that victims may often feel their bodies are "damaged goods", resulting in victims developing feelings of low self-esteem and self-worth, and most victims develop feelings of vulnerability and become hyperconscious about potential rapists in their environment or when going to work, shops or to visit family.

#### **2.4.4 Mental health issues**

According to Kaminer and Eagle (2010), major depressive disorder (MDD) is a multifactorial (both genetic and environmental) risk that has been linked to depressive symptomatology. Among the latter, childhood trauma is one of the most consistently replicated factors that influence the subsequent risk for major clinical depression, and the relationship has been shown to be causal. Some studies have found an association between lifetime trauma and typical depression.

Others have found an association between a history of physical or sexual abuse in childhood and MDD with reversed neuro-vegetative signs. Sexual violence has been associated with several mental health and behavioural problems in adolescence and adulthood (Hornor, 2010). In one population-based study, the prevalence of symptoms or signs suggestive of a psychiatric disorder was 33% in women with a history of sexual abuse as adults, 15% in women with a history of physical violence by an intimate partner and 6% in non-abused women (Campbell & Raja 2005).

Sexual violence by an intimate partner aggravates the effects of physical violence on mental health. Abused women reporting experiences of forced sex are at significantly greater risk of depression and post-traumatic stress disorder (PTSD) than non-abused women (Levitan, Parikh, Lesage, Hegadoren, Adams, Kennedy, & Goering, 1998). Post-traumatic stress disorder after rape is more likely if there is a physical injury during the rape, or a history of depression or alcohol abuse (Byllesby, Ryan, Dilillo, Messman-Moore, Gratz, & Huss, 2013). A study of adolescents conducted in France also found a correlation between having been raped and current sleep difficulties, depressive symptoms, somatic complaints, increased tobacco consumption and behavioural problems (such as aggressive behaviour, theft/shoplifting and truancy). In the absence of trauma counselling, negative psychological effects have been known to persist for at least a year following a rape (Levitan *et al.*, 1998).

#### **2.4.4.1 Suicidal behaviour**

Maniglio (2011) indicated that women who experience sexual assault in childhood or adulthood are more likely to attempt or commit suicide than other women. The experience of being raped or sexually assaulted can lead to suicidal behaviour as early as during adolescence. Abreu, Lafer, Baca-Garcia, and Oquendo (2009) insists that a study conducted among adolescents in Brazil found prior sexual abuse to be a leading factor predicting several health risk behaviours, including suicidal thoughts and attempts. Experiences of severe sexual harassment can also result in emotional disturbances and suicidal behaviour. A study of female adolescents that was conducted in Canada found that 15% of those experiencing frequent, unwanted sexual contact had exhibited suicidal behaviour in the previous six months, compared with only 2% of those who had not had such harassment (Sharma, Nam, Kim & Kim, 2015).

#### **2.4.5 Barriers faced by centres in dealing with sexual violence matters in various extents**

Discrimination and the barriers preventing women and children from exercising their human rights, accessing services and other opportunities, greatly increase their risks of experiencing violence (Johnson, Ollus, & Nevala, 2007). The division of efforts that lack a strong national multi-sectoral plan, coordinating body and formal mechanisms of collaboration and information-sharing, means that most interventions are planned and implemented in isolation from one another. As a result, there are severe gaps in the overall approach to ending violence against women and children, including incomplete and unevenly distributed services. Disorganised or uncoordinated efforts also mean that administrative data is not likely to be consistently systematised, affecting the ability to have accurate, consistent records that can be compared and combined or shed light on the nature and scale of the problem. They lack the ability to assess which responses are working and which need reworking; and this makes it difficult to integrate findings into larger multi-stakeholder policy and programming frameworks (Edelman, 2013).

#### 2.4.5.1 Government accountability

The lack of state accountability in comprehensively addressing violence against women and children is a significant obstacle to ending the sexually related matters. Generalised “blindness to” or acceptance of violence being committed against women, the lack of political will, inadequate legal protections and enforcement, insufficient resource allocation and/or poor implementation of national commitments contribute to unresolved problems of sexually related brutality (Ellsberg, Arango, Morton, Gennari, Kiplesund, Contreras, & Watts, 2015).

This is especially evident in countries and communities with weak justice systems and where customary law practices and more widely used informal justice mechanisms may contradict international human rights standards. In such contexts, access to formal justice for survivors of violence may be hindered by obstacles such as gender bias, discriminatory attitudes, social stigma, and financial constraints (Brysk, 2016). Ending impunity requires adequate prosecution and punishment of perpetrators, equal protection and equal access to justice, and the elimination of attitudes or practices that foster, justify, tolerate or endure the attack on sexual crime victims (Moore & Ben-David, 2021).

#### 2.4.5.2 Limited scope and coverage of services and interventions

Effective and efficient protective services for survivors are very limited in scope and reach. This is linked to the low priority and insufficient investments made in addressing the problem, and where services do exist, they are often concentrated in urban centres or larger cities and are unlikely to be comprehensive (Murthy & Klugman, 2004). Moreover, services are focused in one or a few sectors and lack the coordination and referral capacities required. Many services to date, such as safe houses/shelters, legal aid and other supports, are provided by non-governmental and women’s organisations that are lacking resources and are only able to reach small numbers of the population (Wirtz, Álvarez, & Glass, 2016).

The existing approaches may not reach especially vulnerable and at-risk groups, such as adolescent girls, migrants, indigenous or other groups of women in the population for which mainstream outreach efforts will be inadequate. Also limited is the existence of effective primary prevention programmes, resulting from the underinvestment in this area and the fact that most interventions have focused on supporting survivors after abuse has already occurred (Ellsberg *et al.*, 2015).

#### 2.4.5.3 Inadequate human, technical and financial investments

Brysk (2016) demonstrates that an increasing number of countries have adopted laws and policies to address Gender-Based Violence (GBV), but these are rarely accompanied by adequate budget allocations and the essential institutional, staffing, infrastructural improvements and other supports that may be needed at the national and sub-national levels to implement them. Skills and the necessary knowledge on the prevention and response to sexual violence is often limited or even absent, especially in resource-scarce settings.

Wirtz *et al.* (2016) agrees that this is challenging scenario is compounded further, where high staff turnover poses additional challenges when institutions hope to retain a skilled and experienced team of individuals. Long-term and sustained resource investments, including funding for strengthening expertise and building ‘critical masses’ of expertise in key areas and sectors, and improvements to remove service delivery blockages are critical across the respective sectors, for governments to deliver on their commitments to ending sexually based violence.

#### 2.4.5.4 Weak coordination and monitoring mechanisms at the national level

Murthy *et al.* (2004) indicate that addressing sexual violence requires a multi-sectoral approach, involving the healthcare, education, social, legal and security sectors as well as the strategical key factors, such as labour, migration, and urban planning, among others. Unlike stand-alone sectors, there is no ‘natural’ government entity to take charge of the coordination for ending gender-based violence. Edelman (2013) clarifies that in many cases it is the Ministry of Women’s Affairs (MWA) or its equivalent, which is often under-resourced and lacking the institutional and political influence within government. Other mechanisms and processes, such as sector-wide approaches and decentralisation may pose additional challenges to coordinating and monitoring the implementation of policies and programmes, where addressing

violence against women may not be a priority. Formal channels of communication and information-sharing between and among government and non-governmental entities working on this issue are also needed for coordinated, effective responses.

#### 2.4.5.5 Insufficient data and research

Though an area receiving increased attention and investments, statistical data on the scale, nature, and consequences of violence against women and girls remains limited. Quantitative surveys have been conducted in about 100 countries, though such surveys vary widely in the methods used, the size of the population surveyed, and the type of information that is collected. Surveys also do not capture all forms of committed violence, nor do they reflect the differences between the victimised women within a given country or other disaggregated information that is essential for accurate and effective planning (Fawole, 2008).

Population-based surveys are the most reliable sources of data, but they are costly to implement and require technical expertise. Without regular implementation of surveys (every 5 to 10 years) such as the “Ending Violence against Women and Girls Programming Essentials”, conducted in June 2013, progress on reducing the prevalence and incidence of violence cannot be monitored over time. High impact advocacy messages that are not backed by hard data also hinder ongoing efforts to ensure policy commitments and investments (Murthy *et al.*, 2004).

#### 2.4.5.6 Limited attention to neglected groups and issues

According to Davies and McCartney (2003), insufficient attention has been paid to certain forms of violence, perpetrated against certain groups, or the contexts, cost and their consequences. Male victims are less likely than women to report being victims of sexual violence and for this reason, information about the issues of sexual violence against men is limited. The absence of data and relevant analyses hinders efforts to develop an understanding of how violence differs for different parts of the population in different situations. Such findings are likely to vary by country and region, but must include the following:

- Femicide.
- Violence against marginalised or excluded groups, such as indigenous women, domestic workers, women in detention and migrant workers.

- Sexual violence and rape within marriage and as experienced by adolescent girls and young women in all contexts.
- The intersections/correlations between violence against women and HIV and AIDS.
- Violence and sexual harassment in public spaces, such as public transport, shops/shopping centres, taverns/bars, and schools or sports.
- Political violence directed at women during/after elections or those who are in high-level decision-making positions.
- These issues and contexts are often missing, neglected or low-profile in advocacy, policy, and programming. Consequently, identification and development of effective programme strategies and approaches has been hindered or slow (Moore *et al.*, 2021).

#### 2.4.5.7 Long waiting times

Alexander (2019) highlights that most facilities of the TCC provide great services on the basis of psycho-social services, and that such services are always present, although patients must wait a long time to be served. This is partly due to too few staff members, staff unavailability or limited rooms to deliver the services simultaneously. This can potentially be precarious in cases, where clients presented themselves for treatment towards the end of the 72-hours cut-off period for receiving PEP. Survivors needing to access the service must often wait for many hours for the doctor to arrive. Even when they are being brought to the TCC by the police, the police members just leave the victims there to fill in the J88 form and leave the venue to attend to other cases.

Tseris (2015) also explains that the poor turn-around time for clients is a challenge, with victims having to sit on the benches waiting to be seen by a doctor. In most facilities, doctors are mostly available on a stand-by “call” basis, meaning they only come to the TCC when they are contacted by the centres or facilities to examine the patients. Surviving victims must wait for a doctor who is mostly busy with new-born deliveries and emergency C-section (Caesarean). That means that new patients have to wait for two to three hours for the doctor to complete the delivery or operation. This makes victims feel that the experience or trauma of the survivors are not being prioritised, that their cases do not matter, and that they are not important. This counts as secondary victimisation or revictimisation.

## **2.5. THE EFFECTIVENESS OF SERVICES RENDERED TO THE VICTIMS OF SEXUAL OFFENCES**

Ndlovu (2005) emphasises that violence is a serious challenge in South Africa to the extent that the country has been described as having one of the highest prevalences of violence and violence-related injuries. Many blame the current level of violence in South Africa on the history of apartheid with its dehumanising socio-economic realities. South Africa has remained challenged by some of its cultural groups or societies still adhering to the discriminatory cultural norms affecting women and children. McGlynn (2011) argues that the present South African Government, in conjunction with various international development agencies, civil society organisations and bilateral funding, united in responding to the scourge of violent sexual offences and gender-based violence matters.

According to Jewkes and Abrahams (2002), various South African Government departments are in partnership with such international institutions in combatting the high-level prevalence of sexual violence. The different strategies implemented to address the crimes include the various associated factors of gender equality, ethnicity, race, and religious beliefs. These efforts include the DSD, the SAPS, the Department of Education (DoE) and the DoJ & CD and many other government departments. Preventative programmes target the element of primary, secondary, and tertiary prevention such as the “*16 days of activism for violence against women and children*” from 25 November to 10 December each year and women’s month (August), and other projects managed by various organisations.

Vetten (2019) states that the NPA and SOCA developed the TCCs’ model to respond to gender-based violence and sexual assault in a multi-sector and comprehensive manner. TCCs were established in different public hospitals in various provinces, with the aim to reduce secondary victimisation, improve conviction rates and reduce the turnaround time to finalisation of cases. When survivors of sexual abuse and other victimisations seek assistance from service providers and community institutions, they often have complex arrays of needs, some including legal matters, health issues, mental issues, and other factors needing assistance.

Therefore, responding comprehensively to this range of needs challenges the service providers to develop a new perspective about staff training and supervision, community collaboration and cross systems services designs. Without this more complex and innovative thinking, victims will not receive the help they need (Vetten, 2015).

### **2.5.1 Public administration of victims**

Brinkert (2006) observes that effective administration of patients to facilities dealing with victims such as cases of sexual offences was urgently needed. Public administration must be governed by the democratic values and principles, such as a high standard of professional ethic, which must be implemented, promoted and maintained. Efficient, economic, and effective use of resources must be guaranteed and services must be provided that are impartial, fair and equitable. However, at this stage, such principles and values are not yet clearly decoded, manifested or satisfactorily implemented across the relevant service providers.

Bassiouni (2006) confirms that public administration focuses on multiple challenges at the same time, however, some scholars and reporters believed that the principles and values of the public administration was still way out of reach, as it faces serious problems of addressing the public needs, while achieving one target is usually accompanied by painful compromises and limited resources, which is mostly cited as the main reason for the failure of providing services. Public administration has a major function and aims that must be clearly recognised, but which must be more flexible, efficient and effective to enable the providers moving quickly towards achieving the set objectives and responding to the needs of the people. This must happen without delaying certain steps, and must be executed with maximum social sensitivity, responsibility and morality to achieve these responses. Such goals and action plans must be based on cross-discipline strategies and an improved use of and integration of all available data and knowledge aimed at reducing the current limitations of public administration systems.

### **2.5.2 Needs of various crime victims, including victims of sexual violence**

Frieze, Hymer, and Greenberg (1987) highlight that already over 30 years ago that crime victimisation creates a sense of hopelessness and exposure to the unpredictability of the criminal justice system that most people do not understand. Such sense of hopelessness is often seen to contribute further to feelings of vulnerability and a lack of safety among the survivors of crime and their partners or families, even spreading to the broader society. Victimisations takes an enormous emotional, physical and financial toll on victims. Victims vary in terms of the needs as individual survivors of crime. Clawson and Dutch (2008) and Robins (2017) provided the following as some of the victims' important needs:

- The need for access to just and fair treatment.
- The need for easy access/contact with the criminal justice system.
- The need to be safe.
- The need to be provided with relevant and accurate information.
- The need to be given assistance and the relevant services.
- The need to have shelter and all basic necessities.
- The need to have a voice and be heard.
- The need to continuity.
- The need for validation and acknowledgement.
- The need for restitution, redress, and an apology.
- The need for emotional support and counselling.

The outlined needs are usually not provided to victims. Therefore, the criminal justice system and its other supportive service providers or relevant stakeholders are viewed in a negative light by South African victims. The system is seen to be gender insensitive, ineffective, slow, inaccessible, corrupt, victim unfriendly and providing more rights and care (even free medical and psychological care) to offenders than to the victims (Brinkert, 2006). Individuals often do not believe that justice will be done or that perpetrators will be "brought to book" and imprisoned. These perceptions are confirmed by the level of the low rate of arrests, convictions and imprisonments by the South African justice system. These factors have severe implications for the willingness of people to cooperate with the justice system or to report their cases (Bassiouni, 2006).

### **2.5.3 Developments, resolutions, legal framework on international criminal tribunals and practice on victims' rights protection**

Karari (2014) comments that the 'Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power', emanating from the deliberations of the 'Seventh United Nations Congress on the Prevention of Crime and the Treatment of Offenders and General Assembly Resolution 40/34' of 29 November 1985, was the stage at which the Assembly adopted the text recommended by the Congress. This was initiated to adopt legal and practical measures for the effective integration of victims in the criminal justice system by granting them access to justice and fair treatment, to restitution, compensation and assistance to the extent possible (Karari, 2014).

Ogada (2016) states that Section III of the Resolution of the General Assembly of 1986/10 of 21 May 1986, recommended the UN to 'implement social, health, including mental health, educational, economic and specific crime prevention policies to reduce victimisation and encourage assistance to victims in distress. The available 'Basic Principles and Guidelines' are directed at gross violations of international human rights law and serious violations of international humanitarian law, which, by their very grave nature, constitute an affront to human dignity (Ogada, 2016).

#### **2.5.3.1 International criminal tribunal for the former Yugoslavia**

Frulli (2005) claims that the 'UN Security Council Resolution [UNSRC] 808' of 22 February 1993 decided that an international tribunal was to be established for the prosecution of persons responsible for serious violations of international humanitarian law committed in the territory of the former Yugoslavia since 1991. Hence, on 25 May 1993, the 'UNSRC 827' formally established the international criminal tribunal for the former Yugoslavia [ICTFY] after the Balkan conflicts that left the former Yugoslavia completely devastated in the 1990s. During this period (1993-1994), focusing on the first year of its existence, the tribunal laid the foundations for its existence as a judicial organ. It established the legal framework for its operations by adopting the rules of procedure and evidence, as well as its rules of detention and the directive for the assignment of a defence counsel.

Green Martínez (2015) state that the existing ‘rules’ provide that pursuant to the relevant national legislation, a victim or persons (claiming through the victim) may bring an action in a national court or other competent body to obtain compensation from an accused person, who has been found guilty of a crime by the ICTFY of the 1990s. According to Stern (2004), it seems that victims appearing before ICTFY 1993-1998 have not yet used these provisions. Zwanenburg (2006) argues that the provisions ‘included in the ICTFY 1993 rules’ appear to be more symbolic rather than being expected to produce concrete results. This is because victims faced several hurdles in the domestic judicial system in obtaining compensation from those indicted by the ICTFY 1993-1998. However, it seems that the experienced difficulties are being removed to lead to actions to benefit victims, as the president of the ICTFY in 2010 called on the UN Security Council to establish a trust fund for victims of crimes falling within the mandate of the ICTFY 1993, arguing that compensation to victims will “complement the tribunal’s criminal trials, by providing victims with the necessary resources to rebuild their lives” (Clark, 2014).

#### 2.5.3.2 International criminal tribunal for Rwanda

According to Ellen (2012), the International Criminal Tribunal for Rwanda [ICTR] was established in November 1994 by the United Nations Security Council [UNSC] in Resolution 955, after the genocide had occurred in Rwanda in 1994, when more than 800 000 Tutsis and moderate Hutus were killed in a 100-day mass killing unprecedented in the history of that country. The Force Commander of the United Nations Assistance Mission for Rwanda (UNAMIR) from 1993 to 1994, argued that the international community failed Rwanda in the sense that the genocide was planned and executed, while the UN was present in the country, but was unwilling or unable to intervene and end the killings. Clark (2014) claims that the ICTR was mainly set up to punish those who were responsible for the crimes committed in Rwanda. The ICTR 1994 made express provisions in its founding statute for the protection of victims and witnesses. The ICTR 1994 ‘Rules of Evidence and Procedure’ further provided for the establishment of a ‘Victims and Witness Support Unit’. The extent to which these provisions were adhered to left much to be desired, as the ICTR 1993-1994 was criticised for the shocking manner, in which handled the protection of victims and witnesses (Oostervel, 2005).

Stern (2004) reports that investigations by the ICTR 1995 of rape and sexual violence were inconsistent and unprofessional. Research revealed that women tend to only speak comfortably, if the investigation is handled by female investigators. The ICTR 1995, however, sent men to interview the female victims, which compounded the victims' fear, shame and other psychological problems. For example, one woman, who testified in the Paul Akayesu trial about the violence against her family and the killing of her husband, was never questioned about sexual violence in Kigali. The issue was first raised by the male prosecutor after her arrival in Arusha. She told him nothing, even though both her and her daughter had been raped during the time of the genocide. She did not feel comfortable talking about her rape experience, because the investigator was a man.

While Oosterveld (2005) reminds that the ICTR 1995 had made a positive contribution in the prosecution of international sex crimes, he also argued that the ICTR 1993 to 1994 had a negative influence regarding the victims' rights, because of the way they were treated by the court. There were problems with court proceedings relating to victims who were also witnesses. Robinson and MacNeil (2016) indicate that according to the International Federation of Human Rights (FIDH), most witnesses during the trial were upset by the cross-examination by defence lawyers. Referring to the content of questions in cross-examination, witnesses mainly commented on the very intimate questions about rape scenes and their involvement. The subject of sex is taboo in Rwanda and generally in Africa, and the fact that they had to describe sexual acts, organs and other intimate details was disturbing. The ICTR had no compensation packages for victims. The only option available to victims and survivors was to sue the convicted persons in a civil claim in the Rwandese judicial system (Kendall & Nouwen, 2016).

#### **2.5.4 Norms and standards**

Lippman (2017) confirms that the Nuremberg and Tokyo Tribunals 1945 represented some of the earliest efforts to hold those accountable, who committed mass atrocities during World War II against Jews, homosexuals, gypsies, and other religious and ethnic minorities as well as political prisoners. The adoption of the 'Universal Declaration of Human Rights (Universal Declaration) in 1948' marked a positive normative response to respect the fundamental human rights and individuals' freedoms.

Moffett (2012) highlights that the Universal Declaration 1948 does not contain specific provisions relating to the rights of victims, while the instrument is the cornerstone of human rights protection. The adoption of the International Covenant on Civil and Political Rights (ICCPR) in 1966, which codified the civil and political rights of the Universal Declaration in a legally-binding instrument, is therefore seen as positive development in the protection of the rights of victims. For example, the Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment adopted by the General Assembly of the UN on 10 December 1984, resolution 39/46, provided that a victim of torture is entitled to an enforceable right to fair and adequate compensation and rehabilitation and in the case of the victim's death, adequate compensation must be paid to the survivors of the victim (Thomas, 1947).

The UN member states also adopted other treaties and conventions, which protect the rights of victims. These include the Convention on the Prevention and Punishment of the Crime of Genocide (1984), the Convention on the Rights of the Child (1989) and the Convention on the Elimination of All Forms of Discrimination Against Women (1979). These conventions and treaties make provision for the protection against discrimination, exploitation, and abuse of vulnerable members of society (Moffett, 2021). The United Nations Office on Drugs and Crime (UNODC) (1997) also drafted a handbook on justice for victims, detailing the use and application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985).

According to the UN Victims' Handbook (1999), an effective way of addressing the needs of victims of crime was to establish programmes that provide social, psychological, emotional and financial support, and effectively help victims within the criminal justice and social institutions (Stover, 1995). The UN, in recognition of the important need for effective mechanisms to protect victims, stated that about 50 remedies for gross violations of international human rights law and serious violations of international humanitarian law include the victims' right to equal and effective access to justice; adequate, effective, and prompt reparation for harm suffered; and access to relevant information concerning violations and reparation mechanisms (Stover, 1995).

## **2.5.5 Promoting and preventing sexual offences within communities**

Chilisa and Ntseane (2010) explained that the relationship between gender and violence was complex. The different roles and behaviours regarding females and males, children as well as adults, are shaped and reinforced by gender norms within society. Dutton, Green, Kaltman, Roesch, Zeffiro, and Krause (2006) report that social expectations define the appropriate behaviour for women and men. The differences in gender roles and behaviours often create inequalities, whereby one gender becomes empowered to the disadvantage of the other. Pence, Paymar, and Ritmeester (1993) state that in many societies women were viewed as being and remaining inferior and subordinate to men, and having a lower social status, allowing men the control over them and their lives, and ensuring that men had the greater decision-making power than women.

Inequalities between the genders also tend to increase the risk of violent acts by men against women. At the same time, achieving gender equality has been a critical part of institutions aiming to reduce or even prevent gender violence. Their interventions included interventions that confront the entrenched beliefs and cultural norms, from which gender inequalities develop, and efforts to engage all sectors of society in redressing these inequalities. Despite the long history and high visibility of such measures, however, few have been subject to any kind of scientific evaluation (Glasier Gülmезoglu, Schmid, Moreno, & Van Look, 2006) and Ritmeester (1993).

### **2.5.5.1 School-based interventions**

Foubert and Newberry (2006) believe that school-based interventions were important as they addressed gender norms and the issue of equality during the early stages of the youth (16-21-year-olds) and young children (5-15-year-olds), before gender stereotypes become deeply ingrained in their perceptions and attitudes or behaviour. Several initiatives should also address gender norms, dating violence and sexual abuse among children and youth or young adults. The school interventions' aim is to disseminate knowledge, and challenge or reduce the level of the various forms of violence among communities.

These forms of violence are very wide-ranging and for more effective impact on the young males and females to change their skewed narrative, they should be delivered in multiple sessions over time rather than in a single session to change attitudes and norms rather than simply providing information (Foubert & Newberry, 2006). Campbell (2002) highlights that South Africa developed group interventions for learners in Grade 5 to Grade 8 (10-14-year-olds). These interventions encouraged boys to stop domestic and sexual violence towards women and girls, and to become responsible adults, brothers, uncles, husbands and fathers. In Ontario, Canada, various projects addressing youth relationships were developed, which were community-based interventions to help at-risk young females and males (14-16-year-olds) to develop healthy, non-abusive relationships with dating partners. These projects provided education about the difference between healthy and abusive relationships; conflict resolution and communication skills; and social action activities.

A randomised controlled trial showed that the interventions were effective in reducing incidents of physical and emotional abuse, and over a 16-month period after the interventions, reduced symptoms of emotional distress (Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007). In the USA, the project referred to as the 'Mentors in Violence Prevention Programmes' provides six or seven two-hour educational sessions to male and female high school learners and college students, in mixed or single-sex groups. Learners and students are taught to identify the different types of abuse, gender stereotypes and society's attitude towards violence against women. In addition, role-playing helps participants to confront sexist attitudes and actively prevent violence (Campbell, Patterson, & Bybee, 2012). Weisz and Black (2009) share that an evaluation of this programme, which was conducted in 10 schools, examined the knowledge and attitudes of participants before and two to five months after the programme had taken place. They found that participants' knowledge of violence against women significantly increased after the programme compared to members of a control group.

#### 2.5.5.2 Community interventions

According to the World Health Organisation [WHO] (2009), community interventions aimed to change not only the way individuals think and behave, but also to mobilise entire villages or districts in efforts to eradicate violence against women. Community interventions dealing with gender-based violence are aimed at improving women's employment opportunities, increase their influence in household decisions and their ability to resolve marital conflicts, strengthen their social networks and reduce HIV transmission. In Uganda, the 'Raising Voices and the Centre for Domestic Violence Prevention' project group runs a community initiative for males and females, designed to challenge gender norms, and thereby prevent violence being committed against women and children.

Marotta (2017) states that this includes raising the awareness of domestic violence, which is often suffered in silence, and building networks of support for victims and action within the community and professional sectors. Community activities such as theatre, discussions and door-to-door visit and using radio, television and newspapers are all utilised to promote women's rights. An early review of the programme after it had run for two years suggested that all forms of intimate partner violence had decreased in the community (Flood, 2003).

A number of initiatives involving microfinance have also been established to increase women's economic and social power. These provide small loans to mobilise resources for income-generating projects, which can alleviate poverty, while microfinance programmes can also operate as discrete entities to incorporate education sessions and skills-building workshops and thereby help change gender norms, improve communication in relationships and empower women (Mann, Hanson, & Thornton, 2010).

#### 2.5.5.3 Media interventions

Campbell (2006) state that media interventions addressing the topic of gender-based violence used television, radio, the internet, newspapers, magazines, and other printed publications to reach a wide range of people and effect change within society. These media aim to increase knowledge, challenge attitudes, and modify behaviour. Successful media interventions can help to alter social norms and values, including the belief that masculinity is associated with aggression, through public discussion and

social interaction. Media campaigns have proven successful in increasing knowledge of intimate partner violence and influencing attitudes towards gender norms, but less is known about their ability to reduce violent behaviour, as it is difficult to measure potential changes in levels of violence associated with media interventions.

According to the WHO (2009), ‘Soul City’ is one of the best known and carefully evaluated media programmes in South Africa, which uses a series of radio and television episodes to highlight violence between intimate partners, date rape and sexual harassment, among other social problems. The Soul City series is accompanied by information booklets that are distributed nationally. An evaluation of the fourth series, which focused on gender-based violence, used a random sample of the national population and conducted two sets of interviews, eight months apart, before and after the intervention. That study reported an association between exposure to the ‘Soul City’ series and changes in knowledge and attitudes towards intimate partner violence’ (Usdin, Scheeper, & Goldstein, 2005). A number of campaigns have targeted men specifically, aiming to challenge traditional concepts of masculinity associated with aggression and violence.

The promotion of gender equality is an essential part of violence prevention. A range of school, community and media interventions aim to promote gender equality and non-violent relationships by addressing gender stereotypes that allow men more power and control over women. These include some well-evaluated interventions, but more evaluations are needed that establish whether there had been actual violent behaviour as an outcome rather than improvements in attitude or knowledge, whose relation to violent behaviour may be unknown.

#### 2.5.5.4 Academic and research approaches

Chilisa and Ntseane (2010) stated that academic and research institutions can contribute specific expertise and technical skills to programming, especially in the areas of research, data analysis, monitoring, evaluation, documentation, and dissemination of findings can be engaged to provide guidance on evidence-based programming approaches towards informing the design and implementation of interventions and optimising results.

Foubert *et al.* (2006) highlighted that data can be collected on a number of important elements, such as the nature and extent of violence being committed against women and girls; the consequences and costs related to violence; the help-seeking behaviour of survivors; the responses by different sectors towards survivors and perpetrators; and the knowledge, attitudes and practices of various groups. Information collected through research and published documents can assist other institutions and their research into sexual crimes, where they have been charged with responsibilities for implementing the law or targeted interventions among many other groups, depending on the specific policy or programme needs. Data can also be disaggregated for more detailed information by age, residence (Urban versus rural) and other characteristics. Systems for regular data collection and analysis can involve partnerships between government, international organisations, civil society, and academic or research institutions at both the national and sub-national level (Campbell, 2006).

#### **2.5.6 Services rendered to victims of sexual offences**

The Office on Violence Against Women in the USA (2014:9) reports that the Sexual Assault Service Programme [SASP] is a formula grant programme that

*“...directs ‘grant dollars’ to support the Connecticut rape crisis centres and other Non-Profit Organisations [NPOs] and NGOs that provide services, direct intervention, and related assistance to victims of sexual assault. Funds are used to provide services to adults, the youth, and children, who have been victims of sexual assault, and to assess their relations as they cope with the immediate and long-term impact of sexual violence.”*

These services assist victims in a time of crisis to help them become or stay safe, connect with resources to support their recovery, and if they choose, support them through the criminal justice process. Direct services funded under the SASP Formula include the following:

- **Crisis intervention and victim advocacy:** This supports victims to deal with their immediate needs after being victimised, by providing resources and a place of safety after sexual offences or related violence.
- **Counselling services and support groups:** This deals with assisting victims to cope with the trauma they experienced after the offence, addressing the physical, mental and emotional issues associated with the incidence of sexual violence.

- **Hospital, clinic, or other medical response:** This permits advocates to be present within the medical setting, supporting and advocating for victims during sexual assault forensic medical exams and other non-forensic medical treatments.

#### 2.5.6.1 Services offered in assisting sexual survivors

Hobbs (2018) and Vetten (2015) report the following services being offered at TCCs, in South Africa in assisting victims of sexual offences.

- Welcome and comfort from a site co-coordinator or nurse.
- An explanation of how the medical examination will be conducted and what clothing might be taken for evidence.
- A consent form to sign that allows the doctor to conduct the medical examination;
- A nurse to be present in the examination room.
- After the medical examination, there are bath or shower facilities for the victims to use.
- An investigation officer will interview the survivor and take his/her statement;
- A social worker or nurse will offer counselling.
- A nurse arranges for follow-up visits, treatment and medication for Sexually Transmitted Infections (STIs), HIV and AIDS;
- A referral letter will be provided or appointment/s will be made for long-term counselling.
- The victim (Survivor) is offered transportation home by an ambulance or the investigating officer.
- Arrangements for the survivor to go to a place of safety, if necessary;
- Consultations with a specialist prosecutor before the case goes to court;
- Court preparation by a victim-assisting officer.
- An explanation of the outcome and update of the trial process by a case manager.

#### **2.5.6.2 Hotline services**

Levenson, Wilis and Vicencio (2017) reveal that 'hotline services' are created to assist victims who find it difficult to report crimes to their nearest police stations or do not have the necessary knowledge of sexual violence and they provide a 24-hour service to accommodate any sexual violence crime at any time with the provision of counselling and referral to victims immediately after a crime or when victims of a recent attack call. Chan, Khong, and Wang (2017) state that counsellors help the victim assess whether she needs immediate medical attention and whether she is safe in her current environment.

Fix, Busso, Mendelson, and Letourneau (2021) point-out that counsellors provide emotional support and help the victim cope with her feelings of fear, anxiety, self-blame, guilt and rage. Volunteers and staff at crisis centres work to empower victims, primarily by letting them make their own choices in the recovery process. This includes letting the victim decide if she wants to enter therapy, and then conducting therapy in a manner that allows the victim to rely on her inner resources and to take control of her life. Many practitioners believe that group therapy, as opposed to individual therapy, is the more effective treatment for the isolation and self-blame many victims experience (Norcross, 2000).

#### **2.5.7 Effective developments of rape crisis centres in dealing with sexual crime survivors**

In the early 1970s, Rape Crisis Centres (RCCs) were developed to specifically meet the needs of sexual assault survivors and their partners by providing hotlines, crisis interventions, support groups, and individualised therapy (Burt, Zweig, Schlichter, & Andrews, 2000). RCCs began as organisations that were intentionally independent (termed freestanding) from other social service agencies. Over time, many RCCs folded, merged, or were implemented by other organisations such as domestic violence shelters or social service systems. One of the RCCs' goals is to be accessible and supportive to individuals and their partners or families affected by sexual assault (Ake & Arnold, 2017).

The RCCs focus on social change initiatives such as eliminating society's tolerance of sexual offence and violence, through community education, protests, speak-outs, lobbying, and training other professional agencies on how to improve responsiveness to survivors (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007). The RCCs identified that the assistance, which must be administered to survivors, vary by age, ethnicity, socio-economic status, and gender. Hence, the services which are provided by the RCCs are designed to meet the unique needs of a wider range of survivors. Advocacy is an essential service to offer survivors, who are navigating through the medical and legal systems. Survivors are likely to experience strong emotions or feelings of being socially rejected or isolated and thus may seek counselling or support groups. Therefore, RCCs provide a complete range of services to meet the multiple needs of survivors. Many RCCs mobilise their efforts for social change by lobbying to change sexual assault laws and increase victim rights, raising awareness of sexual violence among the public and professionals, and improving the response to survivors (Burt *et al.*, 2000).

#### 2.5.7.1 Sexual assault resource centres

Lovett, Regan, and Kelly (2014) report that some rape crisis centres, such as the Sexual Assault Resource Centre (SARC) in Memphis, Tennessee, perform medical examinations and collect forensic evidence for all rape victims (except those with severe physical injuries). In addition, their rape crisis counsellors may act as liaisons between the medical and legal system. Advocates working with the Seattle Rape Relief programme take down the victims' impact statements at sentencing, if the victim so wishes (Riboson & Hudson, 2011). Rape crisis counsellors may provide special support to victims at the law enforcement agencies or the prosecutors' offices. In USA states that recognise victim interactions with rape crisis counsellors as privileged communications, rape crisis counsellors can offer victims confidentiality and privilege in the sector house of advocates. For example, rape crisis counsellors may be able to accompany victims during interviews that take place during investigation with prosecutors (Riboson & Hudson, 2011).

#### 2.5.7.2 The legal advocacy coordinator for the King County Sexual Assault Resource Centres

The King County Sexual Assault Resource Centres (KCSARC) in the USA located in Regus, Washington, offers victims all relevant information about the criminal justice system and legal support, should they decide to report the crime. The KCSARC's experience suggests that although victims may not want to report or have evidence collected in the immediate aftermath of the rape, they may change their minds a few days later (Molesworth, 2007). The KCSARC encourages victims to seek immediate medical care, which may include an examination after the rape, so that any problems resulting from the sexual assault will receive immediate attention and the victim is assured that she is physically sound or recovering (Krieger, Takaro, Song, Beaudet, & Edward, 2009). While evidence gathering is not the primary reason for the victim to seek medical attention, having the examination taking place ensures that evidence is collected, which enhances the chance to open a case and report the crime, if the victims decide at a later stage to report the crime (Krieger *et al.*, 2009).

#### 2.5.7.3 Rape assistance and awareness programme

The Rape Assistance and Awareness Programme [RAAP] in Denver, USA, was founded in 1983 for initiations of programmes that were appropriate for learner audiences ranging from preschool age through to senior high school. In programmes for younger children, a short play teaches assertiveness, appropriate and inappropriate touch, and how to report sexual abuse (Asher, Huffaker, & McNally, 1994). The programmes also train parents and teachers to encourage assertiveness in their children, how to detect sexual abuse, and how to support children if they are victimised. The junior and senior high school programmes feature an invited speaker, who leads a group discussion on a range of topics. These topics include defining consent; myths and facts surrounding sexual assault; the dynamics of acquaintance and date rape; the motivations behind blaming victims; how to get help in case of a sexual assault; and how to provide support to friends who have been sexually assaulted (Myers, Templer, & Brown, 1984).

The RAAP (1983) also offers self-defence programmes, which cover resisting attacks, home safety, assertiveness training, and psychological preparedness. Businesses and apartment complexes have contracted with the RAAP for these courses. Their premise was that it needed a growing awareness of the prevalence and threat of sexual assault and the growing number of civil suits brought against property owners and employers on whose premises rapes occurred (Asher *et al.*, 1994).

## **2.6 SUMMARY**

This chapter reviewed a body of literature to discuss different concepts that are involved regarding the victims of sexual offences. The collection and review of different literatures discussed the nature of sexual offences; causes of sexual offences; challenges faced in dealing with victims of sexual offences; and effective services offered to victims regarding sexual offences in other countries. This chapter provided an insight into the occurrence of and challenges associated with sexual offences, the victims of sexual offences and various elements or factors that are correlated with the sexual offence topic.

This chapter further provided a foundation of knowledge and identified a gap in research findings concerning studies on sexual offences, especially in developing countries or specifically in South Africa. The next chapter (Three) presents the theoretical framework applied to this study.

## **CHAPTER THREE**

### **THEORETICAL FRAMEWORK ON EVALUATING CHALLENGES FACED BY THE [MANKWENG] THUTHUZELA CARE CENTRE IN DEALING WITH VICTIMS OF SEXUAL OFFENCES**

#### **3.1. INTRODUCTION**

This chapter deals with the theoretical framework in relation to an evaluation of challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area. Theory has been defined in variety of ways by different philosophers of science and scholars in the academic disciplines. Steward and klein (2016), defines theory as “a set of interrelated construct definitions and propositions that present a systematic view of phenomena by specifying relations among variables with the purpose of explaining and predicting phenomena” to provide a clear definition of the theoretical framework concept.

McMillan and Schumacher (2001) share that a framework as ideas that individuals use to make decisions and judgements. This chapter will highlight the 'historical view and roles of the Classical Organisational Theory, existing criticisms of the classical organisation theory, the application of the classical organisation theory to this study, and the roles of the classical organisation theory within this study, together with the classical organisation theory's lasting value.

#### **3.2. THE HISTORICAL VIEW AND ROLES OF THE CLASSICAL ORGANISATIONAL THEORY**

The Classical Organisation Theory refers to the oldest formal school of management theory or thought process. Its roots pre-date the 20th century, whose general concern are ways to manage work and organisations more effectively and efficiently (Shafritz, Ott, & Jang, 2011). The classical form of management was developed during the industrial revolution, when new problems related to factory systems began to appear, managers were unsure of how to train their employees and they had to deal with an increase in labour dissatisfaction (George, 1948). This theory viewed workers in the same way they viewed a machine, and thus, the employees were seen as if they were parts of the machines.

Therefore, to increase the efficiency of organisations, each employee working in had to become as efficient as possible (Certo & Certo 2016). The emphasis of the classical organisation theory rested on trying to find the best way to get more work done efficiently by examining how the work process was accomplished and by scrutinising the skills of the employed workforce. Several major theorists of the classical organisation theory included Adam Smith, Fredrick Taylor, Max Weber, Henri Taylor, and Luther Gulick (Shafritz, Ott, & Jang, 2011).

### **3.3. ROLES OF THE CLASSICAL ORGANISATION THEORY IN THE STUDY**

The Classical Organisation Theory is used to study how formally defined organisations in the public, non-profit and private sector interrelate with their environment to achieve their organisational goals. The TCC is not a structure; instead, it is an organisation that carries out a set of plans and methods to focus on victims of sexual offences. Similar to many other organisations, the TCC's aim is to concentrate on the foundation to achieve a common goal for the functioning system (Ferdous, 2016). A successful organisation must be based on a shared corporate culture, as it is a relatively organised system of shared values (Idang, 2015). Irefin and Bwala (2012:80) assert that "organisations are social entities that are goal oriented and designed deliberately to structure and coordinate activities that are linked to the external environment".

This theory is rooted in a hierarchical level of authority and coordination. The TCC is an organisation that follows the roots of the classical organisation theory to assist victims of sexual offences by involving different departments and different authorities to achieve one unified goal, which is to ensure that victims are rehabilitated from the trauma of the sexual offences inflicted on them by a perpetrator. The seminal scholars of the classical organisation theory concentrate their dedication on the substance of ideologies and official features of the organisation. This theory rests on organisational management, and believes that this management is the most important element of any organisation. No organisation can achieve goals without efficient and effective management. Therefore, the input and outcome by management is at the heart of any organisation (Burke & Collins, 2001).

Considerably, organisations must be equipped with the learnings from the science of management and management theories to be able to deal with all challenges, and use all resources and outputs in an efficient and economical manner (Urby & McEntire, 2014). According to Drucker (1974), management refers to leadership undertaking tasks with the help of other people and resources. In other words, management represents the process of completing tasks with the help of other people or through the effective utilisation of all human resources.

Weijrich and Koontz (1993) stated that management involves the process of planning, leading, organising and controlling people to achieve the organisation's strategies and goals. Therefore, effective management leads and controls the activities to implement the organisation's vision, purpose and plan. This highlights the necessity of a defined, formal business plan and formalised strategy for effective management being able to take place. This definition concludes that management is a process of strategic planning, goal setting, resource management and development of the necessary human and financial assets or resources to achieve the defined organisational goals and measured outcomes (Drucker, 1974).

This theory can be categorised into three segments, namely, scientific management as described by Fredick Taylor in 1911; administration management as defined by Henri Fayol in 1916; and bureaucratic management as highlighted by Max Weber in 1947. These scholars structured their theories and using each other's work, they formed the structure and upgrading frame of the Classical Organisation Theory. These theorists regarded organisations as "implements requiring boundaries between units based upon predictability and accuracy, achievements via control specialisation, vertical flow of information and limited exchange with the external environment" (Scott, 1961).

### **3.3.1 Scientific management theory**

This is a well-known management theory developed by Frederick Taylor in 1911. This theory was based on temporal factors and the purpose of an investigation. His studies were applauded by theorists at the time as “the greatest event of the 19th century”. The theory was mainly focused on aiming to achieve maximum productivity (Burke & Collins, 2001). It delivers a proper solution for industrialists’ problems and challenges. Taylor believed that scientific management was the solution to business problems. Taylor worked on identifying methods that could increase the efficiency within the workplace by using scientific methods, eliminating additional movements and transfers at the workplace.

The TCC’s management believes in Taylor’s philosophy of scientific management, as their employees are well-trained to be able to work with victims of sexual offences. To enhance the efficiency within the centre, the TCC believes in the division of work, since the centre offers a range of different services, which include medical testing, counselling and court preparation for victims. Taylor claimed that trained workers would be able to deliver better job outputs, and that tasks should be divided between management and workers, and a scientific management style should be employed with respect to different practices and workers in action (Edelman, 1990).

### **3.3.2 Administrative Management Theory**

The Administrative Management Theory is another well-known classical management theory, which had been developed by Henry Fayol in 1916. Fayol was a senior manager, who developed this theory based on his personal experience. The theory encompassed business management (Business) and general management (Merkel, 2011). The TCC follows Henry Fayol’s steps of management, where everything that is done in dealing with victims of sexual offences in the centre is handled in various steps, where such action is first planned, then organised and coordinated to provide effective services to the victims. Henry Fayol’s introduced six functions and 14 management principles in his theory. Fayol’s six management functions referred to predicting, planning, organising, commanding, coordinating, and monitoring. The 14 principles were listed as the division of labour, authority, discipline, unity of direction, focusing on individual interests rather than the public interest, remuneration, centralisation, scalar chain, hierarchy, order, personnel rights (equity) and stability of the personnel’s tenure (Scott, 1961).

### **3.3.3 Management's bureaucratic theory**

The Management's Bureaucratic Theory was proposed in 1947 by the German sociologist Karl Emil Maximilian known as Max Weber. It is also called Weber's Theory of Bureaucracy. He called his work a 'social and economic organisation theory', which mainly focuses on organisational structure. Max Weber focused on hierarchy and authority-controlled, strict lines in structuring the organisation into a hierarchy. The TCC is believed to be developed on precise and comprehensive operating procedures to execute predefined tasks, since dealing with victims of sexual offences can be complex in its nature. The principles of the bureaucratic management theory include the formal rules and regulations; the working relationship system; and specialised training (Mahmood, Basharat, & Bashire, 2012).

## **3.4. APPLICATION OF CLASSICAL ORGANISATIONAL THEORY TO THIS STUDY**

The Classical Organisation Theory was used in this study, focusing on the challenges faced by the TCC in the Mankweng area, Limpopo Province, to explain the flow of information from the top management to the lower management. The classical organisation theory has four elements, which explain the construction of organisations, comprise the division of labour, scalar and functional process, structure and span of control (Merkle, 2011). The TCC is an organisation that is commanded by the NPA of SA, and SOCA units in partnership with various government departments such as the DoH, the DoJ & CD, the DoE, Civic Society Organisations (CSO), and the DSD as a response to the urgent need for integral strategy for prevention of, response to and support for victims of sexually motivated crimes.

The TCC consists of a management team that controls and commands employees to work under specific laws and regulations. Individuals, regardless of their own skills, qualifications or ability, cannot manage the necessary changes alone, and the management team is tasked with such endeavour, as they have stronger authority to implement change than individual managers. Open and honest dialogue about results and working methods are facilitated, while delegation of management provides short-term results that indicate that the TCC's vision is on track. As already discussed, all effective organisations have to operate according to a clearly defined vision and objectives that guide the staff members about the operation and aim of the organisation (Hobbs, 2018).

The TCCs operates best in public hospitals, where the centre is close to the communities, where the incidence of rape is especially high. The TCC employs individuals, who have different qualifications, but who work towards the shared vision and with the same intention, which is to serve the communities at large regarding the serious issues of sexual offences (Hobbs, 2018). The TCC's goal is to provide victims of sexually-motivated crimes with comfort, awaken feelings of warmth and trust, the sense of freedom after emotional and physical concern, safety, security, being pampered and cared for, and above all, re-enforce a sense of dignity, hope and positive expectations for the victims' lives. Aiming at reducing secondary victimisation, the organisation seeks to improve the conviction rates and reduce the turnaround time for the finalisation of cases. Hence, every organisation in matters such as these must work with one vision to obtain positive results. For this reason, the TCCs were introduced as a critical part of South Africa's anti-rape strategy (Hobbs, 2018).

### **3.6. CRITICISMS OF THE CLASSICAL ORGANISATION THEORY**

The classical organisation theory appears to overlook the fact that for individuals to be more effective in their jobs and take direct instructions from higher authority, the individuals' sentiments must be positive towards their jobs and the organisation, since the individuals are tied to their personal needs, which influence their thinking and behaviour (Boli, Ramirez, & Meyer, 1985). The 'Neoclassical Theory' contends that the classical organisation theory focuses on individuals meeting the means and end of the organisation and ignores the individuals' feelings in a workplace. The neoclassical theory is viewed as being critical of the classical organisation theory, since it is focused merely on the role of behavioural science in management (Mahmood *et al*, 2012).

The neoclassical theory introduced the importance of interpersonal relations into the workplace, where it clarified those positive interpersonal relationships at work lead to warmth and greater performance by individuals in organisations. The neoclassical theory recognised that workers in any organisation have personal or social needs, which need to be satisfied rather than individuals displaying only rational, economic and social reflections (Scott, 1961).

The neoclassical theory underlined that any organisation is a social system and that any social environment affects individuals. The neoclassical theory asserts that the classical organisation theory is inaccurate in how it sees individuals in any organisation as mere innate objects that are used to achieve a goal in an organisation (Onday, 2016).

### **3.7. LASTING VALUE OF THE CLASSICAL ORGANISATION THEORY**

Edelman (1990) claimed that the classical organisation theory was valuable, since it provided a solid foundation for administration, which includes the prevalence of law, commitment to due process in serving the public good, and the fact that it also concentrates on the efficient and effectiveness of service delivery. According to Nhema (2015), Max Weber emphasised that bureaucracy is an essential element of management and that everyone requires carrying out their responsibility within a hierarchic arrangement.

Bougard and Booyens (2015) point-out that the TCCs are facilities of South Africa's anti-rape strategy and that they focus on restoring the dignity and ensuring justice for victims of rape. Therefore, the staff employed by the TCC facilities must be selected on strictly controlled criteria and be well trained so that they will be able to offer the appropriate services and accurate procedures to the victims of sexual offences as well as service the broader society. Frederick Taylor's scientific management emphasised that employment by an organisation is deemed a career means of production, while administration is part of the officials' jobs. There are written rules and strict regulations that guide the ethics, rules and behaviours of workers, which demand that they have to be role models of obedient and appropriate behaviour during all the procedures that employees should adhere to in executing their work (Ehiobuche & Tu, 2012).

Shulga, Poperechna, Kondratiuk, Petryshyn and Zubchyk, (2021) claim that Frederick Taylor understood that thorough training was a key element in his scientific management approach of the classical organisation theory. Taylor's theoretical approach is relevant and appropriate for the TCC's operation, as every employee must be well trained to be able to offer victim-centred friendly services. For instance, when victims report the crime to the TCC, the rape victim is removed from curious crowds and intimidating environments, such as what they may encounter at the police station, to a more victim-centred friendly environment, before they are questioned by the

police. Once a victim enters the premises of the TCC, they are ushered to a quiet and private space, welcomed by the site-coordinator and receive comfort and counselling. Thorough training and the appropriate qualification criteria and staff selection are needed so that successful and accurate procedures can be performed by the TCC staff.

Ferdous (2016) comments that Henri Fayol (1916) had argued that if managers wanted to be successful managers, then they had to learn the main management skills and be capable to forecast, plan, organise, command, control and coordinate. Merkel (2011) remarked that the classical organisation theory made valuable contributions towards the practice of management, and had not only proven itself important in the past, but continued to be important in present days. All organisations have their own visions, missions and goals, but overall, the main goals are to be productive and effective regarding what they offer their relevant clients or targeted population. Therefore, every organisation must develop employees who are accountable, productive, efficient and effective to deliver the maximum positive output for the organisation. Hence, the classical organisation theory was applicable to this study, when assessing how managers manage successful organisations (Edelman, 1990).

### **3.8. SUMMARY**

The theoretical framework discussed in this chapter and utilised for this study is rooted in the classical organisation theory. The framework offered the appropriate method to evaluate the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area. The next chapter (Four) presents the research design and methodology employed in this study.

## **CHAPTER FOUR**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **4.1. INTRODUCTION**

This chapter presents the research design underlying this study and the methodology utilised to evaluate the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area. Scholars in the broad disciplines of criminology use specific scientific approaches, designs and methods when investigating a phenomenon (Hagan & Shedd, 2005). This research work followed standard procedures and rules guided by the aim and objectives of the research to collect information of the phenomenon researched, where after the following chapter will present the data, the data interpretation and discussions.

#### **4.2. THE ADOPTED RESEARCH DESIGN**

This study adopted the evaluative research design as a preferred conceptualisation. The evaluative design aims to find out how well something works. Evaluative research is concerned with identifying the how and what questioning about an organisation to reach answers, outlining the effectiveness of the policies, strategies, programmes, initiatives, the delivery of services or marketing campaigns. This allowed the researcher to assess and compare what was effective in the various task executions in the organisation. According to Bhat and Koundal (2020), “evaluative research is a systematic procedure that produces a trustworthy account of what was attempted and why, through the implementation, examination and intervention of outcomes”.

This study evaluated what exists in the social world to ascertain the deeper, underlying meanings and explanations of the TCC’s role of addressing victims of sexual offences in the Mankweng area. By learning about the causes and reasons behind such offences, and gaining an understanding of experiences and incorporate multiple existing realities on this subject, only a qualitative research approach will provide the necessary answers. Quantitative research fails to achieve such depth and insights, as a positive research paradigm leaves out the common meaning of social phenomena (Bryman, 2012).

The chosen qualitative research design aimed to determine whether the TCC in the Mankweng area is producing the intended results in responding to victims of sexual offences in the Mankweng area. The characteristics of evaluation research design, namely process evaluation and outcome evaluation (Carpenter, Quartagno & Goldstein, 2020) were used to determine the challenges faced by the TCC in dealing with victims of sexual offences. This approach assisted the researcher during the evaluation of the available services and programmes offered to victims of sexual offences in the TCC. This approach also was the most suitable to determine the successful operations and implementations, as well as the challenges faced by the TCC. This research design measured the existing goals, objectives and services provided to victims of sexual offences, and how successful the goals are attained at the TCC of Mankweng area (National Academies Press, 1991).

The researcher evaluated the suitability of this research design in terms of implementation and applicability of the TCC in the Mankweng area as a social intervention against sexual offences. This was done by evaluating the existing programmes through collecting information about their activities, characteristics, and outcome of the programmes offered to respond to sexual offences.

This study also evaluate and made judgements in an effort to find ways to improve their effectiveness, and inform decisions about future interventions on their offered programmes. The aim of using this approach was to discover new knowledge, gain an understanding and evaluate participants' responses to ascertain the facts through interacting and interviewing participants. Participants were asked to report their own understanding on the phenomena of challenges faced by the TCC in the Mankweng area, focusing on dealing with victims of sexual offences and evaluating whether the objectives of this organisation had been met. It also aimed to evaluate which [new] developed policies had been amended to deliver effective result and strategies against this crime.

## 4.3. METHODOLOGY

### 4.3.1 Study location

This study was confined to the TCC situated in the Mankweng area. This centre had been launched through the Thuthuzela project led by the NPA and the SOCA units, in partnership with various government departments and donors as a response to the urgent need for an integrated strategy for the prevention of and response to sexually-motivated crimes, and support for rape victims. The TCCs operate best in public hospitals, and close to communities where the incidence of rape is particularly high. The centres are linked to sexual offences courts that are staffed by skilled prosecutors, and also linked to social workers, magistrates, NGOs and the SAPS. The TCC in the Mankweng area is located within the Mankewng Public Hospital (Vetten, 2019).

**Figure 1:** Map of Mankweng area



Source: Google map (2022)

### 4.3.2 Employed research approach

This study employed a qualitative research approach, which focuses on the quality and depth of information. It derives at a narrative that is descriptive in nature, and helps the researcher to understand the core concept of the issue being studied, since it provides more content that is useful for practical application (Flick, 2014). This study utilised the qualitative research approach, as it allowed more options and suggestions from the participants, and provides in-depth and rich information regarding the complex topic.

According to Neuman (2011), the qualitative research approach “deals with an experienced subject and the meaning associated with the phenomenon”. Qualitative research enables the researcher to gain insight into people’s thoughts, attitudes, behaviour, value systems and motivations. As the aim and objectives of the study were to garner an understanding of the remedies used regarding sexual offences in the Mankweng area, it had to ask the why, what, when, how, who to understand human behaviour and factors that influence them. Thus, it aimed to overcome the lack of information about the phenomenon investigated. Shank (2002) defined qualitative research as “a form of systematic empirical inquiry into meaning” in a systematic or planned manner to guide the process of research information.

#### 4.3.2.1 Advantages of employing a qualitative research approach

Qualitative research has been described as contributing rich information. Conger (1998), Lowe and Gardener (2001), Fletcher (2002), and Potter (2013) outlined the following advantages of using a qualitative research approach:

- It involves an interpretative and naturalistic approach to the world. This means that qualitative research analyses things in their natural settings, attempts to make sense of what it establishes and interprets phenomena in terms of the meaning people bring to them.
- It uses text, sounds, images and videos, which are mostly translated in language and provides far more sensitive and meaningful reflections of human experience.
- The primary motive of using qualitative research is to contribute to human knowledge and understanding about a particular phenomenon, which grants the researcher the ability to investigate responses or observations to obtain more detailed descriptions and explanations about experiences, behaviour, and beliefs.
- Qualitative research permits the researcher the opportunity to follow-up with subsequent probes, which helps to identify threats or challenges regarding a particular subject, through open-ended responses. Validity is achieved, since responses are provided in the participants’ own words, and understanding is increased.
- It takes into account the complexity of a topic by incorporating the real-world context, which can take different perspectives on board.

- Qualitative research can focus on how people or groups of people can have different ways of looking at reality, usually a social or psychological reality.
- The qualitative research approach is not limited to the objectives and goal of the study. Instead, it allows questions to deliver new additional information on the subject related to the study, allowing the study to be inductively oriented.

#### 4.3.2.2 Disadvantages of using the qualitative research approach

Ronald and Darlen (2007) state that qualitative research has weaknesses as much it has strengths that grant the researcher the opportunity to overcome these weaknesses. Qualitative research is time consuming, as it has to be conducted by the researcher, instead of being able to be executed via electronic media. The necessary in-depth analysis opens a gateway to better understanding of a given research topic, but this involves not only collecting the information, but also transcribing, coding and interpreting the data.

Hacook, Windridge & Ockleford (2007) add that qualitative research became more complex when it had to be translated between two or more languages; for example, where the questions was designed in English and participants were living in a rural area, where individuals did not understand English but only their native language ‘Sepedi’, and this adds an extra two steps for the researcher having to translate the research questions first into the local language, which will be understood by those participant to add understanding, and thereafter, translate the vernacular responses back into English to draw conclusions for the research study.

This process is time-consuming and could introduce errors through the translation process. Qualitative research studies often have a narrow scope, and small sample sizes, making them impossible to be generalised to other settings. Many qualitative studies also lack information about how participants were chosen for observation and interviews, and how the researcher arrived at the study’s conclusions (Maluleke, 2016). Qualitative questioning is open-ended, and an inductive thematic approach, while quantitative testing usually involves some form of direct comparison and quantitatively-oriented content analysis that allows more systematic comparison. Comparison of thematic expressions across groups is an underdeveloped field, where extra care must be taken to maximise the ability to meaningful compare (Guest, MacQueen, & Namey, 2012).

Given (2008) reveals that the purpose of research was to derive at answers to questions about experiences or phenomena via in-depth questioning or observations in an attempt to discover new and different values to the changing nature of lived social realities. As each methodology has its own aims, advantages and disadvantages, they do not share the same epistemology. Al-saadi (2014) criticises the qualitative approach for its shortfalls, but believes that the qualitative research approach allows researchers the opportunity to garner information that cannot be adequately expressed numerically.

The researcher believed that for the goal of garnering a better understanding of the challenges faced by the TCC in the Mankweng area, the qualitative research methodology was the better approach to be employed, since the different perspectives of the real-world context were taken into account and interpreted on lived experiences and descriptions of different understandings. This should lead to the development of new concepts or evaluations of an organisational progress (Maarouf, 2019).

#### **4.3.3 Sampling methods and procedures**

Franzel du Plooy, Davis, and Bezuidenhout (2014) state that sampling is “a strategy used to collect information for the research purpose and explanations.” This study purposefully selected staff members working at the TCC in the Mankweng Area of the Limpopo Province. All participants of this study were located at the Mankweng Hospital. This sampling technique was selected, because the staff members from TCC fit within the parameters of experiencing the challenges of dealing, valid and reliable materials will be excavated. Different staff members with different responsibilities and professional structures working at the TCC were selected.

The sampling procedure that was followed in this research study relied on selecting a population that was considered to have the relevant experiences to be able to provide rich information and evidence about the challenges faced by the TCC in dealing with victims of sexual offences. The sampling process was guided by which individuals were best suited to give relevant information regarding the TCC as an organisation (Kumar, 2018). This sampling process is known to be purposive or judgemental sampling, and is commonly used in social science studies.

Palys and Atchison (2008) reports that a purposive selection of the population does not allow the findings of the researched problem to be generalised, but transfers the study results to the settings facing similar problems of a conducted study. Purposive sampling is concerned mostly with gaining in-depth knowledge either about a situation of events of different aspects. Hence, judgements are applied as to who can provide the best information to achieve the objective of the study by selecting participants who will provide rich information. While it can be considered biased sampling according to quantitative sampling, it randomises sampling to avoid a bias when selecting the sample from the population (Murphy & Dingwall, 2017).

Strydom (2005) shares that in most cases, it is physically impossible to examine all individuals or units that make up a population in a macro-level analysis. Therefore, a small representative segment of the larger group was selected for close examination and analysis. This study utilised the non-probability sampling procedure, which included purposive selection. Non-probability sampling is known for its selection from a homogeneous population. This method of sampling does not grant an equal or independent chance of participant selection, although there would not have been a large enough sample to be selected from the population knowledgeable about the topic of interest (Babbie, 2012).

This study purposefully selected staff members from the TCC in the Mankweng area in the Limpopo Province. The researcher conducted interviews with 10 participants, nine females and one male person. The sample consisted of six African females, three Coloured females and one African male. The age group of the participants ranged between 30 and 50 years, and the participants held various positions within the TCC. Thus Table 1 presents the details of the selected staff members attached to the TCC in the Mankweng area, who formed part of the sampled process of applied semi-structured KIIs for the purpose of this study.

**Table 1:** Interviewed staff members attached to the *Thuthuzela* Care Centre, Mankweng area

Interviewed study participants	Reasons for selection	Number of selected study participants:
Counsellors	Assist sexual crime survivors with counselling to be able to cope with the trauma caused by the incident of sexual violation, and help in fostering a positive mental health and personal growth for the individuals.	3
Social workers	Assist sexual crime survivors to rebuild a relationship and trust with their families and the community at large. They maintain accurate records and prepare reports that will assist crime survivors for court processes.	3
Forensic Nurses	Trained in techniques to collect forensic evidence and are aware of the delicate issues of sexual offences.	2
NPA victim officer	Assists victims with preparation for court processes and ensures that victims' psychological, physical, social, safety concerns are addressed. Makes necessary referrals, where the need arises. A safety plan will be developed in collaboration with the social worker. Also obtains daily progress information regarding TCC cases from the case manager and informs the victim.	1
NPA case manager	Assists victims with preparation for court and ensures that there is effective prosecution. Assists sexual crime survivors prove to the court that their allegations towards the perpetrator are accurate.	1
<b>Total number of study participants</b>		<b>10</b>

Source: Researcher's emphasis (2022)

The staff members attached to the TCC in the Mankweng area also include police officers and doctors. However, for the purpose of this study, these officials did not form part of the envisaged participants, since they are on call, and only offer their respective assistance when called.

#### **4.3.4 Data collection methods**

The qualitative data collection in its nature is intentional, rigorous and systematic; yet, it does not focus on the procedure and firm rules, as qualitative data critically facilitates and requires the researcher to understand all views of a certain phenomenon studied (Ravitch & Carl, 2016). The researcher appointed the KIIs and documentary study methods to collect data relating to this study research.

##### **4.3.4.1 Key Information Interviews**

Holstein and Gubrium (1995) highlight that an “interview is whereby the interviewer and the interviewee interact socially to share in constructing a story and in-depth understanding about a firm issues or crisis”. During interviews, it is important that the researcher asks the right questions to generate quality data by aiming to understand what participants think, feel and experience, and not be tempted to judge or evaluate their response. This study used the semi-structured KIIs, which is understood as an in-depth interview. The researcher was responsible for collecting the information from the individuals who are experts on the topic of sexual offences and were able to provide their knowledge and understanding by providing insights into the nature of the problem studied and possible recommendations to be made as a result of the study (Maluleke, 2016).

Semi-structured interviews were adopted in this study. The researcher coordinated and scheduled a meeting with each of the participants. There was a prepared list of questions, which was guided by the interview schedule guide (Refer to Annexure B). The interview process included the use of an audio recording, coupled with notes taking. While the researcher adhered to the interview schedule guide, the questions were not asked in a strict prescribed order. Additional questions, which had not been on the question guide list also formed a part in this process, since participants indicated other important issues that helped with the clarification and elaboration in understanding the answers by the participants. Patton (2015) states that a qualitative data collection style is flexible in nature. Questions of knowledge, which consist of facts and information that participants are aware of and opinions and value questions, were included in the questioning process, since it allowed the researcher to explore the topic in its broadest range and in depth.

#### **4.3.4.2 Documentary studies**

The collection of data also included the study of existing secondary data that had been published by other authors and researchers. The researcher spent time identifying, collecting, coordinating, reviewing and analysing all relevant documents to assist in gathering and better understanding the topic. Secondary data analysis was employed by studying academic books, dissertations, theses, electronic journals (e-journals), research articles, legislations, policy documents, national instruments and information available on the internet. The researcher used key words to select the topic related to this study, in an effort to provide background information that helped establish the rationale for the topic of this study.

#### **4.3.5 Data analysis methods**

Data analysis involves structuring, and bringing meaning to the information gathered and order. Additionally, the communication of the essence of data is revealed in the identification and constructing of raw data and reducing trivia data (Schwandt, 2007). This study used thematic content analysis (TCA) for the analysis of KIIs and documentary study information by grouping data together into portions and assigning them into broader categories of related meanings. The TCA assisted the researcher in the task of summarising data in a form of comparing and sorting the information collected through document analysis, in this case, the studied academic books, e-journals, research articles, legislations, policy documents, national instruments and information available on the internet, the in-depth interviews and audio records. The inductive TCA utilised for this study ensured the consistency and stability of the study. Zhang and Wildemuth (2009) outline the following steps to be considered during the data analysis process.

##### **4.3.5.1 Preparing**

This study took this essential step to organise the data that was collected at the TCC in the Mankweng area. After reading the data repeatedly together with the field notes, the researcher extracted the true meaning of the data and transcribed it from the audio records into written texts, before analysing the data. This process was important as it helped the researcher to familiarise herself with the data collected.

#### **4.3.5.2 Defining the coding unit to be analysed**

This step refers to a basic coding unit that was intended to be analysed for this study. The researcher used words and sentences as the coding unit to manage and organise the categories that appeared noteworthy to be analysed and discussed. Coding allowed the researcher to simplify long and complex sentences and to determine short, yet meaningful words and sentences regarding the participants' responses. The researcher re-read the collected data and responses from the interviews to identify the similarities, dissimilarities and relation of categories.

#### **4.3.5.3 Developing categories and coding order**

This step involved the careful study of the data and taking note of all relevant and meaningful sections and items. Since this study used words, sentences and a coding unit, the researcher identified portions of information from the participants' responses and the data collected from journals, books and articles, and grouped the information according to the related coding unit of words or sentences. Thereafter, the researcher organised themes based on codes from the transcribed data.

#### **4.3.5.4 Testing the coding unit and categories**

This step entailed testing the data and coding units for clarity and consistency regarding the categorised information. The researcher rechecked and removed all errors of the coding unit by ensuring that the coding unit was connected to the aim and objectives of the study.

#### **4.3.5.5 Assess the consistency**

This step was essential as the researcher rechecked all the sentences and words used as themes and rechecked the categories used, once the coding was complete to ensure that there was consistency.

#### **4.3.5.6 Drawing conclusions**

This step involved the interpretation of the themes or categories identified. The researcher coded the data until no significant new information was found or relevant information appeared. This study also provided the overall description of the data and conclusions of the coding of the information.

## **4.4. METHODS TO ENSURE TRUSTWORTHINESS**

### **4.4.1 Credibility**

To ensure credibility, the researcher used the literature review of the study for the creation of the guideline questions for the interviews, which were motivated by the study's aim and objectives for the trustworthiness and credibility of the study. The researcher linked the research questions with the reality of the participants within their lived context. The researcher tried to establish a relationship of trust with the participants of this study before conducting the in-depth interviews to ensure that they would provide her with honest and credible information. The researcher made use of the correct sources for the study and ensured that all the information provided by the participants was included in the research. Two aspects as suggested by Lincoln and Guba (1985) and described by Polit, Beck and Hungler (2001) to achieve meaningful interviews and ensure the credibility of the study's outcome were 1) the prolonged engagement with the participants during the interviews, and 2) persistent observations (Polit *et al.*, 2001).

- **Prolonged engagement:** The researcher spent two full months in the field collecting data. In-depth interviews were conducted and sufficient time was invested. The minimum of 30-45 minutes with each participant was spent in order to gain an in-depth understanding of the topic under investigation and to test for any potential misinformation. The researcher had planned to collect data from 10 participants; data saturation was reached when 10 participants had been interviewed. Prolonged engagement was said to be essential for building trust and rapport with the participants (Polit *et al.*, 2001).
- **Persistent observations:** The researcher observed the emotional responses and non-verbal messages of the participants, which included facial expression, their mood, other non-verbal communication, and the way they responded to questions (Polit *et al.*, 2001). As the data was collected using audio tape recording with the selected participants, the researcher was also able to recall the intensity of responses, the tone and any signs of negative messages during the interviews.

#### **4.4.2 Transferability**

Mouton (2001) stated that transferability refers to the extent to which findings can be applied in other contexts or with other participants. In a qualitative study, the obligation for demonstrating transferability rests on those who wish to apply the study to other settings, in which case they should consider the utilised research methods, procedures and sample size to check if it will be applicable to another situation.

Transferability of the findings to similar settings or similar institutions that are involved in addressing sexual crimes and their victims was facilitated by the researcher, by being logical, comprehensive and following the described research procedures. These included searching topics that are only related to the researched topic for the purpose of data collection, taking comprehensive field notes in addition to audio taping during the interview process, and asking relevant and important in-depth questions to help facilitate with the findings of the study. The researcher listened to the recorded information to check the recording for audibility and completeness soon after the in-depth interviews were completed by the researcher.

The theoretical framework applied to this study, which was the classical organisation theory or COT, can be utilised in similar industries or in research studies interested in the development of effectiveness and abilities of production and productivity of organisations, since the COT focuses on management illustrating the process of planning, leading, organising and controlling people to achieve goals.

#### **4.4.3 Dependability**

Dependability refers to the consistence and stability of data over time (Collis & Hussey, 2003). Dependability in this study was achieved by using audio recordings when the in-depth interviews were conducted with the participants. Documents, the secondary data source, were selected for insights in the literature review, in addition to the collection of primary data, using the qualitative approach, since this study was narrative and descriptive in nature. The audio-recorded data was transcribed, and cross-checked against the field notes transcribed by the researcher and the secondary data. This study ensured reliable relations between the data and reported findings. A consensus discussion was also held between the researcher and the supervisor to corroborate identified themes and inferences.

#### **4.4.4 Confirmability**

Confirmability refers to how well the data collected supported the findings and interpretation of the study. The findings and the interpretation of the researcher must speak the same language. Confirmability is attained when the researcher demonstrates that the data obtained represents the participants' responses and literature collected and not the researcher's biased viewpoints (Le Pendeven, Bardon, & Manigart, 2022). Confirmability of this study was ensured by the participants' experience and knowledge regarding the study topic being truthfully reflected in the findings. The literature review process was carefully documented to transfer the findings of the study to the population of individuals who share the same categories of meaning and interest.

To ensure transparency and provide proof of the confirmability of the findings, the participants' responses will be kept for one year before they are destroyed and this may be presented as evidence should the need arise. Member checking was done by confirming with participants if the recorded conversations were what they had actually said and implied and wanted to report. It was also used to check if the tape recorder captured the full interviews. Debriefing was conducted by rechecking the correlation of findings to the study with the supervisor.

### **4.5. ETHICAL CONSIDERATIONS**

Kosinski, Matz, Gosling, Popov, and Stillwell (2015) state that the quality of scientific social research can vary. One of the concerns and the reason why social scientists can be anxious about research ethics is that there have been cases of abuse of the individuals' rights under the guise of social research. Professional codes and laws were introduced to prevent scientific abuse of human lives as far back as the end of World War II, when the Nazi experiments on humans led to the 'Nuremberg Code' (1947), which was the leading code for all subsequent codes made to protect human rights and set standards regarding the ethical conduct of all researchers. Therefore, ethics need to be observed whenever humans are used as study participants to ensure that their rights are protected and that their physical, emotional and mental integrity is protected (Polit & Beck, 2013). The researcher ensured that the code of ethics was adhered to at all times.

#### **4.5.1 Study permissions**

Permission to conduct this study was granted by the Faculty of Higher Degrees Committee (FHDC), the Turfloop Research Ethics Committee (TREC) of the University of Limpopo and the confirmation letter by TCC coordinator was issued to the candidate to conduct interviews.

#### **4.5.2 Advocacy of dignity and human rights**

This study was taken to an independent ethic review, the TREC, and all ethical considerations were guided by the Code of Ethics of the UL policies regarding research. The researcher fully adhered to the promotion and observation of social and ethical values and standards at all times. This study ensured that the participants were treated with respect and dignity, the participants' time and input was appreciated and prior consent of the participants' voluntary participation was granted by the participants and thus, no participant was coerced to participate in the research study.

#### **4.5.3 Voluntary participation**

Guraya, London, and Guraya (2014) share that voluntary participation refers to a human research subject's exercise of free will in deciding whether to participate in a research activity. For participation to be voluntary, subjects must have foreknowledge of likely risks and benefits of participation and of their option to withdraw from participation at any time.

No individual was forced to take part in this study, participation in the interviews was from the participants' own free will and right state of mind, with the full understanding of the aim and objectives of the study. It was also clearly stated and spoken in words and in writing that participants could withdraw from participating at any time, without any negative consequences, should they feel a need to withdraw from an interview.

#### **4.5.4 Informed consent**

Jefford and Moore (2008) state that this ethical principle emphasised that subjects should give their consent to participate only after researchers have fully disclosed the purpose of the research, its entailment, and its potential effects or consequences. Informed consent is the process of telling potential research participants about the key elements of a research study and what their participation will involve.

The informed consent process is one of the central components of the ethical conduct of research with human subjects. Informed consent includes information about the nature, extent, and duration of the participation requested, and the disclosure of the risks and benefits of participation in the research (Clacherty & Donald, 2007). In this study, a consent form was issued by the researcher to participants with the rules and regulations about their rights as participants to sign before participating in the study. The rules and regulations on the consent form were translated into the local vernacular to participants by the researcher to ensure that the participants signed the form with the full understanding of what the study involved.

#### **4.5.5 Confidentiality**

A deductive disclosure, also known as internal confidentiality (Tolich, 2004) occurs when the traits of individuals or groups make them identifiable in research reports (Sieber & Tolich, 2012). However, participant's identification in any research needs to be protected to ensure their privacy (Petrova, Dewing, & Camilleri (2016). In this study, the participants responses, including the audio-recording and the field notes, and any particulars such as their names and surnames were treated as confidential information and withheld from scrutiny and identification. The researcher further ensured that the retained information that was given by the participants was kept and stored in a confidential manner, and the information was not shared with other people except with the academic supervisors assigned to the researcher.

#### **4.5.6 No harm**

The term 'harm' used within the context of research may be interpreted in many ways, especially as "what counts as harmful [to one] can be subjective and perceptions of harm may vary among stakeholders" (Buchanan & Warwick, 2021). While the term harm usually refers to injuring a person physically, emotionally or mentally, it is often cited as being important to avoid any potential harm in relation to carrying out research among children, the elderly, other vulnerable groups or the disabled (Pessach, 2008). According to Monette, Sullivan, and Jong (1994), research participants should never be exposed to situations that might cause them any serious or lasting harm. For this study, the researcher ensured that none of the participants were ever exposed to any form of harm.

Participants were notified that in case they felt some questions sounded offensive to them, or that the question was insensitive, they could opt not to respond to such questions. The researcher was ready to refer them to a social worker or a psychologist for professional counselling or an intervention should it be found that they needed counselling or that harm in any way was inflicted on them due to the nature of questions posed. No such request took place during the course of this research.

#### **4.5.7 Beneficence**

Jahn (2011) stated that beneficence refers to providing benefits in order for people to participate in a study. In this study, it was made expressly clear to the potential participants that they were not to receive any personal gain from their participation. No participant benefited in terms of payment, but participants were assured that their participation would benefit the community of the Mankweng area and South African policymakers and other communities at large. As a result, proper strategies and recommendation would be devised to assist with issues of assisting victims of sexual offences.

### **4.6. SUMMARY**

This chapter outlined the research design and methodology employed in this study. The researcher discussed in detail the research design, sampling method, data collection, data analysis and the method used to ensure trustworthiness. The chapter highlighted the elements of confidentiality and ethical considerations, which assisted in documenting the research study. The next chapter (Five) will introduce the data presentation, interpretation and discussions.

## **CHAPTER FIVE**

### **DATA PRESENTATION, INTERPRETATION AND DISCUSSIONS**

#### **5.1. INTRODUCTION**

This chapter presents the evidential proof of the aim and objectives of the study by themes that emerged from the field notes, the KIIs. The process of transcribing was developed since interviews were recorded, and the transcriptions included written verbatim quotes from the recording as well as taken from the field notes. The 10 participants (Participant 1-10), the sampled participants in the KIIs, were selected from the Limpopo Province TCC, situated at the Mankweng Hospital (Refer to Figure 1 of this study for the location of the Centre). Participants were asked to answer each question posed to them individually, as guided by the interview schedule guide (Refer to attached Annexure B).

They were asked these questions first in English, and the researcher translated these questions into the local vernacular, if necessary. The participants were at liberty to respond in which of these languages they felt most comfortable with. The researcher had intended to also interview the police officers who attended to cases and the respective doctors; however, they were not included in the study, despite the fact that they form part of the TCC's functions, but they are not placed in the centre on a full-time basis and only offer their respective services when they are called out to do so.

#### **5.2. TRANSCRIPTION AND THEMES IDENTIFICATION PROCEDURES**

To gather data, qualitative researchers tend to use written and audio-recorded records of interviews, documents, emails, field notes, feedback forms, photos, and videos. Research processes tend to reflect the flexible research methods used and are usually less structured than quantitative methods (Bachman & Schutt, 2003). This study collected data by using the semi-structured KIIs from the purposively selected 10 participants (Participant 1-10) from the Mankweng TCC (Refer to Table 1 of Chapter 4 of this study).

The interview process was not structured; instead, the researcher conducted the interviews in a semi-structured manner, guided by the aim and objectives of this study (Refer to attached Annexure B) and the interviewing guideline. The researcher scheduled different potential interview dates with the participants, as the interviews were conducted individually with the participants and on different dates at different time settings.

The informed consent form (Refer to attached Annexure A) was distributed before the dates of the interviews. The interviews were digitally audio-recorded (Smartphone), after the researcher had obtained the participants' permission to do so. With the signature having been received from the participants, the electronic records were identified by code numbers for any reasons that the participant might have wanted to withdraw the permission to consent having their interview voice-recorded. Transcribing is the procedure for producing a written version of the interview (Maynard & Heritage, 2005). It produces a lot of written text emerged from a recorded interview. The researcher did not get access to any software application for transcription; therefore, the transcription method was done manually, where the researcher listened to each voice record of the interviews conducted, and then started to write each word said on the voice recording down in a notebook.

### **5.2.1 Identification of study themes**

This study used thematic analysis to develop themes and code the information collected. Ranjit (2019) states that thematic analysis is analysis that examines all the data to identify the common issues that recur, and to enable the researcher to identify the main themes that summarise all the views the interviews collected. Descriptive qualitative analysis is the key stage to read and annotate transcription in identifying themes. The themes of this study were motivated by the study aim, the study objectives discussed in Chapter Two (Literature review), the information presented in Chapter 3 (Theoretical framework) and the transcribed verbatim notes. These were scrutinised in detail for the development of codes, which refers to the process of assigning numerical values to different categories of responses to a question for the purpose of analysis.

5.2.1.1 Study objective 1: To determine the nature of sexual offences in the Mankweng area by the *Thuthuzela* Care Centre

**Table 2:** Identified study theme and sub-themes for objective 1

Main study theme	Sub-study themes
Nature of sexual offences	<ul style="list-style-type: none"> <li>• Multidisciplinary centre</li> <li>• Secondary victimisation and revictimisation</li> </ul>

Source: Researcher's emphasis (2022)

5.2.1.2 Study objective 2: To establish causes of sexual offences in the Mankweng area through the assistance of *Thuthuzela* Care Centre

**Table 3:** Identified study theme and sub-themes for objective 2

Main study theme	Sub-study themes
Causes of sexual offences	<ul style="list-style-type: none"> <li>• Alcohol and substance abuse</li> <li>• Poverty</li> </ul>

Source: Researcher's emphasis (2022)

5.2.1.3 Study aim and objective 3: To identify challenges faced by the Thuthuzela Care Centre in dealing with victims of sexual offences in the Mankweng area

**Table 4:** Identified study theme and sub-themes for objective 3

Main study theme	Sub-study themes
Challenges faced dealing with victims	<ul style="list-style-type: none"> <li>• Hesitant to report</li> <li>• Failure to administer PEP</li> <li>• Lack of resources</li> </ul>

Source: Researcher's emphasis (2022)

5.2.1.4 Study objective 4: To discover the effectiveness of services provided to victims of sexual offences by the Thuthuzela Care Centre in the Mankweng area

**Table 5:** identified study theme and sub-themes for objective 4

Main study theme	Sub-study themes
Effectiveness of services	<ul style="list-style-type: none"><li>• Awareness campaigns</li><li>• Psycho-social support</li></ul>

Source: Researcher's emphasis (2022)

The process of developing themes and codes, and the categories that emerged according to the aim and objective of the study, questions were prepared by the researcher (Refer to Annexure B) for the interviews and the primary data collection. The researcher identified interviewees as participants 1-10, with a number assigned to them for the purpose of ensuring confidentiality and respecting the individuals' rights to privacy and confidentiality. The consent form was signed by the participants, and as ethical consideration is an important part of research to ensure that human rights and dignity are protected and not violated, and for the purpose of confidentiality, identification of the participants will not be linked to their professional job titles or the section they work in.

### **5.3. FINDINGS RELATING TO THE STUDY'S SIGNIFICANCE**

The significance of this study will be based on its envisaged contribution to offer advance knowledge to the community of Mankweng in helping individuals to be informed that sexual offence is a crime. Hence, it must be reported not only to their nearest police station, but also to the TCC, which is a one-way stop of all services dealing with cases of sexual offences. The findings of the study will influence new applications and approaches to be accomplished on how to deal with the challenges the TCC are dealing with on a daily basis. It is aimed that this study and other articles and journals of similar interest in sexual offences and how to assist victims in the most appropriate manner will contribute new information to the body of knowledge and new policies will be developed and employed.

The researcher state that the selection process of this study's participants was effective, and the research process was successfully conducted. All participants interviewed for the purpose of this study were deployed at the TCC, who deal with cases of sexual offences on a daily basis. Every day of their professional lives, they provide services to assist victims of sexual offences to be able to re-enter society as rehabilitated survivors of sexually motivated crimes with adequate knowledge on sexual offence issues. The collected literature in this study was carefully selected by focusing on the research topic of interest.

**Participant 1 [KII 1 - Forensic Nurse]:** *"We are gradually making progress in the local community of Mankweng, also in surrounding communities like Makanye, Nobody, Mamuntintane and surrounding areas. We see people now coming forward to ask for assistance or to ask general questions, and it is not specifically victims of sexual offences, but general community members who have not experienced the act of being sexually violated."*

Despite such slight improvement, participants believe that there is still a lot to be done in dealing with sexual offence. Moffett (2008) in paragraph 2.4 of Chapter 2 of this study stipulates that it is no secret that the level of sexual violence in South Africa is unacceptably high, and as a result, the problem of sexual violence in South Africa is a major concern to government and civil society alike.

#### **5.4. FINDINGS RELATING TO THE EMPLOYED THEORETICAL FRAMEWORK**

The classical organisation theory applied in this study aims to understand how the non-profit and private sector interrelate with their environment to achieve organisational goals. The TCC trails the path of the classical organisation theory, since it interrelates with the external environment by providing services to victims of sexual offences. The applied classical organisation theoretical framework in this study believes in the importance of a hierarchical level of authority and coordination, which is an assumption of what is needed in such a centre to be able to function optimally. Therefore, as the classical organisation theory believes in authority and procedures for guaranteed productivity in the workplace, interviews were conducted with procedural protocol.

The researcher had to present an ethical clearance to conduct the interviews (Refer to Annexure C) within the selected TCC, since the centre understands and values the role of the classical organisation theory. The researcher presented the ethical clearance issued by the University of Limpopo (FHDC and TREC) to the NPA coordinator, so as to approve the process of conducting interviews. The coordinators went to discuss the researcher's request with other members of the TCC for their approval, before any interviews could be permitted to be conducted. Standard procedure and protocol were adhered to for the process of interviews.

Within the TCC, all members of the centre fall under one umbrella to provide services for victims of sexual offences, for further clarification of the classical organisation theory (Refer to Chapter 3 of this study). This theory is rooted in the importance of management's success based upon clear lines of authority and processes. It claims that organisations should be equipped with the science of management and management theories to deal with all potential challenges, and then use resources at its disposal to the maximum and achieve outputs in an efficient and economical manner.

## **5.5. FINDINGS RELATING TO THE EMPLOYED RESEARCH DESIGN AND METHODOLOGY**

A qualitative research approach was followed in this study, which facilitated the researcher to understand all views of the phenomenon studied. KIIs and various documentary sources were used in line with the procedure of the purposive sampling technique, which was selected, as it allowed the researcher to select significant participants to be interviewed for the purpose of the aim of the study "*to evaluate the challenges faced by the TCC of the Mankweng area in dealing with victims of sexual offences.*" The use of the evaluative research design was the chosen approach to this study.

The inquiry of an evaluative system helped the researcher to determine the challenges faced by the organisation of the TCC in the Mankweng area, when they deal with victims of sexual offences. The semi-structured interviews followed an interviewing schedule, and all procedural methods were adhered to regarding the ethical considerations.

The inductive TCA also assisted the researcher with summarising the data in a form of comparing and sorting the information collected through document analysis and interview responses from the participants. The data collected was presented around the identified themes and sub-themes relating to this study. Therefore, the questions that emerged from the study's aim and objectives were accomplished through the findings of this study.

## **5.6. FINDINGS RELATING TO THE EMPLOYED STUDY'S AIM AND OBJECTIVES**

The research problem of this study and significance of this study guided the development of the aim of the study and its objectives. The aim of this study was defined as follows: "*To evaluate the challenges face by the TCC in dealing with victims of sexual offences in the Mankweng area*". The objectives of this study were the following:

- To determine the nature of sexual offences in the Mankweng area as dealt with by the TCC.
- To establish causes of sexual offences in the Mankweng area, through the assistance of the TCC.
- To identify the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area.
- To discover the effectiveness of services provided to victims of sexual offences by the TCC in the Mankweng area.

The following questions were posed to the purposively selected 10 participants to achieve the study's aim and objectives, with the reasons attached for more emphasis.

### **1. How do you deal with victims of sexual offences in the Thuthuzela Care Centre of the Mankweng area?**

This question was asked to participants to evaluate the procedures followed by the TCC in assisting victims of sexual violence.

### **2. What types of sexual offences are mostly reported in the TCC of the Mankweng area?**

The question was asked to identify, which sexual offences are mostly committed by perpetrators in the Mankweng area.

**3. What are the most contributory factors that leads to revictimisation of sexual survivors in the Mankweng area?**

The question was asked to identify the reasons why victims are revictimised and to identify the problems that lead to victimisation and revictimisation of sexual offences in the Mankweng area.

**4. In your view, do you consider sexual offences to be more widespread in the last five years in the Mankweng area?**

The question was intended to identify, if community members of the Mankweng area are knowledgeable about the issues of sexual violence.

**5. What is your opinion on the progress made by the TCC in addressing victims of sexual violence in the Mankweng area?**

The question was asked to determine if the TCC of the Mankweng area is making any progress or developments and changes within the community of Mankweng.

**6. From your own experience of working with victims of sexual violence, what is sexual violence from your own perspective?**

This question was asked by the researcher to understand participants' knowledge about sexual offences.

**7. Are there any challenges that you are aware of that exist in dealing with victims of sexual offences in the TCC of the Mankweng area?**

The question intended to identify any obstacles, hindrances or barriers that exist within the TCC that employees are facing when dealing with victims of sexual offences.

**8. In your own opinion, how can the above-mentioned challenges be effectively addressed in responding to the victims of sexual violence by the TCC of the Mankweng area?**

The researcher asked this question to understand the participants' viewpoints on solutions that can be implemented to solve the issue of sexual offences experienced in the Mankweng area.

**9. What challenges are faced by the TCC in raising the awareness of sexual violence in the Mankweng area?**

This question was asked by the researcher to identify the challenges faced by the TCC of the Mankweng area and help to identify recommendations and future solutions to the problems of sexual offences.

**10. What types of services are provided to victims of sexual violence by the TCC of the Mankweng area?**

This question intended to evaluate the services offered by the TCC in the Mankweng area.

**11. How effective are the current services employed by the TCC of the Mankweng area?**

This question was asked by the researcher to understand, if services that are offered and delivered to victims of sexual violence produce positive results in the lives of victims.

**12. What approaches are taken by the TCC in deterring and preventing future sexual victimisation around the Mankweng area?**

The researcher intended to understand, if the TCC manages to cause positive change within the Mankweng area regarding matters of sexual offences and how they implement to cause such change within the area of Mankweng.

**13. Any comments you would like to make regarding the handling of the challenges in dealing with victims of sexual violence by the TCC of the Mankweng area?**

This question was asked by the researcher to give the participants the opportunity to add their own views and experiences on the topic and to make suggestions with regard to issues regarding sexual offences in their vicinity.

## **5.7. RESULT FROM THE EMPIRICAL FINDINGS IN CORRELATION WITH THE LITERATURE REVIEW AND THE THEORETICAL FRAMEWORK**

### **5.7.1 Theme 1: Nature of sexual offences**

Sexual offences involve the absence of consent not being granted by the victim to the perpetrator to conduct any sexual act. Participants and literature agree with the above statement

**Participant 7 [KII 2 – Counsellor]** defines the meaning of ‘sexual offence’ as follows: *“In my own view or understanding, I will say sexual offence or violence is a crime of sexual harassment, rape, child sexual abuse and sexual assault committed to the victim without their own consent and their dignity and respect is violated by the perpetrator.”*

**Participant 6 [KII 1 – NPA victim officer]** stresses that “*Sexual offence is any action that is inflicted on me without my consent, and it is either with penetration or not, if there is no agreement between the parties.*”

**Participant 4 [KII 1 – Counsellor]** shares that “*In my perspective, I can say sexual offence is when one person or group of people force someone into sexual activities without that person’s consent.*”

To emphasise the perceptions and interpretations expressed by these three participants, Ndlovu (2005) in paragraph 2.2 of Chapter 2 of this study noted that sexual violence is a very serious crime and one that is prevalent across the globe, which affects public health departments, the criminal justice departments, and the community at large, and it is a crime against individuals’ humans rights. Ocheing (2013), in paragraph 2.2 of Chapter 2 of this study defined the term ‘sexual offence’ as any sexual act or an attempted sexual act, as well as unwanted sexual comments or advances towards and unwilling, un-consenting victim, in any setting, including but not limited to home and work.

### 5.7.1.1 Sub-themes

- **Multidisciplinary centre**

Vetten (2015), in paragraph 2.5 of Chapter two of this study, explains the purpose and role of the TCC. The NPA and SOCA developed the TCC model to respond to gender-based violence and sexual assault in a multi-sector and comprehensive manner. The TCCs were established within the confines of existing public hospitals in various provinces, with the aim to reduce secondary victimisation, improve conviction rates and reduce the turnaround cycle time to finalisation of cases.

Idang (2015), quoted in paragraph 3.3 of Chapter 3 of this study, confirms the report by Vetten (2015) that the establishment of the TCCs was important, and adds that a successful organisation must be based on an organised system of shared values". Irefin and Bwala (2012), quoted in paragraph 3.3 of Chapter 3 of this study, proclaim that organisations are social entities that must be "goal oriented and designed deliberately to structure and coordinate activities that are linked to the external environment". The TCCs were established with the single goal of having to address sexual violence matters and, therefore, to offer a range of services to assist victims of the crime that was committed to them. The following are responses from the participant regarding the role and function of the TCC:

**Participant 6 [KII 1 – NPA victim officer]** highlights that the "*TCC is a multidisciplinary centre, where you are provided with service from different stakeholders and it is a one-stop shop, where the patient will be assessed in different stages by different people, like the NPA victim officer, a psychologist, SAPS and more, but not limited to the investigation part. Even at night, the centre operates. We have staff working at night, since we operate 24 hours daily (7 days a week). The staff working at night are from different NGOs and the Department of Health. From the moment a patient walks in, we meet face-to-face and address how they are going to be assisted, informing them about all the steps that will be proceeded for their healing and the conviction or court process of the perpetrator, and we even remind them about their rights through the whole process.*"

**Participant 3 [KII 2 – Forensic Nurse]** forwards that “*We receive cases from our local clinics; some are referred to us by schools, since we work closely with them. What we do when we have these cases, is that we as a multidisciplinary centre, we have different stakeholders to make sure that when our clients come, they get the maximum care package, which includes medical services and psycho-social support services, not forgetting the NPA, which manages all the cases that are reported. When a client comes, they are received and asked for information that can be useful for the case, especially what had transpired during the incident and how it happened. As the forensic team, we then examine and collect the evidence from the patient. Then the patient will be referred to the psycho-social support for emotional support ... We also offer patients refreshment packages such as toiletries and clothes, since we collect whatever they will be wearing for evidence, if they did not bathe and change from the time of the incident.*”

**Participant 8 [KII 2 – Social worker]** presents that “*The TCC is a multidisciplinary centre, a one-stop-shop centre, where victims of sexual offences receive help without having to move from one facility to the other. As you know that sexual violence and partner violence is a public and global health problem, a violation of individuals' rights. Immediately we are visited by the client, we as the TCC, we ensure that we apply the Batho Pele principle (People first), we make sure that our client receives good services, which are different, that includes mental, emotional, psychological, sexual, and reproductive health services.*”

**Participant 5 [KII 1 – NPA case manager]** mentions that “*The TCC is a one-stop facility. Our aim is to improve the conviction rate, reduce the cycle time for finalisation of cases and reduce secondary victimisation. Why I say we are a one-stop facility is because we are linked to the sexual offences court, which has different stakeholders like social workers, police officers, prosecuting officer, and health practitioner. We are all under one umbrella, offering different services. When we met a client first thing, what we do is to take their personal details, then ensure that they are comfortable, by offering them a victim-friendly environment as we discuss with him/her about all the steps and procedures that will be taking place to assist them.*”

These reports indicate that for any organisation to perform and show positive results, there must be different people with different abilities and roles to contribute to the success of the organisation. Drucker (1974), quoted in paragraph 3.3 of Chapter 3 of this study, stated that the role of management includes undertaking tasks with the help of other people and resources. The classical organisational theory emphasises the importance of having to find the best way to get most work done effectively and efficiently by examining how the work process is actually accomplished by scrutinising the skills of the workforce, as quoted from Shafritz, Ott, and Jang (2011) in paragraph 3.2 of Chapter 3 of this study.

- **Secondary victimisation and revictimisation**

Dipa (2012), quoted in paragraph 2.2.2 in Chapter 2 of this study, describes secondary revictimisation as a failure to treat victims with dignity or respect and a lack of understanding the dynamic of the offence. This lack of the appropriate care and treatment of victims refers to everyone involved in providing assistance to sexual violence survivors or any victims of any crime within the criminal justice system, who must all ensure that victims remain central to the CJS process. However, these objectives have not always been achieved by everyone.

**Participant 10 [KII 3 – Counsellor]** confirms the accusation against the system made above: “*Most victims are usually revictimised by their family members, who do not believe their story, and most police stations do not have a friendly victim's space to report such cases of sexual offences*”.

Dipa (2012) supports this submission as quoted in paragraph 2.2.2 of Chapter 2 of the study. The absence of respect for the individual's human rights and the dignity of victims is a secondary occurrence of victimisation. Most police stations need to develop a strategy that is effective to treat victims with dignity, and allow them a chance to report the crime in a suitable environment and take down statements from victims not in a general room, where everyone is reporting cases, but in a separate and victim-friendly space, since sexual offence victims deal with a lot of emotions and trauma and need a private space to express themselves, ideally also to a female officer, as details of the crime tend to be embarrassing to the victim.

**Participant 4 [KII 1 – Counsellor]** stresses that “*I would like to believe that revictimisation happens mostly when the victim waits too long after reporting at the police station, together with the ‘judgement’ behaviour from the police, especially for male victims. These challenges are gradually solved, now they do not have to wait, they come straight here at the TCC and we open the case right here and provide all services under one roof. But not forgetting that even at home, some parents and friends do judge the victim by questioning why or where they were going in the first place, which in most cases results in self-blaming and shameful guilt by the victim.*”

Ndlovu (2012), quoted in paragraph 2.2.2 of Chapter 2 of this study, explained the factors that contributed to revictimisation of victims within the criminal justice services. The complaints were often handled by young inexperienced members of the criminal justice system, who were not equal to the task, despite the fact that it is supposed to be the policy of the South African police services that only experienced persons should handle the sensitive complaints of the sexual crime victims.

Cense (2019), quoted in paragraph 2.2.7 in Chapter 2 of this study, states that the most common myth about rape and other sexual violence acts includes the belief that the way women dress or act indicates that she “wants it” and that sexual violence occurs, because men cannot control their sexual impulses or that most women’s “no” during the time of intimacy did not mean to say “no”.

To support the explanation provided by Cense (2019), **Participant 7 [KII 2 – Counsellor]** responds by revealing that “*What I think causes or leads to revictimisation of sexual offences in Mankweng is the stereotype that people have, to say that women should not be at a certain area at a certain time. We often hear victims saying ‘I was not supposed to be out at that time of the night that is why I was raped’. Most communities still have the understanding that such act happens to bad women, who do not have morals, why was she drunk and outside at that time of an hour. They forget that sexual violence does not happen only at night and at selected places, but it also takes place in the private space, for example, the victims can be sexually victimised by their father or relative during the day.*”

### **5.7.2 Theme 2: Causes of sexual offences**

**Participant 6 [KII 1 – NPA victim officer]** “Sexual offences are primarily caused by poverty, a lack of support, acceptance of cultural norms, and established roles that give men the upper hand over women. The majority of today's youth believe that their parents do not want them to be independent and have a fulfilling life and do not want to listen to them when they are warned about their risky lifestyle and behaviours, such as going out at night to bars and clubs and dating older men, who take advantage of them sexually.”

**Participant 1 [KII 1 – Forensic nurse]** states that “Corrective rape, which involves sexually abusing and violating the rights of many homosexual people to ‘correct’ their behaviour by demonstrating that they are women or men and should be treated as such in a sexual manner, is still a problem in our communities. People who hold these strong traditional beliefs and being convinced that a man should dress and behave in a certain way, still commit this crime. I can state that there is still more to be done to address the concerns of sexual offences in our nation.”

**Participant 2 [KII 1 – Social worker]** provides that “I would say that the issue of affordability among young people, the problem of alcohol, the socio-economic and family structure, where the perpetrator is the breadwinner in the house, and the fact that parents sometimes choose their sexually abusive partners over their children, are all problems. I can conclude by saying that gender supremacy and poor families are two of the many contributing factors to sexual crimes.”

Based on the expressions shared by the selected participants on this study theme, it becomes obvious that there are many factors that contribute to the occurrence of sexual offences, and the perpetrators, but not the victims are responsible for sexual offences happening. Different motives and factors need to be studied further to understand the causes and reasons why perpetrators violate the victims' rights. According to Hanson and Morton-Bourgon (2009), quoted in paragraph 2.3 of Chapter 2 of this study, confirmed that it was important to obtain a deeper understanding of the characteristics and causes associated with sexual violence or sexual assaults, ranging from coercion to aggression to brutal and violent behaviour. The following sub-themes are aligned to the research findings of this study, but not limited only to the causes of sexual offences.

#### 5..7.2.1 Sub-themes

- **Alcohol and substance abuse**

Finney (2004), quoted in paragraph 2.3.6 of Chapter Two of this study, acknowledged that there was a close correlation between alcohol consumption, sexual assault and violence, and that most perpetrators become aggressive after the consumption of alcohol and perceive women as sexually arousing them, and they then “end up forcing themselves sexually onto the woman” as they want to satisfy their strong sexual needs and aggressive feelings.

**Participant 5 [KII 1 – NPA case manager]** states that alcohol is a major contributing factor to sexual offences: *“Another staggeringly high rate reported are those coming back from the taverns at night under the influence of alcohol.”*

In agreement with Participant 5 [KII 1 – NPA case manager], **Participant 2 [KII 1 – Social worker]** further clarifies the role of alcohol in both the victim’s life and the perpetrators’ life: *“It is alcohol, it is either the perpetrator was drunk, or both the perpetrator and the victim were drunk, but it is usually involving alcohol. Most perpetrators, when they are drunk, their actions are usually careless, they do not think before they act, and they are usually sexually active when drunk. But when it comes to children, it is because they are easily to prey, they are vulnerable and can easily be manipulated, even after being raped, they can be given things to make them not to speak to anyone about it.”*

Mathews, Jewkes, and Abrahams (2015), quoted in paragraph 2.3.6 of Chapter Two of this study, state that consuming alcohol or drugs makes it more difficult for women to protect themselves, as it affects their cognitive and motor skills and prevents them from acting effectively on warning signs.

**Participant 10 [KII 3 – Counsellor]** agrees with the claim provided by Mathews, Jewkes, and Abraham (2015), by highlighting that *“I would say people get easily raped when they are under any substance abuse such as alcohol, most of … their mind does not operate at their ordinary state of mind.”*

**Participant 9 [KII 3 – Social worker]** confirms that “*Most teenagers like to go out late at night to taverns and they do not have transport to go back home, so they will walk back home, then they will meet a stranger that will take advantage of them. Alcohol and going out at night ... I would say are the causes of sexual violence in this area.*”

Alcohol consumption is a major problem in South Africa, as many youths and adults consume alcohol and see alcohol and drug consumption as a social activity and as part of a pleasant, relaxing lifestyle. Thus, there must be a lot more community education to address the issues of alcohol and drug abuse in South Africa, since it is not only a leading problem leading to sexual offences, but also to some other crimes.

- **Poverty**

Matta, Jonson-Reid, and Seay (2014), quoted in paragraph 2.3.8 of Chapter Two of this study, advise that poor women and girls may be more at risk of rape during their daily tasks than those who are better off financially. For example, when they walk home on their own from work late at night, or work in the fields or collect firewood on own. Children of poor women may have less parental supervision when they are not in school, since their mothers may be at work and unable to afford childcare.

**Participant 9 [KII 3 – Social worker]** argues that the cause of sexual offences is often linked to poverty: “*Most of the time, it is children left without a proper supervision by their parents. Most mothers are usually breadwinners within an extended family that has close to six members ... and she has to go to work to support the family. She will leave the child with an uncle or the father, because she trusts that they are family members and they will take good care of the child, while she is at work. Little does she know that when she is at work, the uncle or the father is always raping the child. Poverty is a huge problem that led to such cases of sexual violence and assaults.*”

However, this would assume that most uncles or fathers looking after children would be tempted to rape, just because the mother was away at work, although poverty did not turn them into rapists, their own urges, lack of consideration or care for the child/the victim and lack of moral fibre made them rapists.

Bryant-Davis, Ullman, Tsong, Tillman, and Smith (2010), quoted in paragraph 2.3.8 of Chapter Two of this study, believed that poverty forced many women and girls into occupations that carried a relatively high risk of sexual violence, obviously also especially sex work. Poverty creates enormous pressures on these women to find or hold onto jobs, to pursue trading activities and, if studying, obtain good grades, all of which render them vulnerable to sexual coercion from those who can promise them a job or better grades at school or university. Poorer women are also more at risk of intimate partner violence, of which sexual violence is often a manifestation, as they believe they do not have the choice to leave the partner, as they do not have any own income, relevant education or a place to stay, should they leave the abusive partner. This vulnerability is then abused by the violent or abusive partner as an extra emotional pressure on the victim.

**Participant 10 [KII 3 – Counsellor]** highlights that “*Poverty can really be a problem, since the mother mentioned that the stepfather who is a perpetrator provides them with shelter and basic needs. That is why the child should drop the case and they will deal with the matter as a family.*”

As indicated, poverty is not really a simple and linear cause for sexual offences. Instead, traditional and cultural social construction of masculine and feminine roles, a paternalistic society that celebrates male heroes, violent behaviour and domination of men over women, in combination with alcohol and drug abuse and poverty, as well as a lack of positive role models regarding morals and good family structures are the nursery of the extraordinary high level of abuse and neglect. While substance abuse can be controlled through the relevant legal structures, it will take generations to change the strongly held societal perceptions regarding the gender roles and the relevant ethics and moral behaviour.

### **5.7.3 Theme 3: Challenges faced when dealing with victims**

Sexual violence as a crime is a very sensitive matter to deal with; hence, the specialists dealing with this matter face a number of challenges when dealing with victims of such crimes.

**Participant 8 [KII 2 – Social worker]** states that “*Most challenges are with the elders, when it comes to being examined. They refuse [for the victim] to be examined by the professional, since they think it is a taboo for a young lady like me to see their private parts and they feel overwhelmed by the whole process. However, as a professional then, I need to be patient with them, since I understand that they are dealing with a lot of anxiety, trauma and sadness and unstable emotions caused by the incident.*”

Trippany, Kress, and Wilcoxon (2004), quoted in paragraph 2.4 of Chapter Two of this study, indicated that the nature and impact of being a victim of sexual violence is so overwhelming that it affects every level of a person’s being. Many survivors of sexual offences suffer from severe depression, suicidal attempts, develop substance abuse problems, fear, anxiety and psychiatric symptoms during the first three to four months after the incident and difficulties with social adjustments thereafter. Moreover, Moffett (2008), quoted in paragraph 2.4 of Chapter Two of this study, stated that it was no secret that the level of sexual violence in South Africa was unacceptably high, and that the problem of sexual violence in South Africa was a major concern for government and civil society alike. Aligned to these findings, the researcher identified the following sub-themes

#### **5.7.3.1 Sub-study themes**

- Hesitant to report cases**

O’Sullivan (2003), quoted in paragraph 2.2.6 of Chapter Two of this study, deliberated that fear and embarrassment contributed to most victims hesitating to report the crime, and those who had or did report it had to confront the trauma of the encounter with the police, the investigators of the crime and the ordeal of the trial.

**Participant 2 [KII 1 – Social worker]** shares that “*Some victims come here straight to the centre for assistance, but there is still a bit of hesitation to open the case and taking down of the statement by the police officer called by the centre. This is the result of being afraid of the court process, threats and what the family will think of them.*”

Thompson, Sitterle, Clay, and Kingree (2007), quoted in paragraph 2.2.6 of Chapter Two of this study, claimed that victims were usually reluctant to report the crime, because of the following reasons:

- The stigma attached to the crime.
- A sexist treatment given to many women, who are thereby raped emotionally or mentally a second time by the CJS.
- Legal procedures that usually take time and are mostly humiliating, degrading and embarrassing.
- The fact that the burden of proof often has been shifted to victims, who must prove that the attack was forced and against their will and that they tried to resist the crime.

**Participant 5 [KII 1 – NPA case manager]** concludes that “*Some challenges involve the victim, especially when their families are involved, and they persuade the victim not to open the case. When victims become reluctant to open a case, we are forced to intensify the community education, because most families do not understand the impact this has on the psychological side of the victim.*”

- **Failure to administer PEP**

Scannell (2018), quoted in paragraph 2.4.2.2 in Chapter Two of this study, explains that PEP is time-sensitive, with the first dose of drugs needing to be administered within 72 hours of the rape having occurred.

**Participant 1 [KII 1 – Forensic nurse]** emphasises the disadvantage of victims not receiving the PEP services *timeously*: “*The issue of reporting the case late results in deprivation of getting the post-exposure prophylaxis known as PEP, which is given to the victim within the 72 hours [after the incident] to be taken for 28 days. Not getting the PEP increases the chance of the victim to be infected with many diseases the perpetrator could be having, just like STI/STD and HIV/AIDS.*”

**Participant 3 [KII 2 – Forensic nurse]** confirms that “*We have challenges with the issue of PEP, which is post-exposure prophylaxis, since it should be conducted within 72 hours after the incident of being sexually violated. Victims met blood, semen, or fluid of the perpetrator, then there is a chance of HIV infection, and it can be prevented fast within 72 hours. Unfortunately, most victims visit the centre after 72 hours, and then PEP cannot be given, and this means the victim will be at high risk of HIV infections.*”

Kim, Martin, and Denny (2003), quoted in paragraph 2.4.2.2 of Chapter Two of this study, referred to the time-bound nature of this treatment, when a lack of timeous reporting and thus a lack of PEP administration can disadvantage victims who often only disclose sexual abuse sometime after it occurred. Other delays found to hinder access to PEP for both adults and children, include a lack of awareness of the time-bound nature of the PEP initiation, such as the time spent taking down statements from rape survivors, as well as the long waits in the casualty part of the hospitals. Communities are not knowledgeable that HIV infection can be prevented through the timeous administration of PEP.

- **Lack of resources**

Murthy and Klugman (2004), quoted in paragraph 2.4.5.2 of Chapter Two of this study, explored the potential services available for these crime survivors and found that in the early 2000s, these were very limited in scope and reach. This is linked to the low priority and insufficient investments made in addressing the problem of sexual offences. Where services exist, they are often concentrated in the urban centres or larger cities and are unlikely to be comprehensive.

**Participant 1 [KII 1 – Forensic nurse]** adds that even 20 years later than the authors had lodged their complaint of lacking resources: “*We lack promotional material, for example, the materials like brochures are in Sepedi and English, but in the community we have more than five nationals being spoken, so this puts a strain on us on how we address the rest of the people. Another challenge we are facing is the turning up of people who show up in numbers, since we do not have any refreshments to offer them or give after the campaigns, because of a lack of funds we have within the centre.*”

Wirtz, Álvarez and Glass (2016), quoted in paragraph 2.4.5.2 of Chapter 2 of this study, stated that many services to date (especially safe houses/shelters, legal aid and other supports) are provided by non-governmental and women's organisations that are lacking resources and are only able to reach small numbers of the population.

**Participant 9 [KII 3 – Social worker]** supports this claim and forwards that “*Our challenge with this centre is a lack of resources, we do not have enough funds and transportation to run effective campaigns and our office space is small and ineffective to some extent.*”

**Participant 2 [KII 1 – Social worker]** adds that “*As for the centre, the challenge is when we need to have awareness campaigns outside the centre, we do not have transport of our own to take us ... with everything that we need, so we need to hire transport.*”

Ellsberg et al. (2015), quoted in paragraph 2.4.5.1 of Chapter 2 of this study, state that the lack of the state's accountability in comprehensively addressing the scourge of violence against women and children is a significant obstacle to ending the sexual crime related matters. Generalised acceptance of violence against women, the lack of political will, inadequate legal protection and enforcement, insufficient resource allocation and/or poor implementation of national commitment all contribute to the unresolved problem of sexual crime-related matters.

**Participant 5 [KII 1 – NPA case manager]** confirms that “*Lack of resources also contributes to the challenges we have in the organisation, the limited budget and no funds. Lastly, I could say language barriers in the pamphlets we give out in our campaigns ... this hinders people from adequately understanding the most important issues.*”

**Participant 6 [KII 1 – NPA victim officer]** points out that “*Transport still stands as a huge challenge for the centre, and being understaffed.*”

#### **5.7.4 Theme 4: Effectiveness of services**

**Participant 2 [KII 1 – Social worker]** states that “*As soon as we interact with patients, we introduce ourselves, explain TCC's purposes and benefits to them as sexual offence victims, as well as its regulations, rules, and procedures. We want to make sure that patients are comfortable, that their personal information is protected, and that they receive the full range of services that our centre provides. Our main objective is to see that the patient recovers from the entire trauma caused by the incident.*”

**Participant 10 [KII 3 – Counsellor]** adds that “*As an organisation, the TCC is dedicated to helping victims regain their dignity by offering victim-friendly services, a safe environment, if necessary, and other support. As TCC's employees, it makes us happy to witness patients rediscovering confidence in themselves and the will to survive, despite their circumstances.*”

If the TCC wants to operate efficiently and effectively, it must have set rules and regulations to ensure that all the services that are provided achieve improvements for the targeted individuals through the implementations of the services and the awareness programmes.

This is supported by different participants and the literature below:

Certo and Certo (2006), quoted in paragraph 3.2 of Chapter Three, clarified that the classical organisation theory views individuals as machines and the employees being parts of such machines. This implies that to increase the efficiency of the organisation, each employee working in it must be as efficient as possible. Idang (2015), quoted in paragraph 3.3 of Chapter 3 of this study, believed that a successful organisation must be based on a positive corporate culture, as it is an organised system of shared values.

#### 5.7.4.1 Sub-themes

- **Awareness campaigns**

Ahrens *et al.* (2007), quoted in paragraph 2.5.7 of Chapter Two of this study, highlighted that the RCC's focus on social change initiatives, such as eliminating society's acceptance and tolerance of sexual offences and violence urgently needed community education, protests, speak-outs, lobbying, and training other professional agencies on how to improve civil society and the public sector's responsiveness to survivors.

**Participant 9 [KII 3 – Social worker]** explains that the reasons for conducting campaigns "*Through our campaigns, when we do campaigns, we do remind people about the hotspots, places of high crime to avoid. Even in radio stations, we do go to talk to the community and remind them of the dangers during high-risk activities, just like being alone at night in taverns.*"

**Participant 7 [KII 2 – Counsellor]** states that "*These challenges can be addressed through campaigns and outreaches in schools, hospitals, and local clinics. We teach members of the communities and youth the importance of PEP, the importance of reporting these crimes early, and we usually issue newsletters, posters that address such matters of sexual violence every month.*"

Campbell (2006), quoted in paragraph 2.5.5.3 of Chapter Two of this study, stated that media interventions, using television, radio, the internet, newspapers, magazines and other printed publications, aimed to reach a wide range of people and effect change within society regarding their attitudes towards sexual crimes and individuals' behaviour. They aimed to increase knowledge, challenge attitudes, and modify behaviour.

**Participant 4 [KII 1 – Counsellor]** state that media interventions have an important role: "*We always go back to the awareness creative campaigns; we put effort into awareness creation. To provide information to the public of what gender-based violence is and its influence on the psychological and emotional being of an individual. We also go to radio stations to address these issues of sexual violence with the hope that it will reach a lot of people's ears and that change will be developed and made through media. I can say we try to address issues of sexual violence as a centre.*"

The WHO (2009), quoted in paragraph 2.5.5.2 of Chapter Two of this study, stated that community interventions aim to change not just the way individuals think and behave, but also to mobilise entire villages or districts in efforts to eradicate violence against women and reduce HIV transmission. Community interventions dealing with violence are aimed at improving women's employment opportunities, increase their influence in household decisions and their ability to resolve marital conflicts, and strengthen their social networks.

**Participant 8 [KII 2 – Social worker]** points out that the aim of conducting campaigns as an organisation are: *"We conduct campaigns, where we talk about life skills in schools and parenting skills within clinics and local hospitals. With life skills, we teach issues of HIV and AIDS, and pregnancy. With parenting skills, we teach parents and give them books on how to communicate and build relationships with their family members."*

- **Psych-social support**

Fix, Busso, Mendelson, and Letourneau (2021), quoted in paragraph 2.5.6.2 of Chapter Two of this study, point out that counsellors provide emotional support, and help the victim cope with her feelings of fear, anxiety, self-blame, and rage.

**Participant 9 [KII 3 – Social worker]** explains the services they offer to victims: *"Immediately we receive a patient, they start from the NPA workers for purpose of their details; then they are transferred to us social workers and psychology; our work is to deal with therapy and counselling and trauma debriefing. It is our responsibility to check how is the victim affected, since it is not always the case that the victims might need counselling, maybe they might need trauma debriefing, so we need to cater according to their needs."*

**Participant 2 [KII 1 – Social worker]** shares: *"I provide counselling, healer's therapy, memory work, which is identifying what the patient could be longing for due to not having certain figures in their life. These healing and counselling sessions help them to do a memory box to start the healing process."*

**Participant 1 [KII 1 – Forensic nurse]** outlines: *"First thing after medical examination is conducted, I use my intake form, then direct the patient to get the psychological services from our social workers and counsellors for their need of counselling."*

Chan, Khong, and Wang (2017), quoted in paragraph 2.5.6.2 of Chapter Two of this study, comment that counsellors help the victim assess whether she needs immediate medical attention and whether she is safe in her current environment. Wolf and Pruitt (2019), quoted in paragraph 2.3.3 of Chapter 2 of this study, add that sexual violence victims face multiple consequences after the event of being sexually violated by their perpetrators, which can include social implication of her trauma, coupled with the psychological impact that affects the functioning of the victim's daily life and social environment.

## **5.8. SUMMARY**

The chapter discussed the procedure involved in transcription and forming themes of the study, and the findings relating to the study's aim and objectives. This chapter presented the responses from the selected participants working at the TCC in relation to the research topic of interest. Each participant was interviewed (Refer to Annexure B) to gain better and more in-depth knowledge about the topic of interest.

Study themes and sub-themes were derived at from the primary findings, and the secondary findings sourced through the literature review, based on the COT's theoretical framework to present, interpret and discuss the findings of this study. The next chapter (Six) presents the summary of the findings, conclusions, limitations, and recommendations derived from the findings of this study, as well as recommended future research studies.

## CHAPTER SIX

### SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

#### 6.1. INTRODUCTION

This chapter is the closing chapter of this study and presents the summary of the findings, conclusions, limitations and recommendations. The limitations of this study form part of this chapter, as well as the proposed future research studies on this subject.

#### 6.2. STUDY'S OVERALL SUMMARY

- **Chapter One** offered a general orientation regarding the content of this study and provided the background and motivation of the study, the problem statement, the study's aim and objectives, the definition of key concepts, the study's significance and contributions, as well as the layout of the chapters.
- **Chapter Two** presented a literature review of the different authors from the international and local sphere with an overview of the concept of sexual offences in the literature.
- **Chapter Three** introduced the theoretical framework regarding the evaluation of challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area.
- **Chapter Four** was structured around the research design and methodology, which included the study's location, the population and sampling method and procedures, the data collection and data analysis methods, and the steps taken to ensure trustworthiness and ethical considerations.
- **Chapter Five** presented the research findings, which had been achieved through conducting interviews with the relevant staff members of the TCC. These findings highlighted the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area.
- **Chapter Six** presents the summary of the findings, and the recommendations and conclusions drawn from this study, based on the interpretation of data provided in Chapter Five. It is important to note that the focus of this study was based on the study's aim and objectives.

The study's aim was "*to evaluate the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area.*" The study's objectives were four-fold; namely: **1)** To determine the nature of sexual offences in the Mankweng area as observed by the TCC; **2)** to establish the causes of sexual offences in the Mankweng area, provided with the assistance of the TCC; **3)** to identify the challenges faced by the TCC in dealing with victims of sexual offences in the Mankweng area; and **4)** To discover the effectiveness of services provided to victims of sexual offences by the TCC in the Mankweng area.

### **6.3. STUDY'S OVERALL CONCLUSIONS**

This study was dedicated to evaluating the challenges faced by the Mankweng TCC in dealing with victims of sexual offences. The researcher collected the primary data by using the KII in the Limpopo Province at the Mankweng Hospital for the purpose of answering the study's objectives and achieve the aim of the study. The literature review was conducted by studying a wide range of published documents and articles to achieve and respond to the study's aim. This study aimed to make a positive impact on and contribute advanced knowledge to the community of Mankweng, and thereby help individuals to be better informed that sexual offences are a crime. Hence, such crimes must be reported not only to their nearest police station, but also to the TCC, which is a one-stop service centre dealing with cases of sexual offences. The TCC in the Mankweng area was created specifically to deal with all the psychological, physical, emotional, and sexual reproduction challenges and consequences, which are usually caused by sexual abuse, harassment, assault and other sexual crimes.

The Classical Organisational Theory was selected by the researcher to form the theoretical basis for the study's approach to the posed problem of this study, since this theory trusts that every organisation has a mandate to be productive and effective to their relevant clients or targeted population. Therefore, all organisations must develop the necessary awareness and the relevant structures, processes, rules and regulations as well as the appropriate funding and training to ensure that their employees are held accountable and are empowered to be efficient and effective to reach the maximum outcomes for the organisation.

The correct procedures and prescribed steps were followed to collect the data for this study, using the qualitative research method and purposive sampling, which is also referred to as judgemental sampling. The researcher selected this sampling method to reach the chosen population and final sample for reasons of acquiring in-depth knowledge about the TCC in the Mankweng area. After the process of collecting the data, themes were created, which highlighted elements such as poverty, alcohol abuse, the lack of easy access to psycho-social services, stigma and hesitancy to report among the themes created. Improvements needed to be made to the handling of challenges that emerged in dealing with victims of sexual offences. While the establishment of the TCCs was a great development to help victims of sexual crimes or sexual offences, better strategies and implementation of such strategies must be developed to decrease sexual violence crimes. More and better preventative measures are also needed to be put in place to avoid victimisation and revictimisation, and also increase the successful prosecution of perpetrators. Sufficient funding and improved infrastructures need to be obtained to enable staff to be able to deal with issues of sexual offences.

#### **6.4. STUDY LIMITATIONS**

The study's limitations were the fact that sampling was judgemental and thus open to researcher bias. Also, the sample size was small and the sampled population was typical only for TCCs, thus limiting generalisability to other unrelated organisations. Further limitations were that trial dates, and resulting delays of interview dates resulted in delays of the research. Price and Murnan (2004) define limitations of any study as the characteristics of design or methodology that impact or influence the interpretation of the findings from research. Although this research study achieved its aim and objectives regarding the research topic, the following limitations have to be noted:

- First, the sample of the study was extracted from the TCC in the Mankweng Hospital in the Limpopo Province, which will make it difficult to conclude that all the TCCs are facing the same challenges nationwide. Thus, data should be collected from the other TCCs in the remainder of the provinces, rather than only from one geographical area.
- Second, the researcher faced challenges when trying to achieve interview appointments with the TCC's staff members, since the centre has a limited number of staff members, interview schedules were constantly postponed due to the centre

being short-staffed, participants had other commitments such as attending awareness campaigns, and some were on annual or sick-leave, and the centre would only be manned by a few staff members, who had to attend to their patients. Thus, the process of rescheduling was time consuming and affected the targeted deadline that was set to complete the data collection process. However, the researcher was satisfied with the chosen data collection method, because it allowed the participants to be honest and open when they responded to the questions. The researcher was able to identify the various barriers to the optimal functioning of the TCC.

## **6.5. STUDY RECOMMENDATIONS**

### **6.5.1 Recommendation and strategies to improve theme 1 (Nature of sexual offences) and related study sub-themes**

- **The establishment of the gender desk at police station levels:** Police stations should improve the victims' experience when reporting sex crimes. Government should create a specialised *gender desk* within law enforcement stations and employ well-trained specialists, such as social workers and victims' officers for these units. This will help victims to feel safer, less embarrassed and more comfortable reporting sexual crime-related matters, and such environment, offering more discrete treatment, would be more suitable for the relevant and appropriate SAPS staff to address sex crimes, since most victims will be emotional while reporting the crime incidents. This strategy or these units should also aim at improving the manner, in which police treat victims of sexual violence.
- **Monthly staff workshops and training:** The value of having a standard protocol or trained personnel regarding the treatment of sexual violence victims should not be underestimated. These workshops and such training will be important to create the staff members' ability to offer their services with sensitivity and professionalism around the issues of sexual violence and this will help put the investigatory process into context for investigation.

- **Creating strong protective measures during prosecution for victims:** Trials are usually emotional and traumatic to victims. In most cases, these being questioned by police and then the actual trials are further occasions when revictimisation happens for victims. Most victims of sexual violence often face rejection from their family and community members, as well as physical intimidation from the perpetrator's family and supporters. Most studies confirmed that victims and witnesses were more likely to testify and feel less traumatic about the experience if protective measures were provided and these measures were effective regarding the victims' and the witnesses' safety.
- It is also recommended that **all court systems/levels and trials** dealing with sexual violence cases should develop measures to ease the victims' and the witnesses' experience of trials and other related activities during prosecution, which should be designed to protect the identity of victims and witnesses from the press and the public. This should or can include the following:
  - Removing the identity of the victims and witness information such as names and address from the trial process;
  - Permitting victims and witnesses to testify behind screens or through non-identification electronic or other special methods;
  - Limiting the frequency and manner and length of questioning.

#### **6.5.2 Recommendation and strategies to improve theme 2 (Causes of sexual offences) and identified study themes**

- **Parenting skills:** Parents need to be equipped with better parenting skills, for example, setting clear boundaries, being positive role models, and teaching their children the differences between assertiveness and aggression. This will assist their children to be able to speak out for themselves when faced with criminals attempting to commit any sexual offence to them. These skills will also help these children to inform their caregivers about sexual offences that they have experienced.

- **Poverty** was also identified to be one of the reasons that led to a lack of child supervision by a parent or a caregiver, since most are breadwinners and usually away at work to provide for the basic needs of their families. In this context, it is recommended that caregivers/the community be educated on how to recognise the signs of sexual offences having been committed against children. Such training could include educating parents on how to support their children emotionally and physically in the aftermath of sexual offences disclosure.

#### **6.5.3 Recommendation and strategies to improve theme 3 (Challenges faced when dealing with victims) and identified study themes**

- **The PEP:** This refers to a short course of HIV medicines that should be taken very soon after a possible exposure to HIV to prevent the virus from taking hold in the victim's body. It can only be administered to rape survivors within 72 hours after the sexual offence incidence, especially a sexual penetration offence. However, there is limited knowledge regarding the application of PEP among the communities and sexually abused survivors. This lack of information places many sexual abuse victims at risk of contracting HIV or other SDVs.
- It is recommended that the **DoH** should develop monthly programmes, campaigns and talk shows to increase the awareness of PEP to combat the medical complications that are faced by sexual offence survivors after the incident. Equally, the DoH ought to develop a policy that the PEP should be made available to all health institutions such as local clinics.
- **Adequate and evaluation development of advertisements:** Advertisement through media such as radio, television, pamphlets and posters are some of the most important strategies to distribution of information to different communities. Participants stated that advertising is a very crucial element in distributing information regarding sexually-related issues to the different communities. Language barriers can be a very serious barrier when addressing matters concerning sexual violence and programmes offered at the TCC, since most posters and pamphlets are written in English and most of the targeted population, where the information should be read, are not well educated and cannot read English. This creates an obstacle and dismisses the usefulness of advertising to the targeted population groups.

- It is recommended that posters and **pamphlets from TCC or any organisations** targeted in dealing with issues of sexual violence be written not only in English, but also with translation into the major African languages to create knowledge and understanding and reduce confusion among the targeted populations.

#### **6.5.4 Recommendation and strategies to improve theme 4 (Effectiveness of services) and identified study themes**

- **Eradicating the male rape myths within communities, based on the following factors:**

Myths about male sexual offences or rape incidences are stereotyped and discriminatory in nature, coupled with untrue notions. Male sexual offences and rape myths may not only keep victims silent, but they may also make it more difficult for them to receive the necessary support. As a result, societies may not fully comprehend the scope of sexual offences, because potential victims may be reluctant to report associated crimes. It is clear that more research on male sexual offences or rape is urgently required. Thus, the following factors are sought to re-address the existing notions:

- **Male rape myth** still exists in this era and it should be addressed. There exist many myths and beliefs that men can protect themselves in any situation. Many communities' beliefs lead to few male cases ever being reported when it comes to sexual offences.
- It is recommended that **communities** should hold male-orientated conferences to address the different social beliefs and myths about male sexual offences. These could be combined with other typically male concerns such as prostate cancer, hormone therapies, steroids, and so forth.
- It is also recommended that **more research programmes or projects should be conducted** to explore experiences, opinions, beliefs, and attitudes of male rape victims, as a primary prevention strategy, which might increase the reported cases of male sexual violence in the country.

- **New policy of national school safety framework, including the following aspects relating to the primary, secondary, and tertiary educational institutions:** These organisations should develop a new national school safety framework. The high number of rape/ sexual assaults cases at educational institutions (primary and secondary school, tertiary, and college institutions) and that not all provinces in South Africa have one-stop centres dealing with sex crime matters or GBV facilities means that this issue deserves special attention.
  - It is recommended that **the DoE** develops a curriculum addressing the problems associated with GBV and sexual offences as part of life skills. This should be employed as a primary prevention programme. It is also imperative for the DoE to employ school counsellors and social workers in schools and colleges, who are assigned every day during school hours to provide needed family therapy, mental health services, trauma and psycho-social care to sexually victimised students and their families. This will be a supportive mechanism to the class teachers, who have commitment to other learners or students in the classroom as well as affected learners or students.
- **Basis of transportation, closely looking at the following reasons:** The importance of transportation can be summed up as the capacity to enhance working patterns, markets and sending a message to foster the eradication of sexual crimes. Transportation may also help with planning effectively controlled transport options and making it possible for people to go from one place to another in a safe manner. Importantly, the following factors should be considered regarding adequate transportation in addressing the prevention of crime.
- **The lack of available transportation to/from the TCC:** This causes challenges when aiming to eradicate crime and improve prosecution, since most victims do not show up for their appointment and follow-ups, staff members of the TCC are unable to conduct frequent visitations to patients, since there is a lack of available cars/mobility specifically catering for the centre. Available transport modes (with drivers) will help with smooth integration of victims and will play a vital role when executing awareness campaigns and enhance the centre's visibility to the affected society.

- **The NPA:** This should supply the TCC with transport specifically catering for the centre. This will allow the TCC to provide a safe, reliable, effective, efficient and fully integrated transport operation to meet the needs of victims with regard to appointments and follow-ups. This will increase the cases being prosecuted due to consistency of follow-ups, which provides enough evidence needed for the court and trial preparations.

## **6.6. PROPOSED FUTURE RESEARCH STUDIES**

Various aspects of sexual offences have been researched globally for many years. Future research studies still need to continue in many areas of this social scourge, because it continues to have an impact on the victims' lives, their families, and broader society. There is a diverse range of factors, such as the accurate identification of causes of sexual offences, motives of offenders to commit sexual offences, identified hotspot and aggravation of sexual offences in different communities and the efficiency of the CJS and other relevant stakeholders, private and public in dealing with sexual offences.

Future research studies should also be conducted on evaluating and assessing policies and the rights of victims of sexual offences, since many victims lack the knowledge about their rights as victims from the time of reporting the crime until the end of the trial and the prosecution of the offender. Future studies should be focused on developing and implementing awareness campaigns and programmes to educate different societies about the issues of sexual offences, on how to report such issues, how to help victims to deal with their trauma of the incident and how to be supportive through the journey of becoming sexual crime victim survivors. New strategies and new amendments must be studied to protect victims of sexual offences from experiencing secondary victimisation and to eliminate sexual offence within communities.

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## ANNEXURE A: INFORMED CONSENT FORM



Dear Participant,

I am Ntombizodwa Mnyakeni, a Master's candidate at the University of Limpopo (UL), School of Social Sciences under the Faculty of Humanities at the Department of Criminology and Crime Justice. In order to complete this degree, I am conducting a research study entitled: **A CRIMINOLOGICAL ANALYSIS OF CHALLENGES FACED BY THE MANKWENG TCC IN DEALING WITH VICTIMS OF SEXUAL OFFENCE.** The study is aimed at impacting and contributing advanced knowledge to the community of Mankweng in helping individuals to be informed that sexual offence is a crime.

Your cooperation will be of great value, since it will assist me in reaching the aim of this study. Moreover, the knowledge and information gained will help make recommendations and influencing new applications and approaches to be accomplished on how to deal with challenges that the Thuthuzela Care Centre (TCC) in Mankweng faces in dealing with victims of sexual offence.

**Please take into consideration that:**

- Your participation in this study will be for academic purposes only.
- Your confidentiality will be respected and valued.
- The interview may last for about an hour.
- Your response will be audio recorded, but after the audios have been transcribed, the audio record will be destroyed.
- No financial compensation will be awarded, or any benefit will be received for taking part in this study.

Audio recording request (**mark with X**)

Willing

Not willing

I can be contacted at:..... or emailed at:

.....Should you want more clarification, you can also contact my supervisor, Prof W Maluleke at:..... or the Co-supervisor, Dr FM Mangayi at: .....

### **DECLARATION**

I ..... (participant's full name) confirm that I understand all the information above and the nature or aim of this research study. Therefore, I give consent to participate in this research study. Furthermore, I understand that I have the right to withdraw from participating at any stage, if I desire to do so, since it is a voluntary participation.

.....  
Signature of participant

.....  
date

.....  
Signature of researcher

.....  
date

## **ANNEXURE B: INTERVIEW SCHEDULE GUIDE**



### **To establish causes of sexual offences in the Mankweng area through the assistance of the Thuthuzela Care Centre**

- (A) How do you deal directly with the victims of sexual offence in the Thuthuzela Care Centre (TCC) of the Mankweng area?
- (B) What types of sexual offences are mostly reported in the TCC of the Mankweng area?
- (C) What are the most contributory factors that lead to sexual revictimisation of sexual offences in the Mankweng area?

### **2. To determine the nature of sexual offences in the Mankweng area by the Thuthuzela Care Centre**

In your view, do you consider sexual offences to be more widespread/occur more often in the last five years in the Mankweng area?

- (B) What is your option on the progress made by TCC in addressing victims of sexual offence in the Mankweng area?
- (C) From your experience of working with victims of sexual offences, what are sexual offences according to your own perspective?

**3. To identify challenges faced by the Thuthuzela Care Centre in dealing with victims of sexual offences in the Mankweng area**

(A) Are there any challenges that you are aware of that exist in dealing with victims of sexual offences in the TCC of the Mankweng area?

(B) In your own opinion, how can the above-mentioned challenges be effectively addressed in responding to the victims of sexual offences by the TCC in the Mankweng area?

(C) What challenges are faced by the TCC in raising the awareness of sexual offences in the Mankweng community?

**4. To discover the effectiveness of services provided to victims of sexual offences by the Thuthuzela Care Centre in the Mankweng area**

(A) What types of services are provided to the victims of sexual offences by the TCC in the Mankweng area?

(B) How effective are the current services of the victims of sexual offences in the Mankweng area as employed by the Thuthuzela Care Centre?

(C) What approaches are taken by the TCC in deterring and preventing future sexual victimisation among the Mankweng community?

**5. Any comments you would like to make regarding the handling of the challenges in dealing with victims of sexual offences by Thuthuzela Care Centre in the Mankweng area?**

## ANNEXURE C: FACULTY OF HIGHER DEGREES COMMITTEE ETHICAL CLEARANCE APPROVAL



**University of Limpopo**  
Faculty of Humanities  
Executive Dean  
Private Bag X1106, Sovenga, 0727, South Africa  
Tel: (015) 268 4895, Fax: (015) 268 3425, Email: [Satsope.maoto@ul.ac.za](mailto:Satsope.maoto@ul.ac.za)

DATE: 9 September 2020

NAME OF STUDENT: MNYAKENI, N  
STUDENT NUMBER: [201420621]  
DEPARTMENT: MA - Criminology  
SCHOOL: Social Sciences

Dear Student  
**FACULTY APPROVAL OF PROPOSAL (PROPOSAL NO. FHDC2020/03/14)**

I have pleasure in informing you that your MA proposal served at the Faculty Higher Degrees Meeting on 25 March 2020 and your title was approved as follows:

**TITLE: AN EVALUATION OF THE CHALLENGES FACED BY MANKWENG THUTHUZELA CARE CENTRE IN DEALING WITH VICTIMS OF SEXUAL OFFENCES**

Note the following:

Ethical Clearance	Tick One
In principle the study requires no ethical clearance, but will need a TREC permission letter before proceeding with the study	
Requires ethical clearance (Human) (TREC) (apply online) Proceed with the study only after receipt of ethical clearance certificate	<input checked="" type="checkbox"/>
Requires ethical clearance (Animal) (AREC) Proceed with the study only after receipt of ethical clearance certificate	

Yours faithfully

Prof RS Maoto,  
Executive Dean: Faculty of Humanities  
Director: Prof SL Sithole  
Supervisor: Dr W Maluleke  
Co-supervisor: Dr FM Manganyi

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## ANNEXURE D: TURFLOOP RESEARCH ETHICS COMMITTEE ETHICAL CLEARANCE APPROVAL



**University of Limpopo**  
Department of Research Administration and Development  
Private Bag X1106, Sovenga, 0727, South Africa  
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

### TURFLOOP RESEARCH ETHICS COMMITTEE ETHICS CLEARANCE CERTIFICATE

**MEETING:** 14 September 2021

**PROJECT NUMBER:** TREC/196/2021: PG

**PROJECT:**

**Title:** An evaluation of the challenges faced by Mankweng Thuthuzela Care Centre in dealing with victims of sexual offences  
**Researcher:** N Mnyakeni  
**Supervisor:** Dr W Maluleke  
**Co-Supervisor/s:** Dr FM Manganyi  
**School:** Social Sciences  
**Degree:** Master of Arts in Criminology

**PROF P MASOKO**  
**CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE**

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

**Note:**

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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## ANNEXURE E: MANKWENG THUTHUZELA CARE CENTRE APPROVAL LETTER

### Sexual Offences and Community Affairs Unit



**THUTHUZELA**  
Turning Victims into Survivors

#### HEAD OFFICE

Tel: +27 12 845 6000  
Fax: +27 12 845 7375

Victoria & Griffiths  
Mxenge Building  
123 Westlake Avenue  
Weavind Park  
Silverton  
Pretoria

P/Bag X752  
Pretoria  
0001  
South Africa

[www.npa.gov.za](http://www.npa.gov.za)

MANKWENG THUTHUZELA CARE CENTRE  
MANKWENG HOSPITAL  
HOUBOSDORP,  
SOVENGA  
0727  
11/07/2022

CELL:015 045 0314/0798726274

EMAIL: [smara@npa.gov.za](mailto:smara@npa.gov.za)

#### Ref: Confirmation Letter

I the TCC Coordinator of Mankweng TCC am hereby confirming that Ntombizodwa Mnyakeni is a research student of the University of Limpopo and has been conducting interviews at the Thuthuzela Care Centre. The research title is "An evaluation of the challenges faced by Mankweng Thuthuizela Care Centre in dealing with victims of sexual offences.

Hope you the above in order.

Yours in cooperative governance

Ms Mara SMT  
Mankweng TCC Coordinator

TCC MONTHLY REPORT SC/VAO

Page 1 of 1

## ANNEXURE F: EDITOR'S CERTIFICATE

Barbara Wood  
Tel: +27 44 873 5145  
cell: 082 9022 571  
E-mail: woodlandsmedia@gmail.com  
8 Suikerbosse Street  
Bergsig  
George 6529  
South Africa

To whom it may concern

### **Editing Certificate**

I, Barbara Wood, hereby confirm that I am a registered professional researcher and editor and have edited the following academic document:

#### **AN EVALUATION OF THE CHALLENGES FACED BY MANKWENG THUTHUZELA CARE CENTRE IN DEALING WITH VICTIMS OF SEXUAL OFFENCES**

By

**NTOMBIZODWA MNYAKENI**  
(201420621)

Dissertation submitted in partial fulfilment of the requirement for the degree  
**MASTER OF ARTS: CRIMINOLOGY**  
in the  
Department of Criminology and Criminal Justice  
Faculty of Humanities

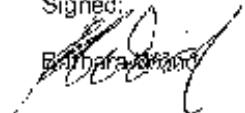
UNIVERSITY OF LIMPOPO

Supervisor: Dr W Maluleke

Co-supervisor: Dr FM Manganyi

July 2022

Signed:



## ANNEXURE G: TURNITIN REPORT

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