International Journal of Educational Review, Law & Social Sciences (IJERLAS)

International Journal of Educational Review, Law And Social Sciences (IJERLAS Journal) | ISSN(e): 2808-487X
Volumes 5 No. 1 (2025)

A SCOPING REVIEW STUDY ON VICTIMS OF SEXUAL OFFENCES EXPERIENCES UNDERGOING THE POST-SEXUAL ASSAULT CARE SERVICES OFFERED BY THE SELECTED RELEVANT STAKEHOLDERS

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Received	: 17 November 2024	Published	: 17 January 2025
Revised	: 26 November 2024	DOI	: https://doi.org/10.54443/ijerlas.v5i1.2126
Accepted	: 16 December 2024	Publish Link	: https://radjapublika.com/index.php/IJERLAS

Abstract.

This scoping review study explores the experiences of victims of sexual offences with post-sexual assault care services provided by the Thuthuzela Care Centres (TCCs) and the Local South African Police Service (SAPS). Using the methodology framework by Arksey, H and O'Malley, L (2005). It was qualitative in nature, retrieving about 503 articles from the following Social Sciences databases, the Science Direct and Google Scholar EbcoHost, Internet sources, and ProQuest, amongst others. However, only Nineteen (19) articles met the inclusion/eligibility criteria. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), together with the inductive Thematic Content Analysis (TCA) were used to analyse the data. The study findings revealed both satisfaction and dissatisfaction experiences with these service providers, highlighting areas that requires improvement. The interactions with TCCs were generally positive, with high rates of reported professionalism, empathy, immediate attention from staff and victim-centred environment. However, the interactions with police officers were frequently negative, with survivors describing experiences of secondary victimisation, lack of sensitivity, disrespect, apathy, and lack of case follow-up. The provision of medical care was prioritised in terms of the Human Immunodeficiency Virus (HIV) testing and Post-Exposure Prophylaxis (PEP) treatment and treatment for prevention of pregnancy and Sexually Transmitted Diseases (STIs) continuity of care was inconsistent. Mental healthcare was inadequately addressed in terms of long-term counselling services and continuous follow-ups appointments. This study also highlights the need for trauma-informed training and victim-centric improvements within the local SAPS. It is recommended that the training for new SAPS recruits include a formal trauma-debriefing course to assist new recruits to have more in-depth understanding of how a traumatic experience such as rape affects victims and how police behaviour affects victims' trauma.

Keywords: ***Post-sexual assault care services, Scoping review study, South Africa African Police Service, Thuthuzela Care Centres, Victims of Sexual offences experiences***

INTRODUCTION AND BACKGROUND

Sexual offences remain a serious issue in South Africa, affecting the lives of many people and posing a significant challenge for the healthcare providers, legal services and social support systems. According to the SAPS first quarter of 2024-2025 financial year, the sexual offence cases that were reported in 2024 between the months of April and June were 11 566 (SAPS, 2024). Despite the known high rate of sexual offences,' the actual extent is unknown because of under-reporting, most sexual related cases are not reported to the police because of the stigmatisation associated with such crimes in South Africa, fear of secondary victimisation and a lack of confidence in the Criminal Justice System [CJS] (Burn, 2019; Rohrs, 2011). Indeed, a nationwide study in South Africa found that only one in nine women reported being sexually assaulted to the police (Jewkes & Abraham, 2002). Additionally, one of the reasons for under-reporting is that victims' rights in South Africa were not recognised until recently little attention was paid to victims of crime (Karmen, 2004:48). The criminal was the primary focus, and the victim was seen as a witness or complainant at most. Victims of sexual offences are often victimised twice, firstly they are victimised by the offender and then secondly by the insensitive treatment from members of the CJS, the health care system and support services (Gopal & Daniel, 2008). South Africa's transition to democracy and the acceptance of the Bill of Human Rights in the Constitution of the Republic of South Africa, 1996 brought about the realisation that crime violates on the human rights of its victims. Hence, the National

Crime Prevention Strategy (NCPS), 1996 motivated for a victim-centred approach and emphasised the development of interventions and modifications in the criminal justice process which are aimed at empowering victims (Interdepartmental Task Team, 1996). The introduction of the NCPS, 1996 and the amended Sexual Offences Bill and the Victims' Rights Charter have compelled the CJS to reconsider and revise the notion of sexual offences and the treatment of victims (Gopal & Daniel, 2008). The National Instructions for Sexual Offences 3/2008 for instance, provide instruction to the SAPS on how to respond to victims of sexual violence (SAPS, 2014). The instructions include conducting interviews in a sensitive manner, not touching victims unless necessary, providing a private area to conduct interviews, and asking victims if they would like a third-party present as their interview with the police is conducted. Research shows that treating victims with sensitivity within the CJS and the providing medical and mental health services after sexual assault can reduce some of the long-term negative impacts of the incident (Abrahams & Jewkes, 2010).

To provide adequate services to victims, the police must work together with other facilities such as the TCCs to ensure that the victims' rights are met to the satisfaction. TCC is a one-stop facility that was implemented as South Africa's anti rape strategy that aims at reducing secondary trauma, increasing conviction rates and speeding up case resolution, National Prosecuting Authority [NPA] (2009). The TCC programme is led by the NPA's Sexual Offences and Community Affairs Unit in collaboration with other organisations in response to urgent need for a comprehensive plan for prevention, response and support cases of victims of rape (NPA, 2009). The TCCs Centres mostly operates in public health facilities in areas with high rates of rape crimes and it is connected to sexual offence courts which are near the centre and administered by the police, magistrates, social workers, clinicians, and Non-Governmental Organisations [NGOs] (NPA, 2009). The role of TCCs is to provide accommodation, hygiene products and food, as well as counselling, skills development, employment, and legal and medical services, in order to assist rape victims in regaining their independence (NPA, 2009).

Despites all these efforts made to support victims of sexual offences; victims' experiences of post-sexual assault care differ widely. Based on the existing literature, some victims' express satisfaction with their experiences whereas others express dissatisfaction with their experiences. The immediate health concern that sexual offence victims need is medical treatment, which in cases of rape might also include access to antiretroviral drugs to prevent the HIV infection, prevention of unwanted pregnancy, and to prevent the STIs as well as counselling (Jina, Jewkes, Munjanja, Mariscal, Dartnall & Gebrehiwot, 2010). To access the full range of support services, including pregnancy advice, STIs information and PEP, victims are required to report to a TCC within 72 hours of the event. It is important to note that this time frame is influence by the fact that PEP is only effective within 72 hours after a possible HIV exposure (Rohrs, 2011).

Bougard and Booyens (2015) establish that the majority of the research participants were welcomed by the TCCs and received counselling when they arrived at the centre. Pre-and-post HIV counselling was also offered to the rape victims by the forensic nurses, along with treatment to prevent pregnancy and Sexually Transmitted Infections (STIs). Sepeng and Makhado (2019) found that in terms of the support that rape victims receive at the TCCs, the immediate support which includes counselling and other related services was high however long-term counselling services were low, victims were not scheduled for long-term follow-up appointments to go through Post-Traumatic Stress Disorder (PTSD) treatment. The results of this study showed that rape victims were not scheduled for four weeks follow-up appointments to receive PTSD assessment and management within the rape care clinics. The consequences of not providing rape victims with follow-up care for PTSD assessment and management can compromise their mental health resulting in comorbid disorders associated with PTSD (Sepeng & Makhado, 2019). Victims who have sought help after sexual assault have reported experiencing secondary victimisation by criminal justice, health, and social service providers (Rohrs, 2011).

Secondary victimisation for victims of sexual assault occurs when service providers question the accuracy of victims' reports of assault or hold them accountable for it. According to Steyn and Steyn (2008), all of the rape victims that were interviewed described the police officers' behaviour as apathetic, uncaring, intimidating, and suspicious. The post-assault journey involves interacting with multiple agencies such as the CJS and facilities that aims at providing support for victims of sexual offences such as TCCs. For victims, along with the actual traumatic experience of sexual offences such as rape, laying a charge and pursuing a case through the CJS is likely to be a challenging and often humiliating process for victims. In addition to this, insensitive, disrespectful or harsh treatment by criminal justice officials may serve as a source of additional distress for victims (Gopal & Daniel, 2008). This study seeks to explore the experiences of victims of sexual offence with post-sexual assault services provided by the CJS (represented by the court and the local SAPS) and TCCs.

PRELIMINARY LITERATURE STUDIES

Significant research has been conducted to highlight the experiences of victims of sexual offences, however little research has been done on the victims' experiences receiving post-sexual assault care, whether from the TCCs and the local SAPS. The healthcare and the SAPS existing facilities are often the first places that many victims of sexual offences go to seek care and help.

The sexual offences victims' experiences of service providers at *Thuthuzela* Care Centres

The victims' experiences of service providers at TCC were mostly positive. Studies found that the service providers at TCC were characterised as welcoming, friendly, professional, patient, empathetic, non-judgemental and easy to talk to (Bougard & Booyens, 2015; Johnson, Mahlalela & Mills, 2017). Many victims expressed pleasant surprise at how well they were treated at the centres, they felt that these staff knew what they were doing and they felt heard without being judged. The welcoming environment at TCC made the victims to not feel blamed for the incident, which at times contradicts the participants' interactions with the police (Johnson *et al*., 2017). Several studies found that victims received immediate attention when arriving at the centre, particularly medical attention. Most victims received medical care specifically aimed at prevention of pregnancy, HIV transmission, STIs and counselling (Bougard & Booyens, 2015; Sepeng & Makhado, 2019; Steinbrenner, Shawler, Ferreira & Draucker, 2017).

In their study Bougard and Booyens (2015) they concluded that the service delivery at TCC for victims of sexual offences was satisfactory. Victims were generally satisfied with the way the clinical examination was conducted, the amount of time it took to perform a comprehensive clinical examination, including a detailed discussion of the procedure, and the supply of medication to prevent the diseases. Overall, sexual offence victims' experience with TCCs service provider was mostly positive however Randa, McGarry, Griffiths and Hinsliff-Smith (2023) indicated that the needs of sexual offence victims are not clearly demonstrated when seeking medical attention and victims are not properly informed of the appropriate pathways to follow throughout the recovery journey.

Follow-up schedule for managing acute health problems by *Thuthuzela* Care Centres

The few studies conducted in South Africa have shown that sexual offences particularly rape is strongly linked with PTSD (Morris, Naido, Cloete, Harvey & Seedat, 2013). In their study, Sepeng and Makhado (2018) indicated that PTSDs, depression and suicidality are common among victims seeking healthcare at TCCs. While the study conducted by Abrahams, Jewkes and Mathews (2013) found depression symptomatology to be high 1 month after the rape with evidence of depression and suicidality. However, despite the well-known impact of sexual offences on mental health the mental health services for victims of sexual offences appear to be limited and not prioritised (Kaminer, Grimsrud, Myer, Stein & Williams, 2008). Several studies reported poor integration of mental healthcare services for sexual offence victims seeking treatment at TCCs, it was found that victims were not given follow up appointments to screen and manage PTSD post-rape experiences (Abrahams & Gevers 2017; Sepeng & Makhado, 2019). The study by Sepeng and Makhado, indicated that only few rape victims have been scheduled and received acute mental health care management, which includes either trauma or crisis counselling management, however the results of this study are relatively low compared to those who have received this management in studies conducted by Kim, Martin and Denny (2009).

Follow-up visits vary across TCCs because some of TCCs have enough resources that allow the health care workers to give more appointments (Ncube, 2016). It was found that majority of victims attended their one-week follow-up appointment and came for their six weeks appointment and approximately only few attended three months appointments (Ncube, 2016). It is important to note that mental healthcare management for rape victims diagnosed with PTSD and depression requires about 12 sessions with the therapist when using treatment modalities such as Cognitive Behavioural Therapy (CBT), Exposure Therapy (ET), Cognitive Processing Therapy (CPT), and this type of treatment is normally given in specialised care services such as hospitals (Engel, Litz, Magruder, Harper, Gore, Stein, Yeager, Liu & Coe, 2015), hence it is challenging to manage victims diagnosed with mental health disorders at TCCs. Mental health treatment offered at the TCCs is largely by the NGOs who rely on donor funding, which contributes to the inconsistency of the critical post-rape care service (Abrahams & Gevers, 2017).

Victims' experiences with reporting sexual offences to the South African Police Service

In an attempt to improve the standard of services offered to victims of sexual offences, the South African government released national guidelines for on how to interact with victims (SAPS, 2014). The guidelines are comprehensive and include information concerning how to properly care for victims of sexual offences when they report to the police. However, several studies indicate that even with the instructions to guide the SAPS care process, there are still issues related to the treatment of victims when they report sexual offences. The majority of the victims' experiences with interacting with the police in most cases were negative. The challenges include lengthy wait periods for victims before being taken to a medical facility, difficulties providing legal information, and SAPS support in accessing services (Rohrs, 2011; Steinbrenner, 2011). The consulted studies establishes that the in the few positive experiences, the police were characterised as kind, friendly, persistent in their follow-up, and generally concerned about the victim's wellbeing and safety (Steinbrenner, 2011). However, the majority of victims' experiences of police were very negative. The majority of victims expressed dissatisfaction with the way the police handled their victimisation. Some victims give up on their cases as a result of the passive responses displayed by police officers (Sebaeng, Davhana-Maselesele & Manyedi, 2016).

The negative report characterised the police as either, overtly intimidating, accusatory, judgemental, traumatic cross-questioning, lacking empathy, disrespectful, insensitive, of which at times these treatment from the police discouraged the victims from opening a case (Du Plessis, 2007; Gopal & Daniel, 2008; Johnson *et al.*, 2017; Steyn & Steyn, 2008; Swanepoel, 2021). In addition to high levels of dissatisfaction with the process of opening the case, many victims also criticised the police for poor follow-up and lack of progress with the criminal justice process. Although some victims had positive stories of getting justice, this was the minority experience. Most victims experienced delays in terms of progress of their case (Gopal & Daniel, 2008; Johnson *et al.*, 2017). Overall, many victims reported feeling victimised and experiencing secondary trauma as a result of the police interrogation, which they related to having to speak about the precise details of the assault in an unsupportive environment (Johnson *et al.*, 2017; Holton, Joyner & Mash, 2018). Johnson *et al.* (2017) found that although not always the case, victims appeared to be less satisfied with their interaction with police officers at the station than with the police who visited the care centre. Compared to their counterparts based at the local station, police officers who visit the centre are more likely to be from specialised units or have received training and sensitisation on investigating traumatic crimes such as rape, which highlight differences in the quality of client engagement in South Africa based on training. Additionally, Rohrs (2011); Steinbrenner (2011) found that there is shortage of police officers who are properly trained to provide care for victims of sexual assault.

METHODOLOGY

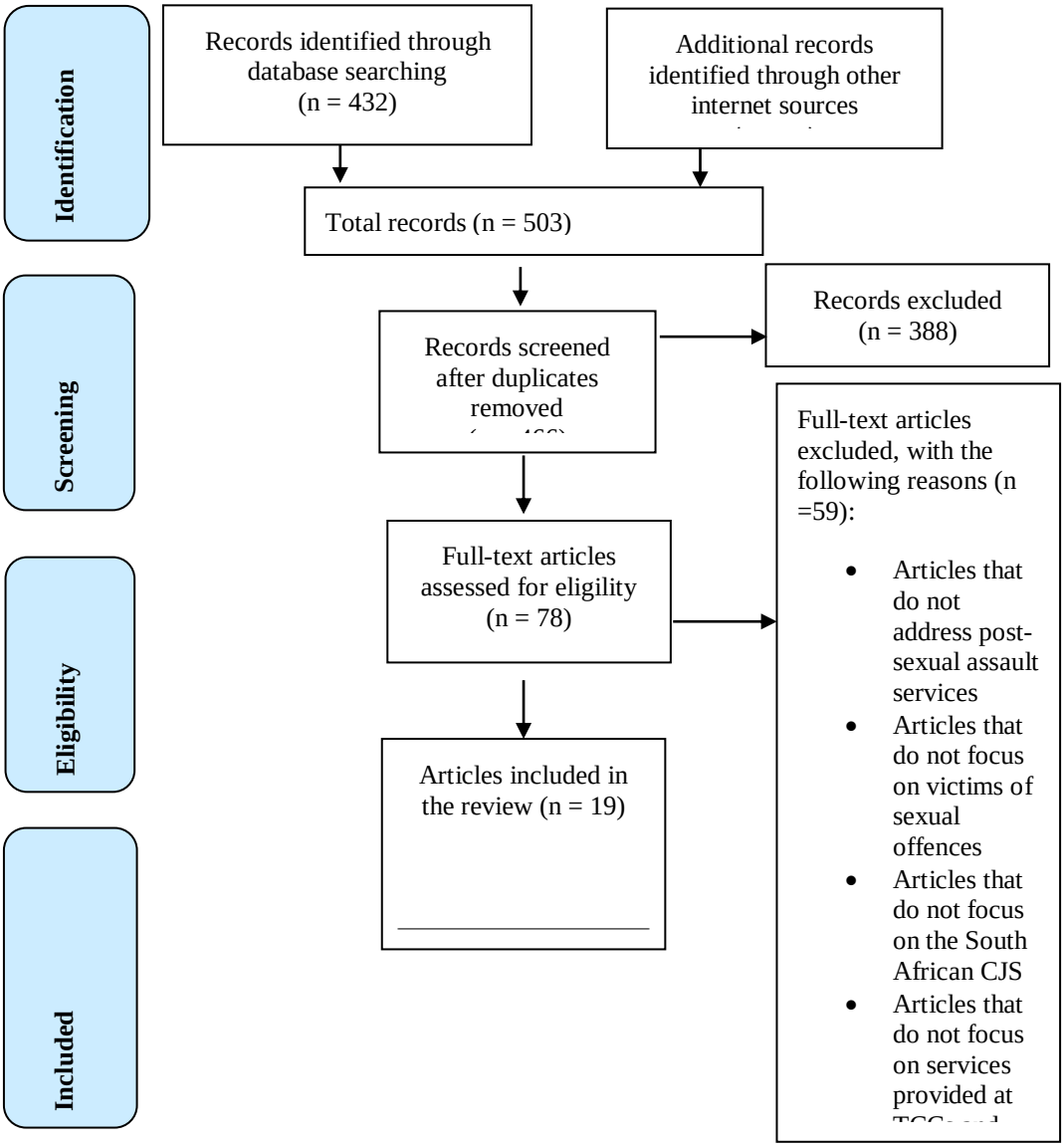
This qualitative study adopted a scoping review, as the research design to explore the experiences of victims of sexual offences with post-assault care services through the TCCs and the local SAPS. Qualitative researchers employing exploratory research design are typically at the early stages (first stage in a sequence of studies) of exploring their research topics, as they are rarely conducted, to gain insights into a specific situation, phenomenon, community or individual. The need of applying this research design often arise from a lack of information on a new area of interest or to get acquainted with a situation to formulate a problem or develop a hypothesis (Fouche, 2022; Maluleke, 2016; Neuman, 2014). A scoping review can assist in identifying the extent and range of available literature on this topic, to identify research gaps, and to summarise and disseminate research findings (Arksey & O'Malley, 2005; Maluleke, 2020, Maluleke, 2016). The collected data was restricted from 2000 to 2024. and it was analysed using the 06 steps of the inductive TCA, as follows: 1) Familiarising yourself with the collected data, 2) Generate initial codes, 3) Searching of study themes, 4) Reviewing study themes, 5) Defining and naming the study themes, and; 6) Producing the study findings in an article form.

Using the methodological framework of Arksey and O'Malley, 2005, the study will follow the Five (05) stages to review existing literature studies on this subject (Arksey & O'Malley, 2005):

- **Stage 1: Identifying the research question:** This scoping review aims to systematically explore the experiences of victims of sexual offences in South Africa with post-assault care services provided by the TCCs and local SAPS. The following research questions guides the study*: What are the experiences of victims of sexual offences with post-sexual assault care services provided by the TCCs and the local SAPS?*
- **Stage 2: Identifying relevant studies**: The researcher relied on Science Direct, Google Scholar, EbcoHost, Internet sources, and ProQuest, amongst other databases to source relevant literature studies on this subject. Relevant keywords extracted from the research topic were used to arrive to Twelve (12) studies. The inclusion

criteria were articles published in accredited academic journals articles, dissertations and thesis to ensure the trustworthiness of the reviewed data. For the exclusion criteria, studies that do not address victim experiences with the police or TCCs or focused on the context outside South Africa were excluded.

Figure 1: The PRISMA - Flow chart of study selection



Source: Adapted from Maluleke, Musekiwa, Kgarosi, Gregor, Dlangalala, Nkambule and Mashamba-Thompson (2021)

- **Stage 3: Study selections:** Apart from the indicated study inclusion and exclusion criteria, as illustrated in stage 2, the researcher had to ensure that relevant publications on this subject are selected, to form part of the adopted scoping review, while adopting the PRISMA (Refer figure 1). The irrelevant articles were ignored during this process. The inclusion and exclusion criteria were based on relevance, irrelevance, and alignment to the study objective and guiding research questions, as illustrated in stage 1. The process of exclusion extremely decreased the number of the reviewed studies, as included in the final data collection.
- **Stage 4: Charting the data"** The researchers relied on data charting to extract the selected data from the PRISMA (Refer to the presented figure 1). Data charting looked at the responsible authors, years of publication, title of publication topic, type of publications or adopted research design and methodology and Study findings. The collected data were summarised using the PRISMA to extract relevant findings in order to develop themes of this study. The data was then analysed using thematic analysis method.

Table 1: Data charting based on the reviewed seminal studies

Author(s)	**Year of publications**	**Title of publications**	**Type of publications or adopted research design and methodology**	**Study findings**
Sepeng, N.V & Makhado, L.	2019	Present practices of rape care management in TCCs of the North West Province	Journal of Psychology in Africa	Findings suggest that most of the rape survivors received acute mental care management to manage injuries, including the STIs, pregnancy, and HIV. However, few rape survivors received acute mental health care management during follow-up care visits.
Bougard, N.D & Booyens, K.	2015	Adult female rape victims' views about the TCCs: A South African multi-disciplinary service delivery model	*Acta Criminologica:* Southern African Journal of Criminology	The research results indicated that service delivery was experienced as satisfactory and that a positive relationship existed between the victim and TCC staff.
Gopal, N & Daniel, N.	2008	Rape survivors' experiences of the CJS case study - Rape crisis centre Port Elizabeth	*Acta Criminologica* - The Criminological Society of Africa (CRIMSA) Conference Special Edition	Through this research we were able to show that often times rape survivors were treated with disrespect and indignity by either members of the police or the courts.
Steyn, E & Steyn, J.	2008	Revictimisation of rape victims by the SAPS	*Acta Criminologica* CRIMSA Conference Special Edition	It was found that most of the victims interviewed by rape counsellors in this study believed that the police were unsympathetic towards their plight for assistance and that they would be hesitant to seek assistance from the police in future as a consequence. All of the rape victims that were interviewed described the police officers' behaviour as apathetic, uncaring, intimidating, and suspicious.
Randa, M.B., McGarry, J., Griffiths, S. & Hinsliff-Smith, K.	2023	Accessing care services after sexual violence: A systematic review exploring experiences of women in South Africa	*Curationis*	The review identifies that survivors' needs are not clearly established when seeking medical attention initially nor identifying support or appropriate pathways.
Sebaeng, J.M., Davhana-	2016	Experiences of women who reported sexual assault at a	*Curationis*	Findings on service provision at TCC revealed that health professionals displayed both

Maselesele, M. & Manyedi, E.		provincial hospital, South Africa		positive and negative attitudes while providing care to participants, although most were satisfied. However, when interacting with the police most were not happy with the way they responded to their victimisation.
Steinbrenner, S.Y, Shawler, C, Ferreira, S & Draucker, C.	2017	The lived experience of help-seeking by South African women after sexual assault	Health Care for Women International	The victims did not find justice in the courts; received medical care only for forensic exams and prophylactic care; and obtained counselling only when in crisis.
Holton G, Joyner K, Mash R.	2018	Sexual assault survivors' perspectives on clinical follow-up in the Eden District, South Africa: A qualitative study	African Journal of Primary Health Care and Family Medicine	Participants reported secondary victimisation by police. The validity of their claim of sexual assault was questioned, thereby discouraging reporting and minimising the severity of the violation.
Johnson, S, Mahlalela, N.B & Mills, E.	2017	Client experience of rape victims accessing governmental post-rape services in South Africa	The Institute of Development Studies	Participants highlighted positive, negative and often mixed experiences in accessing post-rape services. Entry to centres was often delayed due to low levels of awareness, indirect referrals and delays at police stations. Positive experiences were characterised as welcoming, friendly, empathetic and non-judgemental. Negative experiences were characterised as threatening, blaming, physiologically taxing and lacking in empathy. Inadequate follow-up, delays in progress of cases, and poor communication and quality of information contributed to dissatisfaction with services
Du Plessis, N.	2007	Women's experiences of reporting rape to the police: A qualitative study	Masters Dissertation: Psychology, qualitative study	All of the participants were reportedly dissatisfied with the manner in which they were treated or the way in which their cases were handled by the SAPS.
Swanepoel, L	2021	Secondary victimisation: the experiences of adult female victims of sexual offences	Masters Dissertation: Criminology, qualitative study	Within the CJS, inclusive of the local SAPS, participants reported experiencing inadequate service delivery, insensitivity, exploitation, traumatic cross-questioning and

				problematic procedures.
Bougard, N.B	2022	Service delivery within the CJS, with the local SAPS included: The experiences of adult female rape survivors.	Doctoral Thesis: Criminology, qualitative study	Pertaining to the medical care services for rape victims, the majority of the adult female rape victims reported a positive experience when they accessed medical assistance, with an emphasis being on HIV and STI prevention, treatment of injuries sustained and termination of pregnancy. The psychosocial component of post-rape care found that psychosocial services were unequally distributed,
Rohrs, S	2011	I feel for rape survivors, but I don't have the time. I'm always running: Barriers in accessing post-rape health care in South Africa	The Gender, Health and Justice Research Unit	The findings revealed that rape victims were required to provide a full statement at the police station before being taken to the hospital which delays the administration of PEP. Some of rape victims waited more than an hour at the police station due to a lack of vehicles to transport the rape victims to the hospital. Rape victims were often treated insensitively and disrespectful by police officers.
Abrahams, N & Gevers, A.	2017	A rapid appraisal of the status of mental health support in post-rape care services in the Western Cape	South African Journal of Psychiatry	Rape victims experienced a range of emotional difficulties and presented varying levels of distress and various levels of coping. Receiving support and care from others assisted them, but the poor integration of mental health within post-rape services meant few received formal mental health support or effective referrals.
Ncube, N.N.	2016	Characteristics associated with attendance of follow-up at a post-rape care centre in Cape Town, South Africa	Master of Philosophy: Public Mental Health	Rape victims were more likely to attend follow-up appointments if they were female, incurred injuries during the time of the rape, or received family support post-rape.
Kim, J.C., Martin, L.J. & Denny, L.	2003	Rape and HIV PEP: addressing the dual epidemics in South Africa	Reproductive Health Matters	The findings indicate that the delays in accessing PEP caused by the public justice system and lack of training for service providers constitute significant obstacles to effective prevention of HIV. The provision of PEP presents an

				opportunity to reform and strengthen existing services for post-rape care.
Engel, C.C., Litz, B., Magruder, K.M., Harper, E., Gore, K., Stein, N., Yeager, D., Liu, X. & Coe, T.R.	2015	Delivery of self-training and education for stressful situations (DESTRESS-PC): a randomized trial of nurse assisted online self-management for PTSD in primary care	General Hospital Psychiatry	Mental healthcare management for rape victims diagnosed with PTSD and depression requires about 12 sessions with the therapist when using treatment modalities.
Morris, T., Naido, P., Cloete, K.J., Harvey, J. & Seedat, S.	2013	No association between cumulative traumatic experiences and sex in risk for PTSD among HIV–positive adults.	Journal of Nervous and Mental Disease	Sexual assault carried the highest conditional risk for PTSD, followed by transport accidents. It is well documented that rape, sexual abuse, and other personal traumas are associated with a higher risk for PTSD.

Source: Researcher's emphasis (2024)

Stage 5: Collating, summarising, and reporting the results: The final stage of the process is the analysis of the results. The main research question is concerned with exploring the experiences of victims of sexual offences in South Africa with post-assault care services provided by the TCCs and the local SAPS. The intension of this analysis was to achieve the research aim and answer the research questions. A total number of Twelve (12) articles addressing the experiences of sexual offence victims with post-assault care services provided by the TCCs and the local SAPS.

DATA PRESENTATIONS, ANALYSIS AND DISCUSSIONS

While following the inductive TCA, the four (04) emerging study themes were identified follows:

Theme 1: Victims' experiences with *Thuthuzela* Care Centre service delivery

Multiple studies indicated that the TCCs received highly positive reviews from the victims of rape (Bougard-Booyens, 2015; Johnson, Mahlalela, & Mills, 2017). The majority of victims reported being welcomed and received immediate attention when they arrived, indicating a responsive and victim-centred environment (Bougard & Booyens, 2015). The Staff at TCCs, including healthcare and psychosocial support providers were described as empathetic, patient, non-judgemental, professional, and friendly which made victims feel understood and supported (Johnson *et al.*, 2017). Rape victims were pleasantly surprised by the level of care they received at TCCs, which contradicted their expectations of being blamed or judged and that the health-care providers would be rude (Johnson *et al.*, 2017). The findings indicate satisfaction in terms of services that victims received at the TCCs. The welcoming at TCCs supports the centres' goals to offer victim-centred environment, which is important in fostering a sense of safety and comfort following a traumatic event. These positive experiences with TCC staff are important for victims seeking immediate and sensitive care. According to Johnson *et al.* (2017), the trauma-informed care model emphasises the importance of empathy and empowerment for victims of sexual offences and the positive first interaction between the victims and the service care providers may act as an encouragement for victims' willingness to seek additional help and engage with other support services, therefore reducing the emotional burden and likely preventing trauma.

Although, the TCCs offered immediate assistance and a welcoming setting, gaps emerged in the development of specific treatment plans and the evaluation of victims' needs. Randa, McGarry, Griffiths and Hinsliff-Smith (2023) identified that victims' needs are not thoroughly assessed when they first seek medical assistance, and they are not guided to the right support pathways to receive follow-up treatments. This limitation indicates the necessity of a structured approach that incorporates both immediate care and longer-term recovery to ensure that victims have access to ongoing support through structured follow-up programs.

Theme 2: Sexual offences victims' experiences with police service delivery

In contrast to the TCC experiences, interactions with police overwhelmingly negative, with reports of secondary victimisation, judgemental behaviour, and apathy. The majority of victims reported negative experiences, characterised by disrespect, dismissive, insensitive, judgmental attitudes from the police and questioning victims' trustworthiness (Holton, Joyner & Mash, 2018; Rohrs, 2011; Sebaeng *et al.*, 2016; Steyn & Steyn, 2008; Swanepoel, 2021). Victims experienced incidents of secondary victimisation in which their trustworthiness was called into question and the true nature of their experiences was undermined, which discouraged reporting and worsened the trauma (Holton *et al.*, 2018; Steyn & Steyn, 2008).

In several cases, police prioritised administrative tasks, such as taking statements, than making sure people received emergency medical assistance. Victims complained of having to wait about 1 to 5 hours to give their statements, in some case the statements were taken in uncomfortable and non-private settings, which further affected their trust in the CJS (Du Plessis, 2007; Rohrs, 2011). The prioritisation of administrative procedures over the immediate medical needs of victims showed lack of sensitivity within law enforcement and the lack of privacy and disrespectful behaviour from the police further worsen the trauma endured by the victims (Steinbrenner *et al.*, 2017; Swanepoel, 2021). This does not only delay medical assistance needed by the victims of sexual offences but also contribute to feelings of dehumanisation. Furthermore, there was a significant lack of follow-up from the police regarding the status of victims' cases (Steyn & Steyn, 2008). The lack of follow-up and progress updates left victims feeling abandoned, fostering a sense of helplessness which affected their trust in the CJS (Du Plessis, 2007; Rohrs, 2011). This lack of supportive engagement emphasises the necessity of training police officers on trauma-informed treatments and accountability in law enforcement.

The study findings indicate that the police are likely than the health professionals to cause secondary victimisation towards rape victims. Although it is the police's job to interrogate the victim in order to start the investigation, several studies revealed that victims expressed extreme degrees discomfort with the way they were questioned they felt like the questions were insensitive especially considering the victim's physical and mental state at the time of the interrogation. The insensitive treatment of the police may cause victims to be reluctant to reporting sexual offence cases, increasing the number of unreported cases due to fear of secondary victimisation.

Theme 3: Medical care services

Medical care for victims of sexual offences is the most immediate essential needs required by the victims. Following the act of sexual offence, victims require immediate medical assistance to prevent health risks that may occur as a result of the assault. Multiple studies indicated that the majority of victims received HIV testing and PEP, preventative treatment for pregnancy along with treatment for the STIs, highlighting a focus on immediate medical concerns within the TCCs (Bougard, 2022; Bougard & Booyens, 2015; Sepeng & Makhado; Steinbrenner *et al.*, 2017). In this regard the TCCs appears to be addressing such issues relieving victims' distress of contacting infections, as HIV was a common concern among the victims (Steinbrenner *et al.*, 2017). However, Sebaeng *et al.* (2016), revealed that there was mixed feedback regarding the attitudes of healthcare professionals, with some victims describing health care providers as supportive while others experienced negative attitudes. These inconsistencies imply that although medical procedures are normally practised within the care centres, the quality of interaction between the victim and the nurses remains variable, which can affect the victim's perception of service delivery and willingness to seek further assistance.

Theme 4: Mental care services

Bougard and Booyens (2015) indicated that counselling services were accessible within the TCCs most victims received some form of counselling however extended mental health care, such as trauma counselling and PTSD follow-up assessments, was lacking. Only few victims of sexual offences were scheduled for acute mental health management, and follow-up appointments for PTSD assessments were not routinely scheduled leaving many victims without support for managing post-traumatic stress symptoms (Bougard & Booyens, 2015; Sepeng & Makhado, 2019). Additionally, Kim *et al.*, (2009); Ncube (2016); Sepeng and Makhado, (2019) revealed that rape victims were not scheduled for four weeks, three months and six months follow-up care to receive the PTSD assessment and management, which is a recommended period for victims experiencing symptoms of the PTSD to undergo treatment.

In certain cases, the treatment requires the use of intense treatment modality, depending on the victims' circumstances (Engel *et al.*, 2015). However, in it is often impossible to receive formal mental health support to

due lack of resources in most TCCs (Abrahams & Gevers, 2017). Some victims were not provided with any information regarding the need for follow-up appointments or referrals for additional psychological services to assist in the recovering journey (Holton *et al.*, 2018; Kaminer *et al.*, 2008; Steinbrenner *et al.*, 2017). However, despite lack of follow-up counselling services, the majority of victims received immediate counselling. The lack of structured follow-up care services indicates a gap in ongoing mental health care services, which is important for long-term psychological recovery. According to Sepeng and Makhado (2019) the sexual offence victims who did not receive follow-up counselling or scheduled sessions felt abandoned by the system, highlighting the significance of a comprehensive mental health treatment that includes crisis intervention and ongoing psychological therapy. This lack of mental health follow-up services highlights broader issues within the healthcare system in addressing the psychological impact of sexual offences. The post-rape care services prioritise physical and medical health more than mental health care. The lack of consistent mental health support emphasises the need for improved mental health services to all victims of sexual offences, including long-term counselling and structured PTSD assessments. The needs of victims of sexual offences can be met by service providers through an integrated treatment approach that places equal emphasis on physical, medical and mental health care, promoting long-term recovery and wellbeing of the victims.

STUDY CONCLUSION

The aim of this study was to explore the experiences of victims of sexual offences with post-sexual assault services provided by the TCCs and the local SAPS. The findings revealed both satisfaction and dissatisfaction with service delivery. The findings indicate that while TCCs and the local SAPS provide a supportive, responsive and victim-centred environment, significant challenges remain within the police and the mental healthcare services, particularly regarding follow-up counselling services to manage long-term psychological impact of sexual offences. In order to achieve an integrated approach of assistance that respects victims' rights and promotes the overall healing, it is important that medical, mental, and justice services be more integrated and consistent, and that police officers adopt trauma-informed approaches.

STUDY RECOMMENDATIONS

This study offers the following recommendations arising from the study findings geared towards the relevant selected stakeholders and other interested parties:

- TCCs and the local SAPS should expand mental health resources to include structured trauma counselling and long-term follow-up for PTSD support.
- Comprehensive police training focusing on sensitivity to victims of sexual offences and secondary victimisation prevention.
- Interrogating victims is part of the police's job in order to start the investigation therefore, a comprehensive training focusing on respectful questioning approaches is necessary to prevent the police from questioning the victims' credibility and causing discomfort during the interrogation.
- Investigation officials must keep the victims informed of the case's progress until the point of sentencing.
- The training for new TCCs officials and SAPS recruits must include a formal trauma-debriefing course to assist new recruits to have more in-depth understanding of how a traumatic experience such as rape affects victims and how police behaviour affects victims' trauma.

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