



Improving after-rape care services



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WHY THIS BOOK?

This book is for people who want to understand what they need to recover after rape.

This book explains Thuthuzela Care Centres (TCCs) that government has set up in some hospitals and clinics. They are a great idea if they work properly. They enable a rape victim to go to one place to get all the care and support services they need.

But not many of the TCCs are working well. This book explains why, and what needs to happen for them to work properly. Even where you don't have a TCC near you, this book helps you to be informed about after-rape services.

We talk about other problems that we as young women face when it comes to sexual assault and rape. Like being treated with disrespect at police stations, feeling like our lives are shattered, and losing confidence and self-esteem.

This book helps you understand that if you get the after rape services you need, you do recover and are able to move on with your life. This book is also about what actions you can take to make change happen.



HOW THIS BOOK WAS MADE

In 2014, Shukumisa did research to find out what counselling support services NGOs provide at Thuthuzela Care Centres (TCCs). The research was done so that organisations and government can use the recommendations to make sure the services and support TCCs give rape victims are enough to help them heal physically and emotionally. The Shukumisa Campaign published this research as part of the Young Urban Women (YUW)* programme.

When the report was launched in 2015, a group of young women was invited to the launch event. But they found the research difficult to understand. Also many of the young women did not know what a TCC was and where to find it.



THE YOUNG URBAN WOMEN PROGRAMME

The Young Urban Women Programme (YUW) is in three countries: South Africa (Johannesburg and Cape Town), Ghana and India. The goal is:

- make sure women and girls can break the cycle of poverty and violence,
- create economic alternatives for themselves, and
- claim control over their bodies. The programme is for young women between 14 and 24 years old.

In South Africa, 1 000 young women from townships in Cape Town and Johannesburg are part of YUW.

The young women, together with Shukumisa, decided to produce an easy to understand, youth-friendly booklet of the research. An editor took the research and made it simpler.

In March 2015, 15 young women participated in a two-day workshop to involve them in producing this booklet. The young women have given it their voices. During the workshop they read poetry, did creative writing, learnt a bit about editing, said what they wanted to include in the booklet, and how they wanted the text to be written.

The young women discussed rape,

the effect it has on people's lives and what after rape care services rape survivors need. They also discussed how to bring about change so that people's lives can improve. They shared ideas of what they had done so far and what has worked well for them. They also drew and learnt about design and layout

The young women elected a task team to finalise the booklet. Eight young women were part of the team that reviewed the final version of the booklet before it was designed and printed. It is now in your hands to learn more and to help make a difference in improving after rape care services.



RAPE

Rape is when someone forces a penis, another body part or object like a bottle or a stick, into your vagina or anus. Forced oral sex is also rape – forcing someone to put their mouth in contact with someone else's private parts. Rape is a crime. If you are convicted of rape in a court of law, you will go to prison.

Rape is not about sex, it is about power. Rapists want to use their power over someone else. Rape affects your mental health.

Anyone can be raped.

Some rape happens in forced or arranged marriages (ukuthwala) and initiation schools.

It doesn't matter where or how or what you were wearing when you were raped, it is never your fault.

Encourage a rape victim to tell someone what happened. Make sure you support them in getting the important treatment, care and support they need.

When someone tells us they have been raped, we must believe them.

We must not make people who are raped feel ashamed or guilty.

Rape affects you negatively and reduces your self-esteem.

You blame yourself because of what happened which wasn't your fault.



WE NEED YOUTH FRIENDLY SERVICES

At the workshop, the young women said that going to report you have been raped at a police station can be very traumatic. There is no privacy. Police may laugh at you. Sometimes they make you feel as if you wanted to be raped.

Sometimes they ask questions, like they blame you:
'What were you doing out at that time of night?'
'Why don't you give your husband what he needs? That's why he raped you.'
'Why do you drink alcohol at your age? That's why you are raped and you will be raped more often.'

Sometimes even the police commit rape. Police don't take you seriously, especially young women. They blame you for what you wear and the places that you go to at night. Police officers sometimes are not sensitive. They are usually not trained to deal with rape victims.

Going to a clinic after you have been raped or sexually assaulted can also be very traumatic. Nurses may treat you in a



similar way like the police. There are usually long queues and no privacy. You get victimised a lot of times because you have to tell many people about your ordeal before you get to the right person. Often nurses, like the police, call you names and make fun of you when you want to report rape.

Police and hospital personnel can be very unkind and ignorant. They often lack compassion!

Thuthuzela Care Centres (TCCs) are better because they give more privacy. Here you are not judged or laughed at like at police stations and clinics.



IMPORTANT AFTER RAPE SERVICES

You need professional services to help you deal with what has happened.


You should get these basic services after rape:

- Medical help to deal with preventing HIV and other sexually transmitted infections (STIs), pregnancy and for injuries. The survivor has to fill in a form to allow the doctor to do a medical examination.
- Evidence, like clothing that can assist with the investigation, may be collected
- The opportunity to shower and to get new clothes and a sanitary pack after evidence has been collected
- Counselling to help you to deal with the trauma of what happened
- A trained police officer from the **Family Violence, Child Protection and Sexual Offences** (FCS) unit will take your statement about what happened in a private space
- Legal support - consultation with a case manager or prosecutor to take your case forward if you want to press charges of rape. The case manager will explain the outcome and update of the trial processes.
- Arrangements can be made for you to be taken to a place of safety (shelter) if needed.


Thuthuzela Care Centres have been set up to give you after rape support so that you don't have to go to different places. They have treatment, doctors, police and counsellors and social workers, all in one building. It is convenient and safe and friendly. They help you deal with your situation and explain what needs to happen.

You do not have to lay a charge to get health care after rape.


A lot of the care packs, clothing items and snacks given to the rape victims are donated by the general public. That shows that the community around a TCC is aware of their existence and the kind of services they provide.




Rape can make you Feel hatred and anger



Rape can make you Feel isolated



Rape can make you Feel VERY SAD



Rape can make you Lose hope

WHY RAPE COUNSELLING IS IMPORTANT

Rape affects the victim's mental health. Our mental health is as important as our physical health. These are some of the mental and emotional problems rape can cause:

- Flashbacks and nightmares and sleeping difficulties.
- Ongoing confusion. You get mood swings and anxiety problems, like post-traumatic stress disorder (PTSD).
- Your thoughts and emotions can get damaged and you may lose contact with reality and cannot function properly. Many victims start suffering from depression.
- You may turn to alcohol and substance abuse as a way of coping. You can easily get addicted to them.
- You may not be able to eat properly. This affects your health, and your ability to recover and to return to your life as it was before.

Counselling can really help victims. This is why it is so important to have proper care services available. The best is to get counselling soon after the rape has happened. But it is possible to still get counselling even long after the incident. Remember: you can report rape any time even if it is after 20 years!

It helps you to stop blaming yourself for what happened.

You will begin to gain control of your life and take charge.

It helps you cope with the stress after rape and have the courage to live a normal life and have closure.

It gives you the courage to speak out and get the perpetrator arrested.

WHAT ARE THUTHUZELA CARE CENTRES (TCCS)?

- TCCs were set up by the National Prosecuting Authority (NPA)* in some healthcare facilities like hospitals and clinics.
- TCCs are meant to give a rape victim proper care and support.
- The staff who work at a TCC are specially trained to treat rape victims in a non-judgmental, caring, helpful and supportive way.



The National Prosecuting Authority (NPA) was established in 1998. The Constitution, read with the National Prosecuting Authority Act, gives the NPA the power to start criminal proceedings on behalf of the state and to carry out any necessary functions related to criminal proceedings. The NPA is accountable to Parliament, while the final responsibility over the NPA lies with the Minister of Justice. The NPA's Sexual Offences and Community Affairs (SOCA) is in charge of the operational management of the TCCs.

The NPA created TCCs to achieve three aims:

1. Reduce the secondary victimisation* that rape victims face.
2. Reduce the time it takes to finalise rape court cases.
3. Increase the number of rapists who are found guilty in court and sent to prison.

Secondary victimisation happens after the rape. It includes things like people not believing the victim, blaming the victim, and not treating them with respect, care and the correct support.

This table shows the institutions that must work together at a TCC to provide the after-rape services.

Who?	Does what?
Nongovernmental organisations (NGOs)	Offers counselling. A counsellor is there to help you understand what happened and to make sure you know the rape was not your fault. This helps you recover faster and get closure. She also explains the procedures that will be followed.
Department of Health (DoH)	Offers medical treatment. A doctor is there to check if you are injured. The doctor will do a medical examination and write a medical report. The medical report can be used as evidence if you decide to charge the rapist. You need to get tests to check if you haven't contracted any diseases from the rape. The doctor will give you post-exposure prophylaxis (PEP) to try to prevent HIV, the morning after pill (MAP) to prevent pregnancy, medicines to prevent sexually transmitted infections (STIs) and any other medical treatment you need. You have to get PEP within 72 hours of the rape for it to work. A health worker is there to give you before and after HIV counselling and testing.
Department of Social Development (DSD)	A social worker is there to offer support and to make sure you have follow up appointments. They will find a place of safety if you need it. DSD also works with the NGOs that provide the counselling, and DSD pays them.
South African Police Service (SAPS)	A police officer is there to help you write your statement about the rape and help you lay a charge of rape if you want to.
National Prosecuting Authority (NPA)	The NPA is the overall TCC coordinator. They make sure you have a prosecutor, a victim assistant officer and a case manager on your side to help you know your rights, prepare for court and support you at court.

But bringing different institutions together in one space doesn't always mean they will work well together. In fact, bringing them together can create new challenges that must be solved. If they are not solved, the rape victim will not get the quality of service they have a right to. Research has been done into the quality of counselling services at TCCs.

RESEARCH ON COUNSELLING AT TCCS

THE QUALITY OF SERVICES TCCS

If you do not get counselling after rape, it negatively affects your life. You may struggle at school or work, and with being unable to love and trust people once again.

Shukumisa's research is about counselling support services NGOs provide at TCCs. The research looked at 27 NGOs that provide counselling services at 39 TCCs. At the time of the research there were 51 TCCs throughout South Africa. Some people said, 'It's a wonderful service'. Others said, 'It sucks'.



1. RAPE COUNSELLING AT TCCS

NGOs provide most of the counselling services rape survivors need. Two main things came out of the research:

- NGOs do not have enough funding to perform the counselling rape survivors need.
- There are often problems in the relationships between the different institutions based at TCCs. These problems affect the quality of the counselling and other services a rape survivor gets at the TCC.

NGOs offer different services to rape survivors. These are the most common services:

- Information about what needs to happen immediately after the rape, as well as practical support
- Counselling support
- Helping the victim stick to their post exposure prophylaxis (PEP) treatment to prevent HIV infection
- Helping prepare the victim to testify in court, and to support them in court if support is needed.



The NGOs also provide services at other places, including police stations, clinics, courts, and their own offices. In all, these 27 organisations provided rape survivors with a service in at least 183 different places across the country.

The NGOs do many things of their own. They:

- offer support to rape victims at their offices
- educate and train community structures around rape
- run programmes and awareness campaigns around rape.

The research found that government services, like TCCs, treated victims who had been raped very recently when they were in the acute stage of trauma. The acute stage of trauma happens to a person who has recently been raped and they still feel shocked and numb.

Volunteer counsellors at TCCs were providing most of the acute stage care. Nearly 75% of the organisations said their counsellors could offer between three to 12 sessions for each victim.

NGOs that offered services at their own offices saw more women who were seeking help for dealing with a rape that had happened some time before. These were women who did not report the attack straight after it happened.

2. WHAT AFFECTS THE QUALITY OF COUNSELLING SERVICES?

The NPA created TCCs in health facilities, like hospitals and clinics with different government departments. This has created tension. For example, in some TCCs there is a struggle between the NGO counsellor and healthcare professionals about the counsellor's role. The research found the services counsellors provided was not the same in all TCCs.

The research found other things that affected the quality of care offered to rape survivors.

- a) At some TCCs, the health staff handed over some of their own responsibilities to the NGO counsellor. For example before- and after-counselling and testing for HIV.
- b) In every TCC except two, the after-rape services were not offered in the way they should. The systems for following up rape survivors with further care and support after they have reported are not well developed.
- c) At least one in four organisations had experienced serious problems between 2012 and 2014. For example, 11 organisations received no funding at all from the Department of Social Development (DSD) to provide counselling at TCCs.
- d) In general, DSD funding for TCC services was not the same within a province and between provinces. The DSD's contribution towards TCC counsellors was low. It ranged from R500 a month to R2 500 a month. Only one organisation received more than R3 000 a month. When the DSD paid R1 500 a month or less for a counsellor's services, they were actually paying less than the Ministerial Determination for Expanded Public Works Programme (EPWP)* wages. In 2013, this was set at R71 a day. Many counsellors get paid less than the minimum wage for farm workers.

Ministerial Determination for EPWP

The Department of Public Works started the Expanded Public Works Programme (EPWP) in 2004. The EPWP sets up work programmes that provide public or community services through a labour intensive programme. In 2010, the Department of Labour published the conditions of employment and rates of pay for all employees involved with the programme.

- e) Many organisations felt that because their counsellors were the lowest paid workers in the TCC they were therefore given the lowest position and authority. Being the lowest paid also meant they were seen as low skilled. This led to:
- confusion about counsellors' role in the TCC
 - staff from the other institutions putting a low value on counselling work.
- f) The research found that power struggles were played out in the TCCs. Different role players fought for their own space and position. There were struggles between the different organisations as listed in the table on page 10.

Where there were bigger power struggles within a TCC, it negatively affected the quality of services that rape survivors got. This table highlights this.

<p>TCCs that worked well</p>	<ul style="list-style-type: none"> ○ The staff recognised that keeping good relationships within a TCC, and between institutions, was as important to their work as providing quality services to rape victims. ○ The staff held regular meetings that try to solve problems together. ○ The staff were willing to admit when there was conflict and deal with it in a positive way.
<p>Generally less conflict</p>	<ul style="list-style-type: none"> ○ TCCs which were set up many years ago and with people who had worked together before. ○ TCCs which held regular meetings to explain each institution's purpose and function.
<p>Generally more conflict</p>	<ul style="list-style-type: none"> ○ TCCs with a high staff turnover of the main management staff over the years.



This table tells us how different NGOs rated the service at TCCs.

Out of 27 NGOs	What they said about the TCC services
5 said	<i>'It's a wonderful service.'</i> Relationships between institutions at the TCC were good, and the basic services were in place.
14 said	The TCCs didn't function as they were supposed to. For example: <ul style="list-style-type: none">○ services were not available 24 hours a day, every day of the week○ they didn't have social workers to provide follow-up services○ they didn't have telephones to contact rape survivors and make follow-up appointments.
8 said	<i>'It sucks.'</i> The TCC functioned badly.

- g) The research found that staff personalities played a big part in how well a TCC functioned. The NPA site coordinator was especially important in this way. Good working relationships were also because of other things, like how long the TCC had existed.
- h) In many TCCs counselling services were treated as an afterthought, like they were not so important. We can see this because of:
- not enough funding from DSD to provide a proper counselling service
 - the small amount of room space given to the counsellors, as well as where the counselling space is situated at the TCC.



3. HOW TO IMPROVE TCC COUNSELLING CARE

The TCC research made these recommendations:

Recommendations for community and NGO service providers

- At the moment, funding for counselling is approached the wrong way. The funding budget should be worked out from what rape survivors need.
- Not all rape survivors experience rape in the same way. This means they have different after-rape counselling needs. We need more research around different types of counselling and the type of counselling that works well.
- NGOs should come together to form a national partnership to:
 - make sure rape victims are offered all the services they need, at a good quality
 - negotiate with DSD to put aside enough money to provide rape survivors with good quality and enough counselling and other support.

Recommendations for the National Prosecuting Authority (NPA)

- The NPA and NGOs should meet to discuss using the guidelines for good services published by Nacosa in TCCs. The guidelines say what care should be offered during the acute stage after rape, as well as in the future. They also say what training and support counsellors should get. You can find these guidelines on <http://shukumisa.org.za/wp-content/uploads/2010/11/guidelinesstandardsrapesurvivors.pdf>
- The NPA must make sure that adequate funding is set aside for emotional counselling support services.
- The NPA could investigate how to make sure all TCCs are run in the same way and that all will offer good quality care.
- For some rape victims the cost, transport and distance are barriers to getting after rape care. The NPA could look into ways of making sure these are no longer barriers.

Recommendations for the Department of Social Development (DSD)

- Make sure its funding to organisations offering counselling services is fair and enough. When the DSD pays so little, it could end up violating the country's labour laws.
- The DSD and NGOs should meet to discuss using the Nacosa guidelines and any other guidelines that are developed in future.



Recommendations for the Department of Health (DoH)

- The DoH should recognise that counselling is an important part of all the health services a victim needs and treat counsellors with more respect within the TCC.
- Some TCC's health workers pushed their job onto the counsellors. DoH must consider additional funding to the NGOs that offer these additional services during the victim's acute stage of trauma.

Recommendations for donors

- In recent years, donors* have moved away from funding after-rape care services because they thought government would fund it. But before donors stop funding such services, they should make sure this will happen.

If donors do not want to fund direct services, they could consider funding:

- the research that still needs to be done
- training and development of counsellors, and other opportunities to develop their skills
- organisations to help them form a national partnership across the country to engage with government.

Donors:

A donor is a person or an organisation that gives something (such as money, food, clothes, skills training) to help a person or organisation.

WE ARE CHANGEMAKERS

If we want things to get better, we need to make sure they change. We need to get involved in some advocacy* action to bring about change.

Advocacy:

Advocacy is when we support and help people to:

- express what they think and feel about something, like health services or crime
- get information and services
- promote and defend their rights and responsibilities.

When we do advocacy work we aim to influence decision makers to change something. Advocacy work requires patience because it can take hard work over a long time to achieve our goals.

Young Urban Women got involved in different advocacy work. We:

- organised workshops and community meetings to create awareness of our issues
- worked with the local media in our areas and got opportunities on our local radio stations to report on our issues
- got involved in research and carried out surveys to find out how the people in our communities felt about certain things
- looked out for other organisations working in our areas and met to discuss how we can work together to bring about change
- tried to arrange meetings with government departments, or invited them to events, to make them aware of our challenges
- organised a march and handed over a memorandum to our local police stations highlighting the problems young women experience at police stations.

Most of our young women developed advocacy action plans that set out our goals, the actions that needed to be taken, and by who and by when.

WHAT CAN YOU DO?

- Speak out!
- You can advocate for more TCCs because we need the services they offer. But advocating for more TCCs will be very difficult because they cost a lot of money. And research shows there is not even enough funding for the services at the TCC that are already in place.
- You can advocate for better and more youth friendly services at TCCs.
- You can find ways to support NGOs who work in the TCCs.
- If there is no TCC where you live you can advocate for better and more youth friendly services at the local places where you report rape.
- Find out what services exist in your community. Speak to other people to find out what they think about the services. Find ways to inform your community about where to get services.
- There are laws and guidelines for all the services and how the people offering the service should do their job. Police, doctors, nurses, social workers, lawyers need to follow the rules. See: <http://shukumisa.org.za/wp-content/uploads/2010/11/guidelinesstandardsrapesurvivors.pdf>



Why we need good services

If people feel happy with the services they get, they will use the services more. In that way people will live healthier and safer lives. They will start to report crime and rape more often. With more reporting it will be easier to get rapists put on trial and put in jail.

ADVOCACY TIPS

1. Find other people who, like you, want to see something change and are willing to work with you – and to work hard over a long period.
2. Find as much information as possible on the issue you want to change. Check the laws and guidelines.
3. Find allies – NGOs and other partners who are active on the same issue. Work together with them. It is always good to work with an organisation that has a legal expert.
4. Get community support. Organise events to share information. Organise things like door-to-door campaigns and community dialogues.
5. Identify who to target at an organisation or department that you think will help you make change happen. Who is the person that can influence others and makes decisions? Establish a relationship with this person or group of people.
6. Plan your action. Develop an advocacy action plan to organise all your activities. This helps everyone understand what is going on and who does what and by when.
7. Carry out your action plan and check if it has made a difference. Does it bring about the change you want? If not, what can you do to change your actions to bring about the change?
8. Work with the media. Start with your community radio station and local newspaper before you go out and work with the big media. Also use social media as it is very effective. Media puts extra pressure on decision makers.

#listen
CHANGE BEGINS WITH YOU





For you to be a successful changemaker you always need to have your eyes wide open and keep your ears to the ground. You need to keep yourself up to date and informed. Be curious about everything that is going on in your community.

Be prepared for the change you want to take a long time to show. But never let this take away your passion. Keep walking towards your goal even though it might be a long journey.

This is what the YUW in Alex, Diepsloot, Orange Farm, Braamfontein, Gugulethu, Khayelitsha, Samora Machel and Mitchells Plain want to do:

Advocate for staff training so that the South African Police Service (SAPS), the Department of Social Development (DSD), the Department of Health (DoH) and NGOs offer more youth friendly services.

Work with organisations that offer post-rape counselling to find out what follow up survivors would like.

Advocate for service providers to take their jobs more seriously and put the client first.

Advocate for minimum wages for social workers and counsellors in NGOs.

Challenge myths around rape, like the myth* that sleeping with a virgin can cure AIDS.

Challenge attitudes such that guys can take what they want and when they want it.

* A myths is something that is NOT true.

ORGANISATIONS THAT HELP

JOHANNESBURG

Organisation	Key Area	Contact Number
POWA www.powa.org.za	Counselling, training, shelter, and legal assistance for rape victims	011 642 4345
Sonke Gender Justice www.genderjustice.org.za	Promote gender equality, prevent domestic and sexual violence and reduce the spread of HIV	011 339 3589
Legal Resources Centre www.lrc.org.za	Human rights advocacy	011 836 9831
Agisanang Domestic Abuse Prevention and Training (ADAPT) www.adapt.org.za	Domestic violence counselling for women and children	011 440 4047
Ekupholeni Mental Health and Trauma (Ekupholeni)	Individual and group counselling	082-480 5022
NISAA www.nisaa.org.za	Counselling and shelter for abused women and children	011 854 5804
Sexual Assault Clinic (SAC)	Forensic examinations for rape victims under the age of 12 years	011 420 0523
Soul City Institute www.soulcity.org.za	Promote gender equality, prevent domestic and sexual violence and reduce the spread of HIV	011 341 0360
Teddy Bear Clinic (TTBC)	Services to victims of child abuse	011 484 4554
Tshwaranang Legal Advocacy Centre (TLAC) www.tlac.org.za	Free legal advice on domestic violence, rape, maintenance and family law related matters	011 403 4267
Women & Men Against Child Abuse (WMACA) www.wmaca.org.za	Three rape clinics for children, providing free therapy; outreach programmes at schools	011 789 8815

CAPE TOWN

Organisation	Key Area	Contact Number
Aids Legal Network (ALN) www.aln.org.za	Human rights and HIV workshops/training	021 447 8435
Epilepsy SA www.epilepsy.org.za	Specialised and comprehensive services to people living with epilepsy and other disabilities	021 595 4900
Lawyers for Human Rights (LHR) www.lhr.org.za	Free legal services to vulnerable, marginalised and indigent communities	021 424 8561
SWEAT www.sweat.org.za	Sex worker advocacy, human rights defence and mobilisation in Africa	021 448 7875
MOSAIC www.mosaic.org.za	Counselling for domestic violence victims and for men who use violence; court support for victims	021 761 7585
The Rape Crisis Cape Town Trust (RCCTT) www.rapecrisis.org.za	Counselling for rape victims and court support through the legal process	021 447 1467
Rapcan www.rapcan.org.za	Advocacy for child rights issues	021 712 2330
Triangle Project www.triangle.org.za	Professional services to ensure the full realisation of human rights for LGBTI persons	021 686 1475
Women's Legal Centre www.wlce.org.za	Free legal advice; advocacy and training	021 424 5660

NATIONWIDE

Organisation	Key Area	Contact Number
Lifeline www.lifelinesa.co.za	National counselling line	011 715 2000
Childline SA www.childlinesa.org.za	Free counselling online and over the phone and training	08000 55555

THUTHUZELA CARE CENTRES

Gauteng

Area	Address	Site Coordinator	Contact Number
Lenasia	Lenasia TCC Lenasia Hospital Cosmos Street Lenasia South	Ms Nomsa Dombo	011 211 0632
Diepkloof	Baragwanath/ Nthabiseng TCC Chris Hani Bara Hospital Old Potchefstroom Road Diepkloof 1864	Mr Chris Lekgothoane	011 933 1206
Olifantsfontein	Masakhane TCC Tembisa Hospital Private X7	Ms Tumiso Ndala	011 923 2180
Natalspruit	Sinakekelwe TCC Natalspruit Hospital 1 Alrode Street Katlehong, Alrode 1451	Mr George Mahlo	011 590 0086
Vereeniging	Kopanong Hospital No. 2 Casino Road Duncanville	Mr Thabo Moemise	016 428 7105
Laudium	Laudium Hospital & Community Health Centre Corner Bengal & 25th Avenue	Ms Millicent Motsoari	012 374 3710
Mamelodi	Mamelodi Day Hospital Casualty Department 9472 Serapeng Street Tsamaya Road	Sister Mabu Sekhaolelo	012 801 4505

Western Cape

Area	Address	Contact Person	Contact Number
Bellville	Karl Bremer Hospital M5 Building, c/o Mike Pienaar Boulevard & Jip De Jager Avenue	Waldette Packery: Case Manager	021 948 0861 082 738 2334
		Nobuhle Malunga: Site Coordinator	021 918 1321 083 656 9514
		Sinenhlanhla Bhengu: Victim Assistant Officer	073 819 3616 021 918 1321/021 948 0861 (office)
Manenberg	Heideveld Emergency Centre Heideveld Road	Mandisa Ngonongono: Site Coordinator	074 580 2621/ 084 441 8040 021 699 0463/50/74
		Lauren Louw: Victim Assistant Officer	071 281 7148 021 699 0463/50/74
Khayelitsha	Khayelitsha District Hospital, C/o Steve Biko & Walter Sisulu Drive	Audrey Ziervogel: Case Manager	084 267 9461/ 079 398 9940 021 360 1473
		Boniswa Mogale: Site-Coordinator	021 360 4570 082 493 4655
George	P O Box 9067 George, 6530	Gerda Marx: Case Manager	044 802 4429 084 874 9154
		Angelique Vezasie: Site-Coordinator	044 802 4429
		Jimmy Setagane: Victim Assistant Officer	082 795 2088
Worcester	Worcester Hospital, Murray Street, Worcester, 6850	Sindy Abdol: Case Manager	084 520 0086 023 342 2325 (office)
		Cindy Williams: Victim Assistant Officer	073 822 1353 023 348 1294/1223 (office) 023 348 1211
Atlantis	Wesfleur Hospital, Wesfleur Circle		021 010 0421
		Avril Losper: Site Co-Ordinator	021 571 8040/8135 073 576 7840
		Charmaine Hanson: Victim Assistant Officer	021 571 8040/8135 078 512 8462



The galaxy



I can see the stars forming
Orion's Belt

I can see some dying from old age
I see heroes being placed
Under the brightest stars



I can hear the planets turning
The oceans moving
The stars rejoicing

I take a deep breath and
Smell freedom, peace, rhythm and
I mostly smell beauty and magic

I stretch out my hand and
Touch the mist of air
The planets

In my favourite place I feel
Happiness, magic, possibilities
And complications
I feel angry but yet in peace
I feel at home!

By Simthandile Mputa



We
need to feel
peace and at
home wherever
we are.

Written at the Young Urban Women's workshop in March 2016.



**Shaking Up Social Attitudes
Towards Sexual Violence**

The Shukumisa Campaign is made up of 50 organisations from all over South Africa. Our members work towards ending sexual violence and to support victims.

Shukumisa members include research institutions at universities and organisations that offer legal advice or counselling services. Our members work with adults, children, people with disabilities, sex workers and the lesbian, gay, bisexual, transgender community, intersex and queer community (LGBTIQ).

We work together to make sure:

- the government makes even stronger laws for sexual offences
- we have a strong criminal justice system that supports rape survivors to get justice
- there is pressure on politicians and government departments to put sexual offences laws into practice.

As part of our work, we monitor how rape survivors are treated at police stations, clinics and courts. We do this to check how well or badly government departments and service providers provide rape victims with the services they have a right to.

The Shukumisa Campaign is based at the Rape Crisis Cape Town Trust (RCCTT).

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Website: shukumisa.org.za

Facebook: www.facebook.com/Shukumisa

act:onaid

ActionAid South Africa is a part of ActionAid International, an anti-poverty agency working with people living in poverty in over 40 countries. Their focus is on women's and girls' rights; land and food rights; children and education; communities affected by mining; and international advocacy. ActionAid has a vision of a world without poverty and injustice in which every person enjoys their right to a life of dignity.

The Young Urban Women (YUW) programme follows one of ActionAid's five goals: "Ensure that women and girls can break the cycle of poverty and violence, build economic alternative and claim control over their bodies".



We want
rape to stop

WE WANT TO *break* THE
cycle of violence



WE WANT RAPE VICTIMS
TO GET THE PROPER CARE
AND SUPPORT THEY NEED
SO THAT THEY CAN HEAL.



WE WANT PEOPLE TO
stop blaming
the victims OF RAPE.