

The Investigative and Procedural Post-Rape Case Management of Adult Female Survivors within the South African Criminal Justice System: Challenges and Recommendations



NB Bougard*

Senior Lecturer, University of South Africa, South Africa

Submission: July 07, 2024; Published: August 06, 2024

*Corresponding author: NB Bougard, Senior Lecturer, College of Law, School of Criminal Justice, University of South Africa, South Africa Email: bradelybougard@gmail.com

Abstract

The journey for an adult female rape survivor through the legal sphere of the criminal justice system entails cumulative challenges, from point of reporting with an expectation of a successful conviction. The investigative and procedural management of rape cases comprise of crime scene management, evidence collection, statement taking, court proceedings, which then ultimately determines the outcome of the case after legal review. Challenges within the legal system are disparate, ranging from logistics, staff capacity, communication working in an interdisciplinary team and the role of the female survivor within the criminal justice system considering the implication(s) of secondary victimisation. A qualitative research approach was of relevance, with 28 semi-structured interviews conducted (telephonically and in-person) with post-rape service providers. An instrumental case study design and stratified random sampling facilitated in exploring the experiences of 9 medico-legal, 16 psychosocial and 3 legal service providers within the domain of post-rape legal services. The research highlighted the investigative and procedural challenges and recommendations in the management of adult female rape case management within the criminal justice system.

Keywords: Rape; Survivor; Investigation; Evidence; Criminal Justice System

Introduction

Worldwide, it is estimated that 30% of women have been victims of rape or attempted rape during their life, with 10% of these survivors ever been subjected to legal proceedings in pursuit of justice [1,2]. Survivors of rape do not necessarily know or comprehend the law and their human rights within the criminal justice system (CJS). Often, survivors may be intimidated with several barriers in reporting the crime (i.e., financial and support deprivation, culture of stigma and notion of impunity) [3]. Rape survivors are continuously subjected to negative and adverse responses (i.e., resentment, self-blame), or discriminatory practices within the legal sphere of post-rape service rendering, further aggravated by reprisal from their communities should they opt to report [4,5]. Moreover, disclosing or reporting the crime of rape bears obstacles, placing the survivor in the position of outweighing *costs vs benefits* in reporting (i.e., secondary victimisation-*shame vs an anticipated conviction*) [6].

Internal and external factors in relation to the organisational culture, structure of the CJS, staff morale, political engagement and will-power; logistical and institutional capacity, influence the successful implementation of evidence-based inquiries into legal post-rape services rendered to adult female survivors within the CJS [7,8]. Subsequently, victims become dependent on already struggling service providers (i.e., non-governmental organisations [NGOs] and Non-profit organisations [NPOs]) [9,10]. The experience of the adult female survivor during investigative and procedural processes within the CJS requires cautious coordination. Survivors of rape are subjected to secondary victimisation within the CJS, support systems, and post-rape service providers, widening the gap in relation to gender inequality and accessing post-rape services [11-13]. Adverse responses on behalf of legal service providers are harmful to the emotional well-being of the survivor, which undoubtedly will

have an impact on investigative and procedural processes [14,15]. Negative encounters with the police, being oftentimes the first responder, might prompt the victim not to report crime in future [16]. In contrary, supportive and empathic responses provide a sense of assurance and encourage adult female survivors to report the crime to the relevant stakeholders concerned [17,18].

Enhancing implementation strategies that would reform post-rape legal services within the CJS is imperative in encouraging victim disclosure [19]. Expectations of the adult female survivor towards the CJS have a profound effect on perceived quality of post-rape services. Medico-legal post-rape evidence serves as a connection between medicine and legal procedures; and adequate implementation necessitate coordination between services providers with a focus on prevention and response to rape. The higher the level of expectation regarding post-rape legal services, the higher the level of perceived quality of legal post-rape care. The perceived quality of post-rape legal services received by the survivor becomes comparable to expectations, potentially resultant in a gap, or negation- positive or negative [20].

Most recent amendments to legislation envisioned to curb gender-based violence and femicide in South Africa

The South African government has passed new laws to protect women and children from gender-based violence (GBV) and femicide. The National Council on Gender-Based Violence and Femicide Bill was sanctioned into law on 24 May 2024.

This milestone in amending legislation is a crucial step forward in safeguarding the well-being and protection of women and children from abuse and violence. The new legislation enables the undertaking of a statutory body mandated with facilitating strategic leadership in reducing GBV and femicide in South Africa. This intersectoral council has the pre-empt to appoint expertise in all sectors of GBV inclusive of civic society, labour and business, with prospects to escalate local endeavours to eradicate GBV, preference being a holistic, focused and improved approach in rendering services to survivors of GBV and femicide. Currently, the National Strategic Plan on GBVF is the government’s all-inclusive strategy for addressing all forms of violence and abuse against women and children. Various new interventions have been implemented:

- i. Considerable legal reform.
- ii. Support for survivors through the provision of rape kits at police stations.
- iii. Emotional and psychosocial services.
- iv. The creation of a GBVF Response Fund.
- v. Support for Thuthuzela Care Centres (TCCs) and Khuseleka Care Centres, which are central services for GBV survivors [21].

The following table provide a synopsis of the most recent amendments to legislation signed into law to manage GBV in South Africa endorsed in March 2024.

Table 1: Synopsis of amendments to legislation in relation to the management of GBV in South Africa.

Provides oversight of the National Council on Gender-Based Violence and Femicide (GBVF). Affords for the realisation of the objectives and duties of the Council including: i. Ensures the facilitation of the Board of the Council. ii. Supervises the appointment of committees of the Board. iii. Sets the norms, directives and standards for the provincial and local working groups.	The definition of incest was broadened. A new offence of sexual intimidation was included. Manages the National Register for Sex Offenders. Controls the reporting duties of individuals who are aware of sexual offences.	Compulsory DNA collection for certain crimes were affected. DNA to have to be taken from offenders convicted of schedule 8 offences (i.e., rape, murder, human trafficking, robbery and culpable homicide).	Broadened the definition of domestic violence to include offences such as controlling/ bullying behaviour. Prioritises the protection individuals in engagements, dating, co-habituating and in customary relationships. Monitors protection orders in relation to domestic violence.	Amended numerous laws that address GBV and offences perpetrated against vulnerable communities. Provides for supplementary mechanisms to reduce secondary victimisation of susceptible victims in court proceedings.
---	--	---	---	--

Adopted: (State of the Nation, 2024).

South Africa has implemented a hybrid model of post-rape service rendering to adult female survivors within the CJS, varying from coordinated, non-co-ordinated and integrated methods incorporated within a single model of service rendering known as the TCCs. Services rendered to the survivor are linked with NGOs and NPOs, predominantly as referral agents to complement current approaches of victim support services. Post-rape service rendering within the CJS is exceedingly dependent on budgetary provisions, specialisation of staff and the geographical setting

of the TCCs. Most importantly, South Africa has improved in implementing universal practices and principles when it comes to post-rape services for adult female survivors within the CJS. Even though a one-stop centre such as the TCCs are the prime medico-legal service provider in South Africa, there are challenges which may influence the sustainability and cost-effectiveness of the model. This model makes it even more plausible since rape survivors have access to and receive life-saving services at a single location within proximity of high-risk areas (crime-prone).

A one-stop centre is also preferred for mitigating secondary victimisation since the survivor is assisted by interdisciplinary service providers. Of concern, the implementation and the simultaneous standardised evaluation of the quality of post-rape services within the South African CJS requires shared understanding and commitment from all service providers, inclusive of engagement with the private sector, academia, human rights-based multinationals, civic society and the community [22].

Key challenges within the investigation and prosecutorial phase of post-rape case management of adult female survivors in South Africa

Adult female rape survivors are not satisfied with the quality-of-service rendered by the South African Police Service (SAPS) since the perception is that the organisation fail to meet their needs in their expedition for justice [23-25]. The police are mandated in accordance with legislation and directives to investigate, collect evidence, arrest alleged rapists and submit their findings to the court for review and judgement. Additionally, victim-friendly services to survivors of rape remains a challenge (i.e., language barriers, uncertain roles and duties, inadequate access to information and insufficient knowledge of pertinent regulatory frameworks and programmes in relation to rendering post-rape legal services to adult female survivors [26].

External factors pertain to meagre coordination of services and collaboration between stakeholders within the CJS [27]. Other contributory factors might also be irregular working hours, extra obligations due to staff capacity, institutional and departmental stressors (i.e., apparent career opportunities vis-à-vis advancement, deficiency in working equipment/resources, position/role discrepancies, position/role surplus expectations, biased practices regarding compensation and overtime contributory toward to physical and emotional fatigue [28]. Disproportionate caseloads and a shortage of prosecutors, intermediaries, court preparation officers and courtrooms are challenges for all role-players within the CJS. In view of the substantial workloads, prosecutors battle to conduct in-depth consultations with adult female rape survivors [29].

Factors determining the reporting of rape

Diverse explanations explicate a refusal to report the crime of rape being dissatisfactory services for survivors; prior instances in which the police were not supportive; stigma, victim-blaming behaviour, and mistrust towards the police. Moreover, information in relation to support services are not readily available, leaving the victim with no choice but to stay with the abuser due to dependence. Fear towards the perpetrator and confidentiality are salient aspects the survivor considers when deciding to report the crime of rape [30]. The stigmatisation of sex and sexuality in relation to women, children, racial minorities, lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+)

members of the community, foster feelings of shame permeated with suppressed emotions and delayed cognition of being a rape survivor. The stigma in relation to sex and sexual identity makes it problematic for rape survivors to report the crime stemming from negative stereotypical perceptions of the police, which eventually may influence the decision-making processes of rape survivors. Secondary victimisation, low conviction rates, perceived treatment by service providers and safety concerns are facets rape survivors contemplate in deciding to report the crime of rape [31-33].

Methodology

The research was qualitative in nature. The research paradigm was facilitated from a positivist approach since the researcher explored and described the lived experiences of service providers regarding the investigative and procedural post-rape case management of adult female survivors within the South African CJS. The research type was applied intervention research since the research proposed recommendations to improve the legal post-rape case management of adult female survivors. Stratified probability sampling, more specifically an instrumental case study design with aid of a semi-structured interview schedule guided the data collection process. In the end, 28 post-rape service providers participated in the study. The data was collected via telephonic and face-to-face interviews. Ethical clearance to conduct the research was provided by the Faculty of Humanities' Ethics Committee, University of Pretoria (GW20180844HS). The researcher also received permission to conduct the research from respective government agencies being the National Prosecuting Authority (NPA), Department of Health (DoH) and SAPS.

Aim and Objectives of the Study

The aim of the research was to describe and explore the interdisciplinary experiences of service providers with respect to the investigative and procedural post-rape case management of adult female survivors within the South African CJS. The objectives were as follows:

- i. Identify the investigative challenges in the post-rape case management of adult female survivors within the CJS.
- ii. Explicate procedural challenges in the post-rape case management of adult female survivors within the CJS.
- iii. Provide recommendations to improve the investigative and procedural case management of adult female survivors within the CJS.

Results and Discussion

The findings were analysed thematically derived from the verbatim responses of the medico-legal, psychosocial and legal post-rape service providers.

Overview of participants

The majority of service providers were female. The medical sphere of participants comprised of six forensic nurses and three medical doctors (32%). The psychosocial domain was represented the most comprising of comprising of 16 (57%) participants (auxiliary social workers [5], social workers [3], site coordinators [3], first responders [2], victim assistant officers [2] and a clinical psychologist. The legal domain was least represented with 3 (11%) participants (case manager, investigating officer and court preparation officer).

Theme 1: Investigative Challenges in Post-Rape Management of Adult Female Survivors

Treatment by the police

Service provider 2-4, 10, 12, 14, and 16-17 expressed concerns about the treatment survivors received from the police.

Clinical psychologist

Eish, what I have heard when it comes to our system is failing our survivors, is the treatment they get when they go to the police station. Uhm..., there is no privacy, you will be asked to talk while standing in huge line. In that state, you are likely to be traumatised, your tone, your voice, it is going to be soft. And then someone is asking you: I can't hear you; What are you saying? You have to shout and scream your problems out at everyone. So, I think that is important. For example, if a wife wants to report her husband, she is told that it is a domestic issue, and to go and deal with it at home. So, it is very discouraging, very discouraging. Most of these cases are left unresolved, it is very discouraging. We need to desensitise our police officers, for the courts that this a traumatic experience for the person standing in front of you.

Site coordinator: Yoh, when it comes to the police, it is known phenomenon that they are not being sensitive towards gender-based violence, and only transport them when they reported the case. After that, transport is out of their own pocket. The police are also not constantly informing them about the progress of their case. Sheena Swemmer, Head of Centre for Applied Legal Studies, University of Witwatersrand, is of the opinion that in the absence of proficient, thoughtful, and attentive policing, may inflict trauma on the rape survivor, potentially discouraging the victim to report the crime, or any other crime in the future. Hence, the treatment of the survivor within the CJS remains a controversial phenomenon to date which poses challenges to access justice [34].

Challenges in processing deoxyribonucleic acid (DNA) samples

Service providers 11 and 12 raised the issue of delays in the processing of DNA.

Service provider 11 (Auxiliary social worker): The delay at the laboratories for DNA testing. The police would say that the case is breaking because they still waiting for the results from the

laboratory.

Service provider 12 (Site coordinator): A victim is supposed to go court today, then maybe someone is not there, and the case is postponed. An electronic system will work very well if a suspect is arrested, and they need to compare the sample of the DNA found on the victim; you find that DNA is delayed, the suspect is granted bail, only to find out that they did not bring the suspect to the Thuthuzela Care Centre for the collection of DNA. Then they go to court, only to be instructed by the court to take DNA from alleged suspect.

The SAPS forensics division is experiencing delays in processing DNA in a timeous manner. By April 2021, the backlog surpassed 210,000 cases [35]. It is further suggested that the state prioritise, upgrade and resource laboratories of SAPS in processing DNA more speedily [36]. Moreover, the introduction of the National Forensic DNA Database of South Africa has been instrumental in generating forensic DNA investigative leads that facilitate the investigation of certain categories of crime intended to reduce crime and increase conviction rates [37].

Quality of completed J88 medico-legal form: It remains the duty of the DoH to expedite the medico-legal examination of adult female rape survivors and ensure that the findings are recorded accurately [38]. Service provider 26 (Medical doctor) conveyed that the quality of the completion of J88 forms is central in legal proceedings.

Doctors complete what we call a J88, and sometimes that J88 is incorrectly completed. So, only when that J88 is incorrectly completed, do you have challenges in court. But my role is to ensure that whenever I read dockets, and I see that there is something that was done incorrectly, we can rectify such before trial, that's what we do. We also train doctors on coming to court, people are scared to come to court. Sometimes you may find someone has done an examination, but they make a mistake so that they do not come to court. So, they would not complete the J88 with their details, so that nobody would know that they completed the J88. But, with the Thuthuzela Care Centre model, they can now ask anything legal that they don't know. The case manager would then be able to advise what should and should not be done. People come with needs, so, the challenge is explaining to them that this is how the legal system is supposed to be. It takes time, it takes a lot of convincing. But we have now created positions, like case manager positions. Because normal prosecutors that go to court, does not have the time to explain everything. But the case manager looking after the welfare of the victim, will be able to explain that. People also watch rape cases in the media, and people have their own interpretation of what is happening, and that is not legally correct.

Quality and readiness of a survivor to give a statement

Service providers 14 and 28 advised that the quality and readiness of a victim to give a statement as being problematic in rendering legal services.

Service provider 14 (First responder): Sometimes a patient comes in, she was raped and beaten up, but the law says we must wait for the police to come. Sometimes, we decide to attend to the patient, and when the police come, we do everything. You know what happens with victims, they have different statements, with us they say this, and when the police arrive, they say another thing. So, imagine we have started with the patient, and then the same victim gives the police a different statement.

Service provider 28 (Investigating officer): You know, as an investigating officer, you need to interview your victim first. That will enable you to see if the victim is ready to can give a statement. I cannot say that the statement must be taken when you meet the victim for the first time, second or third time. You, as an investigating officer, must be able to see if a victim is ready to can give a statement.

In relation to the revelations shared by participants, the author is of the opinion that this information is new since the researcher could not find any literature to highlight the right time for a survivor to give a statement, given the fact that the sensitive nature and extent of rape experienced by the survivors are heterogeneous.

The role of infrastructure in the investigation of cases

Service provider 28 (Investigating Officer) identified infrastructure as being an impediment when it comes to the investigation of cases.

He opined the following:

Regarding the informal settlement, most of our informal settlements do not have infrastructure, roads are bad, no electricity, houses are congested, not enough space to can drive through. Our victims or complainants does not have contact details. Some will tell they don't have houses or addresses. It's very difficult. You know, I can say 10-20 percent of our cases, victims will say, after taking the victim for medical examination, they will say, just drop me off here. Without us verifying if this the correct address.

The information conveyed by participant 28 can be regarded as pertinent and new in the field of rendering services to rape survivors' studies, and it adds value to the study since no researched results in relation to infrastructure were available at the time of writing. Certain high-risk areas are unreachable for the police to conduct investigations (i.e., no roads, addresses, or lights at night). Infrastructure development needs to be prioritised in safeguarding and facilitating public safety. Victims of any form of crime should be cooperative with law enforcement by providing the correct information for due process to ensue.

Police burnout

The policing profession is a traumatic line of work [39,40]. Burnout within the police force may be resultant of feelings of depression and vicarious trauma. It might emerge through being overworked or limited resources, constant time-stressed, or due

to disagreements with other service providers within the CJS. Burnout also encompass emotional fatigue, a sense of alienation from work-related activities and inadequate work performance [41,42]. Police officials working with sexual offences should be made continuously aware of the stressors related with their work, and timeously recognise and accept the need to protect themselves from vicarious trauma. On the other hand, some police officials adjudge that displaying outward emotion(s) as ineptness, with added concerns regarding the way they are observed by their colleagues, or further career advancement within the service if perceived not to be coping in their current role [43]. Service providers 12 and 16 believed that the police encountered burnout while performing their duties.

Service provider 12 (Social worker): Sometimes we also have sessions with SAPS members, because of the behaviours portrayed, are signs of stress, work overload, or whatever, so they will say that you as a social worker, you are not investigating, can't you see that these people are wasting our time. So, really, our police officials need training, and they need proper social workers from their department, who will be able to render psychosocial services to them, because all of these cases, I think it also traumatises them, because I think that it makes them even judge more than the magistrate in court. Because already they will say that this case will not stand up in court, and I ask them: How do you know that? Are you a magistrate?

Service provider 16 (Social worker): The police are a problem here, honestly. They just do anything; they are no longer motivated. They are just burned out.

Lost dockets

Reddy (2020) opine that missing dockets and substandard police investigation results in 22 GBV related cases (inclusive of rape and murder), being dismissed monthly from the Western Cape courts. Additionally, poor docket management might also be contributable to cases being closed while the investigation is still ongoing or evidence collection incomplete [44,45].

Service provider 6 (Site Coordinator) voiced: The challenge we are experiencing, the police sometimes, they lose the dockets, they delay with the case, they don't record everything right in the system because the police work hand-in-hand with the case manager. When the case goes to court, there are so many gaps that end up challenging the merits of the case.

Training of police officials

The Department of Justice and Constitutional Development (DoJCD) and the South African Police Service (SAPS) have implemented strategies to improve and attain the essential skills fundamental in addressing sexual offence case [46]. Service provider 14 (First responder) is of the opinion that police officials require more training in post-rape services. Yes, I think that our SAPS need to be more trained, more especially when it comes to adult female rape survivors. They should not judge, because

with the police, I don't think we have that working relationship, they do things on their own. Sometimes you will find a patient; they will keep them for the whole night at the police station and bring them in the morning, while they know that there are other Thuthuzela Care Centres operating 24-hours. They will also say that the police did not attend to them, when they arrive here, the sisters give them something to eat, because they cannot take the medication on an empty stomach. The meals in some instances come from the staff.

The availability and processing of Sexual Assault Sexual Evidence Kit (SAECK)

Service providers are left with desperate measures to assist adult female survivors within the CJS, as described by service provider 21 (Forensic nurse): Sometimes, it is walk-in, the police will bring the rape kit. Afterwards, we call, they will say they cannot come, she must come and open a case. Imagine, and most of them, they don't go, and when you call again for them to collect the rape kit, they will say no, this patient did not open a case. But it is their job. Here, we don't have safety to put the rape kit, some rape kits will stay for up to three years, we end up putting it in the bin, because the police say they did not open a case. With a walk-in, we explain to the person their right to open a case, whether the accused person is known don't she says she want to open a case, we call the police. Some they do come, but some, ag shame, its bad. Us, we end up collecting money for transport fee for the patient to go home. Sometimes the rape victim will tell the police that she knows the suspect, and maybe he is staying close to where she is staying, the police will just say, no, me, I'm not going there.

The notion of forensic evidence is grounded on Locard's exchange concept, which guides the essence that "*whenever a perpetrator enters or leaves a crime scene, they will leave something and take something with them*" [47]. This notion incorporates any biological material that could be tested for DNA, hairs, fibers, or latent prints. Not all the evidence collected in SAECKs is tested for DNA by the SAPS forensic science laboratories. Evidence such as urine and blood are samples sent to the Forensic Chemistry Laboratory, Department of Health, for toxicological for processing. These evidential specimens can then be used to link the alleged perpetrator to the crime scene [48]. Akin to a rape incident, the physical interchange between the accused and the survivor often results in the reciprocally transfer of forensic evidence [49].

Designated police official at Thuthuzela Care Centres

Service providers 15 and 24 indicated a desire for a designated police official at TCCs.

Service provider 15 (Site coordinator): The Thuthuzela Care Centre is a multidisciplinary setting, as such, our centre is unique since we do not have all the stakeholders that we need here. For example, we do not have designated police officers. But it always helps to have the contacts of other service providers, and we invite them in if we have a pressing matter that need urgent attention.

Service provider 24 (Medical doctor): It will be much easier if we have a designated investigating officer that we liaise with.

Comprehending women's experiences in interacting with the police may provide insight into their needs when reporting the crime, taking into consideration the impact of acute trauma at representation [50]. Adult female rape posited those female police officials seem to have a better immediate advantage in relating to the experience of the female rape survivor, which is beneficial in establishing rapport. On the other hand, survivors may in certain instances accede to a tougher line of questioning from female police officials than their male counterparts. However, female police officials must be conscious to distance themselves from the sexual offence and prioritize communicating clearly and with empathy. Of prime importance, competence and compassion are more worthwhile than gender in consequential success [51].

Theme 2: Procedural Challenges in Post-Rape Management OF Adult Female Survivors

Perceived attitude of legal service providers in post-rape service rendering

Equal treatment should be based on the principle of the provision of services to all. The Victim Support Services Bill aims to acknowledge that rape survivors should be central to the CJS; and to protect the rights of the adult female rape survivor and the alleged rapist within the CJS [52]. Service providers 1, 10, 12, 17, 19-21 and 24 highlighted that the attitude of legal service providers plays a role in rendering post-rape services.

Service provider 10 (Auxiliary social worker): There is a client who walks in here that has been raped by multiple people, and another one is a family member. If the rape happened in the family, it is even more traumatic if the perpetrator for example is an uncle. It is also traumatic that the rape happened, and it was four people.

Service provider 17 (Forensic nurse): Prosecutors must consult with the rape survivor before the trial starts. The police must not make the survivor feel as if she or he subjected himself or herself to this. Some of them will leave nightclubs early in the morning hours, and the police would say: Being a girl, what did you expect moving around 04:00 in the morning with Uber men, that person is a man. They mustn't be judgemental.

Service provider 24 (Medical doctor): Once a case is reported, that's it. There is nobody coming back to them. They are also stuck with the perpetrator. He is taken for a day or two, then he is back. You can imagine, it is traumatic for them. Communication with a patient or client should be better, even if there is a delay in case, let them know.

Access to legal services

Service providers 1, 2 and 15 voiced a need for survivors to receive assistance in accessing legal services.

Service provider 1 (First responder): Uhm..., when it comes to legal services, most women, they fear. They are fearful, maybe with court preparation, like someone will go to court with them. I think they need that more.

Service provider 2 (Clinical psychologist): Survivors should get support; they should not struggle. From point of entry to departure, within the criminal justice system.

Service provider 15 (Site coordinator): Sometimes the victim is not given that information, which is the responsibility of the police. With the prosecutor, the challenge would be with the consultation, because the rape survivor would mention that she doesn't know if the prosecutor is on her side, or on the side of the perpetrator. The victim also has the perception that after reporting the case, they can go and demand that the case be dropped. The aforesaid is not an easy decision taken by the case manager (prosecutor).

The CJS response to rape victims should improve due to recurrent and consistent problems within the system (i.e., case progression information, treatment by service providers). It is ideal to incorporate specialist service providers to assist in managing the caseload within the CJS to avoid victims from withdrawing the case [53,54].

Sexual offences courts

Service provider 26 (Case manager) specified a need for more sexual offence's courts. The establishment of Sexual offences Courts, the establishment of Court Preparation services. Because with an ordinary court, it is depressing. But if you have a specialised Sexual Offences Court, then it actually motivates the rape victims to come forward and report the case. The sexual offences courts (SOCs) model can be viewed as a positive development in managing the standard of the facility and service at dedicated SOCs. Certain requisites within the SOC model highlights a need for continuous training, directives in relation to facilities, devices and equipment, as well as services concerning court preparation and designated social workers [55].

Postponement of cases

Service provider 25 (Medical doctor) indicated that the postponement of cases is a challenge within the CJS. The judicial system has got this problem; they can't get their work done. The big issue with this is postponements. It is not surprising to find a case postponed ten times. They can postpone ten times in a year. Ten postponements for them are not a problem. In light of information shared by the participant, any postponement requests may be due to interruptions in collecting evidence and witnesses not appearing or ready to testify by both state and defence. The impact of postponements leads to further delays in concluding the matter, with pernicious consequences on the mental well-being of survivor [56,57].

Communication pertaining to case progression

Survivors were discontent with the way sensitive information about their case are conveyed to them by the police, from reporting the crime and during the investigation phase. Some survivors receive little to no information, whereas in certain instances the information they receive is either imprecise or unclear. Adult female rape survivors desire positive communication, a sense of being valued, access to information and regular updates. It would be prudent if survivors receive information from a single point, aligned with their preferred mode of communication. It is also important to continuously make victims aware of their rights within the CJS [58-60].

Service providers 8, 10, 12, 15, 21 and 23 raised a need for communication regarding case progression.

Service provider 10 (Auxiliary social worker): Adult female rape survivors are not being informed more about the progress of their case.

Service provider 23 (Medical doctor): I think it's the information. The information that everybody has the right to get bail, until all proceedings are concluded in court. They, the victims, also need to be protected.

Service provider 12 (Social worker): Nobody tells the victim the perpetrator is out on bail, do not be shocked if you see him. But what I always fight with them is that the perpetrator is not allowed to be within close parameter of the victim, but victims are complaining of the alleged perpetrator around their vicinity. So, they become at risk, bail is granted, and the perpetrator even makes sure that the victim sees he is out on bail. In other words, the perpetrator is intimidating the victim at the same time. Why is the bail not evoked? They will tell you this and that..., or that they will find out. You call later to call to find out what is happening, and they will say that the victim is lying. Yoh, such things, are really not on. You know, they are not following legislation the way they are supposed to. Some victims would even say that their cases were withdrawn without their knowledge. So, what should we do?

Allocation of more staff rendering post-rape services

Adequate NPA staff must be available. The NPA emphasised challenges regarding vacant posts compounded with increased costs concerning salary increases. The NPA plan directly shows the burden of increased staff capacity on the compensation budget. Improving the prosecution of sexual offences encompass a sufficiently good budget for human resources. Failure to provide the required staff will translate into an undesirable mode of post-rape legal service rendering to adult female survivors [61]. Service provider 28 (Investigating Officer) articulated a need for more staff within the legal domain of the CJS. If we were having more resources, we will have investigating officers that is on standby, a prosecutor working with sexual offences that is on standby, working together; so that, wherever there are some loopholes, the

prosecutor should be able to see that there are loopholes, and we cannot take that particular docket to court because with a docket with loopholes going to court, we are not going to get conviction. The issue of taking the victim to the hospitals, few doctors, few forensic nurses, that makes us, as investigating officers, to wait long, before the victims are being medically treated.

Centre-needs-approach in rendering post-rape services

Service provider 16 (Social worker) stressed a centre-needs-based approach in rendering post-rape legal services. We try to adjust the Thuthuzela Care Centre model according to the specific needs of our centre, for example, me as the site coordinator, receive the victims as they walk in, interview, and inform them of the services. But for this centre, we adjust it a bit. To try to avoid interviewing, and just inform them of services as they walk in because the medical staff and social worker work with them. When everything is done, then we can check if they know what is going to happen. If they don't know if they want to open a case, then I will sit down and explain to them the importance of opening a case and make them ease and explain to them that we are always here for them. For example, if they don't have a positive relationship with the police officer, then I am the one who phones the police. I am more like advocating for them, so that they don't feel that there is nobody to assist them, when the police are also letting them down. Basically, coordinating the services and making sure that everyone is doing what they supposed to do. We also find ways of working around challenges, so that the victim doesn't suffer. TCCs are managed by a single protocol. Improving the experience of rape survivors in the CJS through the application of a victim-centred approach and curtailment of secondary victimisation is imperative [62,63].

Refresher courses

Service providers 12 and 25 believed that continuous training should be inherent in counselling service services.

Service provider 12 (Social worker): If our colleagues can be properly trained in dealing with rape survivors, let me rather say gender-based violence. If our colleagues, the police, health and NPA be trained in how to handle the cases, it will make it easier for us, as psychosocial service providers, to render effective services as well. And, also, on our side, constant training, or workshops, for us to be up to date, to be effective, in everything that we are doing on a daily basis. It will be much better; and it will also avoid secondary victimisation.

Service provider 25 (Medical doctor): They need to do it properly because people have serious issues after rape. If you are just going through your checklist, you are going nowhere. You send the person doing it for a job, you are wasting your time. The person needs to be skilled. You send the patient to the right person, with the right skills, that problem will be sorted. The NPA cooperative training materials should be reviewed and presented by an accredited institution that can be linked to Continuous

Professional Development (CPD) points [64]. Trained and well-supported staff is central in creating a victim-centred environment for survivors.

Testifying in camera at sexual offences courts

Rape cases in certain courts are finalised in less than six months. This was ascribed to the intervention of specialist prosecutors, case managers and victim assistant officers, as well as the agreement(s) between service providers and the notion of prosecution-led investigations. Witnesses were given discrete waiting rooms with intermediaries and closed-circuit television (CCTV) facilities, including victim support services [65,66]. Service provider 26 (Case Manager) highlighted the need for testifying in camera. At court, we have the Sexual Offences Courts. They come in with CCTVs. They come with the aid of intermediaries. CCTV and testifying rooms will be for adults. But now you have to make an application for that to happen. But the law makes provision that even an adult does not need to testify in presence of an accused. Most importantly, access to the building at Sexual Offences Courts, we can actually hide our victim away from the suspect. Creating waiting areas that are safer for them and making sure that they do not have contact with the accused person. SAPS must also communicate to victim if cases are postponed, so that that are aware of the new date.

Court preparation for survivors

Cross-examination during legal proceedings has the potential of undermining the narrative and credibility of the survivor. Disbelieving rape victims during judicial proceedings denotes to instances in which the defence is trying to establish a consensual relationship between the accused and the survivor, or simply discrediting the rape victim in with an inappropriate line of questioning [67]. Considering the views shared by the participants, there seems to be inadequate court preparation for the survivors within the CJS. Service providers 4-5, 8, 13 and 15 conveyed a need for court preparation of survivors.

Service provider 4 (Social worker): Court preparation is very important for adult female rape survivors. It is very important.

Service provider 15 (Site coordinator): As much as we say things on paper, sometimes people are not booked for court preparation because maybe the police might have missed certain things that they had to do with the victim, because of the caseload and all of that, and only realise that they should have booked for the victim to undergo court preparation. We always tell the victim to inform us, as NPA, if they need to go court. I will contact the case manager and initiate the court preparation for the victim. We need an electronic automatic court preparation booking system, for a sense of accountability. Our court system is still using the old ways, and we are in a technical era with technology. Survivors need to be made aware of their role in court and treated with respect and dignity [68].

Court preparation for service providers

Service providers 21 and 24 indicated a desire for service providers to undergo court preparation.

Service provider 21 (Forensic nurse): We also need court preparation. If they are not doing it with us, imagine the survivors.

Service provider 24 (Medical doctor): We as medico-legal service providers also need to be prepared for court, with the prosecutor, at least if they get there earlier, they sit with you and prepare you. It being there at court, it is quite intimidating. Unfortunately, we don't get any court preparation beforehand. Sometimes you just get the subpoena, there is no J88. At least if we can get the J88 beforehand to prepare for court. Even if we request the J88, they never come, you will get it in the morning of the case. Sometimes you do get the J88, which becomes so much better because preparation is directed to that. You can call the prosecutor and get some preparation; it becomes much better.

Irrespective of being a survivor or witness, service providers indicated a need for themselves to be subjected to court preparation, in order for them to be a competent communicator in navigating through legal proceedings with self-confidence [69].

Monitoring of legal services

Service providers 2-3, 12 and 28 conveyed a need for legal services to be monitored.

Service provider 2 (Clinical psychologist): A tracking case system within the police and NPA is advisable, so that the victim knows what his happening to their case, and they are informed. That would give someone hope that something has been done. That is why they often give up and the case goes unresolved. I had a patient that informed me that she was supposed to go to court, but when she got there, she heard that the case was dismissed, without going to court. So, you never understand what is happening, the way they treat the survivors, it is not in the interest of the victim or survivor.

Service provider 28 (Investigating officer): The monitoring of crime trends is also there, but they are not that effective, not effective in one aspect, that you are being informed within a very short period of time, and not allowing more of people to attend. Ever since the issue of COVID-19, no, there was no such. They need to implement now, we must have Lekgotla's, we must have conferences, so as to improve ourselves. Exemplary laws on its own cannot win the battle against GBV in silo and should permit input from advocacy individuals or groups [70].

A desire to safeguard service providers when providing evidence in court

Service providers reported concerns when they had to testify in court, which necessitated safety measures in the courtroom for service providers. Service provider 17 (Forensic Nurse) asserted a need for service providers to be protected while accessing the court. Even for us at court, we are not safe. I was once followed

when I left the court. As clinicians and doctors, we are also not safe. We don't have escorts to and from court as well. With victims, it is not safe to go to court in gallery, in camera it will be safe. The criminal justice system is not doing much, the victim can also be followed after court. Ngulube (2017) asserts that it remains the responsibility of the judiciary to fortify a path of integrity, emphasise independence and promote equality of treatment to all, including service providers. That said, the judiciary is anticipated to efficiently execute its mandate in safeguarding and ensuring access to justice for all [71].

Allocation of more resources to improve case progression

Service providers 12, 23, 25-26 and 28 outlined a need for more resources in rendering legal services.

Service provider 12 (Social worker): The police have limited numbers that are working with us, for example if we have twelve Family Violence, Child Protection and Sexual Offences officials that cater for the whole Tembisa, they cannot take the patient back home, all those things required from them. There will be a need for a prioritising kind of a system, to get the patient from the police station, but for the patient to get home, they will have to see how to get home. Now, imagine a person was raped, everything was taken from them, their clothes are, how will the victim get home. Sometimes on duty are three police officials for that day, it's a weekend, and maybe we are having four victims that are in the centre, and some of them are still coming.

Service provider 26 (Case manager): We also do not have court preparation officers in each and every single court, we need to have them in all the courts. And getting more case managers. Case managers are like your control person here, they lead the Thuthuzela Care Centre model, to the Sexual Offences Court. In the absence of case managers, there is a gap. Some case managers have up to ten dockets at once, that they need to deal with, and sometimes don't deal with it properly because there is nobody to assist them. If we have more centres, Sexual offences Courts, more case managers and more court preparation officer, then we will get the message out. But, the issue of resources, it will always be a problem.

Service provider 28 (Investigating officer): The problem with DNA is that they are taking long to be provided to investigating officers and court. It is because of capacity and skills. Increasing the capacity and skills to Family Violence, Child Protection and Sexual Offences unit of SAPS, NPA, Forensic Sciences Laboratory, it will minimise the period that we are finalising these dockets. For the criminal justice system to prolong the cases, it brings trauma to our victims. And it makes our witnesses who wanted to give the evidence, they will then withdraw in giving that evidence. You become tired. Like two weeks ago we had people from Saldanha Bay, they have been attending court since 2020, they flew from Cape Town to go to court in Atteridgeville, on arrival at court, apparently, the cases had been withdrawn, reasons, we don't know.

You can see that they had been prepared, since 2020, but now at the end of the day when the cases need to be finalised, to finalise positively, then it was withdrawn. So, you can see that it breaks the morale of our witnesses, and confidence too. To be honest, the SMS system to inform the victim that cases are withdrawn is not working. It is not a good way of communicating with them. Let it be, you drive and inform the victim, and give reason why it was withdrawn. And the other thing is, in a written form, so that she or he can understand why the case was withdrawn. Says for instance it was due to lack of evidence or improper investigation, then it will make us to improve the investigation so that in the near future we will have no dockets are withdrawn, due to improper investigation.

In 2023, SAPS had a Medium-Term Expenditure Framework (MTEF) budget of almost R99 billion. This is representative of 2.7% increase in its annual budget. Within the same year, national treasury allocated an additional R5.8 billion to revamp and expand policing capacity through the appointment of police trainees and constables who completed their training. An amount of R1.3 billion was additionally awarded by the MTEF exclusively for GBV and the resourcing of Family Violence, Child Protection and Sexual Offences (FCS) Units (South African Police Service Annual Performance Plan 2022/23 with Deputy Minister, 2023). Most recently, National treasury has dispensed R765 billion over the next three years to SAPS and the SA National Defence Force (SANDF) to tackle crime and defend the country's borders. Of this amount, R22bn is preserved for SAPS to curb violent crime and GBV through the following initiatives:

- i. Visible policing and collective engagement with local residents.
- ii. Implementation of an improved crime prevention and combating action plan, specifically in high-risk areas directed at contact crimes (i.e., violent crime, GBV and femicide) being holistic in nature and empirical (scientific) [72].

Stakeholder engagement

Service provider 28 (Investigating Officer) expressed the importance of stakeholder engagement.

Investigating officer: Coming to the issue of the Sexual Offences Act, it involves the duties of the police, doctors and social workers. Maybe to have a workshop one day, with all stakeholders, so that we can build up the morale and build up the communication between all stakeholders so that we can know what purpose of us is to assist the victims. We only deal with victims, no matter what direction you are coming from, the victims are our clients. We want to build the morale, and take out the trauma, that the victims are having. But now if we fight to one another, there is no way that we are going to win this fight. If we try to speed up to finalise our docket, uhm..., yes there are dockets that still need the DNA results from our Forensic Sciences Laboratory.

There seems to exist a lack of consistency among TCCs in terms of handling complaints, monitoring and evaluation of the quality of post-rape services rendered [73]. Contrasting interests and minimising conflict is an issue of concern at TCCs. The possibility that community-based organisations such as NGOs and NPOs be integrated into a single entity to act as a mechanism of self-regulation, with setting forth standardised modes of service rendering with needs-based post-rape services per setting is recommended [74].

Continuous debriefing of service providers

Service providers 12, and 28 identified a desire for continuous debriefing services for service providers.

Service provider 12 (Social worker): We do get debriefing, but funding will be running out soon. Others are not receiving debriefing, maybe once after every six months. All of the stakeholders are working with sensitive cases, and we are also working in a team as well. So, I think if we can have a combined, per say debriefing sessions, monthly, or bi-monthly, it will be better for us, so we can deal with the stressors, and so we will not have burn out as well. Vicarious trauma is also prevalent among us as service providers, we need debriefing sessions monthly, because we deal with these cases on a daily basis.

Service provider 28 (Investigating officer): Coming to us as investigating officers, we need to be debriefed, because of this what we are doing, it is giving us a trauma. You know, as an individual, you can opt for debriefing or even go outside, on your own. I would suggest that if you think you are traumatised, don't wait for someone to help you, help yourself, go and engage with the relevant people to assist you. Because if you wait for someone, whatever that is eating you, because one day you will fall, without knowing why you fell.

In relation to the assertions made by the participants, the unavailability of debriefing services for staff within a demanding and emotional setting, with incessant exposure to rape cases has an impact on service providers, irrespective of their role and function within the CJS. Some service providers within the CJS need continuous support and debriefing to be absorbed into professional practice. This nature of support empowers service providers in two ways. Firstly, it renders protection to staff from vicarious trauma and the negative aftermath thereof on their personal and emotional well-being; secondly, it helps to avert further secondary victimisation [75].

Challenges in working as an interdisciplinary team

Post-rape services are regulated by interdisciplinary service providers, which may lack coalescence. Interventions proposed to address rape, even where they have been established to be resourceful, are localised and sometimes not sufficiently funded. Inadequate resources and the common-sense exploration of what has worked and what not, makes it is problematic to resolve

positive endeavours in rendering post-rape services within the CJS. There exist relationship interferences between TCC, NGO and NPO staff. TCC staff are of the opinion that service providers from NGOs and NPOs are crossing boundaries with respect to their roles and duties in providing post-rape services within the CJS. Staff from the DoH also allocated reporting and administrative duties to staff from NGOs and NPOs (which does not form part of their obligation within the TCC model). NGOs and NPOs feel unacknowledged, while without them, limited post-rape services would be rendered at Thuthuzela Care Centres 24/7 [76]. Half of the participants, being service providers 3, 6, 8-13, 17, 19, 21, 25, 26 and 28 disclosed challenges in engaging with other service providers.

They expressed the following:

Service provider 12 (Social worker): Not all role players are aware of their duties, and they need to be capacitated, to be able to know their roles. Relationships with other stakeholders are very good. Like here, with the NPA, sjoie, it's a disaster to be honest. The only person here, from the NPA, is the victim assistant officer, she works good with all of us, but with the site coordinator, it's a disaster. I don't know, I have been here for six years. She is not communicating with me, and tension also affect our services, because clients are able to sense if there is pressure or tension. They pick it up immediately. It affects the environment.

Service provider 26 (Case manager): They are good and okay. We have monthly meetings. We also offer training. We call it stakeholder integrated training. We need to train more doctors about rape victims, we need to train more people about rape victims. I had a medical report where a doctor had written that no weapon was used, and I wondered, why did you write about no weapon was used: Who asked you about weapons? It is about what they write which they shouldn't write.

Service provider 28 (Investigating officer): A lack of communication between stakeholders. Because we as investigating officers have to communicate daily with public prosecutors. But you find out the public prosecutor are undermining the police because they feel that they are more educated than the police.

Service providers shared a need to meet continuously to deliberate strategic operations as well as challenges within the TCC model.

Recommendations in The Legal Post-Rape Management of Adult Female Survivors

Resource allocation, capacity building, logistics (i.e., handling and transporting of DNA samples to respective facilities) became forthcoming as being a major challenge within the CJS. One of the key concerns of SAPS is population growth and national migration, as highlighted in their annual performance plan. Minister of Police Bheki Cele announced in mid-2024 that SAPS would add an additional 10 000 trainee police officials and constables in their

ongoing efforts to combat crime in South Africa. However, Mary de Haas, a researcher on violence in KwaZulu-Natal, is of the opinion that an improvement in the quality of law enforcement would be a gamechanger. De Haas said that is not plausible to increase visible policing if they are not *bona fide* recruits who have successfully completed competency test [77].

De Haas concluded:

"Therefore, we need far more than just more boots. It is quality that is most needed. And the implementation of an expert panel report on training and the appointment of a policing board for proper oversight"

i. Police work comprise of but not limited to building trust, inclusion, identifying the needs of victims of crime and aspire to improve when it comes to satisfactory levels in relation to the quality of post-rape service rendering within SAPS. The police is entrusted to address the roots and causes of vulnerability to crime and encourage victim resilience, which remains an abandoned field within the CJS. Being cognisant of the impact of the police in relation to working with victim support agencies is pivotal in advancing good practice and improvement of relations with respect to legal post-rape legal services rendered to adult female survivors within the CJS [78,79]. Certainly, intentional efforts to empower rape survivors may prompt them to continue with the investigative process [80].

ii. Robust communication channels between the SAPS, NPA, NGOs, NPOs and DoH is warranted emanating from challenges working in an interdisciplinary team, more specifically in instances whereby their roles interconnect. A key prospect of case progression within the CJS is highly dependent on the quality of forensic evidence, which can differ based on features such as service provider expertise in evidence collection, apprehension of protocols and directives for executing post-rape investigations, and a lack of all-inclusive guidelines indicative of the roles of various role players within the CJS [81,82].

iii. If staff capacity permit, appointing a female police official would be effectual for post-rape investigations involving adult female survivors. The female survivor can intentionally and purposefully express her experience of victimisation without fear or embarrassment to female legal service providers. Caring for female survivors requires a sense of nurture and emotional support, assumed as being a duty within the female domain. Nevertheless, a substantial number of police stations do not have a female police official to attend to the victim at point of reporting the rape. In such circumstances, the female survivor may be uncomfortable to lodge a complaint and abandon the need to seek justice [83,84].

iv. Specialisation in policing can improve investigations, enhance morale, which is forecasted to bring forth a better approach in rendering post-rape legal services to the adult female

survivor. Most importantly, police officials should be aware that they need to seek help in counteracting vicarious trauma, which remains ubiquitous in the police force universally [85].

v. It should be mandatory for medico-legal practitioners to fully complete the J88 form with their details and sign for legal proceedings across all healthcare facilities. The onus rests with the DoH to ensure the quality of evidence recorded in this form with the aid of an audit. This should be included in legislation, policies and directives.

vi. Mutual collegiality among post-rape service providers is crucial going forward. Considering the recent amendments made in legislation, it is advisable to promote a hybrid mode of engagement being continuous training (virtual or contact) in relation to the implementation of new legislation. Coordination requires commitment and engagement from all relevant entities (i.e., organisations, departments) and dedicated staff – with sufficient time to ensure coordination and participation. Improved engagement between service providers should be prioritised to ensure assurance from all the respective stakeholders. It is further proposed that a new and comprehensive set of directives be developed for the management of rape in South Africa. This approach is ideally suited within an evidence-based and holistic framework in rendering post-rape services to adult female survivors within the CJS.

Conclusion

It is positive to observe governmental and stakeholders' strides made in implementing transformative legal amendments in legislation; and an increase in budget allocation for service providers with the view of providing citizens with the best and affordable means of guardianship (protection). Strengthening the existing legal post-rape mode of service rendering supported with infrastructure, staff capacity, adequate logistics, skills advancements, constructive engagement working in an interdisciplinary, requires continuous and harmonious commitment, dedication and empathy towards the adult female rape survivor within the CJS from government, human rights and feminist advocacy groups, civic society, academia, community members, traditional leaders, traditional healers, religious leaders and congregations, private sector, NGOs and NPOs, individuals within their own capacity and multinational agencies rendering humanitarian aid. Considering the challenges within the legal sphere of post-rape services rendered to the adult female survivor within the South African CJS, building trust relations is a fundamental principle.

Limitations of the Study

The research findings cannot be generalised since the study was conducted at three medico-legal research sites in the Gauteng province and only three legal service providers made a contribution.

Acknowledgements

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

Conflict of Interest: None.

References

1. World Health Organisation (2021) Violence against women.
2. UN Women (2023) Facts and figures: Ending violence against women.
3. Owiti J, Otieno P, Kanja W (2018) Survivors of sexual violence consultative forum report. Wangu Kanja Foundation.
4. Seelinger KT (2014) Domestic accountability for sexual violence: The potential of specialized units in Kenya, Liberia, Sierra Leone and Uganda. *International Review of the Red Cross* 96(894): 539-564.
5. Akpoghome T, Earp E, Gaudette Reed J (2021) Sexual violence in six African nations: A call for investment. RAINN.
6. Ji Z, Rockowitz S, Flowe HD, Stevens LM, Kanja W, et al. (2022) Reflections on increasing the value of data on sexual violence incidents against children to better prevent and respond to sexual offending in Kenya. *Societies* 12(3): 89.
7. Kashem MB (2020) The reform of evidence-based investigations in Bangladesh: a rhetoric or reality. *Police Practice and Research* 22(1): 817-834.
8. Hasan MA, Akond MA, Mohiuddin A (2024) Issues and Challenges in Investigating Rape Cases in Bangladesh: Insights from Field-Level Police Officers' Experiences. *Journal of Social and Political Sciences* 7(1): 13-24.
9. McGlynn C, Downes J, Westmarland N (2016) Seeking justice for survivors of sexual violence: Recognition, voice and consequences. In: E Zinsstag & M Keenan (Eds.), *Restorative Responses to Sexual Violence: Legal, Social and Therapeutic Dimensions*. Routledge Frontiers of Criminal Justice: 179-191.
10. Wagner K, Bartels SA, Weber S, Lee S (2022) UN supported: The needs and rights of children fathered by UN peacekeepers in the Democratic Republic of Congo. *Human Rights Review* 23(3): 305-332.
11. Kaithwas M, Pandey N (2018) Incompetency and Challenges of Police in Rape Cases. *Social Work Chronicle* 7(1): 52-71.
12. Yesmen N (2019) Sexual Assault (Rape) in Bangladesh. *Scholars International Journal of Law, Crime and Justice*.
13. Banarjee S (2020) Identifying factors of sexual violence against women and protection of their rights in Bangladesh. *Aggression and Violent Behavior* 52: 101384.
14. Mourtgos SM, Adams IT, Mastracci SH (2021) Improving victim engagement and officer response in rape investigations: A longitudinal assessment of a brief training. *Journal of Criminal Justice* 74: 101818.
15. Rudolfsson L, Hammond L, Björklund C (2024) Rape Victims' Perceptions of Quality of Encounters With the Swedish Police. *Violence Against Women*.
16. Lorenz K, Dewald S, Venema R (2021) I was worried I wouldn't be believed: Sexual assault victims' perceptions of the police in the decision to not report. *Violence & Victims* 36(3): 455-476.

17. Barkworth, J, Murphy, K (2016) System contact and procedural justice policing: Improving quality of life outcomes for victims of crime. *International Review of Victimology* 22(2): 105-122.
18. Lorenz K (2023) How do investigation experiences shape views of the police? Qualitatively exploring sexual assault survivors' interactions with police detectives and subsequent views of the police. *Crime & Delinquency* 69(2): 342-366.
19. Rockowitz S, Wagner K, Cooper R, Stevens L, Davies K, et al. (2024) A Systematic Review of Criminal Justice Initiatives to Strengthen the Criminal Investigation and Prosecution of Sexual Violence in East Africa. *Trauma, Violence, Abuse* 25(1): 813-827.
20. Modise JM, Taylor D, Raga K (2020) The Role of the Community in Preventing Gender-Based Violence and Femicide: A Case Study of Northern Cape Province, South Africa. *International Journal of Innovative Science and Research Technology* 7(6): 1800-1807.
21. State of Nation (2024) Gender-Based Violence.
22. Bougard NB (2023) Service delivery within the criminal justice system: The experiences of adult female survivors and service providers. Unpublished doctoral thesis, University of Pretoria, South Africa.
23. Mogstad H, Dryding D, Fiorotto O (2016) Policing the private: Social barriers to the effective policing of domestic violence. *South African Crime Quarterly* 56: 5-17.
24. Sibanda-Moyo N, Khonje E, Brobbey MK (2017) Violence against women in South Africa: A country in crisis.
25. Lopes C, Stone K (2018) Policing responses to domestic violence: exploring reactions by the police to women in need of shelter.
26. Lechlech L (2020) Post-rape care and justice in South Africa: Improving support services for survivors of sexual violence. Unpublished master's dissertation, University of Oregon, United States of America.
27. Mmamabolo T, Schwartz K, Vuma P (2020) Rendering victim-friendly services for women and children in South Africa: Why is the SAPS response still unsatisfactory. *Just Africa All - Africa Journal of Criminal Justice* 5(2): 12-23.
28. Nkosi L (2019) Exploring burnout among police officers in the South African Police Service, Elukwatini, Mpumalanga Province. Unpublished dissertation. University of Kwa-Zulu Natal, South Africa.
29. Heath A, Artz L, Odayan M, Gihwala H (2018) Improving Case Outcomes for Sexual Offences Cases Project: Pilot Study on Sexual Offences Courts. Cape Town, South Africa, Gender Health and Justice Research Unit.
30. Soul City (2013) Understanding Gender Policy and Gender-Based Violence in South Africa: A literature review for Soul city Institute for Health and Development. Tshwaranang Legal Advocacy Centre, South Africa.
31. Dodge A, Spencer D, Ricciardelli R, Ballucci D (2019) "This isn't your father's police force": Digital evidence in sexual assault investigations. *Australian & New Zealand Journal of Criminology* 52(4): 499-515.
32. Hohl K, Stanko AE (2022) Five Pillars: A Framework for Transforming the Police Response to Rape and Sexual Assault. *International Criminology* 2: 222-229.
33. Hohl K, Reid A, Molliso S (2023) Rape and Sexual Assault: Survivors' Experiences of the Police in England and Wales. Survey Report 1: January to June 2023. University of London, United Kingdom.
34. Ellis E (2021) Police have duty of care in rape case. *Daily Maverick*.
35. SA's DNA backlog won't be cleared before 2023, at the current processing rate (2021).
36. Gouws A (2022) Rape is endemic in South Africa. Why the ANC government keeps missing the mark.
37. Smith JH, Horne JS (2023) The Value of Forensic DNA Investigative Leads in South Africa. *Journal of Forensic Science and Criminal Investigation* 17(4): 555969.
38. Victim Support Services Bill (43528)-2020.
39. Fejes A, Haake U (2013) Caring and daring discourses at work: Doing gender through occupational choices in elderly care and police work. *Vocations and Learning* 6: 281-295.
40. Maguire L, Sondhi A, Norman J, Abinashi D (2024) Care for both victim-survivors and police investigators of rape and serious sexual offences in England and Wales. *Criminology & Criminal Justice* 00(0): 1-20.
41. NACOSA (2018) Process Evaluation of NGO Services at Thuthuzela Care Centres.
42. Duxbury L, Bardoele A, Halinski M (2021) 'Bringing the badge home': Exploring the relationship between role overload, work-family conflict and stress in police officers. *Policing and Society* 31(8): 997-1016.
43. Saunders J, Kotzias V, Ramchand R (2019) Contemporary Police Stress: The Impact of the Evolving Socio-Political Context. *Criminology, Criminal Justice, Law & Society* 20(1): 35-52.
44. Van der Watt M, Van Graan J (2014) Case docket analysis: An effective crime information product for criminal investigators, crime analysts and crime researchers. *Acta Criminologica: Southern African Journal of Criminology* 27(1): 144-159.
45. Reddy S (2020) Missing dockets and incomplete investigations hamper justice in Western Cape GBV cases. *Daily Maverick*.
46. Department of Justice and Constitutional Development (2022) Notice 807 of 2022 invitation for public comments draft regulations relating to sexual offences courts: Criminal law (Sexual Offences and Related Matters) Amendment Act 2007 (Act No.32 of 2007).
47. Mistek E, Fikiet MA, Khandasammy SR, Lednes IK (2019) Toward Locard's Exchange Principle: Recent Developments in Forensic Trace Evidence Analysis. *Anal Chem* 2 91(1): 637-654.
48. Ingemann-Hansen O, Charles AV (2013) Forensic medical examination of adolescent and adult victims of sexual violence. *Best Pract Res Clin Obstet Gynaecol* 27(1): 91-102.
49. Tiemensma M (2016) Current approaches to the management of adult survivors of sexual offences. *SAMJ* (106)11: 1071-1074.
50. Murphy-Oikonen J, McQueen K, Miller A, Chambers L, Hiebert A (2022) Unfounded sexual assault: Women's experiences of not being believed by the police. *J Interpers Violence* 37(12): 8916-8940.
51. Lonsway KA, Archambault J (2020) Improving Responses to Sexual Assault Disclosures: Both Informal and Formal Support Providers. *End Violence Against Women International*.
52. Public Comment Sought on Victim Support Services Bill (2020).
53. Dr Stella Perrott (2020) The decriminalisation of rape: Why the justice system is failing rape survivors and what needs to change.
54. Rumney NS, McPhee D (2023) Vulnerability, resilience, and rape: Uncovering the hidden work of police officers during rape investigations. *International Review of Victimology* 29(3): 366-384.
55. Sexual Offences Courts National Strategic Draft Plan, 2016-2020.
56. Jackson M (2021) Long delays for hundreds of rape cases, says report. *BBC*.
57. Rape Crisis England & Wales (2023).

58. Brooks-Hay O, Burman M, Bradley L (2019) Justice Journeys: Informing policy and practice through lived experience of victim-survivors of rape and serious sexual assault. SCCJR Research Report 04/2019.
59. Burman M, Brook Hay O (2020) Delays in Trials: the implications for victim survivors of rape and serious sexual assault. The Scottish Centre for Crime & Justice Research.
60. Champion H, Lock K, Puntan L, Hendra H (2021) Evaluation of Rape Survivors' Experience of the Police & other Criminal Justice Agencies. Criminal Justice Joint Inspection.
61. Waterhouse S, Artz L, Vetten L, Lalu V, Rezant B, et al. (2013) Submission to the Portfolio Committee on Justice and Constitutional Development on the Strategic Plans and Budget of the Department of Justice and Constitutional Development and the National Prosecuting Authority: Shukumisa Campaign, South Africa.
62. Legal Aid Society (2020).
63. Zia M, Shallum OR, Randhawa S (2021) Gap analysis on investigation and prosecution of rape and sodomy cases. Legal Aid Society, Pakistan.
64. Thuthuzela Care Centres Compliance Audit and Gap Analysis (2016) Thuthuzela Care Centre Compliance Audit and Gap Analysis. Report prepared for the United States Agency for International Development. Foundation for Professional Development.
65. If only sexual offences courts hadn't gone away (2013) Eyewitness news.
66. Ministerial Advisory Task Team on the Adjudication of Sexual Offences Matters (2013). Report on the re-establishment of sexual offences courts.
67. The Road to Justice-The rape trial. Rape Crisis Cape Town Trust (2019).
68. Know- your- rights- TCC [n.d.].
69. Service Delivery Charter [n.d.] Department of Justice & Constitutional Development.
70. Sonke Gender Justice [n.d.]
71. Ngulube A (2017) The role of the judiciary in safeguarding and ensuring access to criminal justice: The case of Zambia.
72. Mkhwanazi S (2024) Godongwana gives SAPS, SANDF billions to protect porous borders, fight crime - Budget 2024.
73. Commission for Gender Equality (2016) Fighting fire with(out) fire: Assessing the work of police stations in combating violence against women. Johannesburg: Commission for Gender Equality.
74. Vetten L (2015) It sucks/It's a wonderful service": post-rape care and the micropolitics of institutions'. Johannesburg: Shukumisa Campaign and ActionAid South Africa.
75. Jeongsuk K, Brittney Chesworth B, Franchino-Olsen H, Macy RJ (2021) A Scoping Review of Vicarious Trauma Interventions for Service Providers Working with People Who Have Experienced Traumatic Events. *Trauma Violence Abuse* 23(5): 1437-1460.
76. Shukhumisa (2017) A Critical Assessment of the Role of NGOs in the Delivery of Services to Sexual Gender Based Violence Survivors at Thuthuzela Care Centres.
77. George C (2024) SAPS to recruit 10 000 more police officers in a bid to tackle crime. *The Witness*, 2024.
78. Ballucci D, Drakes K (2021) Beyond convictions: Negotiating procedural and distributive justice in police response to sex crimes victims. *Victims & Offenders* 16(1): 81-98.
79. Wemmers J, Parent A, Lachance Quirion M (2023) Restoring victims' confidence: Victim-centred restorative practices. *International Review of Victimology* 29(3): 466-486.
80. Waxman C (2019) The London rape review: Reflections and recommendations.
81. Wangamati CK, Thorsen VC, Gele AA, Sundby J (2016) Post-rape care services to minors in Kenya: Are the services healing or hurting survivors? *International Journal of Women's Health* 8: 249-259.
82. Rokowitz S, Wagner K, Cooper R, Stevens L, Davies K, et al. (2024) A Systematic Review of Criminal Justice Initiatives to Strengthen the Criminal Investigation and Prosecution of Sexual Violence in East Africa. *Trauma Violence Abuse* 25(1) 813-827.
83. Alam SS (2017) Punishment in only 60 of 4541 rape cases. *The Daily Prothom*.
84. Duxbury L, Bardoeel A, Halinski M (2021) 'Bringing the badge home': Exploring the relationship between role overload, work-family conflict and stress in police officers. *Policing and Society* 31(8): 997-1016.
85. Dalton CT, Barrett S, Miranda A, Horvath H, Davies K (2022) A Systematic Literature Review of Specialist Policing of Rape and Serious Sexual Offences. *International Criminology* 2: 230-252.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/JFSCI.2024.18.555993](https://doi.org/10.19080/JFSCI.2024.18.555993)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>