

Causes of secondary victimization of child sexual abuse victims

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Dissertation submitted in fulfilment of the requirements for the
degree Masters of Social Work in Forensic Practice
at the North-West University

Supervisor: Prof CC Wessels

Co-supervisor: Dr PJ Boshoff

Graduation: October 2019

Student number: 23943084

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- My fellow Master's student-friend, Chanay Titus, who started this journey with me and who always inspired and motivated me in completing my studies.

A heartfelt thank you to each one of you!

DECLARATION OF LANGUAGE EDITING

This serves to confirm that I, Isabella Johanna Swart, registered with and accredited as translator by the South African Translators' Institute, registration number 1001128, language edited the following dissertation:

Causes of secondary victimization of child sexual abuse victims

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ETHICAL APPROVAL



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20 June 2018

Prof CC Wessels
Social Work
COMPRES

Dear Prof Wessels

**APPROVAL OF YOUR APPLICATION BY THE HEALTH RESEARCH ETHICS COMMITTEE
(HREC) OF THE FACULTY OF HEALTH SCIENCES**

Ethics number: NWU-00099-16-A1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the Health Research Ethics Committee (HREC) secretariat.

Study title: Causes of secondary victimization of child sexual abuse victims

Study leader: Prof CC Wessels

Student: M Smit

Application type: Single study

Risk level: Medium (monitoring report required six-monthly)

Expiry date: 30 June 2019 (Monitoring report due at end of February and June until completion)

You are kindly informed that after review by the HREC, Faculty of Health Sciences, North-West University, your ethics approval application has been successful and was determined to fulfil all requirements for approval. Your study is approved for a year and may commence from 20/06/2018. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECMonitoring@nwu.ac.za. Annually, a number of studies may be randomly selected for an internal audit.

The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to Ethics-HRECApply@nwu.ac.za with a cover letter with a specific subject title indicating, "Amendment request: NWU-XXXXX-XX-XX". The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in yellow highlight in the amended documents. The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating that it is an amendment request e.g. "Amendment request: NWU-XXXXX-XX-XX". This e-mail should indicate the nature of the amendment. This submission will be handled via the expedited process. 2

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We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics- HRECApply@nwu.ac.za .

Yours sincerely

Prof Wayne Towers
HREC Chairperson

Prof Minrie Greeff
Ethics Office Head

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SUMMARY

Key words: secondary victimisation; child sexual abuse; victims

Child sexual abuse is a widely known phenomenon which occurs globally. Professionals from different disciplines (forensic- and child protection social workers, police officers within the Family violence, Child protection and Sexual offences unit within the South African Police Department, medical personnel, teachers, court personnel- prosecutors who prosecutes cases of child sexual abuse) come into contact with victims of child sexual abuse and some of these professions are expected to render appropriate services to such victims and refrain from causing any further possible harm to such victims. This article focuses on the causes of secondary victimisation of child sexual abuse victims and views of professionals in minimising such causes. The rationale of the study was to explore and identify the causes of secondary victimisation of victims of child sexual abuse within this process. It was further to gain knowledge about the applied process of service delivery to such victims.

The aim of the study was to gain insight from professionals in three different disciplines regarding the process of and service delivery to child sexual abuse victims in order to establish the causes of secondary victimisation of child sexual abuse victims. A qualitative research approach was used to gain insight from participants into their views concerning the research topic.

OPSOMMING

Sleutelterme: sekondêre viktimisasie; seksuele misbruik van kinders; slagoffers

Seksuele misbruik van kinders is 'n algemene verskynsel wat wêreld-wyd voorkom. Professionele persone vanuit verskillende professies (forensiese- en kinderbeskerming maatskaplike werkers, polisiebeamptes binne die Gesinsgeweld, Kinderbeskerming en Seksuele oortredings eenhede binne die Suid-Afrikaanse Polisie, mediese personeel, onderwysers, hofpersoneel- staatsaanklaers wat gevalle van seksuele misbruik van kinders vervolgt) kom in aanraking met slagoffers van seksuele misbruik van kinders en word daar van hierdie professionele persone verwag om toepaslike dienste aan sulke slagoffers te lewer, asook dat hierdie professionele persone hul

daarvan weerhou om enige verdere moontlike skade aan slagoffers van seksuele misbruik van kinders te berokken. Hierdie artikel fokus op die oorsake van sekondêre viktimisasie van slagoffers van seksuele misbruik van kinders en die professionele mening van professionele persone om sulke oorsake te verminder. Die rasionaal van die studie was om die oorsake van sekondêre viktimisasie van slagoffers van seksuele misbruik van kinders te eksploreer en te identifiseer. Die rasionaal was verder ook om kennis op te doen rakende die proses van dienslewering aan slagoffers van seksuele misbruik van kinders.

Die doel van die studie was om insig vanaf professionele persone in drie verskillende professies te bekom, met betrekking tot dienslewering aan slagoffers van seksuele misbruik van kinders asook die oorsake van sekondêre viktimisasie aan sulke slagoffers. 'n Kwalitatiewe navorsingsbenadering is benut om insig vanaf deelnemers te bekom oor deelnemers se siening/ professionele mening ten opsigte van die navorsingsonderwerp.

FOREWORD

The researcher plans to publish an article in CARSA according to the prescribed format. The article in this thesis will comply with the instructions below.

INSTRUCTIONS TO AUTHOR

1 EDITORIAL POLICY

Child Abuse Research a South African Journal (CARSA) has been published biannually since 2000. CARSA is an accredited journal approved by the South African Department of Education and Higher Training and it was SAPSE accredited in 2003 for articles published in the journal from 2004 onwards. This means that CARSA is a peer reviewed, fully accredited, professional journal and academics at higher education institutions receive credits if their articles are published in CARSA.

An article contribution to the editor(s) will only be considered provided it has been edited and is **ready for processing**, namely: language edited, stylistically polished and carefully proofread and to follow the technical format and referencing guidelines as provided below. Manuscripts not following the journal style, referencing technique, technical format and language edited will be returned to author(s) for correction and re-submission before being sent out for refereeing. In submitting an article author(s) acknowledge that it is their own original work and that all content sourced from other authors and/or publications have been fully recognised and referenced according to the guidelines for authors.

Review and refereeing of submitted articles

According to the Policy and Procedures for Measurement of Research Output of Public Higher Education Institutions, research output is defined as *“textual output where research is understood as original, systematic investigation undertaken in order to gain new knowledge and understanding”* (Ministry of Education, 2003: 3). Therefore, an uncritical synthesis of literature without contributing any new insight to existing knowledge falls outside the scope of this definition. Furthermore, *“peer evaluation of the research is considered a fundamental prerequisite of all recognised output and is the mechanism of ensuring and thus enhancing quality”* (Ministry of Education, 2003: 3-4).

The Journal also subscribes to and follows the peer review principles and guidelines as outlined in the Academy of Science of South Africa (ASSAF) document: *National Code of Best Practice in Editorial Discretion and Peer Review for South African Scholarly Journals* (Assaf, 2008).

Accordingly the Editorial Team will carefully examine submitted article manuscripts with a view to the selection of appropriate peer reviewers (who should be scholars who have not previously co-published extensively with the author(s), who are for this and other reasons free of known bias in relation to the subject matter, the author(s) and/or their institutions, and who can cover, from a position of authority and peer expertise, the topic(s) dealt with in the article concerned, i.e. are recognised experts in a specific specialist field in the disciplines served by this journal.

The Editor(s) will submit article contributions to referees (in a double blind review process) for evaluation and may alter or amend the manuscript in the interests of stylistic consistency, grammatical correctness or coherence. The refereeing process is always anonymous and the identity of referees will remain confidential. It remains the prerogative of the editors to accept or reject for publication any submission and their decisions are final. They will not enter into any

debate or correspondence regarding any decision made. Evaluators agreeing to referee articles are requested to provide, where possible, critical and constructive feedback on the work of their peers. They are requested to make a recommendation based on the following:

i Accept for publication in its present form;

ii Accept with minor revisions as indicated; or

iii Resubmit with major revisions in accordance with critical and constructive feedback provided;

iv Reject (unlikely to be accepted even after revision). In this instance it would be senseless to provide feedback and the decision of the editors would be final.

Apart from scientific shortcomings or inconsistencies, the following evaluative criteria are considered:

- The theme is academically significant (timely, important, in need of addressing);
- The theme contributes to an existing (professional) body of knowledge (knowledge useful);
- Author(s)' goals and objectives are clearly stated;
- The article addresses (unpacks) themes logically, consistently and convincingly;
- The article demonstrates an adequate understanding of the literature in the field;
- The research design is built on adequate understanding, evidence, informational input;
- The interpretative potential of the data has been realised;
- The article demonstrates a critical self-awareness of the author's own perspectives and interests;
- Holistically, the article is properly integrated and clearly expresses its case measured against the technical language of the field (theory, data and critical perspectives are well structured and the presentation is clear);
- Conclusions are clearly stated and adequately tie together the elements of the article
- The standard of writing (including spelling and grammar) is satisfactory;
- The APA CARSA adapted reference technique is consistently applied throughout the article;
- Sources consulted are sufficiently acknowledged (included in a list of references) and consistently cited to:
 - supply academically sound **evidence** on which the author's observations, statements, and/or conclusions are based;
 - enable readers to **consult** original sources themselves (precisely stating where and/or under which circumstances); and
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Effective and detailed source referencing is of paramount importance. Articles will be scrutinised and checked for bibliographic references and any proven evidence of plagiarism (including self-plagiarism where more than one-third of previously published work by the author(s) is being used in the author(s)' submitted article) will result in non-publication.

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Manuscripts for publication or enquiries pertaining to CARSA should be directed to: The Editor-in-Chief: **Prof M Ovens** ovensm@unisa.ac.za

2 GUIDELINES FOR AUTHORS

Referencing guidelines

Notes: References and citations should be prepared in accordance with the **CARSA adapted APA format** (see below examples of various reference listing types). The ‘in-text’ referencing format is followed by the Journal with full source referencing information listed under the heading: **LIST OF REFERENCES** (uppercase), which list to be placed at the end of your article. All sources in the List of References must be listed alphabetically by author(s) surname(s), according to the following examples. Please note the indenting of the second and additional lines of a reference listing when longer than one line. Use of full stops in listing: Generally, each separate piece of information is standardly followed by a full stop. A comma only used if part of that one piece of information. Exception being the use of the colon [:] – and not a dash [-] or semi-colon [;] – in a split article or book title and after the place of publication before the name of the publisher.

List of references [examples]

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Notes on examples

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The sources in the list of references must be listed in alphabetical order according to the surnames of the authors. They are not numbered.

Note that all the details of a source are given in the language of the source itself. If you were to use a German book, for instance, its title would be in German [with the English translation after it in square brackets] and the place of publication might be München, not Munich.

If multiple entries for the same author, i.e. different publications/articles etc. then the author must be listed by date (oldest first) of the publication/article. If there are two or more from the same year they are indicated (again first in the year by month). For example: Jones, A. 2004a; Jones, A. 2004b; and Jones, A. 2004c... etc. In the text such additions of a, b, c, ... would then also occur in the text reference accordingly. For example, (Jones, 2004c: 12).

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Source references in the text

These are indicated by the surname(s) of the author(s) and the year of publication, as well as the page number from where the reference is cited/sourced. For example, (Nkosi, 2005: 4) or Nkosi (2005: 4). If you are referencing generally some information (ideas, concepts interpretations) drawn from a publication and paraphrased them, i.e. there is no specific page number or numbers, this can be referenced as: (cf Parsons, 2011: 34-41). It would not be acceptable merely to list this reference as (Parsons, 2011) with no page numbers. A reader must be able to go to the Parsons' publication and see where you obtained the general information being referred to, even if from a number of consecutive pages. If the information is general information extracted from a whole publication, then the reference does not need to have page numbers indicated.

Comma or not after author(s) name(s) in bracket

It is your choice of whether to insert a comma or not after an author(s) name in the bracketed reference.

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Secondary referencing

For example: Morrison (1998) (as cited in Prinsloo, 2001: 7). This is generally not acceptable in academic terms. Author(s) should go to the primary source, i.e. Morrison (1998), and reference the information used directly from the relevant page numbers in the Morrison publication. However, sometimes in a newspaper or journal article a specific person is quoted. In other words, such person does not have a primary publication from which the information is being quoted but was interviewed by the writer. In such circumstances the person so quoted can be referenced accordingly by name as, for example, ...National Police Commissioner Selebi (as cited in Mashaba, 2008) said that the SAPS must fight drug dealers on the streets....

Three or more authors for one publication: Use of 'et al,'

In the text the first time three or more authors are cited in the text then all authors' names to be indicated in the reference. Thereafter only the first author name and the term 'et al,' to be used. For example: (Ammaniti et al, 2000: 12) ('et al,' is not used in the List of References).

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No author identified

If no author is identified the appellation: Anon. must be used. In newspaper articles cited if there is no author listed for the particular article, then the news source should then be put as the author. For example: SAPA, Reuters or AFP. In the List of References, a month date is always added after the newspaper title, e.g. 6 July (year date comes after author), followed by the newspaper page number (if available) where the cited article appeared.

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All multiple initials are separated by full stops, but without any spaces in-between. Date of publication follows author(s)'s surname and initials and date is itself followed by a full stop (Note: Alternate option: Date in bracket. You can place the year date in brackets, but this is your choice. Remember, whichever choice you make to apply it consistently throughout.)

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Titles of article, chapter, document being referenced only has the first letter of the first word (unless a Proper Noun) as a capital (uppercase). This rule also applies to the first word after a colon in the title. However, all words in the title of a journal (except pronouns) have the first letter as a capital. Only book, journal and newspaper titles (not chapters or article titles) are *italicised*. Place of publication is followed by a colon and then the publisher's name. Note: Little known places of publication: Sometimes the place of publication is not a well-known city/town, so either the country or state is inserted after it. For example: Cullompton, Devon, UK; Baton Rouge, FL; Seven Oaks, CA; Aberdeen, Scotland. The acronym for the American states is usually given in such cases. FL = Florida; CA = California. Sometimes because a city or town occurs in two or more countries, which country it occurs would also be provided. For example: Albany, NY, USA and Albany, UK.

Publishers: You only need to give the publishers name and not for instance 'Pty Ltd', or 'Inc.' or 'Books' or even 'Publishers' (There are a few exceptions to this rule, namely Oxford University Publishers but 'Publishers' would not be added to a publishing company, since that is their only business. For example, it would only be 'Sage' and not 'Sage Publishers').

Volume and edition numbers

The volume and/or edition numbers are not part of the Journal title, i.e. are therefore not italicised. Note the volume number is followed by issue/edition number in brackets followed by a colon and the journal page numbers of the specific article. No use is made of the abbreviations: Vol. or No. Journal titles are not abbreviated or given acronyms when referenced in the text for the first time. For example: SAJ CJ is written out as: *South African Journal of Criminal Justice*, the first time it is used as a reference in the text (and in the List of References) with the acronym in brackets after the full title (when used first time in the text), and thereafter you can use the acronym in the subsequent reference listings to this journal in the text.

Chapter in a publication

Please note the specific listing for a chapter in a publication, as well as the insertion after the chapter title of the page numbers in which it appears in the publication. If only one editor for the publication this is indicated in brackets after the editor's surname (which has a full stop before the bracket) as: (Ed.). ...while multiple editors will be the abbreviation: (Eds). Note editor(s) initials come before their surname in the listing of a chapter. Note no full stop after the abbreviation 'Eds' and the cap 'E' in both usages and a full stop after the last bracket.

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According to Smith ([sa]: 12) there are...
.. in that regard (Smith [sa]: 9) ...

Note: In the list of reference sources, the 'S' of both *sine anno* and *sine loco* is capitalised (upper case) because it introduces a new element of the entry. In the in-text reference, however, the 's' is written with a small letter (lower case).

Referencing information from the internet

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example). You must indicate a title for the document – this can be the first heading of the document. Then a publisher, usually the website organisation, e.g. Consumer Goods Council of South Africa (CGCSA). No place of publication (sl) needs to be inserted unless indicated in the report/document downloaded.

Then the use of the terms: ‘Available at:’ followed by the URL web address for the downloaded document. This is followed (in brackets) with the terms: ‘(accessed on:’ or alternately the term ‘retrieved on:’ (again your choice of which of these two terms to use. Also your choice whether ‘at’ and ‘on’ added to either ‘Available’ or ‘accessed’ respectively. Note: colon use after ‘at’ and ‘on’); followed by the date when such internet document was downloaded. The date should be written out as 6 March 2012 (required date format to be: dd-mm-yy) but the format 06/03/2012 can also be used. Whichever form used that should be applied throughout the article.

Note that ‘Available’ has a cap but ‘accessed’ lower case used – and that there is no full stop after the URL web address before the bracket (accessed on: ...). But if you choose to drop the brackets for: (accessed on: ... then a CAP ‘A’ and a full stop after the web address to be inserted. Wikipedia references are not a primary source for referencing and are not academically acceptable in this journal’s articles.

Referencing of legislative Acts

Note how legislative Acts are listed (under their own sub-heading: Legislation) with the provision of as much detail as possible. For example: **Domestic Violence Act 116 of 1998**. [the name of the Act to identify the exact piece of legislation (and add in brackets if there have been Amendment Act(s) to the original piece of legislation, i.e. the specific version consulted and quoted from; followed by the country of origin of this particular Act] **South Africa. 1998**. [date of Act’s promulgation] *Government Gazette*, [which is italicised – treated as a journal publication] **524(31911)**. [the GG volume and issue no] **Pretoria**: [place of publication] **Government Printers** [as the publishers/printers]. **18 February** [date of GG and/or date Act assented to by the State President]. All this information is available on the actual published Act document in the *Government Gazette*. If the Act is available in pdf on a government department website this URL can be added after the listing as above.

When referencing a piece of legislation (Act) in-text the following format to be followed:
... (Domestic Violence Act (DVA), 1998: s6(1a): 5).

Note the following: The use of the name of the specific Act; first time use the acronym can be placed in brackets, thereafter the acronym can be used in the reference brackets; it is not necessary to insert the number of the Act in the reference; if the piece of information used can be identified by section (s); paragraph (1a), and a page number, then such should be inserted in the reference paragraph. The country of origin is not to be used as the identifier (author) of the reference.

South African Case Law

Case law (cases and judgments) are usually reported in various so-called (South African) Law Reports. For example:

All SA = All South African Law Reports; **BCLR** = Butterworths Constitutional Law Reports; **SA** = South African Law Reports, etc.

The examples above, if you were referencing information from them, would be listed in your List of References, as exactly as they appear above (under the heading: Case Law in your List of References and listed alphabetically). However, in your in-text referencing they would appear as follows (shortened): (*Holomisa v Argus Newspapers Ltd* [1996]) (If you have a page number from the court records – usually the judgement/decision document as appearing in the specific Law Report, then it can be inserted as part of your reference.)

Note the following: The names of the litigants in the examples of cases are *italicised*. Only first respondents surname is given. Other parties to the case are indicated as ‘and another’ or ‘and others’. The date of the above *Holomisa...* example is in square brackets – only to indicate that 1996 was when the case was first lodged in court and also indicates that [1996] is not the date – which might be a few years after – when the case was finalised and judgement given. Specific **sections** of a case are referred to with reference to either the page(s), for example 263H, where it is indicated in the reported volume, or a paragraph(s) of the judgment (as has become customary for judges in their judgements nowadays). The paragraph is identified by way of square brackets, for example [137]. The letters after the date indicate in which Law Report (e.g. Butterworths Constitutional Law Reports = BCLR) the case was reported, followed by page numbers of that specific Law Report edition followed in brackets by the Court Division in which the case was heard. The reference to the court is in the letter or letters in the last parenthesis of the citation.

International Case Law

With the digitisation of much of international (Europe, UK and USA) case law the tendency in listing such international cases has been towards more detailed referencing so that researchers can better track and find such international case law. The examples provided are from USA and Europe as preferred referencing examples to be used in this journal for international case law referencing. For example, in text referencing as follows:

.... the subsequent decision of the Inter-American Court of Human Rights in the *Haitian Center for Human Rights V. United States* case (Inter-American Commission of Human Rights, 1997)
.... [or] the Refugee Convention and article 33 fall short of applying on the high seas, (US Supreme Court, 1993: 2549) the subsequent decision of....

Use of footnotes/endnotes

The journal style does not use references in footnotes. But, if necessary, content references in the form of footnotes/endnotes may be used to provide additional information or explanation but all source referencing follows the ‘in-text’ referencing style.

Technical and formatting requirements

Articles that are submitted for consideration should adhere to the following minimum standards and technical and formatting requirements before submission:

- 1 An **electronic copy** (computer disk or document sent by e-mail (to the Editor-in-Chief) in MS Word (or Word compatible software programme) may be submitted. If not e-mailed, the file name of the manuscript must be specified on the accompanying computer disk.
- 2 **Length:** Contributions must be submitted in English and should preferably not exceed **20** typed A4 pages (electronically minimum word count should not be less than **7 000** words (approx. **15** pages) or exceed **10 000** words of **text** (approx. **20** pages)

3 The **title** of the article (in uppercase) and the **author's full first name and surname**, designation, institutional affiliation, address & contact email should appear on the first page.

4 A **summary/abstract** of approximately 150-300 words on the first page of the submitted article must also be included. The abstract to be **italicised**.

5 **Keywords:** Directly below the abstract paragraph insert **Keywords** (maximum of **TEN** (10) – approximately **TWO** (2) lines).

6 If **funding** has been received from your University/Organisation or external funders for the research on which this article is based, such support funding can be acknowledged in the first footnote.

7 **Line spacing:** The document should be typed in A4 format using **SINGLE** (1) line spacing and 'normal margins' selected. No double spacing between words or after full stops and commas. Only single spacing throughout text. No line space to be inserted between paragraphs except between a paragraph and a heading.

8 **Paragraph indenting.** All paragraphs first line to be indented except for first paragraph after a heading. Please do not use the automated 'space after a paragraph' or 'space before a paragraph' function in MSWord.

9 Font: **Times New Roman 12**.

10 **Page numbers:** are also **TNR 12** font and centred in the **footer** section of each page.

11 **Spelling:** Please make use (choose this as your default option) of the UK spellcheck and NOT the USA one. For example, replace the 'z' in organization (US spelling) with an 's' = organisation (UK spelling).

12 **Use of quotes and italics:** Long quotes are placed in a separate paragraph and must be indented from both sides, (see below for short quotes usage) as in the following example:

Quotes that are **45 words** long or longer (three lines and more) should be indented from both sides (of the paragraph) as in this example. If the quote is shorter, then it needs to be imbedded in the text of a paragraph and set in between **double** quotation marks, i.e. "inverted commas". Quotes from published information are generally **not italicised**. However, actual words of interviewed respondents are recommended to be italicised. Field note comments by the researcher on the respondent's responses (in the italicised responses) are not italicised but are placed in square brackets [...], note not round brackets (...). For example: ... "*I did not commit the crime but the policeman [sic.] they abuse us foreigners because me I was just sitting down with my friends and just talking stories, suddenly police came and arrest us.*" An additional use of italics is all non-English words, for e.g.

...Another participant said: "*Ek sal dit nooit vergeet nie*" (I will never forget it) (note the provision of an English translation after such use). All indented quotes need to end with the precise source reference placed in brackets and closed with a full stop (*Acta* Editor, 2013: 7).

13 **Single quotation marks:** Single inverted commas are only used when you want to emphasise a term or a common saying especially when it is not a direct use of words from another author. e.g. 'Zero Tolerance' or ... a 'live-and-let-die' approach. Single quotation marks are also used for a quote within a quote. For example: "It was patently obvious from the research that police officers use of force was not following the regulations. As indicated by one interviewee: '*they shoot wildly in a crime situation*'. This indicated that they needed to be trained to follow the set rules (Mistry, 2003: 6).

14 **Text justification:** Text is always full justified (squared), except for article title, author(s) name and the heading: *ABSTRACT* – all of which are centred – on the first page of the article. One further exception being the numerals in a table that are column centred.

15 **Headings and sub-headings:** All headings and sub-headings must be **bold**. There is **no use of numbering** or **underlining** of headings in this journal. Only three levels of headings' format to be used, namely:

a Main heading which are: **UPPERCASE** (CAPS);

b 2nd level, i.e. sub-heading, only the first letter of the first word in the heading is a CAP unless it is a proper noun, for example: **Crime in Cape Town's informal settlements**

c 3rd level sub-sub-heading is indicated in bold and italicised with the same CAPS convention for 2nd level heading. For example: ***Crime findings from the Crossroads informal settlement.*** All headings do not have a full stop at the end.

Note that there is no line spacing between a heading or sub-heading and the immediate following paragraph, a line spacing is inserted only before a heading and the preceding paragraph.

16 Use of **dates** in text – as follows: 11 September 2001 and not September 11, 2001. Also no use of abbreviations as in 1st, 2nd or 3rd just 1, 2, 3 etc. In the text do not use the date format of 11-09-2001 or 11/09/2011.

17 Use of **tables, figures, graphs** and **diagrams** in text: These render the layout difficult and should be used **sparingly**. All diagrams and tables must be numbered sequentially and referred to in the text, e.g. In Table 2 the falling statistics for the crime of murder can be discerned over the period 2000/01 to 2005/06. The use of such diagrams or tables must have a heading (also to be made bold) before the table or diagram and not after it. For e.g.:

Table 2: Statistics on violent crimes during 2000-2006

Crimes	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Murder	21 758	21 405	21 553	19 824	18 793	18 545
Attempted murder	28 128	31 293	35 861	30 076	24 576	20 553
Assault GBH	275 289	264 012	266 321	260 082	249 369	276 942
Robbery aggravating	113 716	116 736	126 905	133 658	126 789	119 726
Total	438 891	433 446	450 640	443 640	419 527	435 766

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LIST OF ABBREVIATIONS

<u>Abbreviation</u>	<u>Explanation</u>
APA	American Psychiatric Association
CSA	Child sexual abuse
CSG	Child support grants
DoJ&CD	Department of Justice and Constitutional Development
DSD	Department of Social Development
DSM	Diagnostic and Statistical Manual of Mental Disorders
FCS	Family Violence Child Protection and Sexual Offences
HREC	Health Research Ethics Committee
NGO	Non-governmental Organisations
NPA	National Prosecuting Authority
NPF	National Policy Framework
NWU	North-West University
PTSD	Post-traumatic Stress Disorder
SA	South-Africa
SACSSP	South African Council for Social Services Professions
SAPS	South African Police Service
SASSA	South African Social Security Agency
SOC	Sexual Offences Court
SOCA	Sexual Offences and Community Affairs
TCC	Thuthuzela Care Centres
UNICEF	United Nations International Children's Emergency Fund

RESEARCH TITLE

Causes of secondary victimization of child sexual abuse victims

Key concepts: Secondary victimisation, child sexual abuse, victims.

SECTION A: INTRODUCTION

1. CONCEPTUALISATION

Incidents of sexual abuse are a perturbing reality, especially in George in the Western Cape Province where the researcher is employed as a registered Social Worker. Despite a high conviction rate nationally, sexual offences in the greater George have increased with a shocking 437 cases reported in the last financial year, compared to 347 cases the previous year (George Herald, 2017). According to Rape Crisis, South Africa (2014:2), over 40% of all the rapes in South Africa are committed against children. Of the 124 526 total rape cases reported in the last three financial years, children were the victims of 41% of these cases. Mbhele (2018), DA Shadow Minister of Police, said: 'This means that at least 110 children are raped every day in South Africa. Only 21% of child rape cases resulted in successful convictions' (Anderson, 2018:1). Shoji (2018) reports that statistics show that children in South Africa are becoming soft targets for criminals, as an estimate of 110 children are being raped daily in the country.

According to Rape Crisis, South Africa (2014:3), cases of reported rape increased from 27 056 in 1993 to an astonishing 55 114 between April 2004 and March 2005. This is amongst the highest reported rates of rape in the world. The numbers become even more frightening when you realise that the number of child rapes has continually increased over the years. In 2014/15, there were 15 520 child rapes reported. Only 1 799 resulted in successful convictions. In 2015/16, 16 389 were reported of which only 2 488 resulted in the conviction of the perpetrator. In 2016/17, the number rose even further to 19 071. According to Rape Crisis, South Africa (2014), there was a small improvement in convictions; 6 366 perpetrators were convicted.

Sexual abuse is becoming so prevalent that sexual offences courts are being implemented to effectively deal with such cases (Ministerial Advisory task team on the

Adjudication of sexual offence matters, 2013:4). Louw (2013:5) defines a sexual offences court as “a specialised court that specifically deals with sexual offences (i.e. they have a dedicated role) and consists of specialized prosecutors, child protection- and forensic social workers, investigating officers, magistrates and health professionals”. Different role players, the South African Police Service (SAPS), the Department of Social Development (DSD) and the Department of Justice and Constitutional Development (DoJ&CD) form part of service rendering in sexual abuse investigations. The problem with these different role players is that victims of child sexual abuse therefore have to engage with these role players and give their version of what they encountered to them, often more than once as part of the intervention processes of each profession. Last mentioned statement is based on the professional experience, in cases of child sexual abuse, of the researcher. The SAPS is the entry point of these abuse cases, as it usually has the first contact with the victim. The role of the SAPS is investigating reported (when a criminal charge is laid) cases of abuse (Tlakula, 2002:18). According to a research study conducted by Jonkers (2012:38), the main purpose of forensic social work is to collect information from the child victim. In order to do so, the forensic social worker needs to assess the child and to review literature, collect corroborating information from other sources (such as medical records, school reports), and conduct interviews with relevant systems and significant others. The aim of this process is to remain neutral and test multiple hypotheses that might explain an allegation. Victims of child sexual abuse, who are mostly very young and do not want to open up to the investigating officer, will often be referred to the forensic social worker, to obtain the statement of the child victim.

According to Jonkers (2012:39) the successful investigation and prosecution of criminal offences depends on obtaining reliable information from child victims and/or witnesses. The forensic social worker will act as an impartial scientist, thus maintaining a neutral stance with no vested interest in the outcome of his/her involvement. For example, whether the child is found to be sexually abused/not abused is of no relevance to the forensic social worker; he or she should only establish the facts of the case under investigation. The role of the forensic social worker requires not only a commitment to objectivity, but also the capacity to create unbiased assessment procedures. According

to the SAPS, it is envisaged that social workers specialising in the field of forensic social work will be utilised to assist the Family Violence Child Protection and Sexual Offences Unit (FCS) with the investigation of family violence, child protection and sexual offences-related crimes with the aim of influencing the conviction rate (Jonkers, 2012:39). The role of child protection social workers at the Department of Social Development is to assess the impact of the abuse on the victim (Social Work Degree Guide, 2019) and the Department of Justice and Constitutional Development is responsible for the effective prosecution and adjudication prosecution of the sexual abuse case (Department of Justice and Constitutional Development, 2012:30).

The process of service delivery to victims of child sexual abuse requires such victims to engage with all the above role players. Interaction with so many role players at different times requires victims to re-tell their versions of the abuse (Watson, 2015:5).

The research study aimed at exploring what the causes of secondary victimisation of child sexual abuse victims are within the service delivery process. In exploring and identifying these causes, valuable contributions may be made in improving services to victims of child sexual abuse.

2. PROBLEM STATEMENT

The term child sexual abuse is globally known and is a phenomenon that affects people worldwide, so much so that it is contained in numerous acts, amongst others, the Children's Act (Act No. 38 of 2005), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No. 32 of 2007) and the Child Justice Act (Act No. 75 of 2008). The above Acts are implemented in South Africa for the protection of children and are there to be adhered to. The Child Justice Act (Act No. 75 of 2008) provides guidance as to dealing with juvenile offenders of child sexual abuse. Section 9 of the Children's Act (Act No. 38 of 2005) states: 'In all matters concerning the care, protection and well-being of a child the standard that the child's best interest is of paramount importance, must be applied.' Last-mentioned quote underlines the high priority placed on the needs of the child by South African legislation. The researcher focussed on child sexual abuse for the research study due to its prevalence worldwide.

The Children's Act (Act No. 38 of 2005) defines a child as a person under the age of 18 years. Child sexual abuse is not only defined as the sexual molestation or assault of a child, but also as allowing these acts to be committed against a child. It includes encouraging, inducing, or forcing a child to be used for the sexual gratification of another person, using a child in, or exposing a child to, sexual activities or pornography, and participating in, or assisting in, the commercial sexual exploitation of a child (Fouché, 2012:76).

Child sexual abuse is a global phenomenon that occurs across cultures and socio-economic groupings (Mathews, Abrahams & Jewkes, 2009:84). The term sexual abuse includes a wide spectrum of contact or acts, as stated in Fouché (2012:76). The important aspect to note is contact with or acts performed on children that have a sexual connotation and that aim to sexually satisfy the perpetrator. These sexual acts or sexual contacts committed against children can have a negative impact on the child victim. The sexual abuse of a child victim can manifest through various symptoms, for example a change in the behaviour of the child victim.

In young children, symptoms of sexual abuse are anxiousness, nightmares, bedwetting and sometimes post-traumatic stress disorder (PTSD). In the case of older children, including adolescents, depression, self-harming, educational problems, hyperactivity and suicidal ideations can occur. Symptoms of child sexual abuse and accompanying behaviour can therefore negatively affect the child victim (Lowenstein, 2011:295-296). Child sexual abuse generally has negative impacts on the individual that affect all aspects of social life. The impact of child sexual abuse goes beyond physical injuries and visible scars (Children's Institute, 2015:1).

According to the South African Police Service Provincial Crime Statistics (2019), the total number of sexual offences reported in South Africa was 49 445 for 2017 and 49 991 for 2018. Schafer (2012:1) states that 110 children are sexually abused in South Africa on a daily basis. Children are the most vulnerable members of our society and the Bill of Rights, 2008 (RSA) s.28 makes specific provisions for and places a clear obligation on society and government to protect them from harm and abuse. It is a shocking fact that child sexual abuse is a growing phenomenon in South Africa.

According to Crime Stats SA (2019), the national total number of sexual crimes for the past nine years was: 2008 (63 788), 2009 (70 514), 2010 (68 332), 2011 (66 196), 2012 (64 419), 2013 (66 197), 2014 (62 267), 2015 (53 617), 2016 (51 895), 2017 (49 445) and 2018 (49 991). These figures reflect an increase between 2008 and 2013, but reveal a decrease from 2014 to 2016. During 2017, the number of sexual crimes still decreased, but the 2018 figures again show an increase. Justifications for the decrease in sexual crimes may be due to different reasons, such as lack of reporting of sexual crimes or decrease in sexual crimes committed. It is, however, not possible to provide a definitive explanation for such a decrease over a few years and the slight increase again in 2018. Possible reasons need to be researched and confirmed. The national number of rape for 2016/17 is 39 828 and 40 035 for 2017/18, indicating an increase of rape cases nationally. The number of child sexual abuse crimes nationally reflect a decrease, with a total of 24 677 in 2016/17 and 23 488 in 2017/18. Crime Stats South Africa (2013) also reported that the total provincial number of sexual crimes in the Western Cape Province from the year 2012 to 2018 is: 9 117 for 2012, 8 776 for 2013, 8 009 for 2014, 7 369 for 2015, 7 130 for 2016, 7 115 for 2017 and 7 075 for 2018. Although provincial figures also show a decline in the number of sexual offences reported, it does not eliminate the seriousness of the crime or the effects of the abuse itself on the victim. The provincial number of rape cases also reflects a decrease in the past two financial years, with a total of 4 771 in 2016/17 and 4 744 in 2017/18.

The researcher is employed as a Social Worker at the Department of Social Development in George in the Western Cape. The researcher has working experience of child sexual abuse since the year 2010. In George in the Western Cape, the years 2012 to 2016 reflect a slight decrease with regard to sexual crimes (Crime Stats SA, 2019). The number of sexual crimes increased from 115 in 2012, 124 in 2013, 127 in 2014, 103 in 2015, 91 in 2016, and 116 in 2017 to 121 in 2018 (Crime Stats SA, 2019). Therefore, it is evident that sexually-related crimes increased in George in the Western Cape from 2012 to 2014. The figures further reflect a decrease for the years 2015 and 2016, but then show an increase again in 2017 and 2018. The number of rape cases for George in the Western Cape is 417 in 2017 and 463 in 2018, which show an increase in rape cases in the last two years (Crime Stats SA, 2019). Last-mentioned figures

correlate with the practical experience of the researcher, as her caseload (which increased with an average of eight new sexual abuse cases per month, for the last stated years) also reflects an increase in sexual abuse cases, which supports the above statistics. The researcher has a responsibility towards her cases in the assessment of child sexual abuse, compiling a report for court on the impact that the sexual abuse incident had on the child victim and also to render support services to the victim and family of child sexual abuse. During 2012 Hartnick, DA MP and Western Cape Province spokesperson for Youth, Women and Persons with Disabilities, states that a man in George is facing 13 sexual abuse-related charges, which include indecent assault, kidnapping, the use of children for pornography and sexual exploitation of children. The youngest victim is allegedly an eight-year-old girl (Anon, 2012:9).

Attempts are being made in South Africa to successfully address the occurrence of child sexual abuse by training professionals to adequately deal with victims of sexual abuse. The South African Police Service is a good example of training being provided to staff that enables them to specifically deal with cases of sexual offences. The FCS unit within SAPS is an example of trained staff to adequately deal with victims of sexual abuse. Even the Department of Justice and Constitutional Development recognises the prominence of child sexual abuse cases, so much so that sexual offences courts are being established (Louw, 2013:4). It seems, however, that the process from laying the charge of sexual abuse to finalising the case is still prolonged. According to the South African Law Commission (2013), the time frame for convictions in relation to reported cases is two years. There seems to be a lengthy period between reporting and finalising the abuse case. There is definitely a need for specialised courts to reduce this lengthy period. In George, in the Western Cape there is one court who specifically deals with all sexual abuse cases. The establishment of this sexual offences court ensures that cases of sexual abuse are prioritised and effectively addressed by prosecutors and magistrates skilled to deal with such cases (The Shukumisa Coalition, 2017:2).

Radebe (2013) said that in 1999 the National Prosecuting Authority (NPA) first established sexual offences courts in Mdantsane, Soweto, Bloemfontein, Durban, Parow and Grahamstown and by the end of 2005, there were 74 sexual offences courts countrywide. "Two of the main achievements of the sexual offences courts were an

increase in conviction rates and a decrease in turnaround time from the date of report to the police up to the finalization of the case”, the Minister said. “We believe that these sexual offences courts will help address the growing challenge of sexual offences in the country, particularly against vulnerable groups” (Anon, 2013).

The researcher supports the establishment of sexual offences courts as there is a definite need for such courts to effectively address child sexual abuse. Although these measures were put in place, cases of child sexual abuse still seem to take long to finalise. It is clear that the government is aware of the significance of adequately addressing cases of child sexual abuse, as initiatives, such as Sexual Offences and Community Affairs (SOCA) and Thuthuzela Care Centres (TCC) have been implemented in efforts (by the government) to increase conviction rates in sexual abuse cases. It is the opinion of the researcher that the long time frame (two years according to the South African Law Commission, 2013:22) from the date of reporting the sexual abuse case to the police up to the finalisation of the case may cause significant trauma to the victim of child sexual abuse.

According to Babbel (2013:1), sexual abuse is a particularly sinister type of trauma because of the shame it instils in the victim. Victims of childhood sexual abuse are often too young to know how to express what is happening and seek help, which can result in depression and anxiety. The American Psychiatric Association [APA] and the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2013) specifically define trauma as an exposure to actual or threatened death, serious injury, or sexual violence. The person’s response to the event must involve intense fear, helplessness, or horror. In children, the response must involve disorganised or agitated behaviour. Childhood sexual abuse is included, even if it does not necessarily involve threatened or actual violence or injury. Initial trauma, through any violating act, may also lead to secondary trauma.

According to Motta (2012:256), secondary trauma refers to the transfer and acquisition of negative affective and dysfunctional cognitive states due to prolonged and extended contact with others, such as family members, who have been traumatised. As such, secondary trauma refers to a spread of trauma reactions from the victim to those who

have close contact with the traumatised individual. The evaluation of the efficacy of therapeutic interventions for secondary traumatisation is nearly non-existent. Systematic studies of secondary trauma are in their infancy and a good deal of further research is needed. The researcher wants to clearly state that there is a noteworthy difference between the terms secondary trauma and secondary victimisation. The latter is defined next.

According to Coxell and King (2002) (cited in Okan, 2011:2) secondary victimisation, also known as the second rape, broadly refers to the lack or inappropriateness of the reactions of professionals towards the survivors of sexual abuse leading to feelings of re-victimisation. Secondary victimisation or sexual re-victimisation further refers to a pattern in which the sexual assault victim has an increased risk of subsequent victimisation relative to an individual who was never victimised. A second rape is the severest form of sexual re-victimisation (Lurie, Boaz & Golan, 2013:865). Secondary victimisation also refers to negative experiences that survivors may encounter when they seek help after rape or any sexual offence.

For the purposes of this research study, the researcher focussed on the term secondary victimisation, as it directly narrates the experience of the victim with regard to the relevant helping professions and processes. Last-mentioned relates to the essence of what the researcher wished to study.

According to Campbell and Raja (2009:1), secondary victimisation refers to behaviours and attitudes of social service providers that are 'victim-blaming' and insensitive. Secondary victimisation therefore occurs not as a direct result of the criminal act, but through the response of professionals to the victim through negative attitudes towards and insensitive treatment of the victim.

Experts in the field of sexual abuse and its effects are of the opinion that secondary victimisation can be caused by any person or institution, including family members, friends, neighbours, the media, clergy, law enforcement officers, police officers, magistrates, social workers and even mental health professionals (South African Service Charter for Victims of crime, 2007:2). This research study, however, will exclude social contacts of the survivor, such as contact with friends or family members; and the

term will be used only with reference to the service providers. In this context, secondary victimisation within the legal system involves negative attitudes and behaviours of the service providers that serve to judge or blame the survivors of sexual abuse, display disbelief about their version of what they encountered or simply refuse them the assistance.

According to Gray and Gekoski (2010) (cited in Okan, 2011:3), when victims of sexual abuse face judgmental or neglectful behaviour from the service providers, the experience may resemble the original trauma to the extent that it almost acts as a second rape and has numerous consequences, such as increased feelings of shame and post-traumatic stress disorder (PTSD) symptoms.

Victims frequently experience secondary victimisation upon entering the justice system through suffering loss or reductions in income and being uninformed about updates in the case, to the extent of no longer being willing to participate in system proceedings (Doerner, 2012:3). Although secondary victimisation is, according to literature, caused by insensitive treatment of victims of sexual abuse by professionals, the criminal justice system and its processes also seem to cause secondary victimisation of the victim of sexual abuse.

The researcher wanted to establish, through the research study, what the causes of secondary victimisation of child sexual abuse victims are in George in the Western Cape.

From the above problem statement, the following research question arose:

What are the causes of secondary victimisation of the victim of child sexual abuse?

3. RATIONALE FOR THE STUDY

Child sexual abuse is a disturbing phenomenon that affects persons worldwide. Persons in different professions, namely child protection- and forensic social workers, police officers working in the Family violence, Child protection and Sexual offences unit (FCS) within the South African Police Service (SAPS), prosecutors, and doctors are involved in service delivery to victims of child sexual abuse. These professionals therefore have to

engage with the child victim of sexual abuse in order to help the victim in the service delivery process.

The rationale of the study was to explore and identify the causes of secondary victimisation of victims of child sexual abuse within this process. It was further to gain knowledge about the applied process of service delivery to such victims. Knowledge about the causes of secondary victimisation of victims of child sexual abuse can positively contribute to improving services to such victims and also sensitising professionals regarding such causes.

4. CENTRAL THEORETICAL STATEMENT

Victims of child sexual abuse experience secondary victimisation within the process of service delivery to them. Secondary victimisation impacts negatively on victims and hinders service delivery. In exploring and identifying the causes of secondary victimisation of victims of child sexual abuse, professionals can be sensitised regarding such causes and service delivery to victims can be improved.

5. AIM AND OBJECTIVES

The aim of the study was to explore and identify the causes of secondary victimisation of victims of child sexual abuse and to gain insight from professionals in three different disciplines regarding the process of service delivery to child sexual abuse victims.

The following objectives are presented:

- to acquire knowledge, through a literature study, in respect of the term secondary victimisation and the process of service delivery to victims of child sexual abuse; and
- to gain insight, through semi-structured interviews with professionals of three different disciplines, into the views of such professionals regarding the causes of secondary victimisation within the process of service delivery to child sexual abuse victims.

6. RESEARCH METHODOLOGY

Research methodology is defined as a way to find out the result of a given problem on a specific matter or problem that is also referred to as research problem (Industrial

Research Institute, 2010). Research is a scientific investigation aimed at discovering and interpreting facts. Glazunov (2012:8) states that scientific research relies on the application of the scientific method, a harnessing of curiosity.

6.1 Literature review

Literature reviews must convince the reader as to the significance of the research questions being considered (The University of Queensland, 2019). The researcher utilised a variety of sources, nationally and locally, in order to achieve an adequate literature review. The source analysis links to the first objective of the proposed study. The Social Work Research approach was used for the proposal and sources included textbooks, articles and journals available through the North-West University Library Services as research engines. Literature was mostly obtained from the North-West University (NWU) Library Services with reference to A to Z list, Ebsco Host, SA Publications, SAGE Publications, as well as the Internet.

The literature review emphasised the causes of secondary victimisation in child sexual abuse and the views of professionals regarding secondary victimisation of child sexual abuse victims. Themes covered include child sexual abuse and secondary victimisation.

6.2 Empirical study

Basic descriptive research was relevant in explaining the views of professionals regarding the research topic. This information was obtained through conducting semi-structured interviews with the professionals in order to obtain specific information on their views with regard to the causes of secondary victimisation of victims of child sexual abuse. This allowed the researcher to answer the second objective of the research study.

6.2.1 Research design

The qualitative research approach was applied in the research study, as it involves gaining understanding of participants' views or experiences relating to the research topic. This research approach assisted in gaining insight from participants into their views concerning the research topic. The researcher used an interpretive descriptive research design to describe the views of participants (professionals of three different

disciplines) concerning the research topic (Reiners, 2012:1). The views of the participants assisted the researcher in attaining the objectives of the research study. Participants representing different disciplines were specifically identified for participation in the research study, as they were able to provide valuable information on the research topic because they are the professionals working with victims of child sexual abuse.

Qualitative researchers use an emerging qualitative approach to collect data in a natural setting sensitive to the people and places under study. They are concerned with exploring and understanding the phenomenon rather than with its explanation, with naturalistic observation rather than controlled measurement (Fouché & Schurink, 2011:308).

6.2.2. Population

The participants consisted of child protection social workers within the Department of Social Development (DSD), a forensic social worker and police officers working within the FCS unit of the SAPS and prosecutors who prosecute cases of child sexual abuse within the Department of Justice and Constitutional Development (DoJ&CD) located in George in the Western Cape. The population consisted of participants who are working with cases of child sexual abuse. The population was thus accessible, as the researcher is also positioned in George.

6.2.3 Sampling method

The researcher made use of purposeful sampling. According to Creswell (2013:156), it means that individuals and sites are selected for the specific study because they can purposefully inform an understanding of the research problem and central phenomenon in the study. Participants were thus purposefully selected, according to the inclusion criteria, to provide valuable information on the topic under investigation and were able to provide insight into the particular issue under study. Sampling was done with the assistance of an initial contact or mediator in each of the respective departments, where participants were identified. The sample was inclusive of participants who met the requirements of the inclusion criteria for participation in the research study.

6.2.4 Participants and motivation

Participants who were included in the research study are professionals from three different disciplines (child protection- and forensic social workers, police officers working within the FCS unit of the SAPS and prosecutors) working with victims of child sexual abuse. These nine professionals therefore possess knowledge and experience relating to the causes of secondary victimization of child sexual abuse victims. The motivation for inclusion of the specific participants is that they can add valuable information to the research topic. All available participants who met the requirements of the inclusion criteria and who voluntarily provided informed written consent for participation in the research study were included in the study and appointments for semi-structured interviews were planned, according to the schedules and availability of the participants. Semi-structured interviews with participants were conducted based on convenience to participants (during lunch hour or after hours), as such interviews are not part of the daily routine of participants. The latter ensured that no or minimal disruption was being caused to the daily schedules of participants by participating in the research study. Strydom and Delpont (2011:393) described data saturation as the collection of data to the point where a sense of closure is attained because new data provides information that is redundant. Data saturation was ensured to the point where no new themes were observed with each respective discipline (SAPS; DSD; DoJ&CD) and redundancy in data was reached.

6.2.5 Process of recruiting participants

Participants were recruited by means of a mediator within the fields of the different professions to ensure neutrality and ensure voluntary participation. The mediators acted independently as an objective link between the researcher and possible participants in the process of recruitment, informed consent and obtaining voluntary participation. Confidentiality agreements were signed by the mediators. The latter is discussed in more detail below. Three mediators were respectively responsible for the recruitment of all three groups.

A supervisor from each department acted as gatekeeper in the research study to protect participants from possible coercion. An initial contact or mediator, in each of the three

respective departments, assisted the researcher in recruiting participants and also in obtaining the necessary informed written consent (Annexure 1). A supervisor from each respective department (SAPS; DSD; DoJ&CD) acted as gatekeeper for the purposes of protecting potential participants from possible coercion. Participants needed to have a minimum working experience of five years in working with child victims of sexual abuse through prosecuting (prosecutors) such cases, assessing (child protection- and forensic social workers) such victims and investigating (police officers working within the Family violence, Child protection and Sexual offences unit (FCS) of the (SAPS) cases of child sexual abuse. The rationale behind the stated years of working experience was to obtain information from less to more experienced professionals, in order to obtain information on the different views of such professionals. Participants were recruited from the different departments in government, such as the Department of Justice and Constitutional development (DoJ&CD), the Family violence, Child protection and Sexual offences unit (FCS) within the (SAPS) and the Department of Social Development (DSD). Informed written consent (for recruitment of participants in the three departments referred to above) from each abovementioned department was obtained. The SAPS required the completion of an indemnity form, indemnifying the SAPS from possible harm to the researcher in accessing premises of the SAPS in conducting the research study. (The SAPS indemnity form is attached as Annexure 2.) Participants also needed to be based in George (research area).

The following recruitment process was applied:

- A social worker of the Child Care and Protection Unit at DSD in George acted as mediator in identifying and recruiting social workers working with child sexual abuse victims, for possible participation in the research study.
- In the DoJ&CD a state prosecutor in cases of sexual offences acted as mediator in assisting the researcher to identify and recruit prosecutors in George who prosecute cases of child sexual abuse.
- A social worker of the FCS unit in George, within the SAPS, was of assistance in a mediator capacity to identify and recruit police officers investigating cases of child sexual abuse.

- A supervisor of the child care and protection unit at DSD in George acted as gatekeeper.
- A senior state prosecutor in cases of sexual offences within the DoJ&CD acted as gatekeeper.
- A senior social worker of the FCS unit in George, within the SAPS, acted as gatekeeper.

Mediators within the respective departments were informed regarding the requirements of participants for participation in the research study in order to ensure that relevant participants who could add valuable information relating to the research topic were recruited for participation. Gatekeepers were responsible for protecting possible participants from possible coercion and also to give access to the three different departments respectively. Snowball sampling (Heckathorn, 2011:356) was also considered to be utilized where participants may identify other professionals for possible participation in the research study. Snowball sampling may be utilised by participants in referring the mediator to other possible participants for participation in the study.

6.2.6 Inclusion criteria

The inclusion criteria from which information was obtained were:

- All available male and female State Prosecutors in the George area prosecuting cases of child sexual abuse, with a minimum working experience of five years.
- All available male and female child protection Social Workers within the Department of Social Development in George, with a minimum working experience of five years and working with cases of child sexual abuse and registered with the South African Council for Social Services Professions (SACSSP).
- All available Police Officers investigating cases of child sexual abuse, all available forensic social workers assessing victims of child sexual abuse and stationed at the South African Police Service (SAPS) in George, working in the Family violence, Child protection and Sexual offences unit (FCS) in George and have a minimum working experience of five years.

- All available state prosecutors, child protection- and forensic social workers and police officers (as described above) must be able to speak and understand English and/or Afrikaans and must be willing to be interviewed on voice/digital recorder, for participation in the research study.

6.2.7 Exclusion criteria

The following exclusion criteria were utilised:

- Defence lawyers defending accused or alleged perpetrators in child sexual abuse cases.
- Social workers employed in non-governmental organisations (NGO sector) or private social workers (private sector) who do not work with cases of child sexual abuse.
- Social workers employed in the Department of Social Development in George, who work in other units (probation services, services to the elderly and disabled, substance abuse) within the department.
- Police officers working in the crime unit of the South African Police Services in the George district.
- Police officers employed in the South African Police Services in the George district conducting general investigations and who are not working within the specialized Family violence, Child protection and Sexual offences (FCS) unit within the South African Police Service (SAPS) in George.

6.3 Method of data collection

The researcher made use of semi-structured interviews with participants as a method of data collection and a qualitative approach was applied for the research study. This method of data collection contains a series of open-ended questions and provides opportunities to both researchers and participants to discuss the research topic in more detail and allows for a multiplicity of findings to emerge (Anon, 2016:7; Doyle, 2018). The researcher made use of a registered senior social worker who holds a master's

degree in social work and has experience in semi-structured interviewing to interview the social workers to ensure neutrality.

Academy Resources (2017:4) identify interviewing as a form of data collection, as it can assist the researcher in uncovering insight and gather information that might otherwise have been missed. Data was collected by means of a semi-structured interview schedule (see attached Annexure 3), focusing on obtaining the views of participants with regard to their views on the causes of secondary victimisation of victims of child sexual abuse. Silverman (2013:267) states that an interview schedule contains questions relating to the research topic to be covered during the interview. Questions contained in the interview schedule were developed after the literature was studied by the researcher and the research supervisor to obtain information directly relating to the research topic and objectives. Greeff (2011:351) states that semi-structured interviews give the researcher the flexibility to follow-up on interesting avenues that might emerge during the interview. The latter also implies that follow-up interviews may be required, where necessary.

Five open-ended questions were posed to all participants. The first question was: Tell me what your understanding of secondary victimisation is? The purpose of this question was to establish whether participants are familiar with the term secondary victimisation and provided information on participants' understanding of the concept of secondary victimisation. The second question was: Tell me about your positive experiences with child sexual abuse cases, from the beginning when the case was opened until the finalising of the case? The third question was: Tell me about your negative experiences with child sexual abuse cases, from the beginning when the case was opened until the finalising of the case? The second and third questions aimed to obtain information from participants regarding their views on their experiences within the process of service delivery to victims of child sexual abuse. The fourth question was: What would you say are the causes of secondary victimisation of the victim of child sexual abuse? This question aimed to directly achieve the research objectives and also relates to the research topic. The fifth question was: In your opinion, what can be done to minimize the causes of secondary victimisation of child sexual abuse victims? The intention with this fifth and final question was to make recommendations, based on information

obtained from participants and substantiated by relevant literature, on possible ways to improve services to victims of child sexual abuse.

In posing the above questions to the participants, the views of the participants relating to the research topic under investigation were obtained and the second research objective reached. These five questions were posed to participants respectively in individual semi-structured interviews to ensure that information obtained was indeed the view of the participant.

Interviews were recorded by using a voice/digital recorder to provide an accurate summary of the interview and also for transcription purposes. Interviews were conducted in the consultation room at the office of the Department of Social Development in George to ensure accessibility, availability of an interview room and privacy. Privacy was ensured by booking the consultation room for the purpose of interviewing well in advance, and by using a 'do not disturb' sign on the door during interviews. The consultation room is located in a quiet space in the office, away from staff, clients and disturbances. The researcher made use of a fieldworker, who is a registered senior social worker and holds a Master's degree in Social Work and has the knowledge and skills to conduct semi-structured interviews with the child protection- and forensic social workers individually, as a communication technique and to ensure neutrality. The reason for the fieldworker to only interview social workers is because the researcher is working in the same unit as her child protection social workers and chose not to interview them, to ensure neutrality.

This communication technique allowed for the capturing of verbal and non-verbal cues (for example body language), which could also indicate possible levels of discomfort of participants. This communication technique or interview method allows for social cues, such as voice, intonation and body language of the participants and can provide the researcher with extra information in addition to the verbal answer.

Extensive field notes were compiled by the researcher directly after each interview to document observations (descriptive field notes) and minimise loss of data (Heleso, Melby & Hauge, 2015:195). The researcher also made use of participant-observation and made rough notes (on a notepad) and jotted down key words on each individual

interview. This assisted in probing and follow-up questions to obtain detailed and reflective information on the interaction between participant and researcher. The handwritten descriptive field notes were typed by the researcher immediately after each interview to comprehensively make sense of the notes taken. The type of interview (semi-structured), communication technique (face-to-face), method (voice/digital recorder) and field notes (descriptive) allowed for comprehensive recording and also for flexibility, so that the participant had room for more spontaneous descriptions and narratives. The handwritten data was typed and then stored on a disc after the completion of the interviews. This data on the disc was password protected and encrypted on a memory stick. Only the researcher and the supervisor had access to the data. The memory stick was locked away in a lockable cabinet in a lockable office at all times, when not in use.

7. RESEARCH PROCEDURES

The following procedure was followed during the research study:

- Ethics Approval from the Health Research Ethics Committee at the North-West University, Potchefstroom Campus, was obtained for the research topic. The project number is **NWU-00099-16-S1**.
- The research study commenced with a literature overview of secondary victimisation involving the sexually abused child.
- Approval from the respective gatekeepers (for the participation of all available employees working with child sexual abuse cases on a daily basis and employed in George) of the Department of Social Development for the participation of available child protection social workers, the Department of Justice and Constitutional Development for the participation of available prosecutors prosecuting cases of child sexual abuse, as well as the South African Police Service for the participation of available police officers and forensic social workers working within the specialized Family violence, Child protection and Sexual offences unit (FCS) within the South African Police Service (SAPS).
- The interview schedule was compiled, in Afrikaans and English.

- Mediators (three) from each department were identified for the recruitment of participants within the respective departments.
- Confidentiality agreements were signed with each mediator.
- A fieldworker was appointed to conduct the semi-structured interviews with child protection- and forensic social workers to ensure neutrality. The reason for the fieldworker to only interview social workers is because the researcher is working in the same unit as her child protection social workers and chose not to interview them, to ensure neutrality.
- A confidentiality agreement was also signed with the appointed fieldworker.
- Participants for inclusion in the research study were identified.
- An information leaflet explaining the purpose and procedure of the research study was compiled and given and explained to participants.
- Informed written consent was obtained from the participants.
- A planning schedule for individual interviews with participants was compiled.
- Semi-structured interviews with participants were conducted and a tape recorder was used during interviews.
- The collected data was analysed, transcribed and categorised into themes.
- The manuscript, in article format, was submitted to the supervisor.
- Corrections were made and the manuscript was submitted for examination purposes.
- The final corrections were made and the research report was handed in.

8. ETHICAL ASPECTS

Bless, Higson-Smith and Kagee (2006:140) state that research ethics are developed to protect participants or subjects of research from abuse by researchers. For researchers in the Social Sciences, the ethical issues are pervasive and complex, since data should never be obtained at the expense of human beings. The following ethical aspects were considered when implementing this research project (Babbie, 2007:27; Strydom, 2005:58-67):

- Harm to participants was minimised by not revealing information that would have embarrassed them or endangered their respective professions. Babbie and Mouton

(2007:522) state that social research should never injure the people being studied, regardless of whether they volunteer for the study or not.

- According to Babbie and Mouton (2007:521), participation in a social research study, should be voluntary. The researcher obtained the voluntary participation of participants by not forcing them to participate. Participants were informed about what was being studied and that they could withdraw their participation, without any consequence, except when the data was already collected and verified.
- Strydom (2011:117) states that informed written consent must be obtained from participants. The researcher obtained informed written consent by providing full and accurate information to participants regarding the purpose of the research, the procedure to be followed during the research study, the possible advantages, disadvantages and dangers to which participants may be exposed, as well as the credibility of the researcher. Participants were informed, through written communication (information leaflet) that no compensation would be provided to them for participation in the research study.
- Strydom (2011:123) states that researchers are ethically obliged to ensure that they are competent, honest and adequately skilled to undertake the proposed research study. The researcher ensured competency by informing participants that she is a qualified social worker and is registered with the South African Council for Social Service Professions (SACSSP). The research study was also supervised by the supervisor, employed at the North-West University. Honest, written feedback about the findings of the research project was provided (through individual engagements) to participants. A summary of the research findings was also electronically e-mailed to each participant.
- Strydom (2011:120) mentions that confidentiality places a strong obligation on social workers to guard jealously the information that is confided to them. The researcher ensured confidentiality by not revealing the identities of participants in the study and by only using the information provided by participants for the purpose of the research study. The obligation of ensuring confidentiality rested with the researcher, as stated by Strydom (2011:120), whether the participant had specifically requested confidentiality or not. Data was stored in the researcher's private cabinet which was locked.

- According to Strydom (2011:122), participants are affected through qualitative research, as they discover things about themselves that they did not know before. Debriefing of participants, through a debriefing session, in order to provide them the opportunity to work through their experience of the study was made available to participants. The researcher made arrangements with a psychologist for the debriefing session.
- Ethical approval for the execution of the research study was obtained from the North-West University, Potchefstroom Campus (HREC). The project number is **NWU-00099-16-S1**.

8.1 Level of ethical risks of the study

The level of ethical risks to participants was medium. Harm to participants was minimised by not revealing information that would embarrass them or endanger their jobs. De Vos, Strydom, Fouché and Delport (2011:115) state that subjects can be harmed in a physical and/or emotional manner during research.

Participants were all professional persons with experience in the field of child sexual abuse.

Participants were provided with all the necessary information regarding the purpose of the study in order to make an informed decision about participation in the research study.

Participants also had a choice about what information they wished to share with the researcher.

For researchers in the Social Sciences, the ethical issues are pervasive and complex, since data should never be obtained at the expense of human beings.

8.2 Possible experiences of participants of the research study

Participants are affected by qualitative research (Strydom, 2011:122), as they discover things about themselves that they did not know before. Participants may have an undesirable experience in sharing information about sexual abuse. The debriefing of participants (where necessary), was done by Ms Jonkerman, a psychologist, after and/or during data collection, where needed. This session was done in order to provide participants with the opportunity to work through their experience of the study.

Participants were also informed about the nature and scope of the study and had sufficient time (one week) to decide on participation. All necessary information was contained in the letter of consent, which was provided to participants prior to consenting to participation. The consent was signed two weeks prior interviewing in the presence of the three mediators respectively.

8.3 Risk factors

Risk relates to possible harm that participants may experience. The aim of the study was to identify causes of secondary victimisation of child sexual abuse victims. During interviews, negative emotions may have been present in participants when providing their views on the research topic. The following precautions were taken:

- All possible precautions were taken to ensure that the research study met the requirements of the ethical standards. Ethical approval was obtained from the Health Research Ethics Committee (HREC) of the North-West University (Potchefstroom Campus).
- No identifying details of participants were revealed.
- Information obtained through the study was only known to the supervisor and the researcher. No identity of any participant was revealed on publication of information.
- All information was locked and stored on the computer of the researcher, which is secured with a password known only to the researcher. Transcribed data was stored at the offices of COMPRES. Data would be stored for five years, where after it would be destroyed.
- Participants received prior information from the Mediator about the nature and scope of the study, as well as the purpose of the study. Opportunity was provided to answer any questions that participants may have had.
- Debriefing sessions for participants were made available by Ms Jonkerman, a psychologist, after and between data collection or at the conclusion of all interviews. The debriefing of participants (where necessary), was made available to participants with Ms Jonkerman, a psychologist in private practice, through a debriefing session. This session was paid for by the researcher and was made available in order to

provide participants with the opportunity to work through their experience of the study. They were provided the opportunity to talk about possible negative emotions that participants may have experienced during interviewing.

8.4 Benefits for participants

Direct Benefits

There were no direct benefits for the participants in the study. The researcher is of the opinion that the study will lead to further studies and relevant interventions to prevent secondary victimisation.

The study carried medium risk for the participants as the research topic under discussion may have led to undesirable emotions in participants.

Indirect Benefits

- Participation in the research study may have generated more indirect benefits to the community or society in terms of contributions to knowledge and advancement of learning.
- Participants were presented the opportunity to discuss possible challenges experienced during the process of service delivery to victims of child sexual abuse.
- It may have added to the professional growth of participants.
- Participation in the research study may have positively contributed to the promotion and expansion of knowledge about services to victims of child sexual abuse.
- Participants were provided the opportunity to contribute valuable information to the research project, which may lead to further research regarding training for professionals working with victims of child sexual abuse.
- Information obtained from participants can positively contribute to improving service delivery to victims of child sexual abuse.
- The views of participants on the research topic may lead to further skills development, empowerment and training and research in effectively working with victims of child sexual abuse.

- The current services and process relating to victims of child sexual abuse may be positively altered, through information provided by participants.

8.5 Benefits outweigh the risk factors

There were no direct benefits for the participants in the study. The risk factors identified were medium. Participation in the research study held benefits that may impact positively on the broader community relating to improving services. Risk factors were managed to protect participants at all costs.

8.6 Competency of the researcher

Strydom (2011:123) states that researchers are ethically obliged to ensure that they are competent, honest and adequately skilled to undertake the proposed research study. The research was conducted under the supervision of Prof Cornelia Wessels who has the necessary skills and knowledge to provide effective guidance. The researcher and the supervisor are both registered social workers with the South African Council for Social Service Professions (SACSSP) and have to adhere to the ethical standards of the SACSSP.

The researcher appointed a fieldworker to conduct the semi-structured interviews with child protection- and forensic social workers in order to avoid subjectivity and ensure neutrality. The fieldworker is a registered senior social worker who has a Master's degree in Social Work, employed in the Social Crime Prevention unit of the Department of Social Development and who has the necessary knowledge and skills to conduct the semi-structured interviews and to ensure objectivity. The fieldworker also signed the confidentiality agreement. The participants were made aware of this fact and it was reflected in all relevant documents.

8.7 Facilities

Interviews were conducted at a time convenient for participants (during lunch time and/or after hours) in the consultation room of the Department of Social Development in George. This facility ensured privacy and accessibility.

8.8 Recruitment of participants and participation

Strydom (2011:117) states that sufficient information should be provided to participants for them to make an informed decision about participation in the research study (see attached Annexure 1). According to Babbie and Mouton (2007:521), participation in a social research study should be voluntary.

A mediator was appointed in each of the different departments.

A registered social worker in the child care and protection unit, employed at the Department of Social Development, a state prosecutor in cases of child sexual abuse, working at the Department of Justice and Constitutional Development and a registered social worker employed in the FCS unit of the SAPS acted as mediators.

The mediators recruited participants in the respective departments who met the requirements of the inclusion criteria for participation in the research study.

The necessary information regarding the study was provided to participants (by the researcher and after recruitment or identification of participants by the respective mediators) so that they were able to decide on participation within one week.

Voluntary participation of participants was obtained by not forcing them to participate. Participants were informed by the researcher, about what was being studied and that they were free to withdraw their participation without any consequence, except when the data was already collected and verified.

8.9 Compensation to participants

The participants in the study received no remuneration or incentives. They received a small token of appreciation in the form of a thank you card for voluntary participation. The participants were not required to spend any money from their own pockets in the research study.

8.10 Publication of findings

Participants were informed prior to the commencement of the research study that they are entitled to feedback regarding the findings of the study. This information was documented in the participant information leaflet. Feedback regarding the findings and

recommendations of the research study will be provided to participants (by the researcher) after the finalisation of the research study by means of individual engagements with participants. The written feedback to participants will be honest and individual interviews with participants regarding the feedback of the research project may allow for final closure or finalization of the project between participant and researcher.

8.11 Confidentiality

Strydom (2011:120) mentions that confidentiality places a strong obligation on social workers to guard jealously the information that is confided to them. The researcher ensured confidentiality by not revealing the identities of participants participating in the research study and by only using the information provided by participants for the purpose of the research study. Coding of participants further ensured their anonymity (Saunders, Kitzinger & Kitzinger, 2015; Surmiak, 2018). The obligation of ensuring confidentiality rested with the researcher, as stated by Strydom (2011:120), whether the participant had specifically requested confidentiality or not. During the research study, data was stored on the computer (secured with a password known only to the researcher) of the researcher and stored in the researcher's private locked cabinet. Data post-research study was stored as per North-West University guidelines and was be stored in a locked cabinet at the offices of COMPRES. Data would be destroyed by shredding after five years. Recordings of interviews and/or electronic data would also be permanently deleted from the hard drive and software of the computer of the researcher after five years. Data obtained through this study is not to be re-used for future or subsequent studies.

8.12 Trustworthiness of the research study

Data trustworthiness was applied in qualitative research and consists of the following (DeVault, 2017:1):

Table 1: Schematic representation of trustworthiness

STANDARD	APPLICATION DURING THE RESEARCH STUDY
Credibility/ Authenticity	<p>The research study was conducted until data saturation was reached with each respective discipline (SAPS; DSD; DoJ&CD).</p> <p>Interviews with participants were recorded on a voice/digital recorder to provide a good record.</p> <p>The information and data obtained were checked to determine whether the findings were accurate.</p>
Transferability	<p>Data from different sources (state prosecutors who prosecute cases of child sexual abuse, child protection- and forensic social workers, police officers working within the specialized Family violence, Child protection and Sexual offences (FCS) unit within the South African Police Service (SAPS) was utilised to make best use of the range of information.</p> <p>A strategy to attain transferability by the researcher was through purposeful sampling.</p> <p>The researcher purposefully selected participants that differ from one another</p>

	<p>(child protection- and forensic social workers, state prosecutors, police officials working within the specialized Family violence, Child protection and Sexual offences (FCS) unit within the South African Police Service (SAPS).</p> <p>The necessary information relating to the research study was provided to the participants.</p>
Dependability	<p>The researcher used the same interview schedule with each participant to enquire whether similar data was obtained from different participants.</p> <p>Data obtained from participants was verified against the literature.</p>
Conformability	<p>The researcher was not biased throughout the research project.</p> <p>Raw data (recorded tapes, written notes), themes, findings and conclusions were reviewed to enquire whether the data could be traced to its sources.</p>

9. DATA ANALYSIS

Qualitative data analysis is, first and foremost, a process of inductive reasoning, thinking, and theorising (Schurink, Fouché & De Vos, 2011:399). Data was analysed according to the approach of Tesch (cited in Creswell, 2009:186). Creswell (2014:198) also provides an approach in data analysis similar to the approach of Tesch. The schematic representation below describes the eight steps in data analysis, according to Tesch (1992:142-145).

Step 1	Record all interviews on voice/digital recorder and transcribe data.
Step 2	Select an interview. Read and make notes.
Step 3	List all themes identified and group related themes.
Step 4	Code each theme and all information or data that relates to each other.
Step 5	Identify the most describing word from the coded themes.
Step 6	Mark and sort all the themes.
Step 7	Group relatable data.
Step 8	Re-code remaining data.

As in any research conducted, the purpose is to produce findings. The data was prepared in a written format by means of utilising a manual method.

Data analysis is the process of bringing order, structure and meaning to the mass of collected data by the researcher (Schurink *et al.*, 2011:397). According to Kalpesh (2013:2), analysing data assists the researcher in arriving at conclusions and proving hypotheses. Data was analysed using guidelines as outlined by Botma, Greeff, Mulaudzi and Wright (2010:213) and Schurink *et al.* (2011:402).

- All data gathered was first transcribed and analysed by the researcher.
- The correctness of the transcribed data was verified by the researcher listening to recordings and verifying that the transcript contents accurately reflected the sample recording.
- During the initial coding, topics were analysed manually by making use of a colour coding system.
- During transcription, enough space was left in the left and right margins, which allowed the researcher to make notes during the process of data analysis.

- During the second level of analysis, topics and sub-topics were compared and contrasted by the researcher in order to derive themes that interact. This level of analysis enabled the researcher to construct an analytic taxonomy representing the construction of disclosure.
- After the final stage of analysis was reached, taxonomies were exchanged; coding checked, compared and verified which enhanced the trustworthiness of the study.
- An independent social worker, employed at the Department of Social Development in George, who is knowledgeable about the process of research and trained in qualitative approach, was requested to act as an external co-coder to ensure accuracy in the analysis (Botma *et al.*, 2010:224, 232). The independent external transcriber also signed the confidentiality agreement to ensure confidentiality of information.
- The final stage of the research required the comparison of literature. Here the researcher compared the empirical findings with the literature on causes of secondary victimisation and child sexual abuse.
- Once the study had been completed and a report had been written, the researcher communicated with the research participants to avail the research report to them. Each participant was also personally emailed a summary of the research findings. Interested members were also invited for an oral explanation of the research findings.
- A copy of the research findings was also presented as a hard copy to the participants. Once the study had been completed and a report was finalised, the researcher communicated with the research participants to avail the research report.

Participants were informed about the storage and archiving of the data, before they consented to the research. The fieldworker collected electronic data in the form of audio recordings, as well as handwritten data. The handwritten data was typed and then stored on a disc after the completion of the interviews. This data on the disc was password protected and encrypted on a memory stick. Only the researcher and the supervisor had access to the data. The memory stick was locked away in a lockable

cabinet in a lockable office at all times, when not in use. Once the research was finalised, all electronic, as well as raw data was saved at the offices of the Research Entity, COMPRES in a locked cabinet at the North-West University for five years. After five years all data will be destroyed. Themes were compared to literature after coding, and were contained in the research report in the form of conclusions.

10. LIMITATIONS OF THE STUDY

The following limitations were experienced by the researcher during the research study:

- It took a long time for ethical approval for the implementation of the research study to be granted and this prolonged the finalisation of the research project.
- The interview schedule with participants had to be adapted as appointments with some participants had to be re-scheduled due to high work demand. The researcher was flexible in this regard in order to avoid jeopardising the professional obligations of participants.
- The availability of the population was minimal as a result of high caseloads and work priorities. The researcher would have preferred to include more participants in the study, but not all were available for inclusion.
- Some participants were reluctant to participate in the study as they were concerned that the focus of the study was to obtain statistics from them and that they would put their respective departments in a negative light. This concern was addressed with the explanation of the purpose, procedure and aim of the study.

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SECTION B: LITERATURE STUDY

1. INTRODUCTION

The researcher conducted a literature study on the themes of the research project, namely sexual abuse, secondary victimisation and legislation relating to child sexual abuse. Fouché and Delport (2011:134) state that a literature study contributes to a clear and deeper understanding of the nature and meaning of the identified problem. The aim of a literature study is to obtain an understanding of the identified research problem, as well as to clearly describe the problem (Fouché & Schurink, 2011:34).

2. DEFINITIONS OF MAIN CONCEPTS

2.1 Child sexual abuse

The Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007) defines child sexual abuse as any sexual acts, or attempts to commit sexual acts, with a child, with or without the child's consent. Child sexual abuse is not only defined as sexual molestation or assault of a child, but also as allowing these acts to be committed against a child. It includes encouraging, inducing, or forcing a child to be used for sexual gratification of another person, using a child in, or exposing a child to, sexual activities or pornography, and participating in, or assisting in, the commercial sexual exploitation of a child (Fouché, 2012:76). Berliner and Elliot (2002:56) define the term child sexual abuse as any form of sexual activity with a child by an adult, where there is no consent or if consent is not possible. Sexual abuse includes, but is not limited to showing the child pornographic materials, placing the child's hand on another person's genitals, touching a child's genitals and/or penetration of a child's body (mouth, anus, vagina) with a penis, finger or any other object of any sort. According to the above definitions, penetration does not necessarily have to occur to be considered as sexual abuse.

2.2 Secondary victimisation

Secondary victimisation is defined as the "attitudes, processes, actions and omissions that may intentionally or unintentionally contribute to the re-victimisation of a person who has experienced a traumatic incident as a victim through: failure to treat the victim with respect and dignity; disbelief of the person's account; unsympathetic treatment; blaming

the victim; and lack of (or insufficient) support services to assist the victim at interpersonal, institutional and broad social level” (DoJ&CD, 2008: 36).

In the Department of Justice and Constitutional Development, Gender Directorate (2008:24), another definition of secondary victimisation provided by the National Prosecuting Authority (NPA) is as follows: ‘secondary victimisation can result from the failure to treat victims with dignity, respect and understanding of the dynamics of offences’.

The mental health profession, in developing responses to rape victims, defined ‘secondary victimisation’ as the re-traumatisation of the sexual assault, abuse or rape victim. It is an indirect result of assault that occurs through the responses of individuals and institutions to the victim (The Department of Justice and Constitutional Development Gender Directorate, 2008:22).

Secondary victimisation can also refer to ‘the processes, actions and omissions that may intentionally or unintentionally contribute to the re-victimisation of a person who has experienced a traumatic incident as a victim through disbelief of the person’s account, blaming the victim and lack of (or insufficient) support services to assist the victim at interpersonal, institutional and broad social level’. Secondary victimisation can also be defined as the ‘unsympathetic, disbelieving and inappropriate responses (exacerbating the effects of gender-based violence) that women experience at the hands of society in general and at each stage of the criminal justice process’ (The Department of Justice and Constitutional Development Gender Directorate, 2008:23).

Secondary victimisation means the abuse of the victim that occurs, not as a direct result of the criminal act, but through the response of institutions and individuals to the victim. In the scientific literature, the secondary victimisation has also been known as a “phenomenon of the second assault” or a “second wound”. These injuries can be caused by friends, family and most often by the law enforcement officers, prosecutors, judges, social service workers, the media and mental health professionals that victims encounter as a result of the crime. Those individuals may lack the ability or training to provide the necessary comfort and assistance to the victim or even blame the victim for the crime (Wolhuter, Olley & Denham, 2008:47-48).

2.3 Victim

The Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007) defines a victim as any person alleging that a sexual offense has been perpetrated against him or her. A victim is defined as a person who suffers harm as a direct result of an act committed or apparently committed by another person in the course of a criminal offence. A person suffers 'harm' if, as a result of such an act (a) the person suffers actual physical bodily harm, mental illness or nervous shock, or (b) the person's property is deliberately taken or destroyed or damaged. If the person dies as a result of the act concerned, a member of the person's immediate family is also a victim of crime (South African Victim's Charter, 2008: 10-11).

The term is defined by the Oxford Dictionary (*In Hornby, 2006*) as a person who has been attacked, injured or killed as a result of crime, a disease, an incident, etc. (Hornby, 2006:1640). A victim refers to someone or something that has been hurt, damaged, or killed or has suffered, either because of the actions of someone or something else, or because of illness or chance (Cambridge Advanced Learner's Dictionary & Thesaurus English, 2013:1640).

3. TYPES OF CHILD SEXUAL ABUSE

A sexual offense in terms of the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007) refers to a sexual offense in which the victim may have been exposed to body fluids of the alleged offender. The Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007) lists the following as types of sexual offences against children:

- *Statutory rape* (A person ('A') who commits an act of sexual penetration with a child ('B'), despite the consent of B);
- *Statutory sexual assault* (A person ('A') who commits an act of sexual violation with a child ('B'), despite the consent of B);
- *Sexual exploitation* (A person ('A') who unlawfully and intentionally engages the services of a child complainant ('B'), with or without the consent of B, for financial or other reward, favour or compensation to B or to a third person ('C'))

for the purpose of engaging in a sexual act with B, irrespective of whether the sexual act is committed or not);

- *Sexual grooming* (A person ('A') who manufactures, produces, distributes or facilitates the manufacture, production or distribution of an article, which is exclusively intended to facilitate the commission of a sexual act with or by a child ('B'));
- *Child pornography* (A person ('A') who unlawfully and intentionally exposes or displays or causes the exposure or display of any image, publication, depiction, description or sequence of child pornography or pornography; and using a child complainant ('B'), with or without the consent of B, whether for financial or other reward, favour or compensation to B or to a third person ('C'));
- *Compelling or causing children to witness sexual offences, sexual acts or self-masturbation* (A person ('A') who unlawfully and intentionally, whether for the sexual gratification of A or of a third person ('C') or not, compels or causes a child complainant ('B'), with or without the consent of B, to be in the presence of or watch A or C while he, she or they commit a sexual offence); and
- *'Flashing'* (A person ('A') who unlawfully and intentionally, whether for the sexual gratification of A or of a third person ('C') or not, exposes or displays or causes the exposure or display of the genital organs, anus or female breasts of A or C to a child complainant ('B'), with or without the consent of B).

A child is sexually abused when he/she is forced or persuaded to take part in sexual activities. This does not have to be physical contact and it can happen online. Sometimes the child will not understand that what is happening to him/her is abuse. He/she may not even understand that it is wrong. Or he/she may be afraid to speak out. There are two different types of child sexual abuse, namely contact abuse and non-contact abuse.

- i) Contact abuse involves touching activities where an abuser makes physical contact with a child, including penetration. It includes:
 - sexual touching of any part of the body whether the child is wearing clothes or not

- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
 - forcing or encouraging a child to take part in sexual activity
 - making a child take his/her clothes off, touch someone else's genitals or masturbate.
- ii) Non-contact abuse involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes:
- encouraging a child to watch or hear sexual acts
 - not taking proper measures to prevent a child being exposed to sexual activities by others
 - meeting a child following sexual grooming with the intent of abusing him/her
 - online abuse including making, viewing or distributing child abuse images
 - allowing someone else to make, view or distribute child abuse images
 - showing pornography to a child (Radford, Corral, Bradley, Fisher, Bassett, Howat & Collishaw, 2011: 95)

Non-contact abuse, like grooming, may often be regarded as the phase where the perpetrator attempts to gain the trust of the victim and tries to introduce the victim to sexualised behaviour. It is furthermore the opinion of the researcher that during the non-contact phase, the victim is being prepared for the sexual act or contact abuse by the perpetrator. The National Centre for victims of crime (2011) identifies seven steps of grooming and supports to the last mentioned opinion of the researcher, specifically relating to step two, where the trust of the victim is gained in preparation for the actual sexual offence.

4. AFFECT OF CHILD SEXUAL ABUSE

Research continues to depict child sexual abuse as predominantly perpetrated against female children. Child sexual abuse is clearly an issue in need of a nuanced understanding of both male and female victims. Research suggests that the sexual abuse of boys is far more common than generally believed (Dorahy & Clearwater, 2012). Any child can be affected by sexual abuse, but children may be more at risk if

they have a history of previous sexual abuse, a disability, a disrupted home life and/or experienced other forms of abuse.

Young or disabled children may not be able to tell someone what is happening, or may not understand that they're being abused (Redford, *et al.*, 2011:6). Both boys and girls can be sexually abused. Research suggests that girls are at a greater risk of being sexually abused by a family member. Boys are at a higher risk of being abused by a stranger (Maikovich-Fong & Jafee, 2010). The researcher can state from her working experience with cases of child sexual abuse that reported cases of sexual abuse against girls are cases where the alleged perpetrators were well-known to the victims (The National Centre for victims of crime, 2011; Child Welfare Information gateway, 2019); in most cases the alleged perpetrators were in the same household as the victim. In cases of sexual abuse against boys, it appears to be a group of boys who are friends committing sexual crimes against one another. According to the National Centre for Victims of Crime (2012:171-172) offenders of child sexual abuse are overwhelmingly male, ranging from adolescents to elderly and 60% of children are sexually abused by someone in their social circle.

5. THE EFFECTS OF SEXUAL ABUSE ON CHILDREN

Research often focuses on physical signs and symptoms but it is often the emotional and psychological effects that cause more harm in the long term. Alexander (2011) calls sexual abuse a "chronic neurologic disease" and discusses how the effects create decades of negative consequences for victims. The effects of sexual abuse can include dissociation, memory impairment and reduced social functioning (Whitehead, 2011).

Sexual abuse can ruin childhood, and the impact can last a lifetime, although one should remember that every child and situation is different. It is thus important that each child be assessed individually in order to plan intervention accordingly and specific to the need of the child. Cases of child sexual abuse are very sensitive and need specialised professionals to effectively assist the child in addressing the impact of the sexual abuse. Children who are sexually abused experience a range of short- and long-term symptoms.

The National Centre for victims of crime (2012:4) states that for victims, the effects of child sexual abuse can be devastating. Victims may feel significant distress and display a wide range of psychological symptoms, both short and long term. They may feel powerless, ashamed, and distrustful of others. In the short term (up to two years), victims may exhibit regressive behaviours (e.g., thumb-sucking and bed-wetting in younger children), sleep disturbances, eating problems, behaviour and/or performance problems at school, and unwillingness to participate in school or social activities. It is important to note that children of different ages present different symptoms, and the personality (introverted/extroverted) of the child may also influence the behaviour presented by the child in the aftermath of the sexual abuse. The possible change in the behaviour of the child may be the leading indication that 'something is not right'. Longer-term effects may be wide-ranging, to include anxiety-related, self-destructive behaviours, such as alcoholism or drug abuse, anxiety attacks, and insomnia. Victims may show fear and anxiety in response to people who share characteristics of the abuser, i.e., the same sex as the abuser or similar physical characteristics. Survivors may feel anger at the abuser, at adults who failed to protect them, and at themselves for not having been able to stop the abuse (The National Centre for Victims of Crime, 2012:1).

6. PREVELANCE OF CHILD SEXUAL ABUSE IN SOUTH AFRICA

The National Management Guidelines for Sexual Assault (2003:4) state that South Africa is said to have the highest incidence of sexual assault worldwide. The magnitude of sexual violence is a common event in South Africa.

South Africa has a high prevalence of physical, emotional and child sexual abuse (Artz, Burton, Ward, Leoschut, Phyfer, Loyd & Le Mottee, 2016) and this abuse is associated with negative long-term and short-term health outcomes (Norman, Byambaa, De, R, Butchart, Scott & Vos, 2012). While national policy frameworks and legislation for child protection is rigorous, problems have been identified with the implementation of services (Paolucci, Genuis, & Violato, 2001). The national governments, international agencies, such as the United Nations International Children's Emergency Fund (UNICEF), and non-governmental services have identified the urgent need for integrated health, social, police and criminal justice services to support victims of child abuse (UNICEF South

Africa, 2013). However, limited studies about access to services for abused children exist globally and within South Africa, and those that do, focus mostly on victims of sexual abuse.

According to Crime Stats SA (SAPS Crime Statistics) (2019), the total number of sexual offences for the Western Cape is 7 130 in 2016 and 7 115 in 2017. The figures indicate a decrease in the provincial statistics for sexual offences. In George and surrounding areas however, the total number of sexual offences shows an increase in the total number of sexual offences reported to local SAPS. The figures are a total of 552 in 2016 and 595 in 2017. The increase in these figures is a definite cause for concern and highlights the need for strengthening existing services to victims of sexual offences, and/or the need for research to collectively combat crimes of such a nature and to provide quality, specialized and sustainable services to such victims.

7. EXAMPLES OF SECONDARY VICTIMISATION

Examples of secondary victimisation within the criminal justice system (Department of Justice and Constitutional Development Gender Directorate, 2008: 25):

DEPARTMENT	EXAMPLES
Department of Justice	Delay in court dates
	Court personnel not sympathetic to victims – not being patient when victims make mistakes due to unfamiliarity with court proceedings: for example, speaking out during proceedings.
	Court personnel
Department of Health	Doctors, district surgeons and nurses examining victims without introductions and without explaining procedures.
	Conducting examinations in a cold and brash manner
	Complaining to victims about being called out late at night to do the examinations
	Not wanting to conduct examinations because the victim appears intoxicated

	The Primary Health Care Package for South Africa – a set of norms and standards (specifically the section on services for victims of sexual and domestic violence) – is not being implemented and monitored properly.
South African Police Service	'Loyalty' among police officers in dealing with colleagues where there is domestic violence – not wanting to get involved.
	Police not responding on time to a call to attend to the scene of the crime
	Limited assistance by police in assisting with completion of J88 forms.
	Non-compliance with duties of police in the implementation of the Domestic Violence Act (Act No 116 of 1998) as set out in directives.

Examples of possible secondary victimisation could also be where child protection social workers visit the victim long after the sexual abuse incident and in doing so causes the victim to re-visit the experience caused by the incident. In a research study conducted, it was found that children may be re-victimised by various aspects of “the system” and professionals within it, including social workers, police officers, and lawyers (Gekoski, Horvath & Davidson, 2016).

8. TYPES OF SECONDARY VICTIMISATION

According to the South African Victims' Charter (Webster, 2008:23) the types of secondary victimisation include victim blaming; inappropriate behaviour and/or or language by medical personnel and by other organisations with access to the victim, post assault.

Two forms of secondary victimisation are institutional (through policies and procedures); and individual (attitude that informs response and treatment of victim).

Examples of institutions where secondary victimisation is common include government departments (particularly the criminal, justice and education sector), community structures (religious and civic organisations) and the media.

9. IMPACT OF SECONDARY VICTIMISATION

Primarily the victimisation is caused by the offence, which is considered an offence against the society at large for it is the state that becomes the party in the name of the victim. Secondly the victimisation is caused by the institutions and agencies of society. It refers to victimisation of victims on the part of society, such as the police, an institution of society, medical hospitals, and also attitude of individuals in the society, e.g. family, friends and colleagues as they may deny the impact of the crime on the victim. These are some forms of secondary victimisation (Baisla, 2013:1). It is imperative that employees who are working in such institutions, for example employees in government institutions working with victims of child sexual abuse, do not treat victims insensitively. Victims of sexual abuse need to experience professionals in the helping profession as non-judgemental, trustworthy and supportive in order to not contribute to the possible re-victimisation of the victim.

Secondary victimisation minimises the significance of a crime, which leads to apathetic and discriminative attitudes. Far-reaching political, legal, and social implications result from these attitudes, ranging from low conviction rates for sexual assault cases to victims' hindered psychological recovery (Fox & Cook, 2011).

Survivors' experiences with the legal system, medical professionals, and the community at large highlight that many victims lack support services and are treated negatively (Campbell, 2005). The product of the victim's lack of social acknowledgement and legal representation further intensifies the victim's trauma (Fox & Cook, 2011). "Victim-blaming is pervasive," says Harber, Podolski and Williams (2015). "It is experienced by sufferers of deadly illnesses, crippling accidents, natural disasters, physical assault, economic hardship; indeed, nearly all bad events. For victims, this blaming is profoundly hurtful and it can wound as deeply as the injury itself." Psychologists have long realised that blaming victims is a defence mechanism that helps blamers feel better about the world, and see it as fair and just.

10. NATIONAL GUIDELINES AND LEGISLATION RELATING TO SEXUAL OFFENCES

Kahn (2019) states that South Africa has comprehensive guidelines and legislation on sexual offences but there are no child-specific rape laws. South Africa has strong

provisions to protect children, ranging from the Children's Act, to a specific chapter dealing with children in the Sexual Offences Act and South African courts try to prioritise children's cases (Kahn, 2019). Guidelines discussed places emphasis on sexual offences in general and are inclusive of child sexual abuse. The previous Minister of Police, Fikile Mbalula, launched a South African Police Service (SAPS) policy to make it easier for victims of gender-based violence to turn to the police for help. The policy (Reducing barriers to the reporting of Sexual Offences and Domestic Violence) is being rolled out nationwide and will guide all SAPS interventions when dealing with incidents of sexual violence and domestic abuse. Minister Mbalule said that: 'We must not re-humiliate or re-victimise people at our police stations'. (Philip, 2017:4).

Joubert (2013:41) states that the dignity and recovery of the victim depend largely on the respect and support he/she receives from professional people with whom he/she comes into contact, for example police officials. The victim's first contact with the criminal justice process is with the police official to whom he/she reports the crime. Police officials should therefore be encouraged to play a more active role in supporting victims and should not underestimate the importance of following services to the victim. The police official must therefore handle the victim in an empathetic and sensitive manner (Joubert, 2013:42). SAPS has specialised police officers, working in the FCS unit of SAPS, who directly work with victims of sexual abuse. Police officers within the FCS unit will immediately be informed as soon as a victim/person reports such an offence at a local SAPS office. The officer in the FCS unit will then engage with the victim and investigate the matter.

According to Chapter 1 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007), a child who is below the age of 12 years is irrefutably presumed to be incapable of consenting to sexual penetration. This means that even if the child did indeed consent thereto, the law will simply disregard the consent because of the child's youth/age. Therefore, such a child can never give valid consent. The consent to sexual penetration of a child who is mentally challenged is also regarded as invalid (Joubert, 2013:118).

Chapter 3 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (hereafter “the Act”) contains various sexual crimes that may be committed against children. It is important to note that Section 54(1)(a) of the Act places a legal duty on a person who has knowledge that such a sexual offence has been committed against a child to report such knowledge immediately to a police official. Failure to report such knowledge is rendered an offence that is punishable (Section 54(1)(b) of the Act) with a fine or imprisonment for a period not exceeding five years or with both a fine and such imprisonment (Joubert, 2013:123).

The National Management Guidelines for Sexual Assault (2003:7-8) state that the magnitude of rape cases reported in community-based surveys is significantly higher than that reported to the police. This suggests major barriers to reporting rape to the police. These include:

- Fear of not being believed, as well as fear of being blamed (This is a very important source of further trauma for sexual assault patients);
- Fear of retaliation by the perpetrator;
- Difficulties with physical access to the police station or health facility;
- Fear of the physical examination;
- Fear of the legal processes, including experiencing rudeness and poor treatment;
- Fear of stigmatisation (Many sexual assault patients are concerned that if they seek care after sexual assault their reputations will be ruined because health workers and facilities do not respect confidentiality);
- Lack of empowerment: understanding of rights and options;
- Dependency for care by perpetrator or family/friends of perpetrator; and
- Date or marital rape or sexual abuse of children is not always viewed as a crime.

It is also important to note that the sexual abuse of children within the family may not be reported because many of these incidents are perpetrated by breadwinners. Children are therefore often silenced by economic necessity. Some children may also be kept silent about the sexual abuse through threats from the known abuser, for example threats of killing their relatives (parent/ siblings). Some abusers also guilt the victim to silence by telling him/her that if he/she discloses, the perpetrator/bread-winner will go to jail should the victim disclose the abuse and that there will then be no-one to provide for

the family. The victim may then feel guilty for considering disclosing the abuse for the well-being of the family. This is considered a form of emotional abuse on the victim. Health workers must be aware of the fact that social security provisions for destitute children are only available up to nine years of age. In South Africa, however, children may receive social assistance in monetary value through child support grants (CSG) from the South African Social Security Agency (SASSA) until the age of 18 years. Many sexual assault survivors do not go to the police because of the perception that reporting is unlikely to result in punishment of the perpetrator. At present, it would seem that this is the most likely outcome of sexual assault complaints (The National Management Guidelines for Sexual Assault, 2003:7-8).

The introduction of the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No 32 of 2007) (hereafter “the Act”) has been the culmination of a process of attempting to respond to the concerns of victims of sexual violence in order to address the secondary victimisation encountered in the criminal justice process. The Act aims to achieve, among other objectives, the provision of services to certain victims of sexual offences and strives to eliminate secondary victimisation, thus expanding on constitutional guarantees of rights to privacy, dignity, freedom and security of the person, as well as the right to be free from all forms of public and private sources of violence. With an expanded definition of sexual violence, the Act has placed a significant degree of responsibility on government departments to deliver services, based on human rights, which are responsive to challenges of socio-economic conditions of beneficiaries and using an approach to service delivery which is integrated and coordinated. Examples of such an approach are the establishment of specialized courts, FCS units within SAPS and the Thuthuzela Care Centres (TCC) to effectively and efficiently deal with cases of child sexual abuse. The objectives of the Act emphasise, therefore, an effective, responsive and sensitive criminal justice system as it relates specifically to sexual offences. These are set out in section 2 of the Act and include the following:

- to afford complainants of sexual offences the maximum and least traumatising protection that the law can provide;

- to give full effect to the provisions of the Act;
- to combat and ultimately eradicate the relatively high incidence of sexual offences committed in South Africa;
- to protect complainants of sexual offences and their families from secondary victimisation and trauma by establishing a co-operative response between all government departments involved in implementing an effective, responsive and sensitive criminal justice system relating to sexual offences.

It is evident from the preamble and the objectives of the Act that the underlying philosophy is one of a people-oriented service delivery. The Act requires effective and efficient investigation and prosecution of perpetrators of sexual offences as well as proper recognition of the needs of victims of sexual offences (Department of Justice and Constitutional Development, 2012:2-3).

11. NATIONAL POLICIES RELATED TO CHILD SEXUAL ABUSE

The National Policy Framework on the Management of Sexual Offences (NPF) was developed by the Department of Justice and Constitutional Development (DoJ&CD) to ensure a uniform and co-ordinated inter-sectorial response by all South African government departments and institutions dealing with matters relating to sexual offences (DoJ&CD, 2012). The NPF guides the implementation, enforcement and administration of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007. The NPF “seeks to establish a criminal justice system that is quick, more protective, least traumatizing, more sensitive to the plight of the victims, and promotes cooperative response between all government departments and institutions” (DoJ&CD, 2012:13).

The NPF sets out to comply with norms, standards and monitoring and evaluation mechanisms. There are four overarching principles in the NPF in its approach to sexual offences, namely victim-centred; multi-disciplinary and inter-sectorial; providing specialised services; and equal access to quality services (DoJ&CD, 2012).

The first principle rests on the premise that all services relating to sexual offences must be victim-centred; the victim’s emotional and psychological well-being must be considered in all services, processes and institutional mechanisms in the criminal justice

system (DoJ&CD, 2012). The NPF's second principle underlines the importance of a multidisciplinary and inter-sectorial response to sexual offences to ensure an efficient and holistic approach. All services providers, whether they are the SAPS, medical practitioners, social workers, and prosecutors, must participate and contribute collectively to the efficiency of the overall system. At all times members of the criminal justice system must minimise all secondary victimisation or traumatisation. The second principle links to the research topic under discussion and also underlines the purpose of including professionals of Family violence, Child protection and Sexual offences (FCS) unit within the South African Police Service (SAPS), child protection- and forensic social workers and prosecutors of child sexual abuse cases in this research study. These professionals are directly involved in services to victims of sexual abuse. The third principle of the NPF rests on the provision of specialised services to sexual offences victims. Specialised skills and knowledge are needed by all those working with sexual offences victims because of the severe consequences for victims because of being sexually violated (DoJ&CD, 2012). Hence the development of special resources and specialised units to deal with sexual offences matters such as the Thuthuzela Care Centres established by the National Prosecution Authority, court preparation officers, sexual offence courts, anatomical dolls and intermediaries provided in courts, as well as one-stop centres managed by the DSD (DoJ&CD, 2012). The fourth principle of the NPF relates to equal and equitable access to quality services for all sexual offences victims. Victims of sexual offences must be afforded uniform access to services irrespective of their race, class, gender, sexuality, disability or culture.

Thuthuzela Care Centres (TCC) have been established by the DOH for victims of sexual violence based at health facilities which aim to reduce secondary victimisation, improve conviction rates and reduce the cycle time for conclusion of cases (DSD, 2014). Artz *et al.* (2016) also refer to the TCC model by stating: "victims could receive a medical examination, open a case and receive counselling all in one site" (Artz *et al.*, 2016:63). In the experience of the researcher, in most cases, charges of sexual abuse will be laid at a local police station (entry point). The official at the local police station would then contact the investigating officer of the FCS unit within the SAPS, who would take the statement of the victim. The victim is then taken to the TCC for medical examination and

counselling by a child protection social worker. Consultation with the victim would also occur with the state prosecutor for cases of child sexual abuse, at a later stage, regarding court preparation.

The TCC model was designed to fulfil three aims: the reduction of secondary victimisation, an increase in conviction rates, and a reduction in the length of time taken to finalise cases (Vetten, 2015:8). The TCC model is a creation of the NPA and located within a health facility. This design and management by a prosecutorial function of what is essentially a health service guarantees an inherent tension within the care centre component of the TCC model. The centres therefore attempt to mediate both the interests of the criminal justice system, as well as the public health system, with the inclusion of NGOs adding, in many instances, yet another layer of complication (Vetten, 2015:10).

12. SPECIALISATION OF SERVICES RELATING TO VICTIMS OF SEXUAL OFFENCES

In the South African context, specialisation of services can be defined as the provision of services, infrastructure, resources and training for all role players in order to achieve expertise in the field of sexual violence, with the purpose of reducing secondary traumatisation for victims (including victims of child sexual abuse) and eradicating sexual offences. From the objectives of the Act (Act No 32 of 2007), it is clear that the legislative vision encompasses a holistic approach to victims of sexual abuse which extends throughout the criminal justice process, and addresses the trauma of victims, as well as the investigation and prosecution of these cases, including issues of prevention and protection.

12.1 SOUTH AFRICAN POLICE SERVICE

Since police play a crucial role in the gathering of evidence, which is central to ensuring that offenders are convicted and sentenced, the quality of their work often determines whether a case will be prosecuted or not. Due to the difficulties encountered with investigating cases of sexual abuse committed against children and other vulnerable groups, it is the experience of South Africa and many countries that cases of violence against women and children are not investigated thoroughly and that there is under-reporting in this regard. There is evidence that specialised units are more responsive

and effective in dealing with cases of sexual violence, and their establishment facilitates the development of expertise in the area which may result in an increase in the number of cases investigated, and thus a less traumatising and more efficient experience for the victim (Department of Justice and Constitutional Development, 2012:5).

The establishment of the FCS unit within the SAPS thus addresses the issue of specialised and more responsive investigation of cases of sexual abuse.

12.2 PROSECUTION

Effective prosecution of cases of sexual abuse, especially those involving children and persons with a mental disability, also requires specialist skills and knowledge in matters relating to child sexual abuse. Specialisation increases the expertise of prosecutors, which has a flow-on effect on the quality of the State's case. Specialisation allows prosecutors to establish appropriate rapport with witnesses who are vulnerable, especially children, and builds up an environment of expertise. The creation of a culture of specialist knowledge is an outcome of a specialist group of peer prosecutors working together in the same field, and this contributes to greater awareness of the needs of vulnerable witnesses. Where specialist prosecution units exist, these often adopt a prosecutorial-driven approach to investigations, which has been found to improve the quality of investigations and services (Department of Justice and Constitutional Development, 2012:5).

12.3 SPECIALISED COURTS

The creation of specialised courts has traditionally been based on two principles. Firstly, specialised courts are created because they have become necessary to uphold legislation relevant to the development of a particular area of law associated with a certain aspect of social transformation. Secondly, they are created in response to the need for specialised skills in a particular area in order to process cases more speedily and efficiently. Specialised sexual offences courts exist in South Africa and in a number of countries, including Brazil, Spain, Uruguay, Venezuela, the United Kingdom, as well as certain states in the United States of America (Department of Justice and Constitutional Development, 2012:5). In George in the Western Cape, where the researcher is employed, there is one specialised sexual offences court. This court and

personnel are trained to specifically prosecute cases of sexual abuse which impacts positively on non-delay in finalization of such cases. Experience has shown that these courts have been effective in many instances as they provide a stronger possibility that court and judicial officials will be specialised and gender-sensitive regarding violence against women, and often include procedures that expedite these cases (Department of Justice and Constitutional Development, 2012:5).

12.4 THUTUZELA CARE CENTRES

One-stop centres for victims of sexual violence have arisen in some cities in South Africa in response to the many difficulties and frustrations that victims experience within the medico-legal system, which contributes to both the stress and trauma they experience. These Thutuzela Care Centres (TCC) aim to provide responsive, holistic and effective person-centred and service-oriented health services for victims of sexual abuse in order to ensure the prevention of secondary trauma, and thus improve health. These one-stop centres have taken on various forms and offer different services, depending on where they are located, but generally they make provision for the following: medical personnel, an investigating officer, a victim-friendly interview and/or waiting room, on-going training of personnel, improved protocols and policies for dealing with victims, collection of forensic evidence, enhanced communication with victims, and improved co-ordination between the different role players in the system (Department of Justice and Constitutional Development, 2012:4-6). In George in the Western Cape, a one-stop TCC is located at the local Provincial Hospital, which is easily accessible to the victim of child sexual abuse and all other relevant professionals or role-players.

12.5 SPECIALISATION OF PERSONNEL

The desirability of specialised training in the context of vulnerable witnesses has been acknowledged in South Africa and internationally, and forms the core component of specialisation since the creation of special measures and infrastructure has been shown to be ineffective unless accompanied by knowledge and sensitivity on the part of role players. Working with victims of sexual abuse who belong to vulnerable groups is an extremely specialised field, requiring highly specialised skills (Department of Justice and Constitutional Development, 2012:6). The existence of the TCC and FCS unit within the SAPS in South Africa (and in George in the Western Cape) is evidence of specialised

units and personnel being trained, in effectively addressing the phenomenon of child sexual abuse. International instruments require law enforcement officers and officials responsible for working with victims of sexual violence to receive training to sensitise them to the needs of women. It is the opinion of the researcher that focus and training should be directed not only towards being sensitive towards the needs of women, but also towards working with boys or men, as they are also victims of sexual abuse though not reported/recorded as much. It is critical to ensure that those role players who are required to implement legislation pertaining to violence against women and children have an in-depth knowledge and understanding of the legislation so that they are able to implement it in an appropriate and gender-sensitive manner. If comprehensive training does not take place, there is a serious risk that the law will not be implemented effectively or uniformly. Training should be provided to all persons who have a role to play with victims of sexual violence in the criminal justice system and include frontline staff, police, medical officers, social workers, interpreters, victim support officers, intermediaries, prosecutors, presiding officers, and correctional supervision personnel. Specialisation of role players will not only contribute to obtaining the “best evidence”, but will also assist in generating an overall attitudinal change within the criminal justice process (Department of Justice and Constitutional Development, 2012:4-6).

13. FLOW CHART: PROCESS OF SERVICE DELIVERY TO VICTIMS OF CSA

The flow chart below was designed by the researcher to illustrate the (simplified) process of services to the victim of child sexual abuse, rendered by the different departments (SAPS; DSD & DoJ&CD). As illustrated below, the victim enters the service delivery process at the SAPS and exists at the DoJ&CD, but (as per below discussion) it may not always be the entry and exit point for all victims. The colours utilised as illustration in the flow chart are:





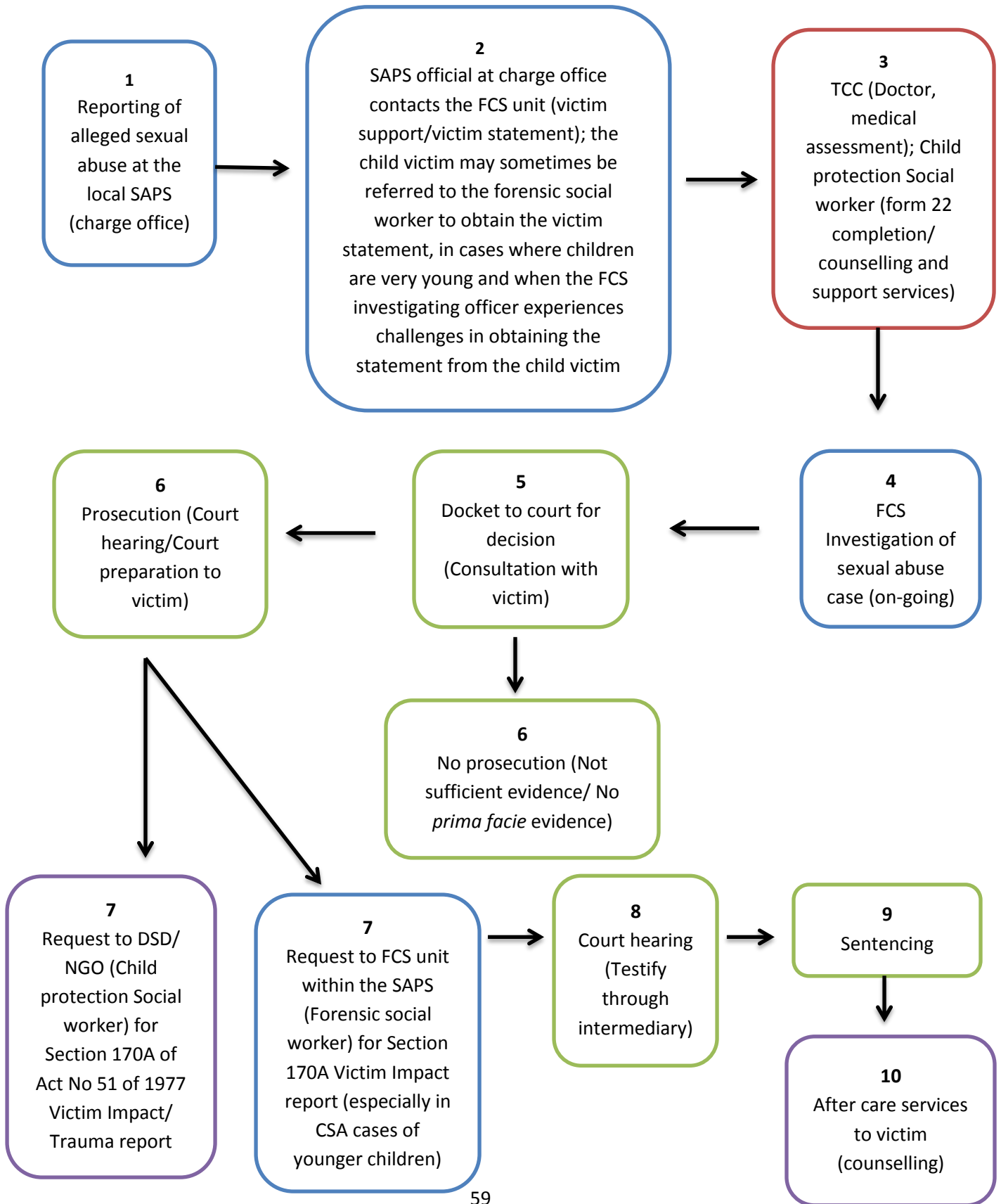
-  Represents the SAPS (FCS investigation/ Forensic social worker);
-  Represents the TCC (Medical examination);
-  Represents the DoJ&CD (Prosecution); and
-  Represents the DSD (Child protection social worker’s assessment/counselling/Section 170A or Trauma reports). The process is discussed in more detail below:

Figure 1 Process of services to victims of child sexual abuse CSA: Designed by M. Smit (researcher)



14. Discussion of the above flow chart

Reporting of an alleged sexual abuse may not always occur at a local police station (point 1). In some cases, the first report may be to a relative or any other person who the victim trusts. The victim may disclose the alleged abuse to a teacher, a close friend, a pastor, a relative or any other person the victim may trust with such information. The SAPS is the first legal documented entry point for the start of the criminal process in reported cases of sexual abuse. After the charge is made known to the police official at the charge office of a local police station, that official should immediately contact the FCS official who will then take the statement of the victim, provide victim support (point 2), and take the victim to the TCC for the medical examination. In cases where the charge of alleged child sexual abuse is made after normal working hours (after 16h00) of the child protection social worker, the FCS official will contact the child protection social worker on standby (after hour child protection services) to inform that the official is on his/her way to the TCC with a child victim of alleged sexual abuse. The child protection social worker, who is on duty for after hour child protection services, will then provide counselling and support services to the victim at the TCC and also provide support for the victim during the medical examination (point 3). The investigation of the alleged sexual abuse case is on-going throughout the criminal process (point 4). The investigation is only completed once the trial period is concluded and the verdict is delivered.

Once the police docket is submitted to court (point 5), the Director of Public Prosecutions (DPP) makes a decision to prosecute/not to prosecute a case (point 6). In child sexual abuse (CSA) cases, the court will often request a Victim Impact report/Section 170A of the Criminal Procedure Act (Act No 51 of 1977) (often referred to as a Trauma report) from the Department of Social Development for a child protection social worker to assess and report to court the impact of the trauma incident (the alleged sexual abuse) on the victim. In cases where the victim of the alleged sexual offence is very young, the court may request a forensic social worker from the FCS unit within the SAPS to assess and report to court on the impact of the abuse on the victim (point 7). The child victim of sexual abuse will then often testify in court during the trial/court hearing process through an intermediary (point 8) to avoid causing possible additional

emotional trauma and/or stress to the victim- probable feelings that are often accompanied by the court process/testifying. Upon finalisation/conclusion of the trial process, the perpetrator is sentenced (point 9) and the relevant child protection social worker is responsible for providing counselling and aftercare support services (point 10) to the victim to enable the victim heal and further cope with the impact of the abuse.

It should be emphasised that the different key role players (professionals of different disciplines) with whom the victim of child sexual abuse comes into contact within the above flow chart are from different disciplines within government. The motivation for the emphasis on the different role players is that this may also be illustrative of how many times the victim may have to 'tell the story' of the alleged sexual abuse. Besides the professionals stated in the above flow chart, the child victim of sexual abuse might also possibly have had to 'tell the story' to other persons (relatives/friends/teachers/medical personnel) in his/her life. The behaviours of all these persons towards the child victim in 'telling the story' of the alleged sexual abuse may be linked to possible secondary victimisation of the victim of child sexual abuse.

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SECTION C: RESEARCH ARTICLE

CAUSES OF SECONDARY VICTIMIZATION OF CHILD SEXUAL ABUSE VICTIMS*

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ABSTRACT

Child sexual abuse is a widely known phenomenon which occurs globally. Professionals from different disciplines (forensic- and child protection social workers, police officers within the Family violence, Child protection and Sexual offences unit within the South African Police Service, medical personnel, teachers, court personnel- prosecutors who prosecutes cases of child sexual abuse) come into contact with victims of child sexual abuse and some of these professions are expected to render appropriate services to such victims and refrain from causing any further possible harm to such victims. This article focuses on the causes of secondary victimisation of child sexual abuse victims and views of professionals (forensic- and child protection social workers, police officers within the Family violence, Child protection and Sexual offences unit within the South African Police Service and prosecutors who prosecute cases of child sexual abuse) in minimising such causes.

Key words: secondary victimisation; child sexual abuse; victims

INTRODUCTION AND PROBLEM STATEMENT

The term child sexual abuse is globally known and is something that affects everyone worldwide, so much so that it is contained in numerous acts, amongst others, the Children's Act (Act No. 38 of 2005), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act No. 32 of 2007) and the Child Justice Act (Act No. 75 of 2008). The above Acts are implemented in South Africa for the protection of children and are there to be adhered to. The Child Justice Act (Act No. 75 of 2008) provides guidance as to dealing with juvenile offenders of child sexual abuse. Section 9 of the Children's Act (Act No. 38 of 2005) states: 'In all matters concerning the care, protection and well-being of a child, the standard that the child's best interest is of paramount importance must be applied.' Last-mentioned quote underlines the high priority

placed on the needs of the child by South African legislation. The researcher focussed on child sexual abuse for the research study due to its prevalence worldwide.

Incidents of sexual abuse are a perturbing reality, especially in George in the Western Cape Province where the researcher is employed as a registered Social Worker. Despite a high conviction rate nationally, sexual offences in the greater George have increased with a shocking 437 cases reported in the last financial year (2016), compared to 347 cases the previous year (2015) (George Herald, 2017). According to Rape Crisis, South Africa (2014: 2), over 40% of all the rapes in South Africa are committed against children. Of the 124 526 total rape cases reported in the last three financial years (2016, 2017 and 2018), children were the victims of a sickening 41% of these cases (Anderson, 2018). Mbhele (*in* Anderson, 2018), DA Shadow Minister of Police, said: “This means that at least 46 children are raped every day in South Africa. Only 21% of child rape cases resulted in successful convictions” (Anderson, 2018: 1). Shozi (2018) reports that statistics show that children in South Africa are becoming soft targets for criminals, as an estimate of 110 children are being raped daily in the country.

According to Rape Crisis, South Africa (2019) there were 49 660 sexual offences reported to the police in South Africa, in 2017. Rape Crises South Africa (2014:3) also states that cases of reported rape increased from 27 056 in 1993 to an astonishing 55 114 between April 2004 and March 2005. This is amongst the highest reported rates of rape in the world. The numbers become even more frightening when you realise that the number of child rapes has continually increased over the years. In 2014/15, there were 15 520 child rapes reported. Only 1 799 resulted in successful convictions. In 2015/16, 16 389 were reported of which only 2 488 resulted in the conviction of the perpetrator. In 2016/17, the number rose even further to 19 071. According to Rape Crisis, South Africa (2019), there was a small improvement in convictions; 6 366 perpetrators were convicted.

Sexual abuse is becoming so prevalent that sexual offences courts are being implemented to effectively deal with such cases. Louw (2013: 5) defines a sexual offences court as “a specialized court that specifically deals with sexual offences (i.e. they have a dedicated role) and consists of specialized prosecutors, child protection- and forensic social workers, investigating officers, magistrates and health professionals”. Different role players, the South African Police Service (SAPS), the Department of Social Development (DSD) and the Department of Justice and

Constitutional Development (DoJ&CD) form part of service rendering in sexual abuse investigations. The problem with these different role players is that victims of sexual abuse therefore have to engage with these role players and give their statements to them, often more than once. Last mentioned statement is based on the professional experience, in cases of child sexual abuse, of the researcher. The SAPS is the entry point of these abuse cases (the moment a statement is made), as it usually has the first contact with the victim. The role of the South African Police Service is investigating reported (when a criminal charge is laid) cases of abuse (Department of Basic Education, 2019: 17). According to a research study conducted by Jonkers (2012: 38), the main purpose of forensic social work is to collect information from the child victim. In order to do so, the forensic social worker needs to assess the child, review literature, collect corroborating information from collateral sources (such as medical records, school reports), and conduct interviews with relevant systems as well as significant others. The aim of this process is to remain neutral and test multiple hypotheses that might explain an allegation. Victims of child sexual abuse (who are mostly very young and do not want to open up to the investigating officer) will often be referred to the forensic social worker, to obtain the statement of the child victim.

According to Jonkers (2012: 39) the successful investigation and prosecution of criminal offences depends on obtaining reliable information from child victims and/or witnesses. The forensic social worker will act as an impartial scientist, thus maintaining a neutral stance with no vested interest in the outcome of his/her involvement, for example whether the child is found to be sexually abused/not abused is of no relevance to the forensic social worker, he or she should only establish the facts of the case under investigation. The role of the forensic social worker requires not only a commitment to objectivity, but also the capacity to create unbiased assessment procedures. According to the SAPS, it is envisaged that social workers specialising in the field of forensic social work will be utilised to assist the Family Violence Child Protection and Sexual Offences Unit (FCS) with the investigation of family violence, child protection and sexual offences-related crimes with the aim of influencing the conviction rate (Jonkers, 2012: 39). The role of child protection social workers at the Department of Social Development is to assess the impact of the abuse on the victim (Social Work Degree Guide, 2019) and the Department of Justice and Constitutional Development is responsible for the effective prosecution of the sexual abuse case (Department of Justice and Constitutional Development,

2012: 30). The process of service delivery to victims of child sexual abuse requires such victims to engage with all the above role players. Interaction with so many role players, at different times, requires victims to re-tell their versions of the abuse (Watson, 2015: 5).

Child sexual abuse is a global phenomenon that occurs across cultures and socio-economic groupings (Mathews, Abrahams & Jewkes, 2009: 84). The Children's Act (Act No. 38 of 2005) defines a child as a person under the age of 18 years. Child sexual abuse is not only defined as the sexual molestation or assault of a child, but also as allowing these acts to be committed against a child. It includes encouraging, inducing, or forcing a child to be used for the sexual gratification of another person, using a child in, or exposing a child to sexual activities or pornography, and participating in, or assisting in, the commercial sexual exploitation of a child (Fouché, 2012: 76). The term sexual abuse includes a wide spectrum of contact or acts, as stated in Fouché (2012: 76). The important aspect to note is contact with or acts performed on children that have a sexual connotation and that aim to sexually satisfy the perpetrator. These sexual acts or sexual contacts committed against children can have a negative impact on the child victim. The impact of child sexual abuse goes beyond physical injuries and visible scars (Children's Institute, 2015: 1).

According to the SAPS Crime Statistics (2019), the total provincial number of sexual offences reported in South Africa was 49 445 for 2017 and 49 991 for 2018. Schafer (2012: 1) states that 77 children are sexually abused in South Africa on a daily basis. Children are the most vulnerable members of our society and the Bill of Rights makes specific provisions for and places a clear obligation on society and government to protect them from harm and abuse. It is a shocking fact that child sexual abuse is a growing phenomenon in South Africa.

According to Crime Stats SA (2019), the national total number of sexual crimes for the past nine years was: 2008 (63 788), 2009 (70 514), 2010 (68 332), 2011 (66 196), 2012 (64 419), 2013 (66 197), 2014 (62 267), 2015 (53 617), 2016 (51 895), 2017 (49 445) and 2018 (49 991). These figures reflect an increase between 2008 and 2013, but reveal a decrease from 2014 to 2016. During 2017, the number of sexual crimes still decreased, but the 2018 figures once again show an increase. Justifications for the decrease in sexual crimes may be due to different reasons, such as lack of reporting of sexual crimes or decrease in sexual crimes committed. It is, however, not possible to provide a definitive explanation for such a decrease over a few years and the slight

increase again in 2018. Possible reasons need to be researched and confirmed. The national number of rape for 2016/17 is 39 828 and 40 035 for 2017/18, indicating an increase of rape cases nationally. The number of child sexual abuse crimes nationally reflect a decrease, with a total of 24 677 in 2016/17 and 23 488 in 2017/18. Crime Stats SA (2019) also reported that the total provincial number of sexual crimes in the Western Cape Province from the year 2012 to 2018 is: 9 117 for 2012, 8 776 for 2013, 8 009 for 2014, 7 369 for 2015, 7 130 for 2016, 7 115 for 2017 and 7 075 for 2018. Although provincial figures also show a decline in the number of sexual offences reported, it does not eliminate the seriousness of the crime or the effects of the abuse itself on the victim. The provincial number of rape cases also reflects a decrease in the past two financial years, with a total of 4 771 in 2016/17 and 4 744 in 2017/18.

In George in the Western Cape, the years 2012 to 2016 reflect a slight decrease with regard to sexual crimes. The number of sexual crimes increased from 115 in 2012, 124 in 2013, 127 in 2014, 103 in 2015, 91 in 2016, and 116 in 2017 to 121 in 2018. Therefore, it is evident that sexually-related crimes increased in George in the Western Cape from 2012 to 2014. The figures further reflect a decrease for the years 2015 and 2016, but then show an increase again in 2017 and 2018. The number of rape cases for George in the Western Cape is 417 in 2017 and 463 in 2018, which show an increase in rape cases in the last two years.

Attempts are being made in South Africa to help decrease secondary victimisation of victims of child sexual abuse by training professionals to adequately deal with victims of sexual abuse. The South African Police Service is a good example of training being provided to staff that enables them to specifically deal with cases of sexual offences. The FCS unit within SAPS is an example of trained staff to adequately deal with victims of sexual abuse.

According to Coxell and King (2002) (cited in Okan, 2011: 2) secondary victimisation, also known as the second rape, broadly refers to the lack or inappropriateness of the reactions of professionals towards the survivors of sexual abuse leading to feelings of re-victimisation. Secondary victimisation or sexual re-victimisation further refers to a pattern in which the sexual assault victim has an increased risk of subsequent victimisation relative to an individual who was never victimised. A second rape is the severest form of sexual re-victimisation (Lurie, Boaz & Golan, 2013: 865). Secondary victimisation also refers to negative experiences that survivors may encounter when they seek help after rape. From the above problem statement, the following

research question arose: *What are the causes of secondary victimisation of the victim of child sexual abuse?*

RESEARCH METHODOLOGY

The aim of the study was to explore and identify the causes of secondary victimisation of victims of child sexual abuse and to gain insight from professionals in three different disciplines regarding the process of service delivery to child sexual abuse victims. In exploring and identifying these causes, valuable contributions may be made in improving services to victims of child sexual abuse.

The qualitative research approach was applied in the research study, as it involves gaining understanding of participants' views or experiences relating to the research topic. This research approach assisted in gaining insight from participants into their views concerning the research topic. Qualitative researchers use an emerging qualitative approach to collect data in a natural setting sensitive to the people and places under study. They are concerned with exploring and understanding the phenomenon rather than with its explanation, with naturalistic observation rather than controlled measurement (Fouché & Schurink, 2011: 308). The aim of the study was to explore and identify the causes of secondary victimisation of victims of child sexual abuse and to gain insight from professionals in three different disciplines regarding the process of service delivery to child sexual abuse victims.

The following objectives are presented:

- to acquire knowledge, through a literature study, in respect of the term secondary victimisation and the process of service delivery to victims of child sexual abuse; and
- to gain insight, through semi-structured interviews with professionals of three different disciplines, into the views of such professionals regarding the causes of secondary victimisation within the process of service delivery to child sexual abuse victims.

Basic descriptive research was relevant in explaining the views of professionals regarding the research topic. This information was obtained through conducting semi-structured interviews with the professionals in order to obtain specific information on their views with regard to the causes of secondary victimisation of victims of child sexual abuse. This allowed the researcher to answer the second objective of the research study. The researcher used an interpretive descriptive research design to describe the views of participants (professionals of three different disciplines)

concerning the research topic (Reiners, 2012: 1). The views of the participants assisted the researcher in attaining the objectives of the research study.

Participants representing different disciplines were specifically identified for participation in the research study, as they were able to provide valuable information on the research topic because they are the professionals working with victims of child sexual abuse. The participants consisted of child protection social workers within the Department of Social Development (DSD), a forensic social worker and police officers working within the Family violence, Child protection and Sexual offences unit (FCS) of the South African Police Service (SAPS) and prosecutors who prosecute cases of child sexual abuse within the Department of Justice and Constitutional Development (DoJ&CD) located in George in the Western Cape. The population consisted of participants who are working with cases of child sexual abuse. The population was thus accessible, as the researcher is also positioned in George.

PROFILE OF THE PARTICIPANTS

Diagram 1: Working experience of participants

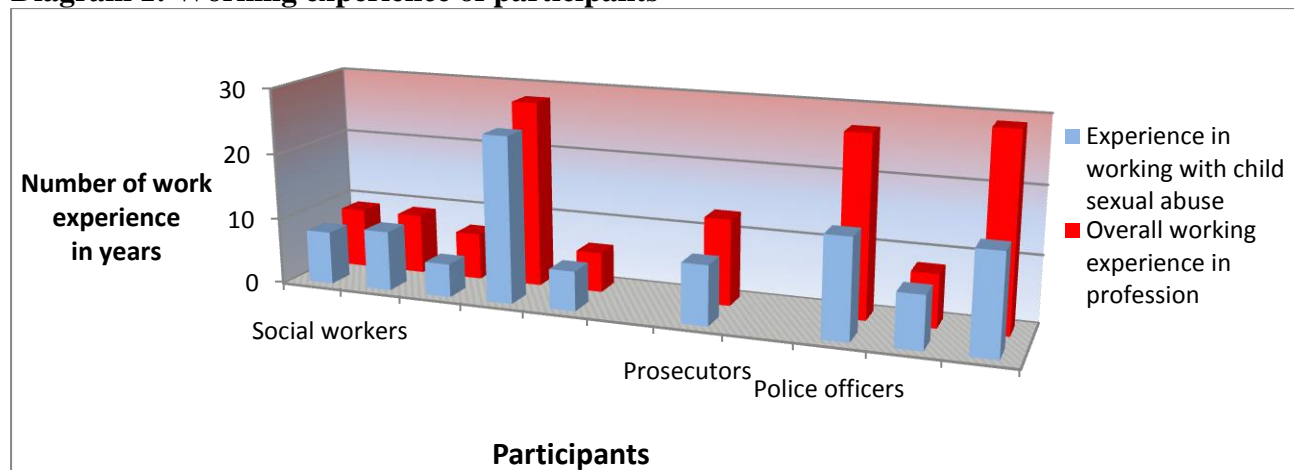


Diagram 1 elucidates information regarding the participants' working experience in child sexual abuse cases. A total of nine participants were interviewed. The diagram illustrates that the research population comprises five (56%) social workers, one (11%) prosecutor and three (33%) police officers. One (11%) participant possesses the minimum working experience of five years, one (11%) participant has six years' experience, two (22%) participants have eight years' experience, two (22%) have nine years' experience, another two (22%) participants have 15 years' experience and one (11%) participant has 25 years' working experience in child sexual

abuse cases. The participants therefore are able to provide relevant information on the research topic, due to their working experience in cases of child sexual abuse and participants met the inclusion criteria.

Table 1: Qualifications of participants

QUALIFICATION	NUMBER OF PARTICIPANTS	PROFESSION
Honours	5	Social worker
Bachelor's	1	State prosecutor
Grade 12	2	Police officer
National Diploma	1	Police officer

The above diagram represents the type of qualification that participants hold. Five (56%) participants hold honours degrees, one (11%) participant possesses a bachelors' degree, two (22%) participants hold grade 12 qualifications and one (11%) has a National Diploma. It is necessary to state that all participants have undergone further in-service training in their respective professions/disciplines and are indeed competent to provide trustworthy information, based on qualifications and working experience, on the research topic.

DISCUSSION OF RESULTS

The themes discussed below are from the individual interviews conducted with participants, based on questions (research schedule) posed to participants. The themes are narratively discussed, integrated and supported with literature. The research findings are based on the views of professionals on the research topic.

THEME 1: CONCEPT OF THE TERM SECONDARY VICTIMISATION

Participants' understanding of the term secondary victimisation is vital as the term "secondary victimisation" is the quintessence of the research topic in attaining the first research objective. It is deemed necessary to gain insight into the participants' understanding of the said term, to ultimately ascertain trustworthy information relating to the research topic. Two sub-themes are presented based on the responses of the participants on the request to voice their *understanding of the term secondary victimisation* is. The sub-themes are: (i) Feeling of the victim after the initial incident; and (ii) Behaviour of professionals towards the victim.

56% (five) of the participants narrated the first sub-theme:

“Dit is die trauma of gevoel wat volg na die verkragting” (It is the feeling following the sexual abuse incident). *“Dit is herbeleeftde traumatisering van ’n slagoffer deur die proses wat gevolg word na die aanvanklike insident; die kind her-beleef die voorval deur die ondersoek- of hofprosedures”* (It is relived traumatisation of the victim by the process followed, after the initial incident; the child relives the initial incident through the investigation- or court procedures). *“Wanneer die kind herhaaldelik blootgestel word aan mense of dinge wat vir hom/ haar herinner aan die geval of insident wat trauma veroorsaak, buiten die primêre trauma van die insident self”* (It is when the child is repeatedly exposed to people or events that serve as a reminder of the initial sexual abuse incident). *“Wanneer ’n persoon reeds ’n daad gepleeg het teenoor die slagoffer, maar die slagoffer word steeds gekonfronteer deur die persoon, byvoorbeeld in ’n plaas area waar persone naby mekaar woon, waar die slagoffer weer die beskuldigde sien”* (It is when a person already committed a crime against the victim but the victim is still being confronted by the person who committed the crime, like in a small community where the victim regularly sees the perpetrator). *“Wanneer ’n slagoffer getraumatiseer word as gevolg van die proses wat volg na die seksuele misbruik”* (When a victim is traumatised as a result of the process that follows after the sexual abuse). (Participant 7: Police officer; Participant 5: Forensic Social worker within SAPS; Participant 1: Social worker; Participant 4: Social worker; Participant 8: Police officer).

Three (33%) participants’ voiced that their understanding of the term secondary victimisation is the behaviour of professionals toward the victim.

Participants’ state:

“The experience they get through the system (social workers) or at home even with parents or even with the child justice system (the prosecutors, the police) - the manner in which they are treated after the sexual abuse experience”. *“Dat die slagoffer nie voldoende bystand en hulp kry nie van persone in die proses wat met die slagoffer in aanraking kom”* (It is when the victim does not receive sufficient assistance and support from persons with whom the victim comes into contact with). *“It is when a professional person, like the doctor/ social worker/ prosecutors or lawyers, does not treat the victim well”* (Participant 6: Police officer; Participant 2: Prosecutor; Participant 3: Social worker).

One (11%) participant relays the concept as: *“When the child victim of sexual abuse is pressurised to talk about the sexual abuse incident” (Participant 9: Social worker).*

According to literature, secondary victimisation means the abuse of the victim that occurs, not as a direct result of the criminal act, but through the response of institutions and individuals to the victim. These injuries can be caused by friends, family and most often by the law enforcement officers, prosecutors, judges, social service workers, the media and mental health professionals that victims encounter as a result of the crime. Those individuals may lack the ability or training to provide the necessary comfort and assistance to the victim or even blame the victim for the crime (Wolhuter, Olley & Denham, 2008: 47-48). Secondary victimisation is defined as the “attitudes, processes, actions and omissions that may intentionally or unintentionally contribute to the re-victimisation of a person who has experienced a traumatic incident as a victim through: failure to treat the victim with respect and dignity, disbelief of the person’s account, unsympathetic treatment, blaming the victim, and lack of (or insufficient) support services to assist the victim at interpersonal, institutional and broad social level” (DoJ&CD, 2008: 36). Based on the cited or narrated responses from participants above and substantiating literature, it is therefore evident that participants’ understanding of the term is indeed collaborating with the consulted literature.

THEME 2: DESIRABILITY OF WORKING WITH CASES OF CHILD SEXUAL ABUSE

Participants were asked to tell the researcher about their positive experiences with child sexual abuse cases, from the beginning when the case was opened until the finalizing of the case. Participants’ positive experiences in working with cases of child sexual abuse are characterised by: (i) Child- focussed service; (ii) Specialised personnel; and (iii) Priority service. Five out of the nine participants (56%) regard the child sexual abuse services that focus on the child as a positive experience. These are mostly the social work participants. Three (33%) police official participants hold the specialised personnel, working with victims of child sexual abuse, as a positive experience. According to these participants, it is positive that only police officers working within the FCS unit of the SAPS are allowed to take the statements of victims of child sexual abuse as such officials are adequately trained and skilled to deal with such victims and cases. One (11%) participants’ positive experience in child sexual abuse cases is the priority that is placed on such

cases, priority regarding prompt responses to such cases, specialised courts established and specialised personnel trained to prosecute and efficiently render services to the victims.

Participants explain:

“Die vinnige afhandeling van ondersoek, so gou moontlik, asook die lewering van prioriteit diens” (The prompt finalisation of investigations; it is a priority service). *“Deurdat die diens gespesialiseerd is; slegs lede van die Gesinsgeweld, Kinderbeskerming en Seksuele misdrywe (GKS) neem die verklarings van slagoffers van seksuele misbruik. GKS lede is opgelei om sake van die aard te ondersoek en so gou moontlik te finaliseer. Daar word ’n verhouding met die kind gebou en speltegnieke word gebruik, assessering van seksuele misbruik gevalle vind binne ’n kindervriendelike en beskermde omgewing plaas”* (It is a specialised service as only members of the FCS unit of the SAPS are allowed to take the statements of victims of sexual abuse. FCS members of the SAPS are trained to investigate cases of sexual abuse and to prioritise such cases. A relationship is developed with the child and play techniques are utilised to assess the child within a child-friendly and protective environment). *“At DSD I think the child witness program is positive as it specifically deals with victims of child sexual abuse and empowerment of such victims”*. *“Vir my is dit wanneer die beskuldigde tot verantwoording geroep word en om die slagoffer se veiligheid te verseker”* (In my opinion, it is when the perpetrator is brought to book and the safety of the victim is ensured) (*Participant 7: Police officer; Participant 5: Forensic Social worker; Participant 9: Social worker; Participant 2: Prosecutor*).

Participants’ responses indicate that the services that each profession renders are focussed on the victim. For police officers in the FCS unit, the prompt and efficient investigations of such cases are a highlight, as are the specialized service that this specific unit within SAPS offers the victim. Social workers are of the opinion that support to the victim and the establishment of a trusting and professional relationship with the victim are positive attributes to the services they render. The safety of the victim and the sentencing of the perpetrator are regarded as positive experiences for the prosecutor of their part in services to victims of child sexual abuse. The National Policy Framework on the Management of Sexual Offences (NPF) was developed by the Department of Justice and Constitutional Development (DoJ&CD) to ensure a uniform and co-ordinated inter-sectorial response by all South African government departments and institutions dealing with matters relating to sexual offences (DoJ&CD, 2012). The NPF “seeks to establish a criminal justice system that is quick, more protective, least traumatizing, more sensitive to the plight of the victims, and promotes cooperative response between all government departments and institutions”

(DoJ&CD, 2012: 13). The NPF sets out to comply with norms, standards and monitoring and evaluation mechanisms. There are four overarching principles in the NPF (which is identifiable to the participants' narrative experiences) in its approach to sexual offences, namely victim-centred; multi-disciplinary and inter-sectorial; providing specialised services; and equal access to quality services (DoJ&CD, 2012).

In an online article on child sexual abuse, the Western Cape Government (2017) also highlights the specialized personnel, investigations and services rendered to victims of child sexual abuse. The article further states that to try and combat the unacceptably high levels of child abuse in the Western Cape, health services have joined forces with police, community safety, social services and NGOs. Child protection social workers have an essential role to play in helping the child to heal after the abuse. The child protection social worker will offer education, information and counselling. If the child protection social worker believes that the child is at risk of further abuse when discharged from a health facility and is in need of urgent protection, he/she can issue a Form 4 detention order to remove the child to a place of safety (Western Cape Government, 2017). The article makes reference to the previous Child Care Act, which has been replaced with the Children's Act (Act No. 38 of 2005) where a form 36 is used for the urgent removal of a child.

THEME 3: UNDESIRABILITY OF WORKING WITH CASES OF CHILD SEXUAL ABUSE

Participants' negative experiences in working with cases of child sexual abuse were explored and participants responded as follows:

“Die uitstel van hofsake vir byvoorbeeld DNS-bewyse (veronderstel om binne drie maande terugvoer te ontvang, maar soms vat dit tot 'n jaar om 'n DNS-verslag te kry omdat hulle ook sê hul is oorwerk). Daar is baie uitstelle by hof vir verskeie redes, byvoorbeeld die beskuldigde verander van regshulp; Oorvol hofrolle; Uitreik van lasbriewe vir persone wat nie vir die hofdatum opdaag nie; Die klaer verhuis sonder om die ondersoekbeampte in kennis te stel en GKS of ondersoekbeampte is nie bekend met huidige adres van die klaer nie, so die klaer moet opgespoor of gesoek word en dit neem tyd in beslag. Die DNS-bewyse neem lank. Daar is hopeloos te veel uitstelle van sake as gevolg van hofrolle wat te vol is; By die volgende hofdatum is die prokureur byvoorbeeld siek, dan is die landdros byvoorbeeld siek, dan is die verdagte nie by die hof nie; daar is altyd iets. Dit kan tot twee jaar duur om 'n saak te finaliseer, maar sommige sake word vinnig gefinaliseer dit is maar 50/50” (The postponement of court cases, for

example DNA evidence (outcome of DNA testing is supposed to take up to three months, but it usually takes up to a year, as workers feel that they are also overworked). There are many court postponements due to various reasons, for example the perpetrator/accused changes lawyers, crowded court rolls, issuing of warrants for persons who failed to be present at court on set court dates, the complainant relocates without informing the investigating officer and searching for the complainant is time consuming or the legal personnel gets sick... there is always something causing delays. Some cases of sexual abuse can take up to two years to finalize, it is 50/50) (Participant 8: Police officer).

Another participant said: *“Dit is ongelukkig so dat die slagoffer bevraagteken word oor of die insident die waarheid is of nie. Dit dra by tot moontlike negatiewe gevoelens of weerstand by die slagoffer”* (It is unfortunately so that the victim is questioned on the sexual abuse incident; whether it is true or not. It can also add to negative feelings or resistance by the victim). *“n Kind maak nie maklik oop nie; sodra kinders sien dit is ’n polisieman of -vrou, dan wil hulle nie praat nie want ons ouers is geneig om te sê: ‘ek bel nou die polisie dat hulle jou vang’. Kinders word dus deur ouers bang gepraat oor die polisie- weerstand deur kind; die kind word dan verwys na die forensiese maatskaplike werker as kind nie wil praat nie; Soms wil die kind nie praat nie dan moet die kind eers na die forensiese maatskaplike werker gaan, dan kry die ondersoekbeampte eers ’n verklaring en dan kan die saak eers op die rol geplaas word”* (Some parents instil fear in children towards the police which causes children to view the police in a frightening manner. This makes it difficult for the police officer investigating the child sexual abuse case to engage with some of the victims of child sexual abuse. Such children are then referred to the forensic social worker for assessment and to obtain a statement before the case may be placed on the court roll). *“Ondersoekbeamptes is onder druk; GKS bedien agt polisiestasies en daar is ook te min ondersoekbeamptes; Hoë werkslading, wat aansluit by oorvol hofrolle”* (FCS investigating officers are under pressure due to lack of staff; high case volumes/caseloads and servicing eight police stations). *“I would say the high caseloads we as child protection social workers have; there are always requests to compile trauma reports for court, for counselling and for services to the victims and their families. It becomes difficult to comply when there is a lack of staff, it becomes too much for one social worker to deal with. There is also no wellness for the social worker to emotionally deal with it all”* (Participant 2: Prosecutor; Participant 6: Police officer; Participant 7: Police officer; Participant 9: Social worker).

Four (44%) participants experience the (i) *delays in finalisation* of cases as negative. Delays in finalisation of cases can be attributed to many different reasons stated above, such as waiting of DNA evidence, congested court rolls, change in lawyers, witnesses failing to attend court proceedings, and searching for witnesses who relocate without informing the investigating officer or who do not show up on set court dates. Three (33%) participants experience the (ii) *resistance of victim* to open up to professional, amongst other things, as a negative experience in working with cases of child sexual abuse. Police official participants experience some victims of child sexual abuse struggle to open up to them; the victim is then referred to the forensic social worker to obtain a statement. Two (22%) participants experience the (iii) *high work-/ caseloads* as a negative experience, due to the high demand in services to victims of child sexual abuse. The high caseloads are also linked to lack of sufficient personnel in working with such cases. The reasons for delays narrated by participants are due to circumstances beyond their control. The high work volumes of participants can also possibly be attributed to the high prevalence of child sexual abuse in areas where they work. The Optimus Study South Africa (2016: 13) also highlights the high caseloads that professionals working with child sexual abuse face.

The Department of Justice and Constitutional Development Gender Directorate (2008: 25) highlights the following examples of secondary victimisation within the criminal justice system:

Table 2: Examples of secondary victimisation within the criminal justice system

DEPARTMENT	EXAMPLES
Department of Justice	Delay in court dates
	Court personnel not sympathetic to victims – not being patient when victims make mistakes due to unfamiliarity with court proceedings: for example, speaking out during proceedings.
	Court personnel
Department of Health	Doctors, district surgeons and nurses examining victim without introductions and without explaining procedures.
	Conducting examinations in a cold and brash manner

	Complaining to victims about being called out late at night to do the examinations
	Not wanting to conduct examinations because the victim appears intoxicated
	The Primary Health Care Package for South Africa – a set of norms and standards (specifically the section on services for victims of sexual and domestic violence) – is not being implemented and monitored properly.
South African Police Service	‘Loyalty’ among police officers in dealing with colleagues where there is domestic violence – not wanting to get involved.
	Police not responding on time to a call to attend to the scene of the crime
	Limited assistance by police in assisting with completion of J88 forms.
	Non-compliance with duties of police in the implementation of the Domestic Violence Act (Act No 116 of 1998) as set out in directives.

Examples of possible secondary victimisation could also be where social workers visit the victim long after the sexual abuse incident and in doing so cause the victim to re-visit the experience caused by the incident. In a research study conducted, it was found that children may be re-victimised by various aspects of “the system” and professionals within it, including social workers, police officers, and lawyers (Gekoski, Horvath & Davidson, 2016: 55).

THEME 4: CAUSES OF SECONDARY VICTIMISATION IN CHILD SEXUAL ABUSE

The following question was posed to participants and sought to directly achieve the second research objective relating to the research topic: What would you say are the causes of secondary victimisation of the victim of child sexual abuse? Six (67%) of participants found the (i) *repeating of statement by child victim* as a cause of secondary victimisation, whilst three (33%) of participants are of the view that (ii) *negative attitudes towards victim* are a cause of secondary victimisation in child sexual abuse cases. Below is a compendium of participants’ narratives on

what they believe to be the causes of secondary victimisation in child sexual abuse cases, based on their professional experiences in working with such cases:

“Die sekondêre viktimisering begin vir my al by die ouer wat die kind forseer om te praat; die kind moet dan vir die polisiebeampte in die aanklagkantoor vertel, dan vir GKS-beampte, dan vir die maatskaplike werker en dan weer vir die dokter wat die kind ondersoek; die kind raak moeg want die kind wil nie dieselfde ding oor en oor vertel nie; die kind sal ook sê: ‘maar ek het klaar vir daardie tannie vertel’ of ‘ek het klaar vir daardie oom vertel, hoekom moet ek weer vertel?; ek het al getel aan hoeveel persone die kind moet vertel: Eerste rapport, byvoorbeeld aan moeder; aan die GKS-speurder; die Forensiese maatskaplike werker; Staatsaanklaer vir ’n konsultasie; dan dokter toe vir die mediese ondersoek; kinderbeskerming maatskaplike werker wat die trauma verslag opstel...dit is minstens ses keer aan verskillende vreemde mense behalwe die familie, vriende of skool wat ook wil weet; en dan nog in die hof ook” (Secondary victimisation starts, for me, with the parents forcing the child to speak about the sexual abuse incident to different role players; the child has to tell the police officer in the charge office, the FCS investigating officer, the social worker and the doctor. The child gets tired of re-telling the sexual abuse incident and will sometimes say: ‘I already told the other person, why I should I tell this person again?’ I counted how many times the child usually has to re-tell the sexual abuse incident: to the first report (for example the mother of the child), to the FCS investigating officer, to the forensic social worker, to the state prosecutor during consultation, to the medical doctor, to the child protection social worker who compiles the Section 170A/ trauma report. It is at least six times that the child has to re-tell the sexual abuse incident to different professionals; besides re-telling to relatives and/or friends and then the child/victim has to re-tell the incident in court) (*Participant 8: Police officer*).

Another participant said: *“Dit is die herhalende ondervraging van ’n slagoffer deur al die ondervraers, nog voordat sy/hy hof toe is; die slagoffer vertel sy/haar weergawe herhaaldelik aan ouers, lid (of lede want die een lid kan loop en dan kom ’n ander lid en vra wat soek jy hier) by die SAPD-aanklagkantoor, aan die GKS-lid, die mediese dokter, die aanklaer, of die hof, aan die kinderbeskerming maatskaplike werker vir die verslag vir die hof so dit is baie kere en vir baie verskillende mense; die slagoffer verander gevolglik sy/haar houding want hy/sy moet dan nou dieselfde ding oor en oor vertel en hy/sy vertel dit ook nie elke keer dieselfde nie want hy/sy raak moeg om dit aanhou te vertel”* (It is the repetitive questioning of the victim about the sexual abuse incident, even before the court procedure; the victim tells his/her version of the incident to his/her parents, police officers at the SAPS charges

office, to the FCS investigating officer, the medical doctor, the prosecutor, to the court, to the child protection social worker for the compiling of the trauma report- it is being re-told by the victim to so many different people; die victim then changes his/her attitude because he/she has to tell the same thing over and over and it gets tiring to re-tell the same story). *“Van dag een af, vandat die klagte gelê is, word die storie vir die polisie vertel, later in alle waarskynlikheid weer vir die dokter vertel, later word dit vir ’n Aanklaer vertel; elkeen vra vrae om te help, nie noodwendig om die slagoffer sleg te laat voel nie; dit is ’n noodsaaklike gevolg van die klagte lê/ proses”* (Since the first day the charge is laid, the story gets told to the police, later also possibly to the doctor, then to the prosecutor; each one poses questions in an attempt to help and not to cause negative emotions to the victim; it is a essential result of the process). *“Ek dink tog vir die kind om herhaaldelik oor die insident te moet praat kan bydrae tot sekondêre viktimisasie; die herhaalde vertel van die weergawe is vir my sleg, maar ek kan nie daarmee wegdoen nie; dat die slagoffer sy/haar weergawe (baie intiem) van die insident moet herhaal aan verskillende persone wie onbekend is aan hom/haar herhaalde onderhoudvoering deur al die rolspelers; asook die etikettering van slagoffers deur die gemeenskap”* (I think it for the child to repeatedly have to talk about the incident contributes to secondary victimisation; the repetitive re-telling is bad but we can not do away with it; also the labelling of the victim by the community). *“Die getuienis of kruisondervraging in hof, selfs al is dit deur middel van ’n tussenganger in die hof”* (The cross-examination of the victim in court causes secondary victimisation). *“Vir my is dit wanneer die kind sy/haar storie moet oor vertel aan verskillende onbekende persone (die professionele persone wat die nodige dienste aan die kind moet lewer”* (In my opinion, it is when the child has to repeat his/her story to different persons, who is unknown to the child (to the professionals who have to render the relevant services to the child) (*Participant 7: Police officer; Participant 6: Police officer; Participant 2: Prosecutor; Participant 5: Forensic social worker; Participant 1: Social worker*).

Another participant stated: *“One thing that I have noticed is the manner in which victims are treated at home, maybe by their caregiver or siblings. Some victims are labelled as if they wanted the experience to happen to them. Another thing is the manner in which the cases are handled by police some victims are chased back home when they go to report sexual abuse and the cases are not taken anywhere. The acquittal of perpetrators by the justice system on the basis of evidence is also another issue because the reality is that the act occurred maybe a long time ago and now there is not enough evidence”*. *“Ek sou ook sê in enkele gevalle is dit onsensitiewe behandeling en negatiewe houdings deur sommige lede van die SAPD (aanklagkantoor) teenoor slagoffers; die blamering van slagoffer (byvoorbeeld, ‘as jy daar*

weggebly het, dan het dit nie gebeur nie'). Die klaagster gaan byvoorbeeld na die polisiestasie toe en daar kom hy/sy in aanraking met 'n persoon of polisiepid wat baie onsensitief en wat nie verstaan hoe die prosedure is nie. Baie lede is oningelig oor wat hulle presies moet doen. As die eerste persoon met wie die slagoffer in aanraking kom, hom/haar nie goed behandel nie gaan hy/sy outomaties hoop verloor en voel hier gaan ek nie verder aangaan nie" (I would say that it is the insensitive and negative attitudes of some police officers towards the victim in the charges office. Negative remarks towards the victim and victim-blaming behaviour also causes secondary victimisation). "I think it is the attitude of the parents towards the victim, the social workers, the justice system itself and lack of knowledge on how to handle the sensitivity of sexual abuse cases you can struggle between showing empathy and/or sympathy towards the victim" (Participant 9: Social worker; Participant 6: Police officer; Participant 3: Social worker).

Although it is possible that victims experience secondary victimisation due to the reactions of friends, family, medical and mental health personnel, and other members of society, it is often a result of their interaction with police and courts (Department of Justice and Constitutional Development, 2008: 3). According to The-Crankshaft Publishing (2019) police may cause secondary victimisation when they ask victims questions that imply that they are blameworthy or when they explicitly state to victims that their actions contributed to the rape. This implication includes, but is not limited to, questions or statements pertaining to a victim's dress, use of alcohol or drugs, the victim's reason for being at a certain location at the time of the rape, degree of resistance, prior sexual encounters with the alleged assailant, whether the victim "led on" the alleged assailant, and whether the victim responded sexually to the incident. Police may show less compassion when interviewing victims who do not fit the stereotypical image of a "real" rape victim, who is someone who was raped by a stranger, raped by an assailant with a weapon, sustained obvious physical injuries, reported the crime immediately, and appeared distraught during questioning. Victims may experience secondary victimisation at the hands of the court when they must sit in the same courtroom as the rapist, when they must reveal the details of the rape to a room of strangers, and when they must endure cross-examination by defence attorneys who attack their credibility and character and question their behaviour in order to convince the judge or jury that if a sexual act took place, the woman consented or "asked for it." Secondary victimisation may result when prosecutors drop the case or agree to drop more serious charges if the defendant pleads guilty; thereby contributing to victims feeling that the legal system failed

them. Additionally, rape victims may feel re-victimised when the staff of the prosecutors' office do not make them privy to general information about the case, the progress of the case, and dates of pre-trial and trial proceedings. Lastly, victims may experience secondary victimisation when their hope of seeing their rapist punished is destroyed with an acquittal or not guilty verdict (The-Crankshaft Publishing, 2019).

In a study conducted on secondary victimisation, it was found that the criminal justice system has been criticised for both re-traumatising and causing secondary traumatisation to the victims of sexual violence. Victims frequently report that their progression through the criminal justice system is fraught with unhelpful and often humiliating actions on the part of the various agents, which function as a form of secondary victimisation. The lived experience of this has been compared to being raped for a second time (Marsh & Wager, 2015: 338).

According to Sahni (2017), agencies set up to assist the survivors, ironically, also have policies and procedures that lead to further or secondary victimisation. The first logical step in a case of sexual assault is to approach the medical agencies. However, the questioning procedure and tests the victim is put through can be more traumatic than the offence itself. The next step includes approaching the police; there have been several instances of debasement, and insensitive remarks against the survivor (for example asking what kind of clothes he/she was wearing at the time of offence) that lead to secondary victimisation (the police's refusal to file the case saying it is not serious enough, or worse, casting moral aspersions on the survivor). This sort of victim-blaming mind-set has also permeated some social organisations and NGOs that are supposed to help the victim during the criminal proceedings.

THEME 5: MINIMISING SECONDARY VICTIMISATION IN CHILD SEXUAL ABUSE CASES

The participants were asked the following and final question, in an effort to obtain information from participants based on their expert knowledge and experience on the research topic: *In your opinion, what can be done to minimise causes of secondary victimisation of child sexual abuse victims?* This question was posed with the intention of making recommendations, based on information obtained from participants and substantiated by relevant literature, on possible ways to improve services to victims of child sexual abuse. Participants' responded as follows:

“Minder rolspelers moet onderhoude met die kind voer, maar ek weet nie hoe hul dit gaan doen nie want almal voel hulle het 'n rol te speel daarin; minder blootstelling aan verskillende rolspelers sal beter wees vir die kind; ek dink ons werk nog te verby mekaar; ons het 'n Thuthuzela -sentrum, maar dit is nie in volle swang soos wat dit moet werk nie; as ons 'n Thuthuzela-sentrum het wat 24 uur beman word, waar al die rolspelers (dokter, mediese ondersoek, verpleegster, SAPD-lid, verklaring, kinderbeskerming maatskaplike werker, aanklaer, konsultasie) teenwoordig is, sal dit baie probleme uitskakel; ek sou dus sê hulle moet die TCC in plek kry, soos wat hulle beplan het; die slagoffer behoort dadelik direk na die TCC geneem te word; hy/sy word nie rondgery na die verskeie rolspelers toe nie en sit nie en wag vir rolspelers nie. Die plan van TCC was dat daar moet 'n aanklaer wees, die kinderbeskerming maatskaplike werker, die mediese dokter, die GKS-ondersoekbeampte, so alles is in plek en alles word nou gedoen en dit word afgehandel en elke rolspeler weet wat hy moet doen. Dit skakel alle verdragings uit, asook die herhaalde oorvertel van insident weergawe deur die slagoffer. Indien die kinderbeskerming maatskaplike werker en die GKS-ondersoekbeampte terselfdertyd die slagoffer kan ondervra, sodat die slagoffer nie sy/haar weergawe hoef te herhaal nie” (Fewer professionals need to question the victim. All role players need to work integrated. A lot of challenges would be avoided if the TCC functions as it should; all role players (medical doctor, nurse, FCS-investigating officer, child protection social worker and prosecutor) should be present simultaneously for a once-off statement from the child victim to avoid the victim re-telling the sexual abuse incident. Having all the role players at one venue would also save time instead of transporting the victim to and from different professionals) (*Participant 8: Police officer*).

Another participant said: *“Indien GKS hul verklarings rakende die slagoffer se weergawe aan die kinderbeskerming maatskaplike werker kan verskaf, sodat die herhaalde verklarings uitgeskakel kan word”* (If the FCS investigating officer could make the statement of the victim available to the child protection social worker for the compiling of the trauma report, it would avoid the victim having to re-tell the sexual abuse incident to the child protection social worker). *“Opleiding aan SAPD-lede in aanklagkantoor oor hoe om slagoffers van seksuele misbruik te hanteer want baie van die lede is baie negatief, om eerlik te wees; opleiding aan gemeenskappe oor wat sekondêre viktimisasie is en as hulle weet wat dit is dan sal hulle dit kan verminder; etikettering van slagoffers op grond van hul voorkoms; hoe jy lyk of aangetrek is bepaal watter*

tipe diens jy ontvang en dit moet verander” (Training to SAPS officers in the charges office on how to treat victims of sexual abuse, as some officers are insensitive towards such victims; also to raise awareness in communities about secondary victimisation, so that the causes thereof within communities can be minimised; labelling of victims on the basis of their appearance). “For me it is continuous information sharing between more specialised professionals in sexual abuse cases with less experienced professionals, training on the effects of secondary victimisation of the victim, so that the professionals who handle cases of sexual abuse can be more aware of how the impact of secondary victimisation further delays the healing process for the victim”. “Ek dink jy moet maar net die mense wat met kinders werk ‘sensitise’ om taktvoller te wees met die manier waarop hulle inligting wil hê wat lei tot sekondêre viktimisasie sodat ons saamwerk om dit te verminder” (I think persons working with victims of child sexual abuse need to be more tactful and work together in engaging with such victims, as to avoid/minimise causing secondary victimisation). “I think if we can have a common understanding about the trauma that the victims are experiencing due to the incident and we come together and give more support to the victims and co-operation from the communities”. “Minder rolspelers moet onderhoude met die kind voer; sake van kinders moet gouer afgehandel word; deur voldoende terapie aan die kind te bied en beter ondersteuning aan die familie van die slagoffer” (Less role-players need to conduct interviews with the child; court cases of child sexual abuse need to be finalised prompter; adequate therapy needs to be provided to the child and better support needs to be given to the family of the child victim). “Sake van seksuele misbruik van kinders moet nie so uitgerêk word nie; dit moet gouer gefinaliseer word” (Cases of child sexual abuse should not be dragged; it should be finalised quicker) (Participant 1: Social worker; Participant 6: Police officer; Participant 9: Social worker; Participant 2: Prosecutor; Participant 3: Social worker; Participant 5: Forensic social worker; Participant 4: Social worker).

Four (44%) participants narrated that obtaining a (i) *once-off statement from the victim*, linking with the *TCC functionality*, of child sexual abuse could contribute to minimising causes of secondary victimisation in child sexual abuse cases. Four (44%) participants identified (ii) *integrated service through training of secondary victimisation to all professionals involved in rendering services to victims of child sexual abuse* and the view of one (11%) participant is that (iii) *prompt finalisation of child sexual abuse cases* could contribute to minimising the causes of

secondary victimisation in child sexual abuse cases. Effective *TCC functionality* as opportunities to consider/pursue in minimising causes of secondary victimisation of victims of child sexual abuse. According to the awareness brochure of the TCC, *Thuthuzela Care Centres* are one-stop facilities that have been introduced as a critical part of South Africa's anti-rape strategy, aiming to reduce secondary victimisation, improve conviction rates and reduce the cycle time for finalisation of cases. *Thuthuzela Care Centres* operate best in public hospitals close to communities where the incidence of rape is particularly high. They are also linked to sexual offences courts, which are staffed by skilled prosecutors, social workers, magistrates, NGOs and police, and located in close proximity to the centres. Once at the *Thuthuzela Care Centre*, the victim is taken to a quiet, private space, and welcomed by the site coordinator. A doctor is immediately summoned to conduct a medical examination. The victim is then given information on the procedures to be performed. The victim (patient) signs a consent form for medical examination and blood specimens. If the medical examination happens within 72 hours of the rape, DNA and PEP is conducted, after which the victim is offered the opportunity to take a bath or shower and to change into clean clothes. After that, the investigating officer on call at the centre takes the victim's statement. Thereafter, the victim receives appropriate medication and is given a follow-up date for further medical treatment, before being transported home. "This process ensures that service providers are available to a rape survivor in one location, rather than her being shuttled around throughout the criminal justice system", says Advocate Thoko Majokweni, Head of the SOCA unit (Majokweni, 2009: 1-4).

The Thuthuzela model has already improved the process of reporting and prosecuting rape and other sexual offences, and reducing secondary trauma to survivors as the entire process takes place in a dignified and friendly environment. According to Advocate Majokweni, "At the heart of the success of the Thuthuzela approach is the professional medical and legal interface and a high degree of cooperation between victim and service providers from reporting through investigation and prosecution of the crime, leading up to conviction of the offender. This has led to an increase in conviction rates. Higher levels of awareness have resulted in an increased numbers of cases reported at police stations and taken immediately to a Thuthuzela Care Centre" (Mjokweni, 2009: 6). It is clear from narratives of participants that they all seem to be concerned about the repetitiveness of the child's statement or report to the different role players.

CONCLUSIONS

Secondary victimisation in child sexual abuse cases does exist and can be caused in different ways by a variety of persons or institutions. Professionals from three different departments, working with victims of child sexual abuse do have a clear understanding on the concept of secondary victimisation and its causes.

Working with child sexual abuse victims requires specialized services and personnel due to the complex nature of the matter. Services to victims of child sexual abuse result in both positive and negative experiences for professionals rendering services to such victims.





It has been found that secondary victimisation in cases of child sexual abuse is caused by the process of service delivery to victims rather than the attitudes of most professionals towards such victims. The South African Victims' Charter (The Department of Justice and Constitutional Development Gender Directorate, 2008: 23) refer to this finding as an institutional (through policies and procedures) type of secondary victimisation and further state that government departments (particularly the criminal, justice and education sector), community structures (religious and civic organisations) and the media are examples of institutions where secondary victimisation is common.

It is concluded that many role-players from different governments departments render essential services to victims of child sexual abuse. Each department has a specific role to fulfil in rendering services to victims of child sexual abuse, which leads to the victim coming into contact with different professionals within the service delivery process.

It is found that professionals working with child sexual abuse have high workloads due to the prevalence of child sexual abuse within the research area. The work volumes of child sexual abuse cases and increasing influx outweigh the trained or skilled professionals within the research area.

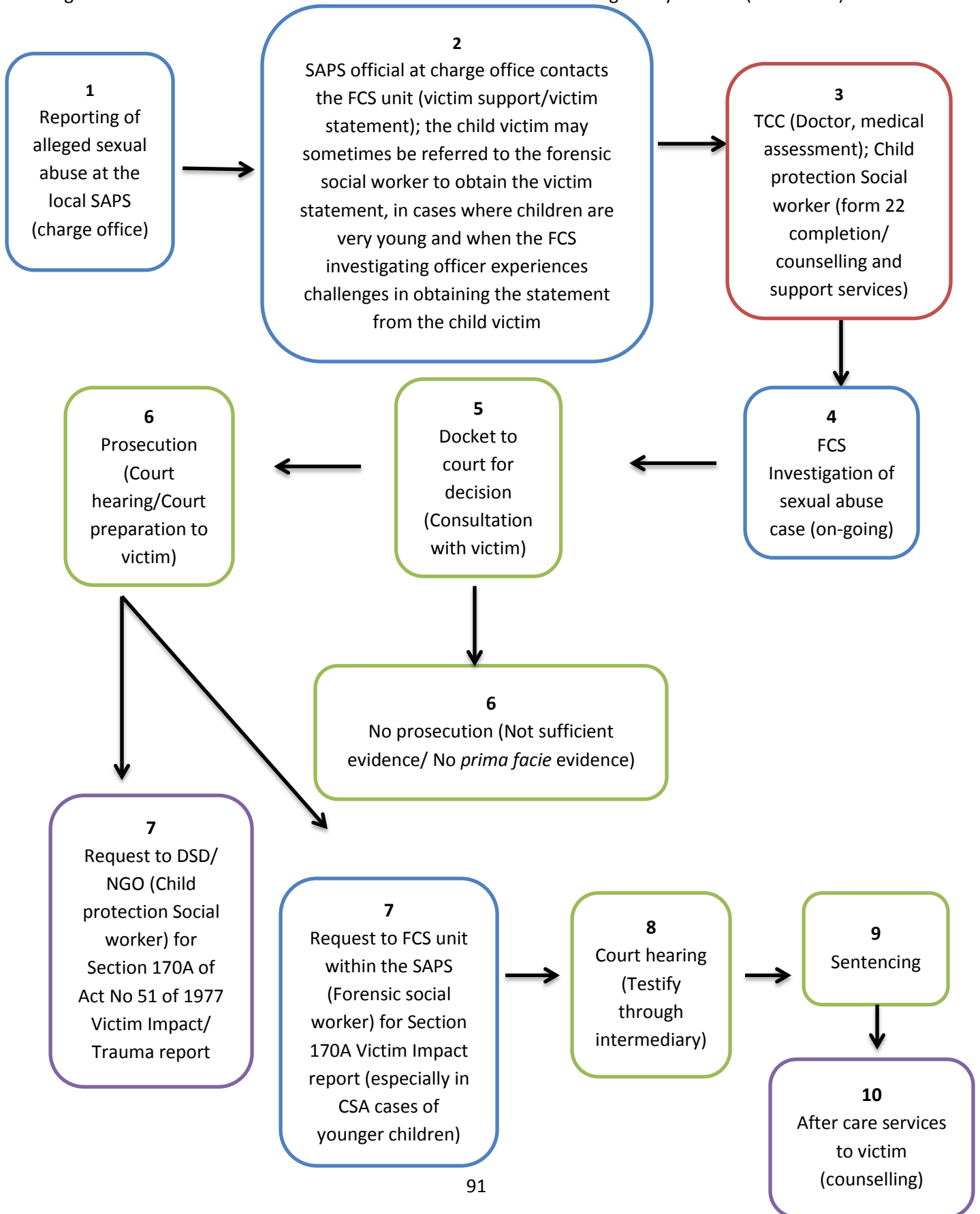
The findings of this research study revealed that the victim of child sexual abuse has to repeat their statement/version of the sexual abuse incident to a minimum of eight professionals from different government departments within the service delivery process to the victim. The repeating of the victims' statement is found to be the main cause of secondary victimisation because the victim continuously relives the initial sexual abuse incident as a result.

It is concluded that various national guidelines are available on services to child sexual abuse victims in an effort to prioritize such cases and provide effective services to victims. The establishment of the Thuthuzela Care Centres (TCC) and Sexual Offences Courts (SOC), with specialised personnel is proof that government recognises the prominence of child sexual abuse and is attempting to address the occurrence of child sexual abuse to adequately deal with victims of sexual abuse. However, the implementation of such national guidelines is found to be practically challenging as the time tables and high work volumes of the various role players/professionals do not allow for all to be simultaneously present for each sexual abuse case. The flow chart below was designed by the researcher to illustrate the (simplified) process of services to the victim of child sexual abuse rendered by the different departments (the SAPS; DSD & DoJ&CD). As illustrated below, the victim enters the service delivery process at the SAPS and exists at the DoJ&CD but (as per below discussion) it may not always be the entry and exit point for all victims. The researcher wishes to emphasise the different key role players (professionals of different disciplines) with whom the victim of child sexual abuse comes into contact within the flow chart below. The motivation for the emphasis on the different role players is that this may also be illustrative of how many times the victim may have to give their version of what they encountered of the alleged sexual abuse to various professionals. Besides the professionals stated in the flow chart below, the victim might also possibly have had to ‘tell the story’ to other persons (relatives/friends/teachers/medical personnel). The behaviours of all these persons towards the victim in ‘re-telling the story’ of the alleged sexual abuse may be linked to possible secondary victimisation caused to the victim. The colours utilised as illustration in the flow chart are:

-  Represents the SAPS (FCS investigation/ Forensic social worker-assessment);
-  Represents the TCC (Medical examination);
-  Represents the DoJ&CD (Prosecution); and
-  Represents the DSD (Child protection social worker’s assessment/counselling/Section 170A or Trauma reports).

The process is discussed in more detail below:

Figure 1 Process of services to victims of child sexual abuse CSA: Designed by M. Smit (researcher)



RECOMMENDATIONS

Based on the research findings of this study, the following is recommended:

It is recommended that professionals rendering services to victims of child sexual abuse develop an integrated working approach, as each role player has a vital role to fulfil in the service delivery process.

It is further recommended that victims of child sexual abuse be fully informed about what exactly the process of service delivery entails and are given an explanation on the role of each professional with whom the victim will come into contact. Informing the victim regarding the service delivery process may lead to less emotional distress for the victim.

It is also recommended that other role players and community members be educated and informed about secondary victimisation of the victim of child sexual abuse to provide adequate support to victims. The provision of support and empathy to the victim of child sexual abuse can contribute to a sense of empowerment to the victim. Expressing empathy instead of unsympathetic behaviour towards victims may minimise secondary victimisation.

It is lastly recommended that a uniform guideline be drafted on the essential information required from the victim of child sexual abuse, which may be dispersed amongst the relevant professionals attending to a specific case. The dissemination (amongst professionals who have an interest in the matter) of the victims' statement, as per uniform guide, may lead to victims providing once-off statements available to the various professionals. This also minimises possible secondary victimisation of the victim in re-telling/re-living the incident of sexual abuse.

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SECTION D: FINAL CONCLUSIONS AND RECOMMENDATIONS

1. FINAL CONCLUSIONS

The aim of this study was to gain insight from professionals in three different disciplines on the process of service delivery to child sexual abuse victims in order to establish the causes of secondary victimisation of victims of child sexual abuse. The aim of the study was achieved as information on the research topic was obtained from professionals and causes of secondary victimisation were highlighted.

The objectives of the research study were also met as knowledge of the research topic and the service delivery process to victims of child sexual abuse were obtained. Insight into the views of professionals regarding the research topic was also gained.

2. RECOMMENDATIONS

Based on the research findings of this study, the following is recommended:

This study wanted to answer the central research question:

What are the causes of secondary victimisation of the victim of child sexual abuse?

The qualitative approach was applied for the research study and semi-structured interviews were conducted with participants as a method of data collection. A series of open-ended questions relating to the research topic were posed to participants (Doyle, 2018; Anon, 2016:7). Interviewing professional participants as a form of data collection assisted the researcher in uncovering insight and gathering information on the research topic (Academy Resources, 2017:4). Data was collected by means of a semi-structured interview schedule (Silverman, 2013:267), focusing on obtaining the views of professional participants on the causes of secondary victimisation of child sexual abuse. All data collected was taken into consideration and analysed.

The research study revealed that the professionals working with cases of child sexual abuse are indeed adequately skilled to render such services (Department of Justice & Constitutional Development, 2012:4-6).

Secondary victimisation within the research context is found to occur as a result of institutional processes (The Department of Justice and Constitutional Development Gender Directorate, 2008:23).

National guidelines and interventions are available and are aimed at reducing secondary victimisation in cases of child sexual abuse (Artz, Burton, Ward, Leoschut, Phyfer, Loyd & Le Mottee, 2016:63), but professionals find the practical implementation of such guidelines to be challenging.

Victims of child sexual abuse have to re-tell their experience of the sexual abuse incident to the various professionals involved in services delivery. This may cause victims to relive the incident.

3. RESEARCH PROCEDURES FOLLOWED

Stage 1: PROBLEM IDENTIFICATION

Child sexual abuse is a disturbing phenomenon that affects persons worldwide. Persons of different professions, namely social workers, police officers, prosecutors, and doctors are involved in service delivery to victims of child sexual abuse. These professionals therefore have to engage with the victim of child sexual abuse in order to help the victims. A research phenomenon was thus identified and the research question formulated.

Stage 2: CONDUCTING LITERATURE SEARCH

A variety of sources, nationally and locally, were utilised in order to obtain an adequate literature overview. The Social Work Research approach was used for the proposal and sources included textbooks, articles and journals available through the North-West University Library Services as research engines. Literature was mostly obtained from the North-West University (NWU) Library Services with reference to A to Z list, Ebsco Host, SA Publications, SAGE Publications, as well as the Internet.

Stage 3: DATA COLLECTION

Data was collected by conducting semi-structured interviews (Greeff, 2011:351) with professional participants. An interview schedule (Silverman, 2013:267) was utilised and contained questions relating to the research topic covered during the interviews.

Stage 4: DATA ANALYSIS

All data collected was analysed according to the approach of Tesch (1992:142-145) (cited in Creswell, 2009:186). This approach was also compared to that of Creswell

(2014:198) and similarities were identified. Analysing the data assisted the researcher in arriving at conclusions and proving a hypothesis (Kalpesh, 2013:2).

Stage 5: ETHICAL CONSIDERATIONS

All ethical issues were carefully considered (Strydom, 2011:117-120) and upheld and data was not obtained at the expense of participants. Ethical approval for the execution of the research study was obtained from North-West University, Potchefstroom Campus. The project number is **NWU-00099-16-S1**. The benefits and possible risks to participants forming part of the research study were also considered. The benefits outweighed the risks. The research study carried medium risk for the participants as the research topic under discussion may have led to undesirable emotions in participants. No participant experienced unpleasant feelings as a result of participating in the research study.

4. LIMITATIONS OF THE STUDY

The following limitations were identified:

Written approval was obtained for two prosecutors to participate in the research study. One prosecutor participated in the research study and the other professional was not available to participate.

The professionals within the research context who met the requirements of the inclusion criteria were minimal and as a result the research population was not as large as it could have been.

Available literature on the research topic was marginal and national and international guidelines on the themes of the research topic were available.

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SECTION E: ANNEXURES

1 – Informed written consent/ Participant information leaflet

1a – SAPS

1b – Social workers

1c – State prosecutors

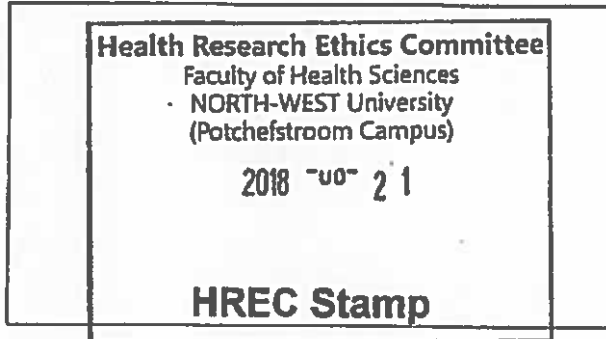
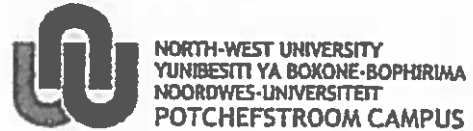
2 – SAPS Indemnity form

3 – Interview schedule

4 – NWU Ethical approval

5 – Declaration of language editing

6 – Solemn declaration and permission to submit



**PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM
FOR Police Officers (FCS) taking statements of victims of child
sexual abuse in George in the Western Cape**

TITLE OF THE RESEARCH STUDY: Causes of secondary victimization of child sexual abuse victims

ETHICS REFERENCE NUMBERS: NWU-00099-16-S1

PRINCIPAL INVESTIGATOR: Prof C.C. Wessels

POST GRADUATE STUDENT: Ms M. Smit

ADDRESS: North-west University, Potchefstroom campus

CONTACT NUMBER: 018- 299 1683

You are being invited to take part in a **research study** that forms part of my post-degree studies in Social Work (Forensic practise). Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00099-16-S1) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- **This study aims to obtain information on the views of different professionals regarding the causes of secondary victimization of victims of child sexual abuse. The study requires an approximately 60 minutes individual interviewing, on a tape recorder, to obtain information from respondents relating to the research topic. Individual interviews will be conducted in the consultation room at the office of the Department of Social Development in George to ensure accessibility, availability of an interview room and privacy. Individual semi-structured interviews will be conducted, as a method of data collection with an experienced health researcher trained in interviewing (as part of professional as Social worker) and successfully completed a course in research ethics. All available male and female State Prosecutors in the George district prosecuting cases of child sexual abuse, with working experience of between 5 to 25 years; all available male and female Social Workers within the Department of Social Development in George, working with cases of child sexual abuse and are registered at the South African Council for Social Services Professions (SACSSP), with working experience of between 5 to 25 years ; and all available Police Officers investigating child sexual abuse cases and stationed at the South African Police Service (SAPS) in George, working in the Family violence, Child protection and Sexual offences (FCS) unit in George, with working experience of between 5 to 25 years will be recruited as participants to be included in this study. The available state prosecutors, social workers and police officers (as described above) will need to be able to speak and understand English and/or Afrikaans.**
- **This study aims to gain insight from professionals in different disciplines on the process of- and service delivery to child sexual abuse victims, in order to establish the causes of secondary victimization of child sexual abuse.**

Why have you been invited to participate?

- You have been invited to be part of this research because you are knowledgeable on service delivery to victims of child sexual abuse and may be able to positively contribute to the proposed research study.
- You also fit the research because you are trained and experienced professionals in working with victims of child sexual abuse.
- You will not be able to take part in this research if you do not have knowledge and experience in working with victims of child sexual abuse.

What will be expected of you?

- You will be expected to provide written informed consent for participation in the proposed research study. Individual semi-structured interviews will be conducted during January 2018 at a time convenient to you. Interviews will be approximately 60 minutes, consisting of 4 open-ended questions and will be recorded on tape for the purposes of transcribing. A follow-up interview may be requested.

Will you gain anything from taking part in this research?

- Participation in this research study will hold no direct benefit to you but data obtained may be beneficial to the broader community and participating professions.
- Participation and data obtained may positively contribute to improving services to victims of child sexual abuse. The views of respondents on the research topic may lead to further skills development, empowerment and training and research in effectively working with victims of child sexual abuse.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risks to you in this study is that respondents may experience negative emotions as a result of interviewing, as they share their views on the causes of secondary victimization of child sexual abuse (which is regarded as a sensitive topic). Debriefing sessions to respondents will be made available, by the researcher, if needed after concluding all interviews. The risk may be limited by ensuring that the proposed research study meets the requirements of the ethical standards; No identifying details of respondents will be revealed; Information obtained through the proposed study will only be known to the research supervisor and the researcher; No identity of any respondent will be revealed on

publication of information; All information will be locked and stored on the computer of the researcher, which is secured with a password only known to the researcher; Transcribed data will be stored in the locked cabinet of the secretary of the Social work department; Data will be stored for five years, after which it will be responsibly destroyed.

- *There are more gains for you in joining this study than there are risks.*

How will we protect your confidentiality and who will see your findings?

- Anonymity of your data or information will be protected by coding of respondents. Your privacy will be respected by not revealing the identities of respondents. Your results will be kept confidential by jealously guarding the information. Only the researcher and the research supervisor (Prof C.C. Wessels) will be able to look at your findings. Findings will be kept safe by locking hard copies the locked cabinet in the researcher's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for five years, after which it will be responsibly destroyed.

Safeguarding of the findings or samples?

- The findings of this study will only be used for this study, your information will thus not be made available to other researchers or for the purposes of supplementary research projects. Respondents will be informed prior to commencement of the research study, that they are entitled to feedback regarding the findings of the study.

How will you know about the results of this research?

- The researcher will provide written feedback to each respondent individually to give you the result of this research when the research study has been successfully finalized. The latter will be done by consulting with respondents individually and face-to-face. Honest, written feedback about the findings of the research project will be provided to respondents.
- You will be informed of any new relevant findings by written communication.

Will you be paid to take part in this study and are there any costs for you?

- No compensation will be provided to respondents for participation in the research study.

- This study is funded by the researcher self. You will not be paid to take part in the study because participation in the proposed study will not impact financially on the respondent.
- There will thus be no costs involved for you, if you do take part in this study.
- After the interview you will receive a small token of appreciation.

Is there anything else that you should know or do?

- You can contact the researcher (Ms M. Smit) at 044- 801 4300/ 071 591 4480 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by respondent/ participant

By signing below, I agree to take part in the research study titled: Causes of secondary victimization of child sexual abuse victims

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining informed consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) Mandy Smit declare that:

- I explained the information in this document to
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them and I will ensure availability should he/she want to ask any further questions.
- The informed consent was obtained by an independent person (mediator).
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others (research study leader/ mediator) if he/she wished to do so.

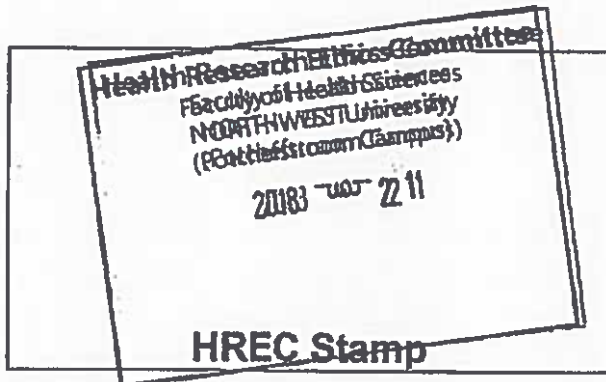
Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

.....
Signature of witness



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS



PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR Forensic Social Workers assessing victims of child sexual abuse in George in the Western Cape

TITLE OF THE RESEARCH STUDY: Causes of secondary victimization of child sexual abuse victims

ETHICS REFERENCE NUMBERS: NWU-00099-16-S1

PRINCIPAL INVESTIGATOR: Prof C.C. Wessels

POST GRADUATE STUDENT: Ms M. Smit

ADDRESS: North-west University, Potchefstroom campus

CONTACT NUMBER: 018- 299 1683

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What is this research study all about?

- This study aims to obtain information on the views of different professionals regarding the causes of secondary victimization of victims of child sexual abuse. The study requires an approximately 60 minutes individual interviewing, on a tape recorder, to obtain information from respondents relating to the research topic. Individual interviews will be conducted in the consultation room at the office of the Department of Social Development in George to ensure accessibility, availability of an interview room and privacy. Individual semi-structured interviews will be conducted, as a method of data collection with an experienced health researcher trained in interviewing (as part of professional as Social worker) and successfully completed a course in research ethics. All available male and female State Prosecutors in the George district prosecuting cases of child sexual abuse, with working experience of between 5 to 25 years; all available male and female Social Workers within the Department of Social Development in George, working with cases of child sexual abuse and are registered at the South African Council for Social Services Professions (SACSSP), with working experience of between 5 to 25 years ; and all available Police Officers investigating child sexual abuse cases and stationed at the South African Police Service (SAPS) in George, working in the Family violence, Child protection and Sexual offences (FCS) unit in George, with working experience of between 5 to 25 years will be recruited as participants to be included in this study. The available state prosecutors, social workers and police officers (as described above) will need to be able to speak and understand English and/or Afrikaans.
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- You will be expected to provide written informed consent for participation in the proposed research study. Individual semi-structured interviews will be conducted during January 2018 at a time convenient to you. Interviews will be approximately 60 minutes, consisting of 4 open-ended questions and will be recorded on tape for the purposes of transcribing. A follow-up interview may be requested.

Will you gain anything from taking part in this research?

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- Participation and data obtained may positively contribute to improving services to victims of child sexual abuse. The views of respondents on the research topic may lead to further skills development, empowerment and training and research in effectively working with victims of child sexual abuse.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risks to you in this study is that respondents may experience negative emotions as a result of interviewing, as they share their views on the causes of secondary victimization of child sexual abuse (which is regarded as a sensitive topic). Debriefing sessions to respondents will be made available, by the researcher, if needed after concluding all interviews. The risk may be limited by ensuring that the proposed research study meets the requirements of the ethical standards; No identifying details of respondents will be revealed; Information obtained through the proposed study will only be known to the research supervisor and the researcher; No identity of any respondent will be revealed on

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Will you be paid to take part in this study and are there any costs for you?

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By signing below, I agree to take part in the research study titled: Causes of secondary victimization of child sexual abuse victims

I declare that:

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Signed at (*place*) on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

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Signature of person obtaining consent

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Signature of witness

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I (*name*) Mandy Smit declare that:

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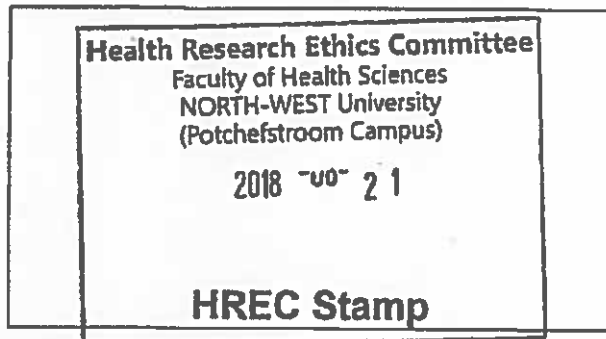
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Signature of witness



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS



PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR State prosecutors prosecuting cases of child sexual abuse in George in the Western Cape

TITLE OF THE RESEARCH STUDY: Causes of secondary victimization of child sexual abuse victims

ETHICS REFERENCE NUMBERS: NWU-00099-16-S1

PRINCIPAL INVESTIGATOR: Prof C.C. Wessels

POST GRADUATE STUDENT: Ms M. Smit

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- You will receive a copy of this information and consent form for your own purposes.

Declaration by respondent/ participant

By signing below, I agree to take part in the research study titled: Causes of secondary victimization of child sexual abuse victims

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is voluntary and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) on (date) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining informed consent

I (name) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (place) on (date) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) Mandy Smit declare that:

- I explained the information in this document to
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them and I will ensure availability should he/she want to ask any further questions.
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- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others (research study leader/ mediator) if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

.....
Signature of witness



INDEMNITY

RESEARCH PROPOSAL: CAUSES OF SECONDARY VICTIMIZATION OF CHILD SEXUAL ABUSE IN GEORGE IN THE WESTERN CAPE MASTERS DEGREE: NORTH WEST UNIVERSITY: RESEARCHER: M SMIT

I, MANDY SMIT....., hereby confirm that, for the purpose of conducting interviews with the officials, I will be accessing the relevant police premises at own risk,

And

I hereby indemnify the Service or any member against any claim for bodily injury, loss of life and the loss or damage of property which may occur as a result of me being on the premises for the purpose of conducting the research.

RESEARCHER SIGNATURE:

Name MANDY SMIT

Date 01-06-2017

Witness (Supervisor/Promoter)

Name Prof C C Wessels

Date 01-06-2017

INTERVIEW SCHEDULE

TITLE OF RESEARCH: CAUSES OF SECONDARY VICTIMIZATION OF CHILD SEXUAL ABUSE VICTIMS

INTRODUCTION

- Mediator introduces herself.
- Explains the purpose and process of the interview to the participant.
- Reminder to participant on ethical issues.

BELOW QUESTIONS TO BE POSED TO ALL PARTICIPANTS RESPECTIVELY (SAPS OFFICIALS, SOCIAL WORKERS AND STATE PROSECUTERS)

1. Tell me what your understanding of secondary victimization is.
2. Tell me about your positive experiences with child sexual abuse cases, from the beginning when the case was opened until the finalizing of the case.
3. Tell me about your negative experiences with child sexual abuse cases, from the beginning when the case was opened until the finalizing of the case.
4. What would you say are the causes of secondary victimization on the victim of child sexual abuse?
5. In your opinion, what can be done to minimize causes of secondary victimization on child sexual abuse victims?



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: 018 299-1111/2222
Web: <http://www.nwu.ac.za>

Health Sciences Ethics Office for Research,
Training and Support

Health Research Ethics Committee (HREC)
Tel: 018-285 2291
Email: Wayne.Towers@nwu.ac.za

Prof CC Wessels
Social Work
COMPRES

20 June 2018

Dear Prof Wessels

APPROVAL OF YOUR APPLICATION BY THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES

Ethics number: NWU-00099-16-A1

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the Health Research Ethics Committee (HREC) secretariat.

Study title: Causes of secondary victimization of child sexual abuse victims

Study leader: Prof CC Wessels

Student: M Smit

Application type: Single study

Risk level: Medium (monitoring report required six-monthly)

Expiry date: 30 June 2019 (Monitoring report due at end of February and June until completion)

You are kindly informed that after review by the HREC, Faculty of Health Sciences, North-West University, your ethics approval application has been successful and was determined to fulfil all requirements for approval. Your study is approved for a year and may commence from 20/06/2018. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECMonitoring@nwu.ac.za. Annually, a number of studies may be randomly selected for an internal audit.

The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to Ethics-HRECApply@nwu.ac.za with a cover letter with a specific subject title indicating, "Amendment request: NWU-XXXXX-XX-XX". The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in yellow highlight in the amended documents. The e-mail, to which you attach the documents that you send, should have a specific subject line indicating that it is an amendment request e.g. "Amendment request: NWU-XXXXX-XX-XX". This e-mail should indicate the nature of the amendment. This submission will be handled via the expedited process.

Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form to Ethics-HRECIncident-SAE@nwu.ac.za. The *e-mail*, to which you attach the documents that you send, should have a specific subject line indicating that it is a notification of a serious adverse event or incident in a specific project e.g. "SAE/Incident notification: NWU-XXXXX-XX-XX". Please note that the HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

The HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at Ethics-HRECApplied@nwu.ac.za.

Yours sincerely



Prof Wayne Towers
HREC Chairperson



Prof Minrie Greeff
Ethics Office Head

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5 Ethics\NWU-00099-16-S1\9.1.5.4.1_AL_NWU-00099-16-A1_20-06-2018.docm
20 June 2018

File reference: 9.1.5.4.1

This serves to confirm that I, Isabella Johanna Swart, registered with and accredited as translator by the South African Translators' Institute, registration number 1001128, language edited the following dissertation:

Causes of secondary victimization of child sexual abuse victims

by

Mandy Smit



Dr Isabel J Swart
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15 December 2018
Date

SOLEMN DECLARATION AND PERMISSION TO SUBMIT

1. Solemn declaration by student

I,

declare herewith that the thesis/dissertation/mini-dissertation/article entitled (exactly as registered/approved title),

which I herewith submit to the North-West University is in compliance/partial compliance with the requirements set for the degree:

is my own work, has been text-edited in accordance with the requirements and has not already been submitted to any other university.

LATE SUBMISSION: If a thesis/dissertation/mini-dissertation/article of a student is submitted after the deadline for submission, the period available for examination is limited. No guarantee can therefore be given that (should the examiner reports be positive) the degree will be conferred at the next applicable graduation ceremony. It may also imply that the student would have to re-register for the following academic year.

My Ethics number is:

My ORCID is:

Signature of Student



University Number

Signed on this day of of 20

2. Permission to submit and solemn declaration by supervisor/promoter

The undersigned declares that the thesis/dissertation/mini-dissertation complies with the specifications set out by the NWU and that:

- the student is hereby granted permission to submit his/her mini-dissertation/ dissertation/thesis:
 - Yes
 - No
- that the student's work has been checked by me for plagiarism (by making use of TurnItIn software for example) and a satisfactory report has been obtained:
 - Yes
 - No

Signature of Supervisor/Promoter

Date

SOLEMN DECLARATION AND PERMISSION TO SUBMIT

1. Solemn declaration by student

I, **Mandy Smit**

declare herewith that the thesis/dissertation/mini-dissertation/article entitled (**exactly as registered/approved title**),

Causes of secondary victimization of child sexual abuse victims

which I herewith submit to the North-West University is in compliance/partial compliance with the requirements set for the degree:

Masters of Social Work in Forensic Practice

is my own work, has been text-edited in accordance with the requirements and has not already been submitted to any other university.

LATE SUBMISSION: If a thesis/dissertation/mini-dissertation/article of a student is submitted after the deadline for submission, the period available for examination is limited. No guarantee can therefore be given that (should the examiner reports be positive) the degree will be conferred at the next applicable graduation ceremony. It may also imply that the student would have to re-register for the following academic year.

My Ethics number is:

NWU-00099-16-A1

My ORCID is:

orcid.org/ 0000-0001-6912-5141

Signature of Student



University Number

23943084


Signed on this **12** day of **February** of 20 **19**

2. Permission to submit and solemn declaration by supervisor/promoter

The undersigned declares that the thesis/dissertation/mini-dissertation complies with the specifications set out by the NWU and that:

- the student is hereby granted permission to submit his/her mini-dissertation/ dissertation/thesis:
 - Yes
 - No
- that the student's work has been checked by me for plagiarism (by making use of TurnItIn software for example) and a satisfactory report has been obtained:
 - Yes
 - No

Signature of Supervisor/Promoter



Date

28-05-2019