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“I felt like I was going to cause conflict. So, I kept quiet ...” (*Female child rape victim, 15 years*)

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ABSTRACT

Background: There is limited research in South Africa that has analysed the experiences of child and youth victims of crime and sexual victimisation who accessed formal response services through the victim empowerment programme.

Objective: The primary aim of this article is to explore children and youth's experiences of accessing the Victim Empowerment Programmatic services, through the criminal justice system in South Africa. The focus of the article is on children's disclosure, reporting and social support.

Participants and setting: The participants in the study are male and female victim/survivor of crime between the ages of 12–17 years who has been through a Victim Empowerment Programme (VEP) for at least 12 months. The Victim Empowerment Programme is a governmental programme located within the National Department of Social Development in South Africa.

Method: The full study is a mixed method study but the children's(youth) participation in the study is limited to qualitative methods. The data analysis utilised a thematic approach and ATLAS.ti software.

Results: The findings revealed four themes, namely, (1) children's (as youth) perceptions of the presence and frequency of rape in communities, (2) disclosure and reporting rape; (3) inter-linkage of disclosure and reporting of child rape and child sexual victimisation; and (4) seeking social and professional support to deal with the trauma of child (youth) rape and child sexual victimisation. The findings showed that children (youth) perceive their community environments as unsafe spaces where they are exposed to crimes such as rape and burglary; that there are delays in disclosure of sexual victimisation and victims/survivors are still dealing with the trauma of rape as they report the crime and navigate the pathways of the criminal justice system.

Conclusion: In conclusion, this study confirms the delay in disclosure of childhood (youth) sexual victimisation and identifies the complex tension for children (youth) who disclose, that they are often pressured to report the crime, and journey through an adversarial criminal justice system, and so 'breaking the silence' is often unpredictable and emotionally and psychologically costly for children and youth.

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1. Introduction

Sexual violence against children remains a critical human rights concern in South Africa. Children's ability to gain timely access to support and response services is a particular and continuing challenge. [Stewart and Chandra \(2017\)](#) borrows from the World Health Organisation and defines sexual violence as “*any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work*”. In South Africa, in the Children's Act 38 of 2005, Chapter 1, abuse is defined - ‘abuse’, in relation to a child, means any form of harm or ill-treatment deliberately inflicted on a child, and includes-

1. (a) assaulting a child or inflicting any other form of deliberate injury to a child;
2. (b) sexually abusing a child or allowing a child to be sexually abused;
3. (c) bullying by another child;
4. (d) a labour practice that exploits a child; or
5. (e) exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally;

The statutory definition of rape in the Act includes all forms of sexual penetration and is gender-neutral, meaning that “any person” can commit an act of rape or be raped (Sexual Offences and Related matters Act, No 32 of 2007, Chapter 2, part 1, RSA). One in five children in South Africa are victims of sexual abuse, and at 19,8 %, the country is above the global average of 18 % for girls and 8 % for boys for child rape ([Artz et al., 2016](#)).

Sexual violence victims, including children, suffer significant difficulties related to the violence they experienced, including cognitive disturbances, academic problems, physical problems and interpersonal difficulties ([Khadr et al., 2018](#)). Child victims of sexual violence are also at risk of mental health consequences such as post-traumatic stress disorder (PTSD), depression, suicidal ideation and attempts and inappropriate sexualised behaviour ([Mathews et al., 2012](#)).

Children's help-seeking strategies include talking to a close adult, a family member, a teacher or a friend/peer. However, disclosure is still a major dilemma in child sexual abuse. Children do not speak or “break” the silence about abuse easily, that is, they do not readily disclose or report the abuse. [Rapholo \(2014\)](#) observes in this regard that children who are sexually abused by family or non-family members do not disclose and/or report incidents for numerous reasons, described below.

[Mathews et al. \(2016\)](#) contend that the high prevalence of delayed child sexual abuse disclosure by child survivors and their families points to the endemic nature of the abuse. Thus, disclosure delay is in fact an indication of an unsupportive social environment ([Mathews et al., 2016](#)). In addition, disclosure is often undermined by infrequent screening for child sexual abuse in primary health care services as well as under-reporting of incidents occurring in the home, community and school settings. Moreover, perpetrators of child sexual abuse are often family members and people known to the child, such as neighbours, teachers and other adults in relationships of responsibility and trust with children, such as religious and other social leaders, health professionals, police and other persons with status in the community. Abuse occurs because adults with such responsibility and trust also have power to influence and coerce the child.

The South African child protection system is guided by the Children's Act 38 of 2005 and managed by the [Department of Social Development \(DSD\) \(2010\)](#) via its extensive network of social workers. Section 150(1) of the Children's Act 2005 stipulates that any disclosure of sexual violence must trigger a rapid initiation of care and protection services for the child. This intention is supported by a child protection system that is child-rights focused and statutory care biased to protect children and youth from all forms of maltreatment ([Strydom et al., 2020](#)). However, sexually violated children and youth are often faced with lengthy child protection protocols to access a place of safety, whether this is foster care, a children's home or placement in the care of another family member. Effective child protection thus depends on the efficiency of child protection teams in the Department of Social Development's Victim Empowerment Programme (VEPs) and/or, perhaps increasingly, the Thuthuzela Care Centres (TCC).

The Victim Empowerment Programme or VEP is an inter-sectoral and interdepartmental programme that seeks to make the criminal justice system victim-friendly and to reduce the complainant's experience of secondary victimisation. The Victim Empowerment Programme in South Africa largely focuses on vulnerable and marginalised groups with limited available resources, hence legislation aimed at protecting the rights of women and children has been systematically enacted to enable their protection. Thuthuzela Care Centres are an example of social infrastructure established by the government to serve the needs of women and children sexual abuse or gender-based violence (GBV) victims. Thuthuzela Care Centres have been established, capacitated and implemented throughout the country to provide specialised services to vulnerable women and children recovering from and attempting to escape further abuse.. Thuthuzela Care Centres adopt a multi-disciplinary approach in treatment and support to manage sexual and gender-based violence. Services include psychosocial counselling, health care and court preparation support for victims. Thuthuzela Care Centres also provide forensic support for the victim and for the National Prosecution Authority (NPA)—state prosecuting arm—in bringing cases against perpetrators.

There is limited research on the experiences of child and youth victims of sexual abuse who have accessed formal response services through the Victim Empowerment Programme as part of their help-seeking behaviour. This paper is based on the research study for the Second Victim Satisfaction Survey that used a mixed methodological approach. Both quantitative and qualitative data was used in the research study. The quantitative data targeted adults for data collection but the qualitative data was collected from both adults and children aged between 12 and 17 years. This paper's primary aim is to gauge the experiences of child and youth rape victims making informal and formal disclosure, having reported to the police and been placed within the Victim Empowerment Programme. Informal disclosure refers to disclosing to a family member, friend or someone in the child's social network involved in their wellbeing; formal

disclosure refers to disclosure through formal routes in the criminal justice system such as reporting to the police, medical forensics and health professionals, social workers and law court officers (Pereira et al., 2020). Another important aim of this paper is to highlight the critical importance of ethics reviews in undertaking research studies and implementing research methodologies such as individual interviews and focus group discussions (FDGs) with children who have been sexually victimised. This paper discusses the qualitative study undertaken with youth.

2. Methodology

2.1. Research design and approach

The Second Victim Satisfaction Survey adopted a mixed-methods approach that included quantitative and qualitative data collection methods. The First Victim Satisfaction research instruments of the Department of Social Development were adopted and adapted for the second survey. The SVSS questionnaire was used to gather large amounts of quantitative data to determine the experiences of adult victims of crime and violence within the criminal justice system. Qualitative data collection methods included individual interviews and focus group discussions (FDGs) with children and youth aged between 12 and 17 years. Qualitative data collection was used to document participants' perceptions of meanings they attributed to and experiences they had within the criminal justice system.

2.2. Sampling and sample size

Purposive sampling was used to recruit the youth for this research study. Purposive sampling is a type of non-probability sampling in which participants are selected as per the researcher's judgement (Whitley & Kite, 2012). The researchers consulted with the participating organisations, in order to enrol the youth in the study. They needed to fit the criteria of being male and/or female victims/survivors of crime aged between 12 and 17 years with enrolment in a Victim Empowerment Programme for a minimum of 12 months.

Victim Empowerment Programmes are run in urban and rural settings by victim empowerment organisations across all nine provinces in South Africa. The researchers identified these from lists provided by the provincial coordinators of the Victim Empowerment Programme. The researchers applied for and received permission from the National Office of the Department of Social Development to undertake the survey. The provincial lists were used to identify sites and 'contact persons' (usually a social worker and/or a counsellor) These included both rural and urban victim empowerment organisations. The contact persons were contacted telephonically and through emails with a request to conduct the research at the specific site.

The emails outlined the study objectives, requested the participation of the social worker or counsellor in the study and their assistance with recruiting child victims fitting the required criteria. Research project managers remained available to the social workers at the prospective organisations to clarify the research aims and methodology to determine the suitability of prospective youth. Fieldworkers experienced some challenges in recruiting participants to complete data collection. In KwaZulu-Natal, directors and managers of several organisations refused to participate in the study because they perceived the nature of the study as possibly detrimental to the wellbeing of their youth clients. Similarly, in the Western Cape Province, requests to recruit youth for focus group discussions were largely contested by programme managers, again out of concern for the wellbeing of the organisations' youth clients. This impacted the number of participants in this study.

These responses were greatly informed by the negative experiences of the social workers and counsellors with past research studies involving their youth clients; they communicated insensitive approaches by researchers that had re-traumatised their youth victims/survivors. To mitigate re-traumatising of children and to prepare for situations in which a child felt vulnerable, a standard operating protocol was developed by the researchers. This included the availability of a children's counsellor during interviews and focus groups discussions. The protocol enabled the child to know of this option from the beginning and for a counsellor to be present during part of or for the full duration of the interviews. The protocol also enabled the child to use the language of their choice. The social workers and counsellors were available in a room next to the interview room, if needed. They would also check-in with their clients when the research interview was concluded. At the end of the data collection process, researchers also discussed with the counsellors and social workers if any further support was required.

The qualitative research fieldworkers were all experienced in conducting research on gender-based violence and sexual and reproductive health issues, some with specific experience working with children and youth. They were postgraduate students with at least primary degrees in psychology or child and family studies. Prior to going out into the field to implement the research, a training workshop was conducted to prepare the fieldworkers. The training for the fieldworkers covered an overview of the project, the purpose of data collection and, specifically, interviewing of vulnerable youth. For example, role-plays were conducted simulating situations in which children cried and needed reassurance and containment or if they provided single word answers to questions that needed further careful and effective probing. The fieldworkers were also multilingual; they were English language speakers with proficiency in other official South African languages, at the least, able to speak the predominant languages used in the province in which they were conducting their fieldwork.

All fieldworkers were required to read relevant literature provided in the training as preparation for conducting the interviews and focus group discussions with the children. The fieldworkers also had to submit weekly reports and attend weekly debriefing sessions throughout the data collection period to check for challenges and to provide them with support.

In the overall study, the fieldworkers conducted individual interviews with adult and child victims/survivors of crime. In each

province, two victim empowerment organisations were visited, one rural and one urban in location. At each research site/organisation, fieldworkers were expected to conduct two individual interviews with youth victims/survivors of crime aged between 12 and 14 years and 15 and 17 years respectively, which would have resulted in 36 individual interviews, and 27 focus groups (3 focus groups per province). In total, 21 individual interviews and 16 focus group discussions with children were conducted. We could only interview the number of children who consented to participate in the research study.

The primary aim of the interviews with children and youth was to gain insight into the child victims/survivors individual experiences, particularly, the level of satisfaction experienced when accessing services, including service provided by the criminal justice system personnel, including medical professionals, SAPS officials and court personnel such as prosecutors, lawyers and judges. Some interviews were extensive and detailed, others were quite brief as participants felt uncertain and restrained to share their experiences. The latter was specifically the case with the children's individual interviews conducted in the Western Cape.

2.3. Data collection

The primary aim of the 21 individual interviews was to gain insight into child victims'/survivors' individual experiences when accessing Victim Empowerment Programme. The purpose of the 16 focus group discussions with the youth participants was to reflect on their perceptions and experiences about safety in their communities, the Victim Empowerment Programme and levels of satisfaction and dissatisfaction experienced with the services of the latter. Two focus groups discussions per organisation were conducted. Focus groups were organised according to age and gender to facilitate open and supportive engagement over the difficult and complex issues of violence. Focus groups comprised four to eight participants. All the interviews—individual/face-to-face and focus group discussions— were conducted in the language preferred by the children.

2.4. Data management and analysis

A data management system was set up to process the collected data. All interviews were transcribed and those conducted in languages other than English were translated into English for the purpose of analysis. All the recordings and transcriptions were organised systematically, according to province, data collection method (interviews and focus group discussions), gender and age group. Analysis of the data followed a thematic approach and ATLAS.ti software was used (Bryman, 2012; Friese, 2014).

The analysis process began with designated team members conducting initial open coding on a few transcripts using ATLAS.ti. These codes were then compared and discussed to create a code book, which was then distributed to and used by the rest of the analysis team for coding the remaining transcripts.. Additionally, the software helped with maintaining transparency and accountability in the coding process, which in turn reinforced the trustworthiness of the process and findings (Friese, 2014).

2.5. Ethical considerations

This research study was conducted in accordance with the guidelines of *International Ethical Practice for Research with Human Subjects* (Council for International Organisations of Medical Sciences, 1993). These include paying special attention to communicating the aims of the study and to the rights of people participating in the research study, that is, obtaining written informed consent and ensuring confidentiality. Ethical clearance for the study was sought and granted by the Human Sciences Research Council (HSRC) Ethics Committee. All the research instruments, consent forms and ethical considerations were reviewed by the HSRC's Research Ethics Committee before undertaking of the research study.

Given that the minors were participants in the study, the researchers requested and received informed consent from parents and guardians. The researchers also requested and received informed assent from the children for both the individual interviews and focus group discussion. The participants were guaranteed confidentiality via anonymisation of names by allocation of a number to each, with indication of gender, age or age category for indicating specificity in the profile for writing purposes.

3. Findings

This section presents the findings of the study. Rape and sexual victimisation were reported as one of the most common forms of violence that the youth had experienced. The analysis identified four major themes related to rape and sexual victimisation in the communities in which the child participants live: (1) rape, a common form of violence and child sexual victimisation in communities; (2) disclosure of child rape and child sexual victimisation; disclosure and reporting of child rape and child sexual victimisation; (3) interlinkage of disclosure and reporting of child rape and child sexual victimisation; and (4) seeking social and professional support to deal with the trauma of child rape and child sexual victimisation. Each theme is presented in more detail below.

3.1. Theme 1: Rape as a common form of child violence and child sexual victimisation

When asked about the crime situation in their community, most of the interviewed children considered rape one of the most common crimes in their communities. They perceived the incidence of rape as increasing during December, which is regarded as the major holiday period in South Africa. The following are some of their perceptions in their own words.

The type of crimes that we experience in our area is burglary, especially in the shops, and rape.

(Female child, 15–17 years, FGD)

In my area, there is a high rate of rape more especially [of] children ...

(Female child, 15–17, FGD)

Yes [rape and abduction of children] [occurs] especially in December... and they take pictures of the children's breasts.

(Female child, 15–17, FGD)

The reports above show the youths awareness of sexualised crimes such as rape as a form of frequently occurring violence against children and of child victimisation in their living environments or communities. In the reports below, some of the interviewed youth describe in detail incidents they had witnessed, which for them represent a scenario of child rape and sexual victimisation of children.

The other day they took one girl. I just finished buying ... They told her choose which cool drink you want. And another man stood at the back at the door, and what they do is when the girl chooses what she wants then they take her to the back, and what they do with the girls is rape them. Then they tell her she must not tell anyone, and they pay her. The girl went to the police station early the following day to report them.

(Male child, 12–14 years, FGD)

[The people from the mountains] walk around the community until it's night time, then they kidnap the children and do strange things to them.

(Female child 13–15 years, FGD)

And there was this one girl, she was sitting at our table. She was raped. She was dressed nicely. And they saw how nice she was dressed, then they took her to the mountain. So then [the police] found that her lips were cut and [the perpetrators] threw her with stones.

(Female child, 13–15 years old, FGD)

These participants detailed descriptions of the way children, in particular girls, are victimised in their communities, and show elevated levels of their awareness of the sexualised violence against children in their communities.

3.2. Theme 2: Disclosure and reporting of child rape and child sexual victimisation

Unlike other crimes that people usually talk about openly and share their experiences with others, disclosure about rape is difficult. The reports below by some of the interviewed children who had experienced rape reflect the complexity of rape disclosure for children and youth. In particular, the children explained that they had avoided telling family members directly and had instead identified a confidant in their social networks for support in facilitating disclosure to their families.

My mom's friend called me and asked me. At first, I did not tell her anything [about the rape], but I ended up telling her everything. She then called my mom from work, and we went to police station.

(Female child, 13 years, individual interview)

I felt like I was going to cause conflict. So, I kept quiet on [that] basis. However, I ended up talking about it... I told my mom's best friend this is what happened [when] I arrived in high school... I then told her she doesn't have to tell my mom. I decided to talk to you about this because I trust you. In three days' time it was going to be my birthday, I heard my mom say she received a call from sis (my mom's best friend) telling her that they need to meet, there is something important. Right there I knew what it was about. The whole day I was not okay; I was in suspense ... When will my mother come back? And what will she say when she comes back? Apparently, they met as planned and as I suspected she was told what happened.

(Female child, 15 years, individual interview)

Both these extracts demonstrate that the interviewed children suffered extreme anxiety preceding rape disclosure to parents or family members. The children were anxious that their disclosures to family members might result in conflict in the family. Children felt anxious, uncertain and scared of what their mothers will do and say when they disclose the rape. The report below shows the child rape victim disclosing many times before being believed.

[My uncle] raped me twice. The first time was at 12 a.m. midnight and the following morning, he raped me again. My aunt was outside at that time doing laundry. After he raped me the first time, I told my aunt. That's when she told me to sleep. Then the following day after it happened the second time, I told her again.

(Female child, 15 years, individual interview)

The above report demonstrates the difficulty survivors experience when disclosing rape to family members. Survivors are not immediately believed and often must disclose several times before they are believed. Even family members with whom children have a close relationship fail to believe and reassure them. In the reports that follow, a 13 year old girl speaks about the perpetrator having threatened to kill her if she told anyone about his raping her. Another person who had witnessed the rape reported the incident to the adults.

I wasn't able to tell my parents because he threatened me that if I told anyone what he did to me he would kill me. But my grandmother's child saw him when he was doing that to me and told my grandmother because I was living with them at the time. My grandmother phoned my mother in Johannesburg and she called the police. Then my grandmother told me to stop going there.

(Female child, 13 years, individual interview)

Following disclosure, some of the interviewed children and youth also described the support they had received. Such support had helped them deal with their trauma and enabled them to cope. For example, the child below shares that as a rape victim she no longer felt the same. She felt that she was different from other children because of the rape. The experience of rape has serious personal impacts and consequences on a victim's physical and psychological wellbeing and can lead to isolation from peers and family, feelings of hopelessness, shame, guilt, anger, disappointment, etc.

It feels bad [to be a victim of rape] because when I am around other children, I feel different from them [...]

For instance, in my case, at first, I was like I'm no longer the same as my friends, but now all of that is gone I feel fine. I'm just a child ... yes, I'm no longer a virgin.

(Female child, 15 years, individual interview)

Rape survivors/victims often feel shame, dirty, worthless and guilty for the violence perpetrated against them. For example, in the reports above, the child survivor reports this as "she is no longer the same as her friends", implying some sense of isolation due to feelings of shame and worthlessness.

This theme suggests that child and youth victims of sexual abuse experience challenges in both the informal disclosure and formal reporting processes.

3.3. Theme 3: Interlinkage of disclosure and reporting of child rape and child sexual victimisation

The children's experiences of reporting sexual violence, varied. Some reported the immediate response from family members was persecution of the perpetrator. Some reported experiencing the "incompetence" of the South African Police Services (SAPS), which often involved misplacing key documents relating to the case. The reports below also demonstrate disclosure and reporting crimes of rape as closely intertwined. The people to whom the child victims chose to disclose are often described as "want[ing] to help", meaning immediately reporting the crime of rape and/or sexual assault to the police.

I was raped ... They arrested the person that raped me ... There at [the police station], they [the police] sometimes had to call us but they didn't do that. But last year December I did go to the court.

(Female child, 14 years, individual interview)

My mom knew on the 22 February; it was on a Saturday, I still remember. Then on the 23 [February] we went to the police station to open the case. I was then taken to the hospital. I think they mentioned something wrong with my discharge, but they said I'm not damaged, and I'm not infected.

(Female child, 15 years, individual interview)

[The case] It just vanished. I never heard a thing about it. My mom tried to do a follow up, but the police response here at [...] was that they have transferred it to [...]. Since the incident did not happen here in [...] so their hands were tied. There's nothing they can do about the case, and they don't even have the case number. When I think about it, most people in my maternal family have connections, especially my grandfather. So, I told myself that might be the reason the case vanished ... We did follow it up, but we were told there is no way ... We were never given [a] case number; The police just took me to hospital. I was attended [to] there. They said they will fax evidence to [...].

(Female child, 15 years, individual interview)

This theme revealed some of the challenges experienced by child rape victims as well as the inadequacies and failures of the criminal justice system. In the context of deep trauma and proper need for support for the child to recover from the violent crimes they experience, it would be critical for these to be addressed, as will be discussed in greater depth further on.

3.4. Theme 4: Seeking social and professional support to deal with the trauma of child rape and child sexual victimisation

The first point of social support for the child victims were expressed by many children as mainly family members or close family friends, followed by members of the SAPS at the police station. When child victims sought further social support, they reported encountering complex and varied responses from caregivers. Many child victims were confronted by adults or family members who accused them of lying and who tried to defend the perpetrator before offering any help to the child. The reports below describe the rejection upon disclosure that some interviewed children experienced.

My mother supported me, and my aunt didn't believe at first ... Because she thought I was lying. But she later found out that he admitted that indeed he raped me.

(Female child, 13 years, individual interview)

The person who made me feel that way [as if I was doing something wrong] is my mother. When we fight, she always says I got what I wanted from her husband. It hurts because I was still young when I was raped. [...] It was painful to hear her say those words to me, and I ended up talking back at her. But after that I felt sorry because she is my mother.

(Female child, 14 years, individual interview)

In most cases, the refusal to believe or support the child rape victim was because the perpetrator was either a family member or in a close relationship with the family.

Even more shocking, the report below reflects some nuances in response to the child victim disclosure when the perpetrator is a family member and there is overriding interest to avoid shaming the family instead of attending to the child's needs. The child victim's mother had to go against her family to find justice for her daughter.

After we came back from the police station, my grandmother's sister, my grandmother and my grandfather's sister were there. And they were like, "we will do anything for you, just close the case". My mother was furious and said that won't happen. So, I listened to my mother ... He was arrested.

(Female child, 15 years, individual interview)

In addition to receiving social support from parents and other family members, child rape victims also require professional counselling services. Counselling is part of the process when reporting a traumatic event to the police. Counselling services are crucial for rape victims to help them cope with their trauma. Below, some of the youth recount experiences of the professional counselling services that they received. Several youth revealed that they have spoken to either a counsellor, a social worker or a psychologist who provided them with psychosocial support in talking about their experiences.

I can't remember, but I think so, yes, with the one social worker.

(Female child, 15 years, individual interview)

[I received counselling from the] [s]ocial worker. [...] She asked me questions.

(Male child, 13 years, individual interview)

I was asked questions [by the social worker] about what happened, and I explained everything.

(Female child, 13 years, individual interview)

I attended counselling sessions with the psychologist every month. But I don't feel comfortable. (female child, 17 years, individual interview)

It was a counsellor because there was no social worker available. [...] The counsellor asked me where that person who did this to me is, and I told him that we went to his house, but his mother told us that he was not there and that the police said they would be back to look for him.

(Female child, 12 years, individual interview)

I think maybe they [victims of violence] should be helped by social workers, neighbours or people from a centre.

(Male child, 12–14 years, FGD)

I think they [social workers and centres of safety] should sit him/her down and ask her properly what has happened and then go to report to the police.

(Male child, 12–14 years, FGD)

This theme reveals the critical need for support of the child victim/survivor when disclosing their experience of rape to family, friends and community. This kind of support also extends to the criminal justice system. Child victims/survivors must be properly held by both—informal and formal disclosure processes—towards a successful recovery process, which will be expanded in the discussion of the findings below.

4. Discussion

This study reports on children's experiences of reporting sexual abuse through the Victim Empowerment Programme (VEP) in South Africa. In interviews with youth who had been victims of rape and child sexual victimisation, four themes emerged. As presented above, these were children's perceptions of the presence and frequency of rape in their communities; their experiences of the disclosure of rape; formal reporting of rape; and seeking social and professional support.

South Africa has been labelled the rape capital of the world (Frank, 2019; Gqola, 2015), with sexual violence amongst children widespread. Statistics from the Optimus Study in South Africa show that over 36 % of boys and about 40 % of girls report experiencing some form of sexual violence (Artz et al., 2016). The pervasiveness of sexual violence in South Africa and the state's responses to it has to some extent "normalised" rape, sexual assault and other forms of sexualised violence. The normalisation of rape, in this case child rape, refers to the prevalence and incidence of rape combined with the anticipated and commonplace occurrence of child rape and

child sexual victimisation (Mayeza et al., 2022). The normalisation of rape can be placed in context of the normalisation of violence in South Africa (Graaff & Heineken, 2017). The findings demonstrate that rape in communities is indeed normal, insofar that children were aware of the presence of rape in their communities. The continued high levels of violence and rape in South African communities result in the desensitisation to and often the dismissal of the seriousness of rape, which impacts the way that victims are responded to and treated when they do report experiences of rape and other forms of sexual violence. Desensitisation to rape and other forms of violence in communities as well as the criminal justice system affects the levels of reporting and, particularly, disclosure of victimisation, in this case, child sexual violence victimisation. The findings further indicate the ambivalence that the children experienced with regard to both disclosure and reporting, which suggests that the children were aware that there is a high possibility of disbelief possibly based on desensitisation and disconnection from the trauma of rape and sexual victimisation.

It is striking from the themes that emerged from the data in this research study that child victims/survivors experience challenges of disclosure. There are services and programmes in place within the criminal justice system that provide support for victims of sexual violence, however, disclosing sexual violence, whether formally or informally is still difficult for child rape victims/survivors. According to Meinck et al. (2017, p. 2), disclosure is “often delayed: the younger the victim, the longer the delay between onset and disclosure”. Fear of the perpetrator retaliating with more violence and/or victimisation are possible reasons for victims delaying disclosure or do not disclose at all (Allnock & Miller, 2013; Lansdown, 2005; Rapholo & Makhubele, 2019). Perpetrators often threaten their victims with death and/or harm to their families if they tell anybody about the rape as demonstrated by the participants recollection of their experiences. The aim of such threats is to silence the victim. Victims, in particular child victims threatened thus find it difficult to disclose or tell others about their violent experience, especially if there is no witness to the crime (for which, most times, there is not). Research identifies that child victims/survivors do not speak out/disclosure and/or report for the following reasons: fear of not being believed, lack of opportunity to tell, concern for self and others, and knowledge of poor treatment to rape victims by personnel in the criminal justice system (Adefolalu, 2014; Allnock & Miller, 2013; Foster & Hagedorn, 2014; Morrison et al., 2016). Children in this study cited many of the reasons identified in the literature.

Fear of stigma and discrimination in communities due to social attitudes of victim-blaming and misperceptions or myths about rape and other forms of sexual violence also hinder disclosure (Babalola et al., 2015; Van Wyk (2018)). Disclosure and reporting may be delayed because victims do not trust that they will be believed. Victims, as consistently noted in victimology theories (Dillenburg, 2007), often experience self-blame as well as victim-blaming from family members. Child rape victims may fear telling on an adult, particularly because children are generally socialised to respect adults and elders in the home and community, and to obey authority without question, which can be disempowering to children and hinder disclosure by child sexual violence victims.

The results of this study indicate that some child victims were aware that some family members were complicit or unwilling to facilitate reporting the crime to authorities. In almost all cases, opportunity to disclose the abuse presented only when the child was encouraged to speak by a caring member in their social support network who showed concern at the decline in the child's emotional wellbeing. Children in this study either had to disclose repeatedly or to different family members, in order to be believed and supported. A recent study conducted in various African countries found that informal disclosure (disclosing to a family member or friend) was higher or more common than disclosing through formal routes (reporting to the police or social workers) (Pereira et al., 2020).

Many other studies note the high rates of non-disclosure or delayed disclosure (Allnock & Miller, 2013; Collin-Vézina et al., 2015). Delayed disclosure is detrimental to the health and emotional well-being of victims. According to Alaggia et al. (2019, p. 261), “[t]he longer disclosures are delayed, the longer individuals potentially live with serious negative effects and mental health problems such as depression, anxiety, trauma disorders, and addictions, without receiving necessary treatment.” It is important to note that the experience of trauma may influence the child victim's/survivor's ability for timely disclosure and to seek help. Help seeking behaviour may thus be incapacitated by the distress incurred from the traumatic event. This necessitates that officials in the criminal justice system have the knowledge and understanding about trauma and its impacts to provide effective support for child rape victims. The findings demonstrate that disclosing informally and/or formally, required persistence from child victims, as children were perceived to be lying and/or encouraged to ‘close the case’ and children had to ‘fight through’ their trauma to find the adult who eventually supported them.

Traumatic experiences are often processed in an unintended manner, based on an individual's thoughts and memories (Strange & Takarangi, 2015). Sometimes, these thoughts and memories reflect the actual experience; sometimes other visual, textual or verbal images (from television, pictures or photographs, written text being read or from conversations) trigger memories of the victimisation experience (Strange & Takarangi, 2015). Teicher and Samson (2016) posit that experience of multiple forms of violence during childhood and adolescence (sexual violence, child maltreatment, gender-based violence, neglect, etc.) elevates the risk of chronic trauma.

As seen in the findings of this study, disclosure and reporting are closely intertwined, and influenced by social and contextual factors. When survivors disclose, they are often forced (directly or indirectly) to report a crime of rape to the authorities. South Africa has made some strides in its objectives relating to support of rape victims within the criminal justice system. The process of reporting sexual violence to the police is nonetheless sometimes delayed because victims distrust services provided by the formal institutions in the criminal justice system—police, medical professionals and law court officers—and their belief that nothing will change (Allnock & Miller, 2013). Counselling is therefore central to the Victim Empowerment Programmes because the criminal justice process requires a consistent and repeated disclosure as the child is ‘interviewed’ by multiple professionals in the criminal justice system.

Creating safe spaces and effective supportive systems for child victims/survivors of sexual violence thus remains a significant challenge in South Africa. One of the services provided to victims of sexual violence is the Thuthuzela Care Centres. However, Abrahams and Gevers (2017) argue these centres are yet to be effective. Abrahams and Gevers (2017) report that progress made in post-rape services is occurring mainly in medical and legal responses. However, Bougard and Booyens (2015) present findings that

indicate that adult survivors of rape are satisfied with their experiences of the Thuthuzela Care Centres. Existing literature provides a range of evidence about the effectiveness of Thuthuzela Care Centres. Thus, one may argue there are positives and challenges associated with these centres that impact both positively and negatively, the post-rape recovery processes of victim/survivors.

Responding caringly, appropriately and timeously is crucial for post-rape recovery, and effective responses must meet the psychological and social needs of the child (Alaggia et al., 2019). Researching child sexual victimisation and child help seeking behaviours through victim empowerment programmes highlights the need for ethical research protecting children's rights, their dignity and their agency. This study examining the experiences of sexual violence amongst children located in diverse contexts in South Africa has found that ethics prescriptions for individual interviews and focus group discussions need to balance children's voices about their experiences, their right to contribute their perspective to policy-making that affect societal safety, including child safety, with protection of their emotional and psychological wellbeing.

However, disclosure, reporting and seeking social support require remembering and a retelling of the traumatic incident and confession of private, personal and intimate details that render victims vulnerable, possibly exposing them to secondary trauma or even further victimisation. Reporting sexual victimisation as a crime means communicating about the crime as a process of remembering and re-telling. Johnson and Lindblad (2004) in their study with adult women victims of child sexual abuse indicate that disclosure can be "a hazardous game" because it can be accompanied by disbelief; yet it is also only the first step in communicating about the abuse. The trauma associated with disclosure was clear in this study when the child participants shared their experiences of formal and informal disclosure and reporting through the victim empowerment programme.

Similarly, the research process meant that the child victims had to retell their experiences of services in the criminal justice system; this could be perceived as another disclosure that could evoke further secondary traumatisation. Johnson and Lindblad (2004) conclude that childhood disclosure has unpredictable consequences. In the case of the current study, none of the children interviewed individually and in groups indicates any experiences of secondary traumatisation resulting from the research, which is perhaps a reflection of the ethics review and protocol as well as the measures put in place to protect the children's rights and wellbeing.

The voices of child victims/survivors of rape and other forms of child sexual victimisation require careful consideration in research methodology. Research employing child victims/survivors as participants and informants can place children at risk of secondary traumatisation, particularly because they are required "to remember and recount". For the researchers in this study, it is clear that it is necessary to ensure the ethical principles and measures when conducting research with children and youth who have experienced sexual victimisation to protect their rights and wellbeing and prevent re-traumatising them. Indications are that this remains a challenge in the field, and we hope that this paper provides some knowledge about how children and youth can be protected while amplifying their voices towards policymaking for their safety by involving them positively in ethical research.

4.1. Limitations

In qualitative research data collection, individual interviews and focus group discussions are preferred because these methods enable researchers to obtain rich, detailed and in-depth data via flexible approaches that can pose questions in ways that are different from surveys (Flick, 2009). However, in the context of sensitive research involving interviewing of child and youth victims, the research ethics review guides the extent to which the line of questioning may prompt children and youth to remember unpleasant, upsetting or traumatic experiences involving violence. This approach to ethical considerations is applicable in qualitative research process. As an approach, it has less to do with codified ethical principles that apply in interviewing of children than with a whole array of characteristics in the research process, including the context of the interview, confidentiality, protection, relationship with interviewees and effective informed consent throughout the research process (Lastikka & Kangas, 2017, p. 89). There is inevitably tension between assumptions relating to the suitability of methods to generate rich textual data and the limitations set by the ethics review process when interviewing children and youth about sensitive topics in less natural contexts (to the extent that an academic study is not normally part of the child's environment and activities).

Children decide what they want to share and how they want to share experiences. This might not necessarily align to the researcher's purpose and goals. For example, children and youth do not necessarily understand the difference between perception and experience, they often just tell/share information based on what they know and what they hear, in the process often revealing unresolved traumatic experiences. The role of the researcher in such a situation is to just listen to and affirm them as well as supporting them by making necessary referrals to counsellors and social workers. In this research study, in order to prevent and minimise further trauma the researchers ensured that social workers, counsellors and/or psychologist was available if children experienced any emotional distress. This measure helped the researchers to balance the goal of obtaining rich data through the interviews with the child victims' needs and the ethics review limitations regarding the interview and focus group discussion methods adopted in this study.

5. Conclusion

One important conclusion to this study is that children and youth between the ages of 12 and 17 years in rural and urban communities in South Africa, usually girl children, are vulnerable to rape, sexual assault and child sexual victimisation. Another is that child victims/survivors usually find it difficult to disclose to family members and to report the crime within the criminal justice system, which, as has been noted before, is in and of itself is another disclosure (that the child must deal with). The four inter-related themes emerging from this study reveals the tensions for the child victim/survivor associated with informal and formal disclosure and the interlinkages. Child victims/survivors find disclosure to family members, friends and other members of the community associated with the wellbeing of the child (such as teachers, health professionals, etc.) difficult. They also find formal disclosure to authorities such as

the police, medical forensic professionals and law court officers) or reporting, help-seeking and seeking social support for recovery difficult and unpredictable.

The findings of this study can inform the multi-disciplinary teams within the Victim Empowerment Programme in South Africa to acknowledge the “the burden” of disclosure for child rape victims/survivors. This research study has also revealed that disclosure is a complicated emotional and psychological process for child rape victims/survivors. Disclosure for child rape victims/survivors is often for them the revelation of personal and social betrayal, of the cruelty of loved family members and/or friends. Child victims/survivors are acutely aware of the implications and unpredictable consequences of their disclosures, which delay or prevent disclosure and reporting.

Counsellors and social workers need to support child rape victims/survivors when they choose to disclose, including regarding the possible implications for them of disclosing and of reporting. This is not suggested as a means of deterring child victims/survivors from reporting rape crime, but rather to prepare and support them throughout regarding all emerging challenges the child might have to face. Counsellors and social workers must be aware that disclosure is an extended, on-going process, including when the child survivor/victim enters the criminal justice system and participates in any form of research relating to the violence they had experienced from which they are still recovering.

Another finding in this study is the need to make clear the distinction between disclosure and reporting in public education and awareness-raising campaigns undertaken to support child victims/survivors. The finding in this study that family friends and/or family members are the first responders to crimes of sexual violence experienced by children reveals the critical need for equipping those in the child's family and community networks with the necessary skills to support child survivors disclosing. Future research must explore support measures for friends, community members and family members to act ably in the role as “first responders”. Importantly, this should include the significant role first responders often play in accompanying child rape victims/survivors to report the crime and navigate the criminal justice system thereafter.

This study alerts us to the critical need for researchers to take heed of ethical considerations when children are enrolled as participants in data collection processes in research studies to prevent retraumatizing of the child during interview and group discussion processes. Such ethical measures and practices should be considered and aimed at becoming part of the child victim's/survivor's recovery process for the research to have any value going forward.

Finally, it is noted that the Victim Empowerment Programme (VEP) in South Africa not only provides an important support service to child rape victims but is also an important space in which to learn directly from child victims/survivors in the programme—the successes, inadequacies, challenges and failures of the service. Researchers, providing they follow best ethical practice in research methods involving children, can gain important information about the efficiency of social and institutional supports services provided for children's recovering from sexual victimisation. This can in turn be used to strengthen the Victim Empowerment Programme in South Africa as well as the services provided by Thuthuzela Care Centres to child rape victims/survivors, amongst others. In this way, child and youth victims/survivors can be viewed as valuable agents via their own voices towards supporting themselves and other child sexual victims in recovering from the heinous violence they still experience on a large scale in South Africa.

Data availability

The authors do not have permission to share data.

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