

THE EXPERIENCES OF HELP RECEIVED BY CHILDREN IN THE
AFTERMATH OF RAPE

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DECLARATION

I declare that this research report is my own, unaided work. It is being submitted for the degree of Masters in Psychology, of the University of KwaZulu-Natal, Durban. It has not been submitted before for any degree or examination in any other university.

Alfred

10 OCTOBER 2007

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List of Abbreviations

1. NICRO - National Institute for Crime Prevention and Rehabilitation.
2. CSA – Child Sexual Abuse.
3. HSRC – Human Sciences Research Council.
4. SAHRC – South African Human Rights Council.
5. SAPS – South African Police Services.

ABSTRACT

The aim of the study was to explore and describe the experiences of children who have been raped. It is a known fact that children are raped every day in South Africa, but how the consequences are experienced by the child victims of rape is another matter. Specifically, the researcher wanted to determine whether these children receive the support that is their constitutional right and whether or not they are subjected to secondary victimization.

The sampling strategy employed was purposive sampling. This type of sampling was selected, as the researcher was looking for a particular type of participant, that is, children who had disclosed rape. The sample consisted of six female children between the ages of 5 and 17 years. Participants' parents were consulted for their consent at a counseling centre for abused children in Durban, where participants attended group counseling and individual sessions.

The data were collected by means of semi-structured interviews and analyzed using thematic analysis. Unstructured interviews were tape recorded and transcribed. These transcriptions were coded for descriptive themes and were analyzed using thematic content analysis.

The research findings suggest that children have mixed views regarding the quality of the help they receive; some had positive experiences and some had negative experiences. Despite the fact that most participants experienced a sense of being interrogated and had feelings of being not involved during discussions, two participants reported that although rape is an atrocious experience there were positive consequences for them. For example, getting attention from significant people in their lives was one of their positive experiences.

It was the experience of the researcher that there is a lack of research pertaining to the experiences of children who are rape victims, especially research focusing on the quality of support that rape victims ought to receive. Further research is recommended to clarify and measure the prevalence of typical feelings and experiences of children who have been raped.

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CHAPTER 1

1.1 INTRODUCTION

The purpose of this research was to explore the experiences of children after they have been raped. It was an assumption of the researcher that rape victims would suffer some degree of secondary victimization following disclosure of their abuse. Therefore it was important to examine the subjective experiences of rape victims in order to establish whether any secondary victimization is experienced at the hands of the service providers who are supposed to assist rape survivors. In South Africa, there have been no previous studies which have explored the experiences of child rape victims.

According to statistics provided by the National Institute for Crime Prevention and Rehabilitation (NICRO, 2002), it is estimated that only one in 20 rapes is reported to the police. On the basis of this estimate, it is calculated that one rape occurs every 83 seconds. The South African Police Services (SAPS) has recently presented an even bleaker picture when they suggest that one rape occurs every 35 seconds (Mail and Guardian, 17 August 2005).

Given the scope of the problem of child rape, new policies and procedures have been established to protect the rights of children and rape survivors. In spite of annual events which are held to educate society about violence against

women and children, child rape continues to threaten the fundamental rights of children. According to the Bill of Rights in the South African Constitution, a child's best interests are of paramount importance in every matter concerning the child and every child has the right to be protected from maltreatment, neglect, abuse or degradation. But what happens to rape survivors after they report their abuse to the authorities? Although numerous research studies have examined the prevalence of child rape, there has been no attempt to explore the lived experiences of South African rape victims.

1.2 DEFINITION OF TERMS AND CONCEPTS

The following definitions were used in the study:

- Rape : unlawful forced sexual intercourse without consent.
- Child abuse : any interaction or lack of interaction
: between a child and a person of authority
: which results in a non- accidental harm in a
: child's physical and /or developmental state.
- Child sexual abuse : involvement of children in sexual activities
: which they do not understand and have not
: given consent.

- Service providers : people who provide services to rape victims.
- Secondary victimization : further victimization of children by not providing required services.
- Rape survivors : people/children who have been raped.
- Children : any minor person under the age of 18.
- Community agencies : professionals who are providing services to rape victims.
- Trauma : an event which is perceived by an individual to be life threatening.
- Caregiver : a person taking care of a minor person.

1.3 OBJECTIVES

Although numerous research articles are available with regards to rape occurrence and its impact to rape victims, but no research has been conducted in South Africa which investigates the experiences of help children receive after rape. What are the expectations of children who are rape survivors regarding help that they ought to receive?

Therefore the research investigated the experiences of children from the point when they reported their cases to the police, to the point when cases reached the court of law. The researcher was interested in exploring the following: Are

the experiences of children negative or positive when they approach service providers? Do children benefit from consultation with community agencies?

1.4 RATIONALE FOR THE STUDY

No research has been conducted in South Africa regarding raped children's experiences when consulting community agencies (i.e. police, child protection units, medical institutions, child welfare and the department of justice). Therefore, it is important to conduct this research so that community agencies can be informed of their shortcomings in accordance with children's rights and that they respond to children's needs appropriately. It is also important to investigate if current laws, policies and procedures adequately meet the needs of children who are rape survivors.

1.5 ETHICAL CONSIDERATIONS

Ethical clearance for the research was obtained from the Ethics Committee of the Faculty of Community and Development Disciplines at the University of Kwa-Zulu Natal.

1.6 CHAPTER OUTLINE

In the following chapter, literature on child abuse and secondary victimization will be evaluated. Firstly, child abuse will be examined with the emphasis on child sexual abuse (CSA). Thereafter, secondary victimization will be explored, during which an evaluation of the services rendered by service providers will be made in accordance with the expectations of the relevant communities.

CHAPTER 2

2.1 LITERATURE REVIEW

2.1.1 INTRODUCTION

Research findings indicate that many South African children are affected by trauma because of high levels of violence which occurs both within the home and in the wider community (Lewis, 1999). Children as young as just a few months old are abused both by family members as well as by members of the community. A 1997 South African government report revealed that rape and the sexual abuse of children are increasing rapidly and are matters of critical concern. According to the South African Police Service (SAPS, 2002) statistical analysis of reported rape cases, the victim age group reflecting the highest rape ratio per 100,000 of the female population is the category of 12 to 17 year olds, (471.7 per 100000). In the context of such high levels of child sexual abuse in South Africa, it becomes important to view how sexual abuse and secondary victimization affect children. The literature has been divided into three main sections: understanding what CSA is and its effects, secondary victimization, and the role of those who provide services for rape victims.

2.1.2 WHAT IS CHILD SEXUAL ABUSE?

Sexual abuse is defined by Kempe and Kempe (1984 in Bagley and King, 1991, p43) as “the involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend and are unable to give informed consent to and that violate social taboos of family roles”. Bagley and King (1991) further state that children cannot give informed consent to sex with adults because they lack information about the full social and biological meanings of sexuality. Another definition, provided by Sgroi (1978 in Calder, 1999, p.11) defines child sexual abuse as: “a sexual act imposed on a child who lacks emotional, maturation and cognitive development”. Sgroi (1978 in Calder, 1999) further states that a child is lured into a sexual relationship based on the power and dominant position of the adult or older adolescent, which contrasts with the child’s age, dependency and subordinate position. It is authority and power which enables the perpetrator to implicitly coerce the child into sexual conformity. According to Faller (1988), most definitions of child sexual abuse include the following aspects:

- The child is sexually exploited by an adult.
- The exploitation is directed at the sexual gratification of the adult and can take various forms.

- The child is involved in sexual activities to which he/she cannot grant legal consent.
- The child's psychosocial level of development is ignored and disregarded, and the sexual transgression violates existing social and nurturing roles.

For the purpose of this research, the researcher will define CSA as a sexual act committed with a child by a person in a position of power over the child without the child's informed consent. Furthermore, rape will be defined as sexual penetration of minors without their informed consent which is characterized by an attack, assault, threats, intimidation, and aggression with the child being an object of hostility.

2.1.3 SPECIFIC TYPES OF SEXUAL ABUSE

To fully comprehend child sexual abuse and specific types of sexual abuse, a distinction between contact and non- contact sexual abuse can be made. Milner (1998, p. 149, in Richter, Dawes Higson-Smith, 2002), describes contact sexual abuse as "abuse that involves any form of physical contact during the commission of a sexually abusive act, ranging from non genital and genital touching to vaginal or anal sexual intercourse". According to Orton (1997),

contact abuse includes oral genital contact, attempted or actual intercourse or sodomy, and attempted or actual rape.

Milner (1998 cited in Richter 2002), describes non-contact sexual abuse as sexually abusive acts which may range from exhibitionism to being a non-contact agent in the use of children in pornography or prostitution. Orton (1997) provides specific examples of non-touching sexual abuse which include: removing bathroom and bedroom doors so adults can observe the child bathing and toileting and the child can observe the sexual activity of parents, disrobing in front of the child and many other forms of exhibitionism.

According to Faller (1988), there are various types of sexual abuse. They include the following:

- a) Non-contact sexual abuse where the abuser does not touch the child.
 - Sexy talk, in which the abuser makes statements regarding the child's sexual features.
 - Exposure, for an example masturbating in front of the victim.
 - Voyeurism, in which the perpetrator achieves sexual gratification when the victim undresses.
- b) Sexual contact, including frotteurism, that is, when the perpetrator gets gratification by rubbing his private parts against the victim.

Sexual contact also “includes any touching of the intimate body parts” (Faller, 1988 p. 13), like the private parts of the child.

- c) Oral-genital sex: this act includes the perpetrator kissing, licking and sucking the victim’s genitals.
- d) Inter-femoral intercourse whereby the perpetrator places his genitals between the victim’s thighs to obtain gratification.
- e) Sexual penetration: four types are noted for child abuse (Faller, 1988):
 - Digital penetration, where fingers are used.
 - Penetration with objects
 - Genital intercourse
 - Anal intercourse
- f) Sexual exploitation according to Faller (1988) is when the child is exploited but the perpetrator has no direct contact with the child e.g. child pornography.
- g) Sexual abuse in combination with other abuse. This type of abuse is used in conjunction with other abuses which may include physical abuse and verbal abuse (Faller, 1988).

Summit and Kryso (1978, in Bagley and King 1991) present a 10 point spectrum for clinical analysis of child sexual abuse. According to Bagley and

King (1991), the categories that they have used are similar to those used by Bagley (1969). These categories include:

- a) Incidental sexual contact, which is unplanned.
- b) Ideological sexual contact, where adults encourage sexual exposure thinking that it will benefit the child's development.
- c) Psychotic intrusion, where an adult suffers from confusion.
- d) Sub-cultural environment where there are cultural value contradictions.
- e) Endogamous incest, where a father chooses to eroticise the relationship with the daughter.
- f) Misogynous incest, where the relationship is characterized by hatred or fear.
- g) Imperious sexual abuse, where men act out their authority.
- h) Paedophilic abuse, where there is an erotic fascination with children.
- i) Child rape, where the abuser needs to feel power and is violent towards the child.
- j) Perverse abuse, which is the most bizarre and destructive with emphasis on multiple partners and ritualistic torture.

2.1.4 PEOPLE WHO MOLEST CHILDREN

Geizer, (1979, in Everstine and Everstine 1989) state that most sexual offences involving children are perpetrated by men. Finkelhor (1982, in Everstine and Everstine, 1989) provides some factors which play a role in the socialization of men which may help in understanding the aetiology of this phenomenon:

- The first fact that Finkelhor (1982) provides is that men, unlike women, learn early in life to distinguish between sexual and non - sexual affection while men are not given opportunities to practice nurturing and to express dependency needs except through sex. Therefore, when men need affection and are feeling dependent, there is a possibility that they will look for sexual gratification even if it is inappropriate. Women, on the other hand, will be able to satisfy such needs without sex coming into context.
- Another factor mentioned by Finkelhor (1982; 1987) is that men grow up to perceive heterosexual success as important to their gender identity. When they experience some failures in life, men are likely to reconfirm their adequacy by proving their manhood, even if it is with a child.
- The third factor stated by Finkelhor is that men are socialized to be able to focus their sexual interest around sexual acts isolated from the

context of a relationship and therefore could experience arousal because the partner, even though a child, has the right kind of genitals.

- Lastly, Finkelhor (1982, 1987) states that men are socialized to see their appropriate sexual partners as persons younger and smaller than themselves. “It is less of a contortion for a man to find a child sexually attractive, because it is merely an extension of the gradient along which his appetites are already focused” (1982, pg 101).

2.1.5 THE PREVALENCE OF RAPE

Rape and child sexual abuse (CSA) are not a uniquely South African problem but a global problem. In a study conducted by Magid, Houry, Koepsell, Ziller, Soules and Jenny (2004), it was estimated that in America one in five women will be sexually assaulted during their life-time. In America, between 1974 and 1991, it was found that there was a 60% increase in the incidence of sexual assault victims presenting for emergency medical care (Magid et al, 2004). Another issue noted by these researchers is that there are an increasing proportion of rapes involving oral and anal intercourse and that physical trauma in sexual assaults is also increasing. Dawes, Borel-Saladin and Parker (2004) maintain that it is difficult to obtain a precise estimate of the extent of child abuse although media reports suggest that the incidence of sexual abuse

is escalating. It is also important to note that police do not collect rape or child abuse data but they keep records of reported crimes; therefore, it is not possible to give numbers or indicate the prevalence of child abuse (Dawes et al, 2004). The shocking statistic is that only 10% of reported rape and attempted rape cases in South Africa in 2001 resulted in a conviction (Dawes et al, 2004).

2.1.6 CONSEQUENCES OF RAPE

According to Combrinck and Skepu (2003) if one wishes to fully comprehend and appreciate the consequences of sexual assault for the victim, it is important that rape and other forms of sexual assault should be understood as a traumatic event. Combrinck and Skepu (2003) perceive rape not just as unwanted sex but also as a highly traumatic experience, especially for children. Combrinck and Skepu (2003) state that in the aftermath of rape, rape victims complain of insomnia, nausea, startle responses, and nightmares as well as dissociative or numbing symptoms.

Orton (1997) states that there are extreme cases of sexual torture, such as being raped by the entire family, being violated with foreign objects placed in the penis or vagina or the rectum, or being subjected to extreme pain and

terror. These acts are known to contribute to severe mental illness and dissociative identity disorders (Orton, 1997).

According to Jewkes, Levin, Mbananga and Bradshaw (2002), child rape violates human rights and causes immediate and long term health problems for the child. In the 1998 South African Demographic and Health Survey, the frequency of rape was assessed in a nationally representative sample of 11 735 women aged 15- 49 years. It is found that 1.3% of the women interviewed reported rape before the age of 15.

Women sexually abused in childhood are at an increased risk of chronic and severe health conditions in adulthood (Weaver, Chard, Mechanic and Etzel, 2004). Burgess and Holstrom (1979 cited in Combrinck and Skepu 2003), state that rape victims experience terror and a pattern of psychological reactions which they termed the Rape Trauma Syndrome. Ledray (1999 in Combrinck and Skepu, 2003) distinguishes the following four general phases of response to rape:

- Shock and disbelief.
- Confusion, fear (including fear of seeing the rapist again), depression and anger.
- Resolution and coping.

- Long term adjustment.

For children it is believed that it is harder to deal with these responses as they lack the cognitive skills required to deal with the rape. Another aspect of rape is that it is under reported (Everstine and Everstine, 1989). Orton (1997) states that children who are forced into sexual relationships with a parent are robbed of developmentally appropriate sexuality. Such children are deprived of normal interactions with their peers, as they keep the rape to themselves because of a fear of non-supportive disclosure. Noll, Horowitz, Bonanno, Trickett and Putnam (2003) state that sexual assault and rape may teach a child an inappropriate repertoire of sexual behaviours in addition to confusion regarding sexual morality.

2.1.7 SOCIAL PERCEPTIONS OF RAPE

It is important to understand how people view victims of rape. Such attitudes are frequently characterised by victim blaming. Attitudes toward rape seem to be linked to traditional gender role stereotypes, in particular those related to sexual behaviour (Acock and Ireland, 1983, in Frees, Moya and Megias, 2004). Social tolerance of rape has several extremely important consequences for the victim, as she is more likely to blame herself for the assault, which then has an important impact on her recovery (Everstine and Everstine, 1989).

2.1.8 DISCLOSURE

“A supportive reaction to children who disclose abuse cannot be taken as a given” (Collings, in Mail and Guardian, 2005). Parents react in different ways, some of which further traumatize the child. There is evidence that 25% of parents who are non-offenders are not supportive of their children’s disclosure of rape, 31% are partially supportive and 41% are fully supportive (Collings, in Mail and Guardian, 2005). For such reasons, many children choose not to disclose that they have been raped.

Carey (2005) provides the following reasons for children failing to disclose:

- Fear of further abuse.
- Fear of disintegration of the family.
- Pressure from the perpetrator to keep the abuse a secret.
- Child’s perception that abuse was her fault or that she provoked the abuser.
- Staying in the same house as the perpetrator and being isolated from people who might help the child.
- Poor self-esteem and shame.
- Use of drugs which might alter awareness.

According to Bolen and Lamb (2004), there is often uncertainty on the part of non-offending guardians as to how to respond on becoming aware of the sexual abuse of their child. Such guardians often fail to respond appropriately, with non-supportive reactions to disclosure making it difficult for children to disclose.

Support from non-offending guardians after disclosure of their child's sexual abuse is a significant concern in the child sexual abuse literature for a number of reasons. Children of more supportive non-offending guardians have more optimal outcomes (Williams & Finkelhor, 1993). Elliot and Carnes (2001) found that most mothers partially or fully believed their children's disclosures and were therefore partially or fully supportive.

Brookes and Higson-Smith (2004) state that a study conducted by the Human Sciences Research Council (HSRC), revealed that children have difficulty in disclosing to both teachers and other adults including their parents. They state that for children to be at ease with adults the following three factors are required:

- Adults should take the disclosure seriously.
- Adults should recognise the child's need for privacy.
- Adults need to be perceived as able to do something.

It is unfortunate that some adults interpret children's disclosure as an attention-seeking ploy or as an excuse for truancy, and hence hinder children's ability to disclose the abuse. In these instances molesters go free.

2.1.9 SECONDARY VICTIMIZATION

Holmstrom and Burgess (1978 cited in Combrinck and Skepu 2003), state that rape does not end with the departure of the perpetrator. The processes involved in the reporting of the case, the medical examination, follow-up counselling, and court procedures can be equally devastating for the victim. Combrinck and Skepu (2003) describe the phenomenon of secondary victimization as *the unsympathetic, disbelieving and inappropriate responses that victims of sexual assault experience at the hands of society in general and at each stage of the criminal justice process* (p.11). Such responses which are often based on stereotypical perceptions of rape and on perceptions of how rape victims should behave, serve to exacerbate the effects of sexual assault on the victims. Williams (1984 cited in Campbell and Raja 1999), defines secondary victimization "as a prolonged and compounded consequence of certain behaviours; it results from negative, judgmental attitudes (and behaviours) directed toward the victim, which results in a lack of support, perhaps even condemnation and / or alienation of the victim" (p.67).

2.1.10 ARE RAPE VICTIMS RE-VICTIMISED?

Since this proposed study will focus on the experiences of children after they have been raped (i.e. when they and their care-givers consult service providers who are meant to assist them to overcome their traumatic experiences), it is essential to explore how service providers are able to assist the victims of rape. To date, rape victimology literature has focused primarily on assessing the prevalence of rape and its impact on developing effective therapeutic interventions (Campbell et al., 1999). A growing body of research suggests that communities deny rape survivors help, and when they do receive help, the help may often leave them feeling re-victimized. Such negative experiences have been termed “the second rape” or secondary victimization by Williams (1984, in Campbell et al. 1999).

To date no research on the experiences of children after rape has been conducted in South Africa, except for the study conducted by Suffla in Gauteng. In this study Suffla (2001) investigated the after-care services available to adult women who are rape survivors at 26 medico legal centres and found that the system was increasingly engaged in developing and improving service delivery, but she states that the medical and legal agencies remain flawed. Suffla (2001) further states that according to the South African Human Rights Council (SAHRC), there are findings that imply that sexual

violence against women and children occurs because the criminal justice system is hostile towards women and children which further traumatizes them. Most of such studies have been conducted in other countries, and tend to involve adult women rather than children.

According to Campbell et al. (2001), there is limited research on secondary victimization, but the research which has been conducted has concentrated on victims' experiences with the legal and medical systems. In the 2001 study, Campbell and her colleagues expanded the capacity of the research to consider multiple community systems, instead of concentrating on the legal and medical, but also mental health, rape crisis centers and religious institutions.

Available research suggests that rape survivors may experience victim-blaming treatment from system personnel. Some of the research on rape myth acceptance suggests that systems personnel may be treating victims in an unacceptable manner. When police, prosecutors, judges and doctors are questioned, many are found to demonstrate victim-blaming attitudes, such as believing that women provoke rape and that they often lie about the occurrence of rape. Campbell (2001) also states that rape myth acceptance does not necessarily constitute or produce secondary victimization but reports of victims' accounts have indicated that a substantial number of survivors have been directly told by service providers that their accounts were not believable

or credible, and even in the absence of such direct communication, many women still feel doubted in their interactions with system personnel.

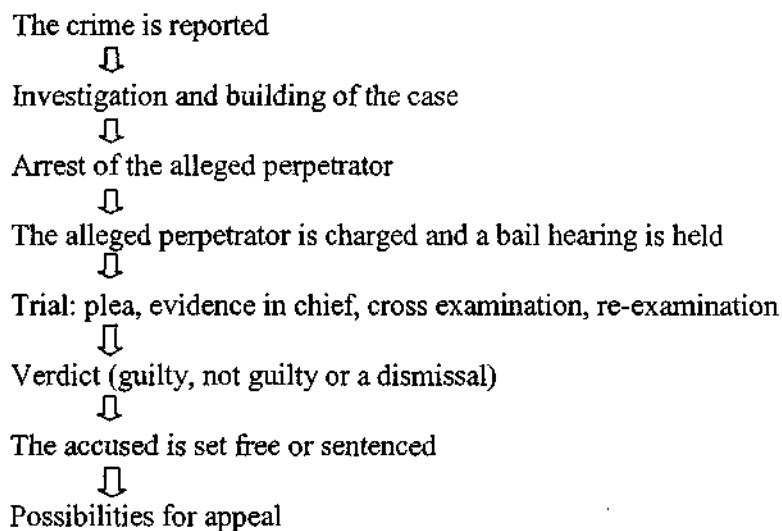
Another study conducted in America (Logan, Evans, Stevenson and Jordan, 2005) examined issues of affordability, availability, accessibility and acceptability with regards to services rendered to rape survivors. Focus groups were held in which the women discussed nine areas of services that they expected. Those areas were:

- Services participants they thought were available to help them with rape experiences.
- Services participants they thought were available to help them immediately after the incident.
- Services to help them cope.
- Positive and negative experiences that they had.
- Barriers that kept women with sexual assault experiences from using health and mental services.
- If they had reported the crime and their experiences thereof.
- Received police negative and positive attitudes towards the women.
- Criminal justice experiences that they experienced.
- How the services could be improved.

The findings of the study revealed that issues of affordability, availability and accessibility of services for rape victims impacted on the acceptability of the services rendered.

2.1.11 AN OVERVIEW OF THE LEGAL PROCESS

An overview of how rape cases are reported is provided below:



Adapted from Lewis (1999)

2.1.12 DO LEGAL PROCEEDINGS RE-TRAUMATIZE CRIME VICTIMS?

Serious psychological consequences have been linked to secondary victimization of victims in criminal trials (Davis, Taylor & Lurigio, 1996 in Orth & Maercker 2004). Epidemiological studies show that the prevalence of post-traumatic stress disorder is high among victims of violent crimes.

It is a matter of controversy that attendance at trials of perpetrators frequently leads to severe psychological stress among crime victims (Lewis, 1999).

However, occasionally it is stated that trials could be traumatizing for the crime victims involved (Orth & Maercker, 2004). In particular, reference is made to victim testimony, which requires detailed recall and the report of the traumatic event as well as to the frequency of victim blaming by judges or defenders (Orth & Maercker, 2004).

2.1.13 BAIL HEARINGS

Combrinck and Skepu (2003) endeavoured to reduce secondary victimization of sexual assault victims by ensuring that their interests are adequately represented during bail hearings. In their study, focus group discussions with counsellors were held to obtain information about the experiences of their clients. They held workshops with magistrates, prosecutors and police officials

as well as with representatives from various non-governmental organisations working in the area of sexual assault in order to investigate these structures to treat rape victims with sensitivity and to avoid secondary victimization. Even though such endeavours have occurred, research still shows that women, and especially children, still suffer in the hands of the above service providers when cases of rape are presented in court (Combrinck & Skepu, 2003).

2.1.14 LEGAL SERVICES

Secondary victimization may occur not only because of what service providers do, but because of what they fail to do. A study by Campbell (1998) found that even for survivors who had the assistance of a rape victim advocate, 67% had their legal cases dismissed, and in more than 80% of cases this decision was made by legal personnel and contradicted the victims' wishes to prosecute the assault. In the South African context, this matter could even be worse as the majority of people in this country cannot afford legal fees. For those rape victims who are able to obtain desired services, it is not known if this assistance is actually helpful. Campbell (2001) states that the procedures of legal prosecution are often harmful to women's well-being. Furthermore, Campbell (2001) found that rape victims, whose cases were prosecuted, were more distressed than those whose cases were not prosecuted. If the

perpetrators of sexual abuse and rape are not prosecuted, more and more women and children will suffer from sexual abuse. By contrast, Frazier and Haney (1996 in Campbell and Raja, 1999) found that survivors held positive attitudes toward investigating officers but were frustrated by the overall response of the criminal justice system. According to Campbell et al. (1999) most rape survivors never get their day in court and only 25% of reported rapes are accepted for prosecution, 12% of defendants are actually found guilty, and 7% of all cases result in a prison term. These findings suggest that the type of help offered to some rape victims by the legal system may not be perceived as help but instead may be experienced as stressful and traumatic.

The results of a study on preventing the "Second Rape", conducted by Campbell et al. (2001) revealed substantial gaps in legal and medical service delivery. Ethnic minority women and victims of non-stranger rape are at particular risk of experiencing difficulty when trying to obtain needed services. In addition, many survivors reported that their contact with system personnel during the provision of services was hurtful in its own right. Thus preventive interventions must also address how service providers treat victims who come forward for assistance. Based on these findings, three preventive approaches are recommended:

- Increased involvement in service provision by rape crisis centers;

- Increased training for all service providers; and
- Development of coordinated care service programmes.

Orth and Maercker (2004) list the following as aspects that cause secondary victimization in a court of law for the victims:

- The long wait in between the report of crime and the day of the trial, which might be remanded a number of times.
- Victim's experience of being blamed for the crime.
- The court decision being perceived as outrageous.
- Negative assessments of procedural justice.

A study by Logan, Evans, Stevenson and Jordan (2005) concluded as follows:

Availability

- There were limited police services available to give the expected assistance to survivors of rape, especially for rural residents.

Accessibility

- There are areas that police are reluctant to service.
- Police are incompetent and cannot prioritize and appreciate the urgency of the CSA.

2.1.15 MEDICAL SERVICES

A similar picture has emerged for the medical system where some women expressed that they were not informed of health risks they will encounter after the rape (Campbell and Raja, 1999). In another study, 55% of rape victims surveyed revealed that women were not given information on HIV testing and one third did not receive information about other sexually transmitted infections (Schultz, 2000). Most rape victims are not advised about pregnancy and STD/HIV risk during the emergency room medical examination, and only 20% receive information about the health effects of sexual assault (Campbell and Raja, 1999). Victims wanted these services, but system personnel did not provide them. These difficulties in obtaining needed resources may be another factor contributing to the secondary victimization of rape survivors. The same picture has emerged from a study by Logan, Evans, Stevenson and Jordan (2005), who investigated barriers to services. In this study, respondents revealed that there were limited health care services, especially in the rural areas where clinics are not accessible at certain times because they close. It was also found that victim services were non-existent in rural areas and survivors had no one to turn to if they need assistance.

2.1.16 PSYCHOLOGICAL EFFECTS

Another study of community services for rape survivors conducted by Campbell et al. (1999) found that sexual assault has widespread effects on women's psychological and physical health and, as result, rape victims may contact several community agencies for assistance such as legal, medical, and mental health services. Services provided by the systems are often difficult to access and are potentially stressful for rape survivors. In addition, Campbell et al. (1999) maintain that rape is not only a criminal event but also a health risk. As a result, many rape survivors turn to the medical system for assistance to obtain a physical examination, to detect and treat injuries, for the collection of forensic evidence, for screening and treatment for sexually transmitted infections, and for pregnancy testing and prevention. Despite these diverse medical needs, research suggests that many survivors are not receiving adequate care. Even if rape survivors are able to obtain needed medical care, there have been concerns expressed in the literature that the services themselves may be quite traumatizing. The physical intrusiveness of the rape examination procedures often leave many women feeling violated and re-raped (Parrot, 1991, cited in Campbell et al., 1999).

The services provided by the medical system, like those offered by the legal system, may provide assistance to some rape survivors but, for others, may

actually increase trauma. Another area of concern identified by Campbell et al. (1999) is the area of mental health workers. They state that because of the trauma associated with rape, mental health workers are also called on to help victims. However, not all mental health practitioners use established successful techniques and some feminist therapists have argued that traditional psychotherapy may be victim blaming (Campbell, 1999). In the South African context, both the health and the legal systems have been found to be flawed though some work has been done to improve them (Combrinck and Skepu, 2003).

The study by Campbell et al. (1999) found that rape is quite devastating to women's psychological and physical health. Campbell et al. (1999) states that some rape victims have positive experiences with social systems. Nevertheless, for many other survivors, particularly victims of non-stranger rape (which is more common than stranger rape), contact with social systems add to their trauma (Campbell et al., 1999). According to Campbell et al. (1999) most women who had contact with the legal and / or medical systems manifested at least two secondary victimization behaviours. It was also found that most commonly, system personnel have informed the victims that their stories were unbelievable or even that their cases were not serious enough to pursue in courts (Campbell et al., 1999).

The majority of the mental health professionals in the study conducted by Campbell and Raja (1999) believed that rape victims could be further traumatized by their contact with community professionals. For example, therapists tend to agree that the behaviours and practices of community health professionals could be harmful to rape survivors (Campbell and Raja, 1999). An analysis of interaction between victims and social systems may uncover ways to promote a communication response that is psychologically beneficial to victimized women.

In other research conducted by Wasco, Campbell, Howard, Mason, Stags, Schewe, and Riger (2004), the services used by rape survivors in Illinois (United States of America) were evaluated to ascertain the extent to which service providers were effective in the services that they provide. The results of the study show that some evaluation methods were not appropriate for crisis intervention, such as hotline and advocacy services, and it was also found that clients were not happy with the services which they were receiving. Another study, also conducted in United States of America by Logan, Evans, Stevenson and Jordan (2005), examined the barriers to services for rural and urban survivors of rape. In this study, the utilization of health and mental services by survivors of rape was found to be low because both were not accessible for the survivors of rape. Tjaden and Thoennes (2000 in Logan et al, (2005) established that 31% of women reporting rape had a rape-related

injury and only 6% of those women had been able to receive medical care. In the same study, it was found that between 16%-39% of victims had the strength to report to the police services what had happened to them and the majority was too scared to report rape.

2.1.17 MOTIVATION FOR THE STUDY

From all the sources that were consulted, it is apparent that children need to be protected from the hands of molesters. What is more important is that if the child has had an experience of suffering abuse, it is important that the child gets all the services that she deserves. According to the Bill of Rights in the South African Constitution (1996) a child's best interests are of paramount importance in every matter concerning the child and every child has the right to be protected from maltreatment, neglect, abuse or degradation. In most cases children cannot fight for themselves but their liberation from persons who abuse them requires studies such as this one which are designed to reveal whether children suffer at the hands of the service providers. From the studies consulted, it is clear that some rape survivors are not satisfied with community agencies and the services that that they provide. It is also clear that secondary victimization is prevalent. According to Schultz (2000) who reviewed the

study conducted by Campbell and Raja (1999), the personal beliefs and behaviors of social service workers are sources of secondary victimization:

- Belief in rape myths that blame the victim for the assault and which result in providers voicing doubt about the authenticity of victims' accounts.
- Neglecting to offer or outright denial of important services such as pregnancy testing, informing rape survivors about HIV/AIDS and other sexually transmitted diseases, and legal prosecution of the sexual assault.
- The performance of services in ways that leave victims feeling "violated and re-raped" or which otherwise damage victims' psychological well being.

2.1.18 CHAPTER OUTLINE

In the following chapter, a theoretical framework is discussed in order to understand the experiences of the victims of CSA.

CHAPTER 3

3.1 THEORETICAL FRAMEWORK

3.1.1 INTRODUCTION

It is important to investigate the experiences of rape victims and how they are affected by secondary victimization. There are some theories which attempt to explain the experiences of rape victims. The theory selected in this research project on child sexual abuse is based mainly on the work of Bronfenbrenner (1995).

3.2 AN ECOLOGICAL APPROACH

The model proposed by Townsend and Dawes in Richter et al (2004), is multifaceted as it looks at individual, societal and environmental factors associated with CSA. Bronfenbrenner calls the same theory the ecological systems theory. In this study, Bronfenbrenner's theory will be used to understand the experiences of rape victims and how they experience secondary victimization. According to Bukakto & Daehler (2001), Bronfenbrenner studied the relevance of children's social environment through his approach of the ecology of human development where he describes and studies the impact of children's environment without losing the importance of children's individuality. For example, this theory will investigate each system and how

children are treated in different systems. Bronfenbrenner also saw the influences of heredity and environment as interacting hence there was no need to argue whether one level was more important than the other (Bukakto and Daehler, 2001). Each of these is discussed independently, though the factors overlap. Included in the discussion of this theory is a diagram which seeks to simplify the model.

One of Bronfenbrenner's major theoretical contributions has come from his comprehensive portrait of the environment, which are the ecological forces and systems that exist at several different but interrelated levels (Bukakto and Daehler, 2001). According to this theory, at the centre, is the child's biological and psychological make up, including the child's cognitive capacities and socio-emotional predispositions. This first level is called the level of ontogenic development, which refers to the characteristics that adults bring to the family setting and their roles as parents (Gil, 1996).

The child's biological and psychological makeup continues to be affected and modified by the child's immediate physical and social environment. The settings in the level of micro-systemic include the home and the members of the household, social and educational circumstances. In terms of secondary victimization and child sexual abuse, the victim experiences victimization

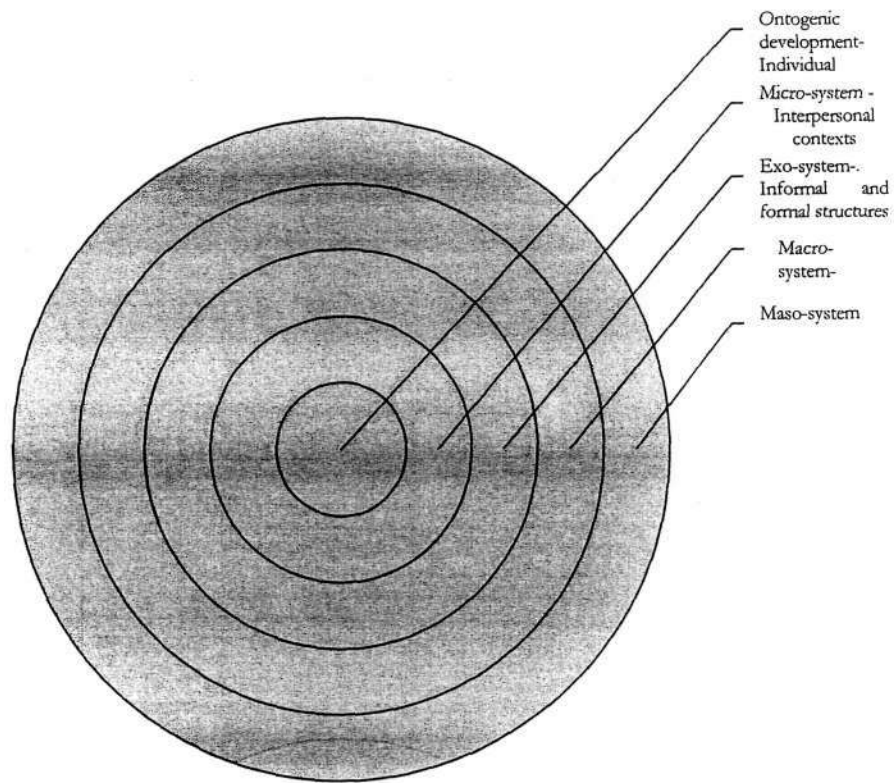
within the home, if parents are non supportive, when other family members are blaming the child for the abuse and when the child is not given support and stigmatized in the school by other children and the school community.

The next level called the micro-system includes the many relationships among the various settings within the level of ontogenic development. For example, the relationships amongst family members and the members of the community. In some cases where a member of the community has raped a child especially in Black communities, a person who is believed to have taken one's virginity has to pay damages by giving the family a cow (Magwaza, 1997 in Townsend and Dawes, 2004). Therefore, the victim's feelings are never considered and this shows how much communities are not educated about secondary victimization.

According to Brofenbrenner (1995 in Bukakto and Daehler, 2001), social, economic, political, religious and other settings in which the child is not personally involved but that directly bear on those who interact with the child can impact on the secondary victimization of the rape survivor. These wider contexts make up the exosystem. Since children are seldom part of their parents work environment, a parent who encounters difficulties at work may bring frustrations home and express them through angry exchanges with the

members of the family. This is worsened if the child has to disclose sexual abuse as the parent's problem would be doubled and thus the parent could fail to support the child.

The broadest context is the macrosystem, which includes the spiritual and religious values, legal and political practices, ceremonies and customs shared by a cultural group. Cultural beliefs about child rearing, the role of schools and family in education, tolerance for different cultures, and the ethical and moral conventions of a society affect the child both directly and indirectly. For example, Magwaza (1997 in Townsend and Dawes, 2004) state that non consensual sexual relations are tolerated by Nguni cultures in South Africa if the abuser pays the family for the damages (*ukuqhoyisa*).



Multi-level model of risk factors that influence CSA (Adapted from Townsend and Dawes in Richter et al (2004).

3.2.1 SECONDARY VICTIMIZATION AT THE MACROSYSTEMIC LEVEL

The macro-system represents the cultural values and beliefs that impinge directly or indirectly upon the ontogenic development of individual members, the micro-system, and the exosystem. Of particular relevance at this level are society attitudes toward violence, corporal punishment and the status of children. At this level, it is therefore important to explore how secondary victimization is experienced by rape victims.

Victims of rape have to deal with the reactions of their parents, siblings, relatives, neighbours, community members and then the service providers after disclosure and the reporting of the case. This is a long process for the rape victims. At the macro-system, the major secondary victimization is culturally orientated. Children have no voice in terms of their feelings and all decision-making because African culture does not allow children to be assertive toward adults; instead assertiveness is regarded as disobedience. For example, if a child from a rural area is raped, culturally the crime is not committed against the child but against the family. This has long term implications because when bride price (*lobola*) is paid one cow is subtracted when a woman is not a virgin (Magwaza, 1997 in Townsend and Dawes, 2004). Thus secondary

victimization may not be an event which occurs after rape but may involve a process which has long-term implications.

3.2.2 SECONDARY VICTIMIZATION AT EXO-SYSTEM LEVEL

As the exo-system encompasses the informal and formal social structures including all the areas where rape victims obtain assistance, these are investigated as to whether there is secondary victimization or not. Therefore, the services offered by the medical staff and legal systems will be discussed. There is some evidence which suggests that service providers often deny rape survivors help, and when they do receive help, the help may often leave them feeling re-victimized (Campbell, 2001).

In the research conducted by Campbell (2001), it was established that when police, prosecutors, judges and doctors were questioned, many were found to demonstrate victim-blaming attitudes, such as believing that women are to blame for the rape and that they often lied about being raped. Though Campbell (2001) states that rape myth acceptance does not necessarily constitute or produce secondary victimization but victims have indicated that a substantial number of survivors have been directly told by service providers that their cases were not believable or credible, and sometimes such attitudes are directly communicated, but many women still felt doubted in their interactions with service providers

Furthermore, rape survivors experience secondary victimization when they have to go to court and especially when the case is remanded a number of times. It is stated that trials could be traumatizing for the rape victims (Orth & Maercker, 2004). In particular, reference is made to victim testimony, which requires detailed recall and the report of the traumatic event as well as to the frequency of victim blaming by judges or defenders (Orth & Maercker, 2004). Children are traumatized more because of their lack of language skills. It takes a long wait and a long process for rape victims before the perpetrator is finally put behind bars, if the alleged perpetrator is finally convicted. Campbell (2001) states that the procedures of legal prosecution are often harmful to women's well-being. Furthermore, Campbell (2001) found that rape victims, whose cases were prosecuted, were more distressed than those whose cases were not prosecuted. This proves that legal prosecution process causes secondary victimization.

In terms of the medical staff, secondary victimization is experienced by rape survivors when it comes to information given by the medical staff. The following are rape victims' experiences at the exo-system level:

- A study of rape victims revealed that women were not given information on HIV testing and were not given information about other Sexually Transmitted Infections (Schultz, 2000).

- Most rape victims were not advised about pregnancy and STD/HIV risk during the emergency room medical examination, and only 20% received information about the health effects of sexual assault (Campbell and Raja, 1999).
- Victims wanted health services, but system personnel did not provide them. The difficulty in obtaining needed resources is another factor contributing to the secondary victimization of rape survivors (Campbell and Raja, 1999).
- Rape survivors revealed that there were limited health care services, especially in the rural areas where clinics are not accessible at certain times because they close (Campbell and Raja, 1999).
- Victim services were non-existent in rural areas and survivors had no one to turn to if they needed assistance (Campbell and Raja, 1999).

3.2.3 SECONDARY VICTIMIZATION AT THE MICROSYSTEMIC LEVEL OF INTERPERSONAL RELATIONSHIPS

Relations within the family system play a significant role. Lewis (1999) states that adults need to focus on supporting the child in a non-blaming way, believing and protecting the child and emphasising the child's strengths and ability to recover from the trauma of CSA. According to Carter and Parker (1991) CSA victims fear to report CSA because of the fear of public authorities especially the Child Protection Unit (CPU). They further state that if the mother was already involved with CPU and does not want to lose the custody of the abused children, they then keep the rape within the family. This has devastating results for the victim because the mother would decide not to report the abuse and the child will feel re-traumatized.

Within the family relationships some parents blame the victims for the removal of the offender and in such cases the victim blames herself for that. Wright in Patton (1991) states that victims are blamed for the marriage break-ups even if the relations had already broken down even before the girl was abused by the father or even a relative. Many women prefer to keep the crime of incest a family secret in order to avoid family stigmatisation by the wider community (Guma & Henda in Richter et al., 2004). Therefore, it becomes very difficult for a girl to live in such circumstances if adults feel that the

family will look differently if CSA has been reported is known by the community.

Continuing with secondary victimization at the micro system, Brookes and Higson-Smith (2004) further state that a study done by the Human Sciences Research Council (HSRC) revealed that children have difficulty in disclosing to both teachers and other adults including their parents. They state that for children to be at ease with adults, adults should be trustworthy.

3.2.4 SECONDARY VICTIMIZATION AT THE ONTOGENIC DEVELOPMENT

At the individual level, rape victims feel re-traumatized because of the obstacles that they face. The obstacles that rape victims face at this level are influenced by secondary victimization at other levels. According to Everstine and Everstine (1989) one of the experiences of children after rape is the lack of support which leads to mistrust. As children grow they have an assumption that the world is a good place and they will not be harmed. When they are raped, these assumptions are often shattered and lose trust in others.

Another source of confusion that children who are rape victims struggle with is the question of “why did this happen to me?” Adolescents tend to be

narcissistic and egocentric and view causality in terms of themselves and hence land to self-blame (Everstine and Everstine, 1989). This dilemma is worsened by lack of support in the family and society. If the community and everybody around them blame them for what happened to them and they are likely to resort to self-blame.

The devastating experience of the aftermath of rape involves a sense of loss of personal integrity or wholeness, especially for adolescents, since they are in a stage of development where they have a deep need to perceive themselves as whole and separate people (Everstine and Everstine, 1989). According to Everstine and Everstine, there are three situations in which bodies of human beings are penetrated against their will, i.e. when they are shot, stabbed and raped. Therefore it is common for victims to feel fragmented and disorientated caused by disruption of territorial boundary.

3.3 SUMMARY OF THE THEORETICAL FRAMEWORK

In summary, the ecological approach was employed in order to gain insight into the experiences of children who are CSA victims. The approach examines the experiences of children from the individual level which is called the micro-system. The factors examined at this level investigate how children experience the shame and stigma attached to the rape experience from within them, trust

issues, self-blame for the occurrence of the rape and some sense of loss which is caused by being violated.

With regards to the exo-system, the interpersonal context was examined where the family members and their reactions have an impact on the CSA experience. When a victim of CSA discloses feelings of victimization, it is important that she gets appropriate responses and corresponding support from the family members. If not, then the person will likely experience secondary victimization (Campbell and Raja, 1999). Therefore, reactions and responses of others after disclosure are examined as experiences of CSA victims. At this level sometimes the rape perpetrator is a member of the family, giving rise to conflicts in the family and the victim is then further traumatized by such conflicts. At some stage the perpetrator has to be removed from the home and the victim is blamed for that. Therefore, the systems were explored in order to determine how CSA victims experience secondary victimization.

3.4 CHAPTER OUTLINE

In the following chapter, the research methodology is discussed, the strategy of inquiry is outlined, and the sampling type and sample size are described. Finally participants, data collection, and the procedure followed in the research are discussed.

CHAPTER 4

4. METHODOLOGY

4.1 INTRODUCTION

The purpose of this study was to investigate the experiences of child rape victims after their abuse in order to determine, whether they received the necessary services that are essential after rape. The aim of this study was to describe the extent to which secondary victimization occurs in child rape so as to evaluate the impact of the services rape victims received. Therefore it was important to ascertain through this study the programmes dealing with rape survivors are evaluated. Potter in Terre Blanche and Durrheim (1999) state that programme evaluation is being done in South Africa but to a less extent if a comparison is made to other countries.

The study is descriptive in nature as the aim of the study is to describe the experiences of children who are rape survivors after they have reported the incidence of rape as well as their experiences of secondary victimization at the hands of the police, prosecutors, child protection unit, medical personnel and the courts.

4. 2 STRATEGY OF ENQUIRY

This study was conducted within the domain of qualitative research. Denzin and Lincoln (1994) define qualitative research as being multi-method in focus and involving an interpretive, naturalistic approach to its subject matter. Furthermore, Denzin and Lincoln (1994) state that qualitative methodology attempts to understand thoughts, feelings and emotions by getting to know people's values, beliefs, symbols and emotions. This method produces a wealth of detailed information and is capable of capturing the richness of the learners' experiences in their own words. Qualitative researchers therefore aim to describe, make sense of, interpret, or reconstruct phenomena in terms of the meanings that the subjects attach to it (de Vos, Strydom, Fouche and Delpont, 2002).

The researcher decided to employ a qualitative approach for the following reasons. First, the researcher is interested in phenomenon for which the relevant variables have yet to be identified. At present there is insufficient research that provides information concerning the effects of secondary victimization among rape survivors, especially children. Thus the researcher had to rely on the experiences and descriptions that the children in this research gave concerning their experiences of rape and secondary victimization.

Second, a qualitative research approach was selected, as this approach is primarily exploratory and descriptive in nature (Mouton and Marais, 1991). According to York (1998), it is useful to conduct an exploratory study when the researcher has limited knowledge about a given subject or wants to develop a new perspective on it. The present study was exploratory since very little is known about how child rape victims experience secondary victimization.

Since the primary aim of descriptive research is to question people about themselves, their attitudes and experiences (de Vos, Strydom, Fouche and Delport, 2002), such an approach is in accordance with the primary aim of the present study; that is to describe how children experience rape and how they are treated after reporting the rape.

In summary, qualitative research allows for both in-depth assessment and analysis of the issue being researched as well as enabling the investigation of sensitive issues such as how parents react to their children's disclosure and how children feel about their parents' reaction when they disclosed that they have been raped. According to Patton (1991) decisions regarding research design, measurement, analysis, and reporting all flow from the purpose of a study. Therefore, in this study the design was appropriate because the purpose

was to determine whether children who are rape victims experienced secondary victimization.

4.3 SAMPLING

Purposive sampling was employed. This type of sampling was particularly appropriate, as the researcher was looking for particular types of participants (child rape victims).

4.4 PARTICIPANTS

Participants for this study consisted of six African girls attending a counselling centre which provides counseling for children who have been raped. The centre is situated in Durban. All participants attend counselling at a crisis centre and they have reported their cases to the police. Therefore, children were identified by the fact that the study concentrated on cases that had been reported and the availability of the caregiver to bring the child for an interview.

Some alleged perpetrators are awaiting dates for trial and some have gone to court. Those that were found guilty have been convicted. The children are brought to the centre by their caregivers. The ages of the participants varied from 5 to 17 years. No pre-determined age group was established due to the fact that rape occurs across all ages of girls. Some children in the sample had

been raped as early as below one year old. Participants came from poor socio – economic backgrounds while others were from foster homes. The participants’ level of education was between pre-school and grade 9.

Data were obtained from interviews which were held with six children. Interviews were tape recorded and transcribed. All six transcripts were used for the analysis of the data. For purposes of anonymity, the participants will be referred to using numbers (1-6).

TABLE 1 – DESCRIPTION OF PARTICIPANTS

Child No.	Age	Race	Grade	Gender	Form of abuse
1	8	Black	1	F	Intercourse
2	13	Black	4	F	Intercourse
3	11	Black	5	F	Intercourse
4	8	Black	3	F	Intercourse
5	5	Black	R	F	Intercourse
6	13	Black	7	F	Intercourse

4.5 DATA COLLECTION

Qualitative data can be collected in a number of ways. The qualitative method used to collect in this study was the interview technique. Specifically, unstructured interviewing method was employed. Unstructured one-to-one interviews are also referred to as in-depth interview (De Vos et al, 2002). Unstructured interviews are reasonably informal interviews which have no definite research schedule, and often employ open-ended questions as a primary means of obtaining information (De Vos et al, 2002). The unstructured interview technique was selected for this study for two primary reasons. First, it is suited to explore fully the issues surrounding rape. Second, it provided the researcher with the flexibility to establish the meaning of the answers given by the participants, by probing for more information and clarifying the answers.

4.6 PROCEDURE

The procedure by which the interviews were administered was as follows: the researcher visited the counseling centre where caregivers were personally informed of the study. Caregivers were given a consent form as well as a refund of traveling expenses. The reason for money given to caregivers was two-fold i.e. traveling reimbursement as well as an incentive for participation in the research.

It was stressed in the consent form, as well as verbally before the interviews, that they can withdraw at any point if they felt uncomfortable. The caregivers were also informed that participation was voluntary. Furthermore, caregivers were given a letter which explained the aims of the study and various ethical considerations, such as confidentiality and anonymity (see Appendix A).

The following initial procedure was adopted:

- Approach the people responsible at the crisis centre to inform them of the commencement of the study.
- Meet with the caregivers to discuss the consent form to be signed as well the parameters of confidentiality, as the tape recorders were used and the intended format of publication of the research results.
- Interview the children/ caregivers in order to gain insights as to whether their cases have gone to court or not, and find out which service providers have they have had consultations with.

Interviews with children were conducted individually. Appointments were set prior to interviews with caregivers. Each participant was called to one of the offices which were used as an interviewing room. The researcher then invited the participant into the office where firstly the researcher attempted to establish a comfortable environment by enquiring about the participants' wellbeing. This was followed by the researcher presenting the game to be

played with the rape victim to break the ice as well as to enable the participants to explore their feelings. The game was played as follows:

- Three bottles with faces were presented. One face was a happy face, another sad face and the last face was a face that was neither happy nor sad. The bottles were of different colours. A happy face was green; a sad face was red and in the between face was yellow.
- Small plastic balls were to be deposited inside the bottle to depict the feeling of the child. For example if the child was feeling sad about talking about the rape, she would deposit a red plastic ball into the red unhappy face bottle. For each and every feeling invoked the child would put a ball into the appropriate bottle.
- Placing one ball in the bottle meant that the feeling is experienced only a little, two balls meant more and three meant very much more.

As an introduction to the interview, the children were asked about three things that made them happy. They were also asked to mention any two or three things that did not invoke any feeling (neither felt sad nor happy). Lastly, the children were asked about what made them sad.

After the game had been played and the child had relaxed and felt at ease with the researcher, questions about the rape were asked. Such questions

were asked in order to investigate what rape meant to the children and how they described their experiences.

The next category of questions was around disclosure, how the children disclosed the rape or how it was revealed that the child was raped. The intention of these questions was to establish if disclosure had been supportive.

The last category of questions dealt with the services that the rape victims had received after the rape. These questions were asked in order to explore if the children experienced secondary victimization.

4.7 TRANSLATION AND TRANSCRIPTION PROCEDURES

Data were obtained from interviews which were held with six children. Interviews were tape recorded and transcribed. An experienced translator who spoke the same language as the participants listened to the tapes and translated the transcripts into English from IsiZulu. All six transcripts were used for the analysis of the data.

4.8 CHAPTER OUTLINE

In the next chapter, the thematic analysis of the data described.

CHAPTER 5

5. DATA ANALYSIS AND RESEARCH FINDINGS

5.1 INTRODUCTION

The present findings were obtained using unstructured interviews, as explained in Chapter Three. The names of all the interviewees have been withheld to ensure anonymity.

As outlined in the introductory chapter, the general aim of this study was to investigate the experiences of children who are rape victims. This study was therefore designed to measure the extent to which rape victims suffer from secondary victimization from community agencies who are supposed to be helping them after their rape ordeal.

5.2 DATA ANALYSIS

The study relied on qualitative data analysis. According to Terreblance and Durrheim (1999) there are several analytic traditions that are classified under interpretive analysis, for example phenomenology, grounded theory, and thematic analysis. The information gathered from the interviews was analyzed using Thematic Analysis. According to York (1998) the basic task of thematic

provide logical responses of participants
analysis is to reduce words to themes that have meaning to the observation of the occurrence which is being studied. Thematic analysis is an appropriate device to use when doing a qualitative study which requires words rather than numbers to be analyzed due to the fact that it extracts themes from a broad quantity of verbal data (Mouton & Marais, 1991).

The analysis and interpretation of qualitative data should be distinguished by researchers (Patton, 1991). Patton further states that when researchers are analyzing data, there should be some order. This is done by organizing the data into patterns and identifying relationships and the links among the descriptive dimensions. In contrast to data analysis, interpreting data refers to the progression of attaching meaning and significance to the analysis, for example by illuminating relationships and connections.

Breakwell, Hammond & Fife-Shaw (1997) state that organizing data involves being faced completely with uncategorized data. The major task is to look for patterns in the data. Therefore, the researcher should engage in careful observation, which leads to the detection of connections and patterns in the data. The patterns and themes emerge from the data rather than having been developed prior to the data collection phase (Breakwell, Hammond & Fife-Shaw, 1997).

The unstructured interviews were tape recorded and transcribed. The transcriptions were coded for descriptive themes and were then analyzed using thematic content analysis. Relationships between themes from individual interviews were arranged in codes and themes. Thereafter the themes that emerged from the interviews were analyzed.

5.3 LIMITATIONS OF THEMATIC ANALYSIS

Thematic analysis like any other form of analysis has limitations. According to Berg (1995) one of the limitations to using thematic analysis effectively in research is the researcher's projection. Thus the stronger the researcher's beliefs or theory, the more the researcher will be tempted to project his/ her values or conceptualisation of the events onto the participants. Therefore, the researcher should guard against projecting their ideology onto the data.

5.4 THEMATIC ANALYSIS

The following guidelines were followed in order to analyze the data (Creswell, 1998):

- Reading through all the transcripts in order to get a sense of the whole.
- Listing all the topics that the participants have highlighted and clustering them into possible sub-themes.

- Coding the sub-themes and themes. This was done by recognising recurring words, phrases and themes within the data.
- Identifying major themes which encompass a number of various sub-themes.
- Returning to the transcripts to highlight specific lines from the participants that support the themes which have been identified.

Each transcript was first analysed individually, after which analysis took place across all the transcripts.

5.5 DATA VERIFICATION

It is important to ascertain whether the study is reliable and valid. Therefore the researcher employed Guba's model of trustworthiness, to ensure reliability and validity (de Vos, et al., 2002). According to Guba (1985, in De Vos, et al., 2002) four aspects can be identified as being necessary to ensure trustworthiness: truth value, applicability, consistency and neutrality.

Truth value determines the confidence of the researcher in finding the truth based on the research design, informants and contexts. Truth value was established through the strategy of credibility. The fact that the researcher has

some experience in conducting qualitative research as well as the presence of a research supervisor, aided in ensuring credible findings.

Applicability refers to the degree to which the finding can be applied to other contexts and settings or with other groups. Applicability is established through the strategy of transferability. One way the researcher attempted to make the study more applicable was doing a literature control study. By doing the literature review, the researcher was able to explore other similar studies on the topic and examine whether other studies had similar findings to the present study.

Consistency of data refers to whether the findings would be consistent if the enquiry was replicated with the same subjects or in a similar context. One attempt to make the data consistent was to provide a detailed description of the research method so that it would be relatively easy for other researchers to replicate the present study.

Neutrality refers to the degree to which the findings are a function solely of the informants and the conditions of the research and not of other biases, motivations and perspectives. The researcher ensured neutrality by confirming

with the participants through paraphrasing, reflection and summarizing what they meant.

5.6 ETHICAL CONSIDERATIONS

Ethical clearance for the research was obtained from the Ethics Committee of the Faculty of Community and Development Disciplines at the University of Kwa-Zulu Natal. The researcher obtained informed consent from the caregivers and participants before conducting this study. Informed consent implied that the following were clearly stated:

- The aims of the study.
- The procedures followed during the study.
- Possible advantages and disadvantages.
- Dangers to which respondents may have been exposed, and
- The credibility of the researcher.

The researcher also informed the participants that they could withdraw from the investigation at any time. Other issues that were a primary ethical consideration were re-traumatization and anonymity. The researcher was

careful in ensuring that the study remained anonymous as well as that respondents were not retraumatized. If there were any suspicions that there was re-traumatization, counselors were available to counsel the children. In the study, participants were required to disclose personal information. The researcher, before conducting this study, informed them of the oath to uphold all information as personal and confidential.

5.7. THEMES

As was mentioned in Chapter 4, the following questions were asked to obtain participants' response:

- What was worrying to the child?
- How they felt about being raped/ abused?
- Who they disclosed to and how they disclosed?
- The treatment/ attitudes rape survivors received when they disclosed or reactions of people to whom disclosed towards CSA survivors.
- Children's experiences with disclosure.
- Experiences with service providers.
- Positive and negative experiences.

The responses to the above questions were grouped into themes, thereafter into categories and finally subcategories (see Table 1).

The codes represent the statements made by participants during the semi-structured interviews. These statements are grouped into sub-categories, categories, and themes. The numbers (1, 2, 3, 4, 5 and 6) refer to the various participants.

In analysing the data, three major themes emerged: 1) feelings that rape victims had after the rape 2) experiences of rape and 3) the treatment received after the rape. Within the themes, there are categories and sub-categories.

The first theme, (feelings that rape victims had after the rape), has two categories, which are negative and positive. The second theme, (experiences of rape), also has positive and negative categories. The last theme, (the treatment received after rape, also had positive and negative categories.

5.7.1. THEME 1: THE TREATMENT EXPERIENCED BY THE RAPE VICTIMS

Themes	Categories	Sub-categories	Codes	Units	
The treatment experienced after the rape	Positive	1)Attention	1) My teacher was more kind to me.	1, 2, 3, 4, 5 & 6	
			2) My friend shared her secrets with me, after I told her about the rape.	3	
			3) The neighbours condoned the fact that I reported the incident.	2	
	Negative	1)Lies	2)Proceedings Intimidating	1) Police said the perpetrator will be arrested if he rapes someone again.	6, 4
				1) I did not like it in hospital ask to undress.	4
				1) Blamed by other members of the family for putting the alleged rapist in prison.	3, 4
				1) Shunned at the clinic, was not believed even though she had sores in her private parts.	1, 6
				1) Excluded from decisions taken, informed to go and play outside while adults were	3

			discussing	
			2) Police did not speak to me.	5, 6
			3) Social workers spoke to granny.	1
		6)Interrogation	1) Interrogated at court as well as by social welfare.	2
		7)Disappointment	1) Disappointed as the perpetrators had not been arrested.	3, 4
			2) "We just sat at hospital".	6
			3) "I wanted my mom to be with me and I was unhappy that she was not".	1

Table 2

5.7.2 TREATMENT EXPERIENCED BY THE CHILDREN AFTER RAPE

Many children indicated that they were either not involved in the discussions which were taking place after they disclosed the rape or were not informed about what was going to occur. Everstine and Everstine (1989) concur with the above statement when they state that even when children were informed of certain issues, they were promised things that did not materialise. For example Child 2 expressed that she was promised that the alleged rapist was going to be arrested if he raped somebody else: (*"Amaphoyisa athi azombopha*

mayedlwengula futhi"), which was not an issue because the law had already been broken.

Children number 2, 3, 4, 5 and 6 all expressed that, at some point, they felt excluded. Child 3 was upset when she and her grandmother went to the Social Development Department where the social workers spoke to her granny and she was told to go outside and play. This occurred in all the organisations that children were taken to after the rape. It was interesting to note that rape is described as a traumatic experience but with Child 4 the rape was not as important as the loss of her parents, especially her mother. The interview was stopped for a long time because she was crying about the loss of her mother and being stigmatised by relatives who were frustrated that she reported the crime, and by being called an orphan. Children were satisfied with the services that they received from the service providers but most children felt that they were being cross-examined, in such a way that even in counselling they did not like to talk about the rape. Child 2 expressed that though she liked coming to the counselling centre (because she had made friends with other rape victims and they were given toys to play with), she did not like counselling because she had to talk about the rape (*"kungiphatha kabi ukutshela abantu ukuthi ngadlwengulwa"*).

5.8.1.2 THEME 2: CHILDREN'S FEELINGS

Themes	Categories	Sub-categories	Codes	Units
Participants feelings	Negative	1) Shame	1) It hurts to talk about the rape.	2
		2) Hurt	1) Hurt because the culprit's mother witnessed but did tell them to stop.	6
		3) Neglect	1) "My mom did not take me to hospital. She was not working, but I had to go with my dad".	2
	2) "I do not stay with my mom".		3	
	Positive	1) Happiness	1) I am happy because he is in prison.	1, 3,

Table 3

Two out of the six children expressed that they had disclosed to their mothers, while four children disclosed to whoever was available because their mothers were unavailable for them (and therefore they felt neglected). It is evident from the above that it was important for children to have their mothers around them. Even those who disclosed to their mothers, waited until the mothers returned from where they had gone. Child 2 said she waited until mother

returned (*“ngamtshela ngesikhathi esefikile”*) and child 6 also informed her mother about her ordeal. It is perceived from what children said that it was very important for them that their mothers be there for them. For example, when child 2 expressed that the clinic personnel were good to her, she was sad that her mother was not with her (*“ngangifuna umama abe khona ngesikhathi bengihlola”*). Another important issue which emerged regarding disclosure is that children were told by caregivers not to disclose to other people, because of concerns regarding shame. Lewis (1999) states that the child should not be made to feel judged or blamed for the rape. When children are told to keep rape a secret this means that rape is still a taboo and the message conveyed by parents and adults is that rape should be kept secret. Keeping CSA undisclosed contrasts with what some children expressed: children 2, 3, 4 and 6 all expressed that when they disclosed to their educators in school, they were sympathetic and caring towards them. Child 3 revealed that she also disclosed to her friend that she was raped and this had made their friendship grow stronger as the friend also shared the private information with her that she had been physically abused at her home by being beaten by a shambok: (*“ngatshela umngani wami naye wayesengitshela ukuthi uyahlukunyezwa washaywa ngemvubu wavuvukala isandla”*).

5.8.1.3 THEME 3: PARTICIPANTS' EXPERIENCES

Themes	Categories	Sub-categories	Codes	units
Participants' experiences	Negative	1)Pain	1) It was painful to be raped.	1,2 ,3,4, 5 & 6
		2) Blame	1) I was blamed for playing away from home.	5,6
			2) I was blamed for lying about the rape and making my cousin to be arrested.	4
	Positive	1)Relief	1) Presence of my mother	5
			2) I enjoy coming to the centre and playing with the toys.	3
		2)Bond	1) My foster parents are good to me, they buy me new things.	3

Table 4

The participants' experiences ranged from positive to negative. All the children expressed that it was painful for them to be raped as well as

to talk about the rape. Child 1 and 4 were the most difficult to deal with. Child 1 had problems talking about the rape, she was crying most of the time and she then said that her feet were painful. Child 4 was more affected by the fact that her parents were dead and that she was staying with her grandfather. The other sub-category that emerged from the interviews was that of blame instead of support for the victim. Landis (1956 cited in Everstine and Everstine, 1989), states that children who are victims of rape are more severely damaged emotionally than victims of other sexual abuse. Child 1 was very young (in the foundation phase in school), and it was difficult for the researcher to establish whether her crying was caused by the trauma of rape or the trauma of secondary victimization.

5.8 CONCLUSION

It is evident from the results of this research that appropriate support from all stakeholders for rape victims is important and indispensable. It is clear from what the children indicated that they have experienced secondary victimization and therefore it is the duty of service providers and parents to not further traumatize the children by taking cognizance of the children's needs after rape and CSA.

5.9 CHAPTER OUTLINE

In the following chapter, the research results are discussed and interpreted and limitations of the study as well as recommendations are presented.

CHAPTER 6

6. DISCUSSION

6.1 INTRODUCTION

This study was mainly concerned with the extent to which rape victims experience secondary victimization. The researcher was interested in exploring the following: Are the experiences of children negative or positive when they approach service providers? Do children benefit from consultation with community agencies? The study investigated how children are treated after they have been raped and how they feel about the whole ordeal of rape. The study also assumed that although South Africa has good policies which are expected to protect the rights of children, these policies do not seem to be able to achieve what they are designed to achieve because policies and laws do not stop child sexual abuse. Lastly, this study suggests that children need to be listened to, so as to find out what is troubling them; therefore, caregivers need to consider the feelings of rape victims. Furthermore, all service providers should listen to children and render the services as required of them.

The ecological model was used to understand the extent of secondary victimization, which rape victims experience at different systemic levels. The researcher used the ecological approach to investigate whether children experience secondary victimization. For example how children were treated by

family members after rape disclosure (i.e. in the micro-system), or how rape victims are perceived by the community after the child has reported the crime of rape.

6.2 DISCUSSION OF THE RESULTS FROM THE THEMES

6.2.1 SECONDARY VICTIMIZATION AT MICROSYSTEMIC LEVEL

The findings of this study indicate that secondary victimization of rape victims still occurs, even if it is not intentional. Children 5 and 6 were not initially believed, although Child 6 eventually developed sores in her genitals, (*“Abangikholwanga eclinic ukuthi ngidhwenguliwe kodwa ngavela izilonda ngaphansi”*). Child 5 reported during the interview that when they were playing with the alleged rapists, and were eventually raped, the mother of one of the boys witnessed the rape and ignored it which shows the tolerance of rape crimes in some communities. At the exo-system, the health care workers ignored Children 5 and 6 and told them to go and play outside and did not believe them because the alleged rapist were almost the girls ages’ but Child 6 later developed a Sexually Transmitted Infection later.

Though the main intention of this study was to find out how secondary victimization affects rape victims, participants also revealed issues that were very important to them, for example Child 4 was more affected by the fact that she was staying with her grandfather because her parents were deceased. The feelings of Child 4, indicates that children have no voice and their feelings are hardly acknowledged. Another participant revealed that a painful experience was being removed from home to stay with relatives and a change in school because the alleged rapist had not been arrested (Child 3). Caregivers were not aware that removing the child from her home to another place was re-victimizing and had to make new friends in a new school. Though this removal from home had good intentions from the parents side, it caused more distress to the child as she felt isolated in the new environment and she missed being with her family.

Another aspect of secondary victimization at the micro-systemic level is the disbelief of non-parents when rape victims disclose their rape. According to Bolen and Lamb (2004) there is uncertainty in belief, behaviour and affect of non-offending guardians on discovering that their child has been sexually abused. Such reactions by parents make it difficult for children to disclose and they are therefore affected more psychologically. An example of this is when

it was discovered that Child 2 was raped; she was beaten when she disclosed the rape. Such experiences are consistent with what Bronfenbrenner states in his ecological theory (1995), where he states that the child's psychological make up is affected by the social environment. In this case the child may have difficulties in trusting adults who fail to protect her when she has been violated and could affect the child's well being for the rest of her life. Thus participants may have experiences of self-blame and a sense of worthlessness.

6.2.3 SECONDARY VICTIMIZATION AT EXOSYSTEM LEVEL

One of the questions this study intended to answer was whether the experiences of rape victims were positive or negative. It is common knowledge that rape is traumatic but there are some beliefs that from traumatic experiences people learn and achieve something (i.e. they become stronger and resilient). It is for this reason that the researcher wanted to establish whether there were any positive experiences from the rape and if the children were treated well by the community agencies that they consulted after the rape. Four out of six participants had positive experiences with parents as well as with their educators in school who treated them well after they had disclosed the rape.

The participants' experiences varied from negative to extremely negative. One participant expressed that she did not disclose to anybody because she was too scared (Child 2). Lewis (1999) concurs with the above when she states that the way in which the adult responds during disclosure can have an important effect on the traumatized child. She further states that the child learns from the adult's response whether they are perceived as guilty and responsible, or as brave and courageous for surviving the trauma. Such problems faced by rape victims occur at the exo-systemic level, where the child is not directly involved in decisions which affect her. In this study, not one participant was informed by the health care workers about either HIV/AIDS or other Sexually Transmitted Infections. Therefore all participants experienced some degree of secondary victimization at this level.

6.2.4 SECONDARY VICTIMIZATION AT MACROSYSTEMIC LEVEL

Do children who are rape survivors benefit from the community agencies after they have reported the rape (i. e. do they necessary help after rape)? A challenge for research on secondary victimization is that the emotional trauma of rape may leave many victims reluctant to discuss their experiences with mental health services (Campbell et al. 2001). They further state that those

with negative experiences may be particularly hesitant to participate in research studies. None of the participants in this study was informed by health practitioners of health risk factors. This concurs with the study conducted by Campbell and Raja (1999) which stated that women expressed that they were not informed of health risks they could encounter after rape. Similarly in a study conducted by Shultz (2000), it was found that 55% of rape victims revealed that they were not given information about HIV testing. Therefore, at this level again, it should be stated that there should be rules that categorically state that all rape victims whether young or old should be informed about health risk factors or how rape will impact on them.

The study by Campbell et al (1999) found that rape is quite devastating to women's psychological and physical health. Some rape victims have positive experiences with social systems, and their involvement with community facilities. Nevertheless, for many other survivors, particularly victims of non-stranger rape (which is more common than stranger rape), contact with social systems adds to their trauma. Most rape survivors who had contact with the legal and / or medical systems experienced at least two secondary victimization behaviours (Campbell et al, 1999). Most commonly, system personnel informed the victims that their stories were unbelievable or even that their cases were not serious enough to pursue in courts. This was an experience for children 5 and 6 whose stories were not believed because they

were raped by boys who were almost their age. In this case the alleged perpetrators were non strangers and the experiences of non-belief were devastating for Children 5 and 6. The perpetrators were neither punished nor rebuked and to the girls it was like the boys did not do anything while they suffered. This again demonstrates that there is still so much that should be done at this level to minimize secondary victimization.

6.3 LIMITATIONS OF THE STUDY

A fundamental criticism of qualitative research is that it is subjective (de Vos, 2002). The data obtained from the interviews were the opinions of the participants. Due to the fact that the study focused on actual rape victims, the subjective opinions of the participants can be viewed as relevant. Furthermore, not only was the research sample relatively small, but the qualitative nature of the study did not allow for the results to be generalized to the broader population. However, the research can be viewed as providing the basis for future research and within the qualitative framework.

In addition, the researcher became aware of further limitations, of the research. It is important to consider these limitations when the results of this study are considered.

6.3.1 EXPRESSIVE LANGUAGE BARRIER

Participants were young girls who had been traumatized at some stage and therefore there were communication barriers (language translation and emotional literacy), which were a hindrance. The other hindrance was that the participants were children and therefore could not really find the correct words to express themselves. The third problem is that all the participants were Zulu speakers and it was often difficult to translate their feelings into English.

6.3.2 RACE

The researcher and the participants shared the same gender and the same race and the present research could not determine if the results would have been different if this had been different.

6.3.3 SOCIAL DESIRABILITY

The researcher is aware of the fact that the positive experiences reported by the participants may be a result of their need to please (social desirability).

6.3.4 SAMPLE SIZE

The sample size of six participants could be denoted as a small sample. A larger sample could have resulted in richer data.

6.3.5 PERSONALITY TRAITS

Children 1 and 5 experienced difficulty in expressing themselves due to the fact they found the interviews intimidating. Due to this fact, it was not easy to deal with them as both their interviews had to be stopped for a long time whilst they were being calmed. As was stated earlier, a study conducted by Campbell et al. (2001) state that a challenge for research on secondary victimization is that the emotional trauma of rape may leave many victims reluctant to discuss their experiences with researchers. They further state that those with negative experiences may be particularly hesitant to participate in research studies. This suggests why some participants had difficulty in sharing their experiences.

6.3.6 SUBJECT

The subject of rape is a difficult and sensitive issue to discuss. Two participants were informed by family members not to disclose to anyone. Un-disclosure of rape and CSA convey the notion that rape is a taboo or an issue that should be kept undisclosed.

6.4 RECOMMENDATIONS

The researcher is of the opinion that the limitations of this study were outweighed by the ability of the research study to 1) explore the feelings and experiences of young children who are rape victims, 2) extend other studies

conducted in exploring all the systems where secondary victimization is experienced by rape survivors and not only concentrating on the micro-system, 3) perhaps initiate other research studies that would include a bigger population and 4) investigate better processes of dealing with rape victims, especially considering things that are regarded as important by children who are victims of CSA (e.g. involving them in the decision making and keeping them informed of the proceedings).

6.5 CONCLUSION

In conclusion, it could be stated that the interviews were effective due to the fact that most participants indicated that though it was painful to talk about the rape, they felt grateful that they had talked to people who were helping them. There was one child who expressed that she does like going to counseling sessions. Only two participants felt that they would not like to share their experiences.

With regards to the treatment after the rape, all participants indicated that they were treated badly in certain ways. For example, Child 3 was physically punished as she was blamed for the rape.

The participants' experiences varied from negative to extremely negative. None of the participants in this study were informed by health practitioners of

health risk factors. Child 3 was upset when she and her grandmother went to the Social Development Department where the social workers spoke to her granny and she was asked to go outside and play. One participant expressed that she did not disclose to anybody because she was too scared.

With regards to the feelings the rape victims, all participants had both negative and positive feelings. Sometimes service providers would inform the victims that their stories were unbelievable or even that their cases were not serious enough to pursue in courts. This was an experience for children 5 and 6 at a clinic whose stories were not believed because they were raped by boys who were almost their age.

Although some of the findings of the research were not entirely in accordance with the rationale of the study (which was to investigate whether community agencies or service providers are providing rape victims with necessary services after rape and to inform them of the shortcomings in accordance with children's rights). It is important that service providers respond to children's needs appropriately after CSA. Various other positive outcomes were reported by the children. Children reported the issues that were important for them,

therefore adults have to take cognizance of such issues and become sensitive to the needs of rape victims.

6.6 IMPLICATIONS OF THE STUDY

The theoretical framework used in this study suggests that the child's well-being and development is influenced by the systems i.e. micro, exo and macro systems within which he/she exists. Therefore the implications for this study are that if the systems are not functioning efficiently and in the best interests of the child, the child's well being and development is negatively affected, including children who are victims of abuse. Furthermore the above implies that further research needs to be conducted to investigate better processes of dealing with rape victims, especially considering things that are regarded as important by children who are victims of CSA, (e.g. involving them in the decision making and keeping them informed of the proceedings). Quantitative research is recommended to clarify and measure the prevalence of typical feelings and experiences of children who have been raped.

6.7 REFLECTIONS OF THE RESEARCHER

It was an assumption of the researcher that rape victims suffer some degree of secondary victimization following rape and disclosure of their abuse. Though the researcher had such assumptions, but as a student psychologist she ensured that her feelings towards rape victims do not influence the responses of the children. Therefore the quality of the data and the results of this study were not tempered with.

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APPENDIX A

INFORMED CONSENT FORM

I, Lindelani Itabor from the School of Psychology at the University of Kwa Zulu – Natal (Durban Campus) will be conducting research on the experiences of children in secondary victimization, under the supervision of Professor S. Collings. Parents of respondents and respondents are made aware of the following:

1. The nature and purpose of the study: that the research will be in the form of unstructured interviews whereby children will be interviewed individually. The purpose of the study is to investigate the experiences of secondary victimization after the children have reported rape to the police and how they were treated by the police, medical staff and the court system. If the children had experienced secondary victimization, where did they experience it and then the systems need to be informed of their short comings and therefore correct the short comings.
2. Participation in the study is voluntary.
3. Responses from the interviews will be treated with strictest confidentiality.
4. There will be limits on confidentiality under the following conditions:
 - All information gathered will be discussed with the supervisor of the research project and the counselors at the foundation if necessary.

- If any information which may harm the child or any other person, is revealed, that information will be passed to the parents/ or authorities but will first be discussed with the child.

5. Anonymity will be ensured by not using the names of children and their parents.

6. Participants are free to withdraw from the research at any time during the process of the research without any negative or undesirable consequences to themselves.

7. Parents will be offered an unspecified amount of money for transport, and an incentive for their participation in the study, depending on the availability of funds.

Having read the above conditions I _____, legal parent/ guardian of _____, hereby consent to allow my child to interviewed and /or undergo therapy.

If you have any questions, please feel free to ask either me or my supervisor, Prof. S. Collings, at 031- 2602612/ 031- 2602414 during office hours.

Name of parent: _____ Parent/ Guardian Signature:

_____ Date: _____

Researcher's Signature _____ Date:

Supervisor's Signature _____ Date:

Date: _____

APPENDIX B

PROTOCOL OF UNSTRUCTURED INTERVIEWS

1. How do you feel about the fact that you reported the rape?

2. Who did you tell first?

3. How did the police respond when you reported the rape to them?

4. Did you go or were you taken to clinic or hospital?

5. Did you undergo any medical examination?

6. How did you feel about the medical examination?

7. How did the nurses and doctors treat you?

8. How do you feel about talking the rape? Give reasons.

9. Did anyone in the hospital or clinic inform you about HIV/AIDS?

10. Were you given anti-retroviral treatment or any kind of treatment?

11. If not were any reasons given?

12. Do you feel that other people are judging you? If yes, how or what
have they said?

13. Has the case gone to court? If yes, how was it like?

14. If not, what has delayed it?

IMIBUZO EYABUZWA KUMA INTERVIEWS

1. Uzizwa unjani ngokuthi wabika emaphoyiseni?

2. Watshele bani kuqala?

3. Amaphoyisa akuphatha kanjani ngesikhathi uwabikela ngokudlwengulwa kwakho?

4. Waya noma ukhona owakuyisa emtholampilo noma esibhedlela?

5. Bakuhlola esibhedlala?

6. Zakuphapha kanjani izisebenzi zasesibhedlela/ noma emtholampilo?

7. Uma zingakuphathanga kahle zenzani noma zathini?

8. Ukhona owakuchazela nge HIV nengculazi?

9. Bakunikeza amaphilisi okuvikela ingculazi ne HIV?

10. Uzizwa unjani uma ukhuluma ngokudlwengulwa kwakho?

11. Uke uzwe sengathi abantu bayakwehlulela?

12. Uma kuyiqiniso, obani futhi benzani?

13. Icala ngabe selaya enkantolo?

14. Uma selaya, ngabe kwakunjani?

15. Uma lingakayi, libanjwe yini?

IFOMU LOKUNIKA IMVUME

Mina, Lindelani Itabor ovela esikoleni sengqondo yase nyuvesi yakwa Zulu – Natal (Ophikweni lwaseThekwini), ngizokwenza ucwaningo mayelana nokuhlukumezeka kwezingane zamantombazane ezihlangabezana nako emuva kokubika ukundlwengulwa kwawo. Lolucwaningo ngizolwenza ngaphansi kuka Njingalwazi S.Collings. Abazali bezingane ekuzokwenziwa ngazo ucwaningo nazo izingane baziswa ngalokhu okulandelayo:

1. Uhlobo nenjongo yocwaningo: Ucwaningo luyokwenziwa lube nemibuzo engahleliwe, eyobuzwa ingane ngayinye ngayinye. Injongo yalolucwaningo ukuhlola izinto izingane ezihlangabezana nazo uma sezibike ngokudlwengulwa kwazo emaphoyiseni kanye nokuthi ziphathwa kanjani ngamaphoyisa, abezempilo kanye nezinkantolo. Uma umntwana esethole ukuphinda ukuhlukumezeka, kungabe wahlukumezeka okwesibili kuphi. Lesosikhungo kumele saziswe ngaleso siphosiso bese siyalungiswa ukuze izingane zingabe zisathola ukuhlukumezeka okwesibili kodwa zithole usizo.
2. Ukuba yingxenywe yalolu cwaningo aku phoqeletwe.
3. Izimpendulo zalolucwaningo ziyophathwa ngemfihlo ecoshelelwe.

4. uma kukhona ulwazi oluvela ocwaningweni okumele ludluliselwe kubazali noma abasemagunyeni luyo xoxwa nengane kuvunyelwane beseludluliswa ngaphansi kwalezizimo:
 - Lonke ulwazi engizoluthola kulolucwaningo luyoxoxwa noNjingalwazi ongiphethe, kanye nabakubaluleki bezingane uma kunesidingo.
 - Uma ulwazi oluvelayo kulolucwaningo lungaba yingozi enganeni nakwezinye izingane luyodluliswa.
5. Amagama ezingane nabazali bazo ngeke adalulwe.
6. Abacwaningwayo banegunya lokuhoxa noma inini ngesikhathi ucwaningo lusaqhubeka, uma bezwabengasathandi ngaphandle kokuphoqelelwa.
7. Abazali bezingane bayobonelelwa ngemali yokugibela nokubagqugquzela ekuqhubekeni nocwaningo.

IMVUME YOMZALI

Mina, _____ mzalika/ mphathi osemthethweni ka
_____ ngifundile

Ngalezizimo ezingenhla. Ngiyamvumela umntanami ukuba abe
yingxenye yocwaningo athole nosizo uma kudingekile.

Uma kukhona imibuzo onayo mayelana nocwaningo ungabuza mina
noma unjingalwazi kulezizinombolo zocingo ngezikhathi
zokusebenza: 031- 2602612/ 2601414.

Imvume yomzali ngocwaningo oluyimfihlo.

Igama lomzali _____ ukusayina kwakhe:
_____ date: _____

Ukusayina komcwaningi: _____ Date:

Ukusayina kuka Njingalwazi: _____ Date:

APPENDIX C

EXTRACT FROM AN UNSTRUCTURED INTERVIEW

Interviewer: Sondela lana sisi ukuze uzwakale, ukhulume kakhulu khona Kuzozwakala sisi uyezwa? Ngithe e into ekuphatha kabi, nangu u aunti Ukuthi udlwengulwe, right, ubani owakudlwengula? (*Come nearer my baby, so that we can hear you, and speak out so that we can hear you, do you understand*)?

Child 6 : U Bhabhlona, umfana omdala no Thokozani, no Thokozani no Mxona, no Akhona no Mtsholwana kuphela. (*It was Bhabhlona, an older boy, and Thokozani and Mxona and Mtsholwana that is all*)

Interviewer: Nanidlala nabo? (*Were playing with them*)?

Child 6 : Cha, (*No*)

Interviewer: babe kuthathe kuphi sis? (*Where did they find you my baby*)?

Child 6 : Sasidlala thina e ofisi, sidlala si... *We were playing in the office, we were Playing with...*.

Interviewer: E Ofisi kuphi? (*Which office were you playing in*)?

Child 6 : E ofisini lamanzi, (*We were playing in the water office*)

Interviewer: Okay,

Child 6 : Sidlala umagalopha, thina basichothoza singaboni bangigingqa phansi u Sphelo yena wabaleka mina selokhu ngithi kanje, sengiloku Ngiphenduka befuna ukngikhumula no Gxa ukungirape, (*We were playing The game called Magalopha and thy came tip toeing after us, and we were*

not aware of them. And they pushed me down and Sphelo ran away. I kept on rolling over and turning side and they trying to undress me. And Gxa tried to rape me)

Interviewer: Okay,

Child 6 : Mina selokhu ngiphenduka, *(I kept of rolling over)*

Interviewer: Okay, so-ke loko kwakwenza waphatheka kanjani? *(Okay, so then how does that make you feel)?*

Child 6 : Kabi, *(Bad)*

Interviewer: Kakhulu angithi? *(Very bad, is that so)?*

Child 6 : Yebo, *(Yes)*

Interviewer: Amabhola amangaki? *(How many balls should we put in)?*

Child 6 : Awu 3, *(3 balls)*

Interviewer: Awu 3, manje usuphatheke kanjani manje? *(3, balls) how do you feel right now)?*

Child 6 : Kahle, *(Well)*

Interviewer: Uphatheke kahle? *(Are you feeling good)?*

Child 6 : Yebo, *(Yes)*

Interviewer: Kangakanani? *(How well)?*

Child 6 : Kakhulu, *(Very well)*

Interviewer: Sifake amabhola amangaki? *(How many balls should we put in)?*

Child 6 : Awu 3, *(3balls)*

Interviewer: Aluhlaza, okukhombisa ukuthi uphatheke kahle. *Right, al-right, and then-ke kusukela ngaleso sikhathi bekudlwengulile ungakwazi ukungitshela ukuthi*

kwenzakalani? *(Should we put green balls that show that you are feeling good?)*

Right, at right, and then would you tell me what happened starting from when you raped)?

Child 6 : Yebo, (Yes)

Interviewer: Awu ngitshele-ke sisi, *(Tell me my baby)*

Child 6 : Bafika ehene bangigingqa phansi kwathi u Dadilona U Gxa akakhiphe ipipi lakhe, wangikhumula mina. Mina lokhu ngipequza ehene mina ngilokhu ngipequza, ngimemeza, ngimemeza, ngimemeza abantu abangizwa. Kwafika umaka Dilona wazibukela nje wathula wahamba. *(They came, yes; they rolled me down and then Dadilona yes, Gxa, instructed Gxa to take out his pennies and then undressed me. I kept or rolling down and shouting, shouting and shouting and people could not hear me. Dadilona's mother came by and just look at me and never said a word and then went away.*

Interviewer: Okay, kwakwenza waphatheka kanjani lokho? *(Okay, how did that make you feel?*

Child 6 : Kabi, (Bad)

Interviewer: Okay, lana emabhodloleni sifake amabhola amangakaki? *(Okay, here in the bottle, how many balls should we put in)?*

Child 6 : Awu 3 (3 Balls)

Interviewer: Awu 3. Wase utshela bani-ke sisi? *(3 Balls. And then my baby whom did you then tells)?*

Child 6 : Ngase ngitshela umama wabiza-ke labobantu waxoxa nabo (*I told my mother And she called them in then and talk to them*).

Interviewer: Wathini? (*What did she say*)?

Child 6 : Bathi nini, nini, waqonga ngokuthi u Thokozani wathi “mina angakaze Ngiyenze loyonto, angazi ukuthi kwakuyinini futhi mina ngangingakho”.Belokhu bephika. (*What they said, they said, thokozani spoke out loud And said that he did not anything, and said he does not know when itHappened and he was not there. They kept on denying*).

Interviewer: Hmm, umama wangakuthethisa wena? (*Did your mom not shouted at you*)?

Child 6 : Hehe, (*Yes she did not shout at me*).

Interviewer: Okay, Ngesikhathi umtshela umama waphatheka kanjani? (*Okay, when you told her how did she feel*)?

Child 6 : Kabi, (*Bad*)

Interviewer: Waphatheka kabi? (*She did feel bad*)?

Child 6 : yebo, (*Yes*)

Interviewer: Wathini ukukhombisa ukuthi uphatheke kabi? (*What she did say to indicate that She felt bad*)?

Child 6 : Wathi ukukhombisa ukuthi uphatheke kabi? (*What did she say to prove that She felt bad*)?

Interviewer: Ehe, (*Yes*)

Child 6 : Wadinwa, wadinwa, wadinwa, walala ediniwe, leyondaba wayitshela usisi Thuli nomasekulelwe, noma sekudliwa elokhu ediniwe, ediniwe yileyondaba.

(She was very upset; she kept on being upset about that incident and told sister Thuli even when everybody was asleep and when we were eating, she kept On being upset and upset about that incident).

Interviewer: Hmmm, wangakuthethisa kodwa wena? *(But she did not shout at you)?*

Child 6 : Ehe, *(Yes she did not)*

Interviewer: Okay, and then-ke nahamba-ke naya emaphoyiseni? *(Okay, and then you to the police)?*

Child 6 : Cha, *(No)*

Interviewer: Aniyanga emaphoyiseni? *(You did not go to the police)?*

Child 6 : Cha, *(Yes)*

Interviewer: Naya kuphi? *(Where did you go then)?*

Child 6 : Eclinic *(We went to the clinic)*

Interviewer: Eclinic, naya Eclinic? *(To the clinic, you went to the clinic)?*

Child 6 : Yebo, safike sahlolwa, kwathiwa asinalutho, *(Yes when we arrived there, they checked us and they said that nothing happened to us)*

Interviewer: Kushiwo eclinic? *(At the clinic)?*

Child 6 : Mina ngamilwa izilonda ngaphansi, *(I developed sores in my private part)*

Interviewer: Ehe, kodwa still kwathiwa aninalutho? *(Yes, but still they said you had nothing happened)?*

Child 6 : Ehe, *(Yes)*

Interviewer: Kwase kukuphatha kanjani-ke loko? *(How did you feel about that)?*

Child 6 : Kabi, *(Bad)*

Interviewer: Amabhola amangaki? *(How many balls)*

Child 6 : Awu 3 *(3 balls)*

Interviewer: Awu 3, yini eyakuphatha kabi lapho ukuthi umilwe yizilonda ngaphansi Noma waphathwa kabi wukuthi eclinic awunalutho? *(3 balls, oh, but what made you feel bad was it the fact that you developed sores in the private part or you felt bad that at the clinic they said nothing happened to you)?*

Child 6 : Ngaphatheka kabi ngoba ngadlwengulwa. *(I felt bad because I was raped)*

Interviewer: Wadlwengulwa? *(Because you were raped)?*

Child 6 : Ehe, ngaba nezilonda ngaphansi. *(Yes, and I had sore in my private part)*

Interviewer: Ehe, bakunika amaphilisi okutreata lezo zilonda lezo? *(Yes, did they give tablets to treat those sores)?*

Child 6 : Cha, *(NO)*

Interviewer: Abazange bakunikeze, abazange bakujove, abakunikanga muthi, Abakunikanga maphilisi? *(They gave you nothing and did not give you Injection and they did not give you medicine and any tablet)?*

Child 6 : Cha, *(No)*

Interviewer: Pho wasizwa yini? *(So what helped you)?*

Child 6 : Zaphela izilonda, *(I just got healed without using anything)?*

Interviewer: Zaziphelela? *(You healed without using anything or it just went away)?*

Child 6 : Yebo, *(Yes)*

Interviewer: Okay, so, awekho amaphilisi owake wawathola from eclinic? *(Okay, so you were not given tablets from the clinic)?*

Child 6 : Hehe, *(Yes)*

Interviewer: Okay, and then –ke wawusuzana lana eBobby Bear, ubani owaniletha e Bobby Bear? *(Okay and then you came to Bobby Bear)?*

Child 6 : Ubaba, *(It was my father)*

Interviewer: Ubaba? *(Your father)?*

Child 6 : Yebo, *(Yes)*

Interviewer: Nafike nakhuluma nobani lapha e Bobby Bear? *(Whom did you speak with here at Bobby Bear)?*

Child 6 : No Aunti Zama *(We spoke with Aunt Zama)*

Interviewer: Ehe, kwaniphatha kanjani ukukhuluma no aunt Zama? *(How did it feel to speak with aunt Zama)?*

Child 6 : Wasiphatha kabi nje, *(It felt bad in a way)*

Interviewer: Ngobani? *(Why)?*

Child 6 : Sasireshiwe *(We have been raped)*

Interviewer: Okay, kodwa manje uma senikhuluma Aunt Zama, u Aunt Zama wayesazama ukuthi nibe ngcono ningaphatheki kabi kakhulu angithi? *(Okay but now you were talking or speaking to Aunt Zama .And aunt Zama was trying to help you to make you feel better and not to be upset isn't so)?*

Child 6 : Yebo, *(Yes)*

Interviewer: Kwaniphatha kanjani-ke sekukhona umuntu okwazi ukukhuluma

nani kahle, angasho ukuthi animalutho? *(So, how did it make you feel?*

better and not to be upset isn't so)?

Child 6 : Kwasiphatha kahle, *(It made us feel good)*

Interviewer: Kangakanani? *(How well)?*

Child 6 : Kakhulu, *(Very well)*

Interviewer: Okay, sifake amabhola amangaki? *(Okay, how many balls are we going to put in)?*

Child 6 : Awu 3 *(3 balls)*

Interviewer: Awu 3 Uh, naya ka social worker? *(3 Balls. Uh, did you go to the social worker)?*

Child 6 : Ka social worker? *(To the social worker)?*

Interviewer: E *(Yes)*

Child 6 : Yes, *(Yes)*

Interviewer: Athini ama social worker? *(What did they say)?*

Child 6 : Ehene, ehene, thina, ehene, singaphinde siye e ofisi, no Zama, safika no Zama, lona owu Promise, *(Yes, yes, they said that yes, we should not go to the office together with Zama the one that is known as Promise).*

Interviewer: Hmmmm,

Child 6 : Safika saya e ofisi, safioka sawubona wonke lomuntu okade esidlwengula. *(We went to the office and went and saw everybody that raped us)*

Interviewer: Hmmmm,

Child 6 : Hayi-ke sase siyahamba-ke saya ka Makhutha, kwase kuyaphela. *(And then we went to Kwa Makhutha and it ended there)*

Interviewer: Okay, so ama social worker anakaze niye? *(Okay, so you haven't been to the social worker)?*

Child 6 : Ehe, saya kanye, *(Yes we went once)*

Interviewer: And then-ke ngesikhathi nikhuluma nama social worker naphetha kanjani? *(And when you were talking with social worker how you did feel)?*

Child 6 : Kabi, *(Bad)*

Interviewer: Yini cyaniphatha kabi lapho? *(What made you feel bad)?*

Child 6 : Yingoba sadlwengulwa abafana, abafana bangenza into engingayithandi. *(It because the boys raped us. And the boys did something that we did not approve to us)*

Interviewer: Okay. Al-right and then-ke abangane benu nabatshela? *(Okay, al-right, And then did you tell your friends about this)?*

(No answer)

Interviewer: Nabatshela abangani benu? *(Did you tell your friends)?*

Child 6 : Yebo, ngatshela usisi Thuli uSne wase eyezwa-ke ngitshela usisi Thuli naye, *(Yes I told sister Thuli and Sne heard it when I was telling sister Thuli)*

Interviewer: Hmmm,

Child 6 : UMngane wami wezwa, *(My friend heard it)*

Interviewer: Hmmm,

Child 6 : Ukuthi kade ngidlwengulwa mina.... *(That I was raped)*

Interviewer: Base bangashintsha izindlela ebenikade beniphethe ngayo ekuqaleni? *(Did they change the way they were treating you before you were raped)?*

Child 6 : Ehe, *(No)*

Interviewer: Basewumngane wakho namanje? *(Are still your friends)?*

Child 6 : Ubani? *(Who)?*

Interviewer: Lomngane wakho othi wezwa? *(This friend of yours that you said she heard it)?*

Child 6 : Ya, kade efikile lana manje babuye bahamba. *(Yes she came today and they went away later).*

Interviewer: Okay. So-ke ukuthi kukhona wezwa naye kukuphatha kanjani lokha? *(Okay the fact that Sne knew about it, how did you feel about that)?*

Child 6 : Kungiphatha kabi, *(I feel bad)*

Interviewer: Ngobani? *(Why)?*

Child 6 : Yingoba umngane wakhe udlwenguliwe, *(It is because her friends has been raped)*

interviewer: Sifaka amabhola amangaki ngokuphatheka kabi? *(How many balls should we put in then)?*

Child 6 : Awu 3, *(3Balls)*

Interviewer: Okay, and esikoleni bayazi? *(Okay, do they know at school)?*

Child 6 : Cha, *(No)*

Interviewer: Awuzange uze ubatshele? *(Didn't you tell them?)*

Child 6 : Hehe, *(Yes)*

Interviewer: U Miss wakho? *(Your teacher)?*

Child 6 : Angizange ngimtshela, *(I didn't tell her)*

Interviewer: Nabasekhaya azange bamtshele? *(Didn't your family tell them)?*

Child 6 : Hehe (*They did not*)

Interviewer: And then omakhelwane bona bayazi? (*And your neighbours know about this*)?

Child 6 : Hehe, (*No*)

Interviewer; Abazange batshelwe wumuntu (*Nobody told them*)?

Child 6 : Ehe, (*Yes*)

Interviewer: Ehe. Ngisacela manje ungitshela izinto ezi wu 3 ezikuphatha kabi nge rape. Ukudlwengulwa kwakho izinto eziwu 3 ongangibalela zona ukuthi yizona izinto ezimbi kakhulu ezenzeka. (*Will you please tell me bout 3 things that made you feel bad about the rape or that upset you about the fact that you were raped?*)

Child 6 : Izinto ezenzeka kakhulu kimina wukuthi ngadlwengulwa abafana, kanye futhi ngakhala ngaphatheka kabi ngoba uma ka Dadile akazange alamule, azothi nenzani Dadile ugangelani ngengane, wamane wabuka nje kuphela. (*Things that happened to me was that I was raped by the boys, and the other thing was that I felt bad because I cried and Dadilo's mother did not do anything to stop it even though she saw it happened, even to ask what we were doing there, or asked Dadilo why he was messing around with me. She just looked and did nothing.*)

Interviewer: Hmmmm,

Child 6 : Wahamba, (*She went away*)

Interviewer: Hmmmm. Khona futhi okunye? (*Is there anything else*)?

Child 6 : Yebo, (*Yes*)

Interviewer: Yikuphi okunye? (*What else is there*)?

Child 6 : Ukuthi umaka Dadile akafunanga ukuyobona e ofisi ukuthi kwenziwani wamane wama nje wase uyahamba. *(It is the fact that Dadilo's mother did not want to go to the office and see what happening she just stood there and went away).*

Interviewer: Okay, zonke lezi zinto zikuphatha kabi kangakanani? *(How bad do all these things make you feel)?*

Child 6 : Kakhulu, *(Very bad)*

Interviewer: Kakhulu yini oyifisa kulezo zinto eziwu 3 okade ungitshela zona ongathi Zingenzeka? Sifaka amabhola awu 3 for lezo zinto othi zakuphatha kabi.

Yikuphi ofisa sengathi kungenzeka ukuze lento lena ingaphinde yenzeke kwezinye izingane, ingaphinde yenzeke nakuwena? *(very bad. Out of these 3 things that You told me about what would you want to see these happening)? We are putting 3balls for these things that make you feel bad. What is it that you would want to be done so that what happened to you never happen again to you and to other Children)?*

Child 6 : Ngifisa bangaphinde basenze leyonto. *(I wish that they never did what they did to us)*

Interviewer: Singakuvimba kanjani-ke lokho yini efanele yenzeke kubona ukuze bangaphinde bayenze leyonto? *How could we stop that, what is it that needs to be done so that this does nothappen again)?*

Child 6 : Bafanele baboshwe, *(They should be jailed)*

Interviewer: Bafanele baboshwe, okay. *(They should be jailed, okay)*