



Monitoring the implementation
of sexual offences
legislation and policy:

Findings from the Shukumisa
Campaign conducted during the
16 Days of Activism, 2010

A report on the monitoring activities conducted
by the Shukumisa Campaign during the 16 Days
of No Violence Against Women (2010)



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Shukumisa's Vision

Across South Africa, all sectors of society treat rape as a serious crime. Media reporting and other forms of public discourse no longer demonstrate prejudicial and stereotypical attitudes towards rape, its victims and perpetrators. A range of interventions, including training programmes, has been established and these are challenging and transforming gender and other power relations. A donor-funded, strong civil society is active in ensuring survivors' access to justice and takes action against behaviour denying survivors their own rights. Organisations across the country have set up a network to monitor how rape cases are dealt with, creating policy feedback loops which enable us to address challenges and resistance to change. Communities intervene constructively in cases of sexual abuse and do not treat sexual violence as 'private'.

Services and policies recognise that rape is a violation facilitated by gender and other forms of social inequality. Services and policies respond to survivors' heterogeneity and diversity by taking into account multiple forms of oppression and institutional marginalisation, which informs the context for action. As a result, rape survivors easily access health, criminal justice, psychosocial and other services. Health workers, police officers and court and NGO personnel are familiar with and apply the contents of sexual offences policies and laws in a non-discriminatory, non-judgemental manner. Victims know their rights and feel confident and supported to speak out against discrimination, or the failure to uphold their rights. Effective evidence-based treatment programmes for perpetrators are in place. As a consequence of these various interventions, the real rate of rape is coming down.

For more information about the campaign and its partners please visit www.shukumisa.org.za

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The Shukumisa Campaign

16 Days of Activism Monitoring Project

Executive Summary

South Africa reports some of the highest levels of violence against women in the world, leading the state to develop a range of policies and laws that provides services to victims of sexual offences. In order to track the translation of this policy and law into practice, the National Working Group on Sexual Offences (a network of 20 civil society organisations from around South Africa) initiated the Shukumisa Campaign which aimed to examine the extent to which the South African Police Service (SAPS) and the departments of Justice and Constitutional Development (DoJ&CD) and Health (DoH) had met their commitments to providing services for victims of sexual offences. The first pilot Shukumisa Campaign was undertaken in 2008 during the 16 Days of Activism to End Violence Against Women and Children and was repeated in 2010. The monitoring looked at a range of variables in order to establish the level of access to services available to a rape victim. These included physical accessibility; access to information; privacy; and most importantly, specialised services.

During the 16 Days of Activism in 2010, civil society organisations (CSOs) participating in the Shukumisa Campaign conducted monitoring at 70 police stations, 31 courts and 11 hospitals across Gauteng, Western Cape, Limpopo and KwaZulu-Natal to assess the level of services which these facilities provide to rape victims. Through observation and short, structured interviews, monitors evaluated the facilities according to certain criteria based around the Sexual Offences Act and related national policies.

KEY FINDINGS

SOUTH AFRICAN POLICE SERVICE

A convenience sample of 70 police stations was selected for monitoring across the provinces as follows: Gauteng (21), Western Cape (27), Limpopo (16) and KwaZulu-Natal (6). The stations were monitored for the following criteria: signage, accessibility and condition; the Client Service Centre (CSC), including the pamphlets and posters available in the CSC; the documentation associated with

the Sexual Offences Act (SOA); and specialised station-level services. Although in most cases we were granted access, there was an 11% refusal rate, which meant some of the stations could be observed only. The police officials were generally friendly and helpful, and answered questions to the best of their abilities.

The 70 stations were monitored for physical accessibility, including whether the building was easy to identify as a police station; if there were clear signs and direction markers leading to it; whether it displayed the South African flag; provided disability access¹ and whether or not it was close to public transport routes. The results show:

- 84%² of stations were well-marked;
- 90% had physical disability access;
- 94% of stations were close to public transport.

Client Service Centres were observed to establish the level of service offered by police officers and monitors were asked to note their general impressions. On the whole, the level of service appeared to be good. Monitors often stated that despite the stations being quite busy, there were sufficient officers to help clients and plenty of space to wait for assistance. Another aspect of the CSCs which the monitors were asked to observe were the relevant posters and pamphlets available. Not all police stations displayed posters and pamphlets relating to sexual offences; vital and easily accessible information on victims' rights and services. Notably, where they were available, most of these posters and pamphlets were in English with very few printed in any of South Africa's indigenous languages.

It was not possible to gain full access to all the stations and so the following information is based on the 58 stations where this information was easily available. According to the National Instruction 3/2008, the following documents should be readily available at all stations:

- The Sexual Offences Act;
- The National Instructions 3/2008;

¹ Disability access refers to access for people with physical disabilities, i.e. a ramp.

² All percentages based on where this information was available.

- The station orders around sexual offences;
- The regulations and forms related to the Sexual Offences Act (forms for the HIV testing of the rape accused and information sheets for rape survivors about PEP and HIV testing);
- Information about hospitals providing PEP to rape survivors;
- A list of organisations providing services to rape survivors.

When asked about these documents, police officers often appeared confused and in most cases, the documentation was not located easily. Only 32% of stations where this information was available could produce all of the documentation stipulated by the National Instructions. Gauteng performed particularly poorly in this regard, with not a single station having all of the requisite documents. Some other findings include:

- 57% of stations had a copy of the SOA;
- 51% had copies of the regulations and forms related to the SOA;
- 56% had a copy of the National Instructions 3/2008;
- 49% were able to produce the station orders around sexual offences;
- 54% had a list of organisations providing services to rape survivors;
- 61% had a list of hospitals providing PEP to rape survivors.

Not only are police stations legally obligated to make these documents readily available, but they are also necessary for a rape victim to be reminded of her rights and the services she can access. Worryingly, only half of the stations monitored could produce station orders. If this is because there are no station orders in existence, the officer runs the risk of easily making an error in the procedure which could harm the victim's case in the long term.

A rape victim requires specialised services to ensure that she is not further victimised. These include assistance from detectives who understand the policy and legislation, as well as access to psychosocial support. The 61 stations

were monitored to determine their access to specialist detective services; whether there was a separate Victim Empowerment Centre/Victim Support Centre (VEC/VSC) to ensure privacy, safety and comfort; and if there were NGOs/CBOs/volunteers available to provide support. The campaign found:

- 63% of stations had access to specialist detectives;
- 60% of stations had a separate building operating as a VSC;
- 90% of stations had NGOs/CBOs/volunteers available to support victims.

Just before the re-establishment of the FCS Units, just over half of the stations monitored had access to specialist detectives. This means that if a station did not have access to a specialist detective, the victim would be referred elsewhere. This could add to the trauma the woman has already experienced. Ideally, a victim should be able to go to a police station and be attended to immediately. The redeployment of such specialist detectives began in 2010, and will hopefully lead to an improvement in access to specialist detectives.

The Victim Empowerment Centre is also an important service that should be available to rape victims as it should offer a clean and comfortable space where the victim's statement can be taken and she can receive psychosocial support from relevant NGOs, CBOs or volunteers. The monitors were asked to note if the VEC was contained in a separate building and to observe its appearance and facilities. Only 60% of the stations had a separate building operating as a VEC, but others contained VECs housed within the main station building. In general, the VECs were described as clean and comfortable. A positive point to note is that 90% of stations had NGOs/CBOs/volunteers available to provide support to rape victims.

The campaign also monitored the facilities available to deaf, LGBTI and mentally disabled rape victims. Across the four provinces, there was a clear lack of understanding with regards to the special needs of these marginalised groups. Police officers' responses to questions on the different needs of LGBTI and mentally disabled victims indicate some confusion, in particular between the terms 'mentally disabled' and 'mentally disturbed'. For deaf victims, it appeared that the police did not have access to interpreters. This lack of special assistance to marginalised groups serves only to exclude them further.

THE COURTS

A total of 31 courts was monitored across the four provinces: Gauteng (8), Western Cape (8), Limpopo (13) and KwaZulu-Natal (2). Key criteria observed included signage, accessibility and condition; the witness waiting room; and specialised court services. There were only two courts where access was denied and a third where full monitoring was not possible as the sexual offences prosecutor was not available to assist the monitor.

The first aspect monitored was the physical accessibility of the court. The courts were somewhat less accessible than police stations in this regard.

- 71% of the courts were well-marked;
- 84% had access for people with physical disabilities;
- 81% of courts were easily accessible by public transport.

One problematic area that emerged during the monitoring is that only 45% of the courts had clear direction markers or signage. All courts monitored were stated as clean and in good repair. Most had information desks, usually staffed by a Department of Justice employee or a security guard. The second aspect monitored was the court's services and facilities. Monitors assessed victims' privacy and the specific needs of rape victims and found:

- 61% of courts had witness waiting rooms;
- 78% of courts had CCTV facilities;
- 48% of courts had a room/office for NGO use;
- 59% of courts had court preparation officers.

Overall, the witness waiting rooms were described as adequate, with sufficient seating for both children and adults. Results show the courts tended to cater more for children than adults in terms of the pictures on the walls and the available seating. Posters and pamphlets in the witness waiting rooms were often directed at woman and child abuse, and once again, they were generally in English or Afrikaans, with a few posters in the Western Cape printed in isiXhosa.

Only 11 of the 27 courts monitored were specialist Sexual Offences Courts. On average only two specialist sexual offences prosecutors were based at these courts. Intermediary services are also vital for rape victims, particularly children, and not all the courts monitored provided access to these services.

THE HEALTH FACILITIES

Health facilities were only monitored in Gauteng (5) and the Western Cape (6). Ten of these facilities provided PEP to rape victims. Coronation was the only hospital which did not as rape victims are referred to Ikhaya Lethemba for health services. All the hospitals which dealt with rape victims had access to social workers and psychologists to provide psychosocial support. None of the Gauteng hospitals conducted compulsory HIV testing of alleged rapists, but three of the Western Cape facilities were designated to do so.

CONCLUDING REMARKS

The 2010/2011 Shukumisa Campaign revealed that there is much room for improvement in the basic services provided to rape victims at government facilities. The monitoring revealed that while physical accessibility to state facilities is generally good, access to information at these facilities is problematic. Another area of concern is the lack of access to specialised services. On average, only half the police stations and courts provided access to specialised personnel. This inequality is concerning and needs to be addressed.

1. Introduction

South Africa has some of the highest levels of sexual violence in the world, leading to the development of a range of policies and laws intended to improve the treatment offered to victims of sexual offences. In order to track the translation of these policies and legislation into practice, the National Working Group on Sexual Offences (a network of 20 civil society organisations from around South Africa) initiated the Shukumisa Campaign. The first pilot Shukumisa Campaign was undertaken in 2008 during the 16 Days of Activism to End Violence Against Women and Children and aimed to examine the extent to which the South African Police Service (SAPS) and departments of Justice and Constitutional Development (DoJ&CD) and Health (DoH) had met their commitments to providing services to victims of sexual offences. Building on this, the campaign initiated a second round of monitoring in 2010 and early 2011, once again assessing the services provided by police stations, courts and hospitals to victims of sexual violence.

As with the 2008 exercise, monitoring standards and criteria were drawn from the following:

- Policy and legislation specifically for the SAPS, such as:
 - » The Criminal Law (Sexual Offences) Amendment Act 32 of 2007 (SOA);
 - » Regulations and forms related to the SOA (including forms for HIV testing of the rape accused and PEP and HIV testing information sheets for rape survivors);
 - » SAPS National Instructions 3/2008 Sexual Offences.
- The Victim's Charter (DoJ&CD)
- Minimum Standards on Services for Victims of Crime (DoJ&CD);
- Gauteng Provincial Guidelines and Standards on the Implementation of Police Station-Based Victim Empowerment Services (Gauteng Department of Community Safety);
- The Customer Service Charter for Court Users (DoJ&CD);
- The National Sexual Assault Policy and National Management Guidelines for Sexual Assault Care (DoH).

The Victim's Charter emphasises that the victim's needs must come first and states that every victim of crime is entitled to the following:

- the right to be treated with fairness and with respect for the victim's dignity and privacy;
- the right to offer information;
- the right to receive information;
- the right to protection;
- the right to assistance;
- the right to restitution; and
- the right to compensation.

To comply with the Victim's Charter, legislation and policies around sexual offences are supposed to take a victim-centred approach, prioritising the victim's needs. In practice this means that she needs to be able to physically access state facilities. Secondly, she needs access to information about her rights and the services available at these state facilities (via posters and pamphlets, as well as well-informed personnel). Thirdly, her privacy must be maintained and protected so that she is not exposed to secondary victimisation. And finally, a rape victim needs access to specialised services that take into account her specific needs.

The campaign also monitored the effect of two key policy shifts that have had a direct impact on victims of sexual violence and the services available to them over the last few years. The first is the moratorium on specialised courts by the Minister of Justice and Constitutional Development in 2005. This has seen the number of dedicated sexual offences courts decline from an all-time high of 67 in 2005/2006 to as few as 40 by October 2010. The second shift has been around the specialised Family Violence, Child Abuse and Sexual Offences (FCS) units. In 2006, former Police Commissioner Jackie Selebi redeployed members of these units to station-level, thus weakening the specialised services available to victims. In the Western Cape, however, these units were not fully disbanded and most police stations still had access to specialist FCS detectives. In 2010, new Minister of Police Nathi Mthethwa committed to reinstating these FCS units by April 2011 to ensure all police stations would have access to specialised services once again.

METHODS AND APPROACH

The selection of which police stations, courts and hospitals to monitor was convenience-based, i.e., sites were located either in the monitoring organisation's area of operation or near monitors' residences. These include:

- 70 police stations across four provinces: Gauteng (21 stations), the Western Cape (27 stations), Limpopo (16 stations) and KwaZulu-Natal (6 stations);
- 31 courts in four provinces: Gauteng (8), the Western Cape (8), Limpopo (13) and KwaZulu-Natal (2);
- 11 health facilities located across the Western Cape (6) and Gauteng (5).

To gain access to information, monitors were guided by the Minimum Standards for Service Delivery in Victim Empowerment (Victims of Crime and Violence) issued by the Department of Social Development (DSD). It states: "service providers will inform communities on availability of and access to resources" and "provide information on referral procedures". As monitors were both members of the community as well as organisations advocating for rape victims' rights, theoretically the courts and police stations should have been legally obligated to answer their questions.

Information was obtained through two means: observation and a short, structured interview. Observations were carried out at the police stations and the courts, but not at the hospitals as services are largely based in casualty where monitors' presence could have been a hindrance. Officers at 8 of the 70 police stations (11%) refused to participate in the interview process, meaning that information could only be gathered through observation, while access was denied at two of the 31 courts. The hospitals could not always be monitored via physical observation because the services for victims of sexual offences tend to be based in the casualty ward, so in most cases the questionnaires were completed telephonically.

On the 8th and 9th of November 2010, before monitors were dispatched to government facilities, they underwent basic training in the principles of monitoring and evaluating the different facilities. Forty-seven monitors from participating organisations conducted the research. Each monitor was given an assessment guide and advised to carry their identity document at all times.

The monitoring was conducted in two stages. The first round was conducted in 2010 during the 16 Days of Activism in Gauteng, the Western Cape and Limpopo, and the second in February 2011 in KwaZulu-Natal. Most monitoring was conducted on a weekday, with the exception of one police station, where it took place in the late evening. The observation time impacts on the findings, which are therefore not reflective of the services provided over the weekends or at night. In some instances monitors to the venues in pairs, and each made their own assessment. In these cases, they compared notes and discovered they had similar observations.

LIMITATIONS

- Due to the fact that the courts, police stations and hospitals were selected based on convenience, it was not possible to compare the facilities monitored in the 2008 campaign.
- As this was a small, select sample, inferences cannot be made about implementation generally.
- The monitoring undertaken at police stations shows that information differs depending on which officer is encountered on any one day. This was clear in the case of Johannesburg (JHB) Central and Loop St police stations, where the monitors gathered different information on separate visits.
- Monitors were denied access at some police stations, affecting the data collected and therefore the campaign's ability to produce solid baseline data.
- In some cases, the data for certain fields was not captured, so the totals and percentages had to be adjusted accordingly.
- Gaining access to hospitals is not easy as casualty is generally busy, and it was not always possible to speak to a health professional on the phone. This was a particular challenge in Gauteng.

NOTE ON TERMINOLOGY

- Although both men and women can be victims of sexual violence, the feminine pronoun is used for convenience.
- The terms victim empowerment centre (VEC) and victim support centre (VSC) are used interchangeably. Some police stations refer to them as VECs whereas others use VSC.
- 'Victim' and 'survivor' are also used interchangeably.

2. Monitoring Findings: The South African Police Service

Drawing on relevant policy, the SAPS National Instruction 3/2008 in particular, monitors were asked to:

- Describe the physical conditions and location of the police station;
- Investigate police officers' knowledge of and familiarity with the documents and procedures regarding sexual offences, as well as note how easy it was to access these documents;
- Investigate the existence of specialist detectives, services and facilities for sexual offences at each police station;
- Identify the particular issues that the police station prioritised for public awareness, as evidenced through the posters and pamphlets on display.

In the 2010/2011 monitoring campaign, a sample of 70 stations across four provinces was selected for monitoring. Table 1 lists the stations which were monitored fully and Table 2 lists the stations where only observations could be carried out as station personnel refused to answer questions. Table 3 lists the stations where access was denied completely. The police stations highlighted in bold were monitored in 2008, when Limpopo and KwaZulu-Natal were not included in the study.

Table 1: Facilities fully monitored

Gauteng	Western Cape	Limpopo	KwaZulu-Natal
Actonville	Atlantis	Hlamsamami	Alexandra
Benoni	Cape Town	Levubu	Loop Street, Pietermaritzburg
Boksburg	Claremont	Malamulele	Madadeni
Booyens	Delft	Masisi	Melmoth
Brixton	Diep River	Mphephu	Msinga
Hillbrow	Elsies River	Musina	Plessislaer
Jeppe	Gansbaai	Phiphidi	
JHB Central	Grassy Park	Siloam	
Kliptown	Klapmuts	Thohoyandou	
Lenasia	Kirstenhof	Vuwani	
Mondeor	Langa	Waterpoort	
Moroka	Lansdowne	Waterval	
Orlando	Manenburg		
Parkview	Mfuleni		
Protea Glen	Muizenberg		
Rosebank	Parow		
Sandton	Retreat		
Yeoville	Rondebosch		
Sophiatown	Stanford		
	Stellenbosch		
	Woodstock		
	Worcester		
	Wynberg		
	Zwelethemba		

Table 2: Facilities partially monitored

Gauteng	Western Cape	Limpopo	KwaZulu-Natal
	Paarl	Makhado	

Table 3: Facilities where access was refused

Gauteng	Western Cape	Limpopo	KwaZulu-Natal
Kempton Park	Khayelitsha	Makuya	
Lenasia South	Mitchells Plain	Matatashe Satellite	
Sophiatown		Mutale	

MONITORING ACCESS

On the whole, most police station staff were able to assist the monitors without any difficulty. However, access was denied at the following stations:

- **Khayelitsha** – Upon their first visit, monitors were told to make an appointment, however, when they arrived at the agreed time and date, they were prevented from monitoring.
- **Mitchells Plain** – The monitor visited the station twice but nobody would give her any information. The first time, police officers on duty promised to make arrangements with the SAPS head office. On the second visit, the person they had arranged to meet did not arrive, and could not be reached via his personal assistant.
- **Makuya** – The station commander wanted a letter from SAPS at a provincial or district level that gave him permission to allow the monitoring.
- **Matatshe** – The officer on duty prevented the monitors from undertaking their research, saying that the station commander (who was not present) needed to approve their presence.
- **Mutale** – Officers on duty said that the station could not be monitored without permission from the station commander, who was unable at the time.
- **Kempton Park** – the two police officials who handle rape cases were on maternity leave and there was no one else who could assist the monitors. The officers at the Client Service Centre (CSC) were unsure whether statements were taken at the CSC or in the trauma room.
- **Sophiatown** – the detective who deals with sexual offences was unavailable on two visits to the station and no one else was able or willing to answer questions.
- **Lenasia South** – the officers on duty were very unfriendly and unhelpful, even though they did not appear to be busy.

Monitors were only able to partially monitor the following stations:

- **Paarl** – the monitor received no assistance. Officers on duty promised to cooperate but never got around to actually helping her. The monitor returned on two consecutive days without luck, even when a special tasks officer was asked to assist her.
- **Makhado** – The officer on duty was unhelpful. Monitors were referred back and forth for about 35 minutes and eventually gave up. They were told that the station commander would need to grant them permission, but he was out of town attending a 16 Days event.

STATION ACCESSIBILITY

The stations were monitored for accessibility in terms of whether the building is easy to identify as a police station, had clear direction markers towards it, displayed the South African flag, had disability access¹ and was close to public transport routes. The station conditions were also monitored in terms of cleanliness and state of repair. Most stations met all of the criteria specified.

Table 5: General accessibility of stations monitored nationally

Total (n=70)	Station well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean	Good repair
Yes	57	51	60	62	55	52
No	11	18	7	4	13	13
Missing	2	1	3	4	2	5

GAUTENG

Table 6: General accessibility of stations monitored in Gauteng

Gauteng (n=21)	Station well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean	Good repair
Yes	14	10	17	18	13	13
No	7	11	4	1	8	8
Missing	0	0	0	2	0	0

In general, Gauteng police stations were well marked, easy to locate and close to public transport. However, many lacked direction markers.

- Booyens, Orlando, Lenasia South and Protea Glen were not clearly marked. The monitor felt that Booyens was neither clearly marked nor readily identifiable as a station, which could create confusion for people who do not know where the station is situated.
- 11 out of the 21 stations monitored lacked clear direction markers.
- There was insufficient parking available at Kempton Park, Rosebank, Hillbrow, JHB Central and Parkview.
- Only 17 of the 21 stations provide access for people with physical disabilities. Mondeor, Lenasia South, Kliptown and Jeppe lacked ramps and thus limited access.

In terms of cleanliness and good repair, only eight of the 21 stations appeared to have problems. Most stations did not have very visible South African flags displayed outside the station which would possibly help identify it as a police station.

¹ Disability access refers to access for people with physical disabilities, i.e. a ramp.

WESTERN CAPE

Table 7: General accessibility of stations monitored in the Western Cape

Western Cape (n=27)	Station well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean	Good repair
Yes	25	23	24	22	23	22
No	1	3	1	3	3	3
Missing	1	1	2	2	2	3

The 27 stations were monitored for accessibility and station condition. Most met all of the specified criteria, with the exception of:

- Mfuleni, Stanford and Gansbaai did not have clear direction markers to the station in the surrounding roads.
- Kirstenhof was described as "not close to clients, they have to use a taxi to go there" and marked as not close to public transport.
- Stanford and Cape Town police stations were marked as not close to public transport routes.
- Langa police station did not have access for people with a physical disability.

In 2008 it was noted that Atlantis had dirty floors but the Mitchells Plain police station was rated as clean. In 2010 Mitchells Plain, Kirstenhof, Stanford and Atlantis were marked as having problematic cleanliness and a poor state of repair.

In 2008 Cape Town and Wynberg did not have facilities to accommodate people with physical disabilities. Unfortunately, in the 2010 monitoring it was not noted whether Cape Town now has those facilities, but Wynberg does. In addition, Wynberg is now marked as accessible via public transport.

LIMPOPO

Table 8: General accessibility of stations monitored in Limpopo

Limpopo (n=16)	Station well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean	Good repair
Yes	13	13	14	16	13	13
No	3	3	2	0	2	1
Missing	0	0	0	0	1	2

All 16 stations met the criteria of being close to public transport routes. Only two stations did not have a South African flag displayed outside (Matatshe and Musina), and all but two stations for which information was provided (Makhado and Musina) had adequate disability access.

Three stations were not well marked. They were:

- Hlamsamami SAPS, which had outside lights but offered no clear indication that it was a police station.
- Musina SAPS, which had neither clear directional signs nor outside lights.
- Matatshe, which had no lighting or directional signs indicating that it was a police station.

The majority of stations monitored were clean and in good repair. Musina station was undergoing renovations at the time of monitoring, and Mphephu station was marked as having a problem with regards to its state of repair and cleanliness, but no description was provided.

KWAZULU-NATAL

Table 9: General accessibility of stations monitored in KwaZulu-Natal

KwaZulu-Natal (n=6)	Station well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean	Good repair
Yes	5	5	5	6	6	4
No	0	1	0	0	0	1
Missing	1	0	1	0	0	1

All stations met the criteria of being close to public transport routes and having the South African flag displayed outside. Msinga did not have clear direction markers to the station in the roads around the station. Unfortunately the form for Loop Street SAPS did not indicate whether the station had access for the disabled, and the form for Alexandra was not completed to indicate whether or not the station was well marked.

All police stations with the exception of Msinga were categorised as clean and in a good state of repair.

THE CLIENT SERVICE CENTRE (CSC)

Image c/o Hazel Thompson



According to the Victim's Charter, every victim of crime has the right to be attended to promptly and courteously by the relevant criminal justice department, institution and agency. This should be done with minimal inconvenience to the victim so as to prevent secondary victimisation. The service received at the CSC is, therefore, an important and critical aspect of receiving adequate assistance and victim support.

GAUTENG

Stations largely appeared to provide adequate service in the CSC even when very busy:

- Sandton and Kliptown were particularly efficient, with a captain/officer asking people in the queue the kind of assistance they needed and directing them accordingly. Brixton was also particularly good with seven officers on duty. Hillbrow's service was good and organised but this was due to the efforts of other officers walking around the station asking people who were waiting if they had been helped.
- Actonville was quite small and appeared

disorganised. Benoni had a long queue and there was no one to provide immediate help. The monitors waited for 20 minutes and in this time overheard the superintendent advising someone on 'how to get someone to drop a case by giving money'. Lenasia had only two officers on duty at the desk to help around 20 people. Lenasia South was particularly uncooperative, with two officers at the desk but not attending to people while a third was chatting at the gate. JHB Central was chaotic and many of the clients were left waiting for up to 20 minutes.

- Although Protea Glen, Kliptown and Yeoville assisted people quite well, the CSCs were described as very dirty and cramped.
- Monitors also noted that some of the CSCs were very noisy, with the police officers themselves making the noise.

WESTERN CAPE

At the time of the monitoring, most CSCs were observed as adequately providing services to the public. In many stations long queues were noted, but this was never attributed to poor service on the part of the officers on duty and there was sufficient place for clients to wait.

- Atlantis, Manenberg, Mitchells Plain and Woodstock were noted as being very busy. At Mitchells Plain station the CSC was described as "very busy" with a "long line of people waiting to be helped". Despite an officer directing the monitors to another building so that they did not have to stand in the queue, they were prevented from monitoring because of lack of high-level permission (see above). Claremont was also listed as having a long line.
- Delft, Gansbaai and Woodstock were noted as clean. Despite being extremely busy, the monitor noted that the Delft CSC waiting area was clean and comfortable and there were four officers responding to clients' needs.
- At Klapmuts, Muizenberg, Rondebosch, Parow, Stellenbosch and Woodstock officers were described as 'helpful'. At Gansbaai, Parow and Atlantis the monitors noted that the officers were friendly.
- At Zwelethemba the space was described as too small.
- Stellenbosch and Klapmuts SAPS were described as quiet.

LIMPOPO

In Limpopo most police stations were observed to have adequate facilities for the number of clients who were waiting to be assisted.

- There were benches at Waterval, Hlamsamami and Musina for clients, but at Malamulele there was insufficient seating and people had to queue. It was described as very busy.
- At many stations certification of documents was the predominant activity noted.

KWAZULU-NATAL

In most stations the CSC was noted as busy, but with sufficient officers to assist.

- However, at Msinga police station, the CSC was said to be very small, with clients waiting outside with one officer.
- At Madadeni there were twelve officers on duty, and 38 clients waiting in the CSC.
- At Loop St Station the monitor noted that there seemed to "be a smooth flow" and the station was "well organised [with] no confusion observed as to the roles of policemen".
- When the monitor arrived at Melmoth, there were no community members or police in the CSC. The monitor noted that the police "were in a small room near to CSC. They stare on something (sic)" but as soon as they saw the monitor they came quickly to assist her.

POSTERS AND PAMPHLETS IN THE CSC



The posters and pamphlets on display in the CSC serve two purposes. Firstly, they reflect the issues most important to the police, those that specifically affect a certain area and also, importantly, help to facilitate awareness of certain issues within the community. Secondly, they provide an important source of information for victims as to their rights and the services which are available to them. Also, the Shukumisa Campaign was deliberately structured to be administered during the 16 Days of Activism against Women and Children meaning that, ideally, most police stations, through posters and pamphlets, should have been supporting the 16 Days campaign.

GAUTENG

Only eight of the 21 stations monitored in Gauteng displayed posters relating to sexual offences and no pamphlets were available at 17 of the stations. Jeppe had pamphlets for HIV testing and drugs while Brixton had a pamphlet on breaking the silence of domestic violence as well as one on breaking the silence on sexual offences, but both appeared to be outdated. Boksburg had a pamphlet on Men as Partners promoting speaking out on violence against women 365 days a year, a pamphlet on Ikhaya Lethemba and two pamphlets on acting against child abuse. Parkview displayed a pamphlet for the Victim Support Unit which included contacts for counselling services and emergency contact details.

All posters and pamphlets were in English, apart from two posters which were in both English and Afrikaans.

WESTERN CAPE

Most stations in the Western Cape had posters on their walls relating to sexual offences, domestic violence and child abuse. The only two that did not have any posters were Rondebosch (because the station was undergoing renovations), and Langa. Most posters were in English, with a few in multiple languages.

Unfortunately 10 stations in the Western Cape did not have any available pamphlets. Topics covered included: alcohol abuse; breaking the silence; child abuse; child domestic work; domestic violence and victim support; HIV and AIDS; human trafficking; pedestrian safety; sexually transmitted infections; and tik.

Pamphlets were primarily in English, with a few in Afrikaans, IsiXhosa and Zulu.

LIMPOPO

All 16 stations monitored in Limpopo had posters on their walls. Topics covered included domestic violence and protection orders, sexual offences, the definitions of and rights associated with rape, indecent assault, xenophobia and domestic violence, human trafficking, and children's rights. All but one of the 60 posters in the 16 stations were in English.

Only four of 16 stations (Mutale, Makuya, Mphephu and Musina) had any pamphlets available for clients to read. Between them they had six pamphlets in total, five in English and one in TshiVenda. These were produced by the SAPS and the DOJ&CD and covered the topics of children's rights, domestic violence, and sexual offences as well as the service standards for police officers.

KWAZULU-NATAL

All stations had posters on their walls. Only Msinga displayed posters about domestic violence, rape, indecent assault and human trafficking. Melmoth had one poster focusing on information for rape survivors and Madadeni had one poster entitled 'Seven rules to remember about sexual abuse'. Most posters were in English, with one poster in English and Zulu.

Three stations had pamphlets available for victims of crime, and three did not (Loop St, Msinga and Plessislaer). Pamphlets were available in English with Zulu and Afrikaans at Melmoth police station, English only at Alexandra station, and in English and Zulu at Madadeni police station. Some of the topics included: the truth about drugs; breaking the silence on sexual offences and domestic violence; acting against crime together; and amalungelo ezinyane.

POLICY AND LEGISLATION

The existence of clear policy guidelines relating to the conduct expected and the procedures followed in the investigation of sexual offences, and adherence to these policy guidelines, is critical to ensuring effective service delivery by the police service for victims of sexual offences. The documents associated with the SOA provide an essential source of information for victims in terms of their rights and the services available to them. At the stations visited, monitors asked the persons assisting them to show them copies of the following documents. These documents should be readily at hand in terms of the National Instruction 3/2008.

- The Sexual Offences Act;
- The National Instructions 3/2008;
- The station orders around sexual offences;
- The regulations and forms related to the Sexual Offences Act (forms for the HIV testing of the rape accused and information sheets for rape survivors about PEP and HIV testing);
- Information about hospitals providing PEP to rape survivors;
- A list of organisations providing services to rape survivors.

Due to the fact that it was not possible to gain full access at all of the stations, the following information is based on the stations where monitoring was possible. The station totals have been adjusted according to where information was available.

Table 10: Number of stations with complete copies of documents

Documents	Gauteng (18)	Western Cape (23)	Limpopo (12)	KwaZulu- Natal (6)	Total (n=59)
Sexual Offences Act	4	19	6	5	34 (57%)
Regulations and forms related to SOA (forms for HIV testing of the rape accused, information sheets for rape survivors about PEP)	1	19	6	4	30 (51%)
National Instructions 3/2008	5	18	5	5	33 (56%)
Station orders around sexual offences	3	18	3	5	29 (49%)
List of organisations providing services to rape survivors	6	19	4	3	32 (54%)
List of hospitals providing PEP to rape survivors	7	19	6	4	36 (61%)
All documents available and complete	0	16	2	1	19 (32%)

GAUTENG

Table 11: Number of stations in Gauteng with copies of documents²

Station (n=18)	Sexual Offences Act	Copy of the regulations and forms related to SOA	National Instructions 3/2008	Station orders around sexual offences	List of service providers	Information about hospitals providing PEP to rape survivors
Actonville						
Benoni					X	X
Boksburg	X		X			
Booyens	X				X	
Brixton					I	X
Hillbrow					X	X
Jeppe						
JHB Central		X	X	X	I	
Kliptown	X		X			
Lenasia			X	I	I	
Mondeor					X	X
Moroka						
Orlando					X	X
Parkview						X
Protea Glen						
Rosebank						
Sandton				X	X	X
Yeoville	X		X	X		

There was not a single station which had all the documentation readily available. The reason typically provided for the documents' unavailability was that the documents were locked in a room (or filing cabinet) to which the officer did not have a key. In most cases when the documentation was produced, it was after the officer went to look for it. However, the officers in charge of the VECs often knew about the documentation but could not locate all of it.

Boksburg, Booyens, Yeoville and Kliptown had copies of the SOA readily available – although at Booyens, it took the commander about 10 minutes to find it in a disorganised safe. Yeoville has two files for the SOA, one of which is kept in the CSC and the other with the station commissioner. The officer was unable to find the CSC copy and so the monitor was taken to speak to the station commissioner. Hillbrow produced the Sexual Offences Bill, as opposed to the SOA, after searching for about 10 minutes.

Only JHB Central had available copies of the regulations or forms associated with the SOA. Officers at Yeoville, Booyens and Kliptown were unsure what these documents were, while those at Mondeor requested copies from the monitor.

Both Actonville and Moroka have deteriorated in this regard, as neither could produce the documents as had been the case in 2008.

² 'I' indicates an incomplete document and 'X' indicates a complete document.

WESTERN CAPE

Table 12: Number of stations in the Western Cape with copies of documents

Station (n=23)	Sexual Offences Act	Copy of the regulations and forms related to SOA	National Instructions 3/2008	Station orders around sexual offences	List of service providers	Information about hospitals providing PEP to rape survivors
Atlantis	X	X	X	X		X
Claremont					X	X
Delft	X	X	X	X	X	X
Diep River	X	X	X	X	X	X
Elsies Rivier	X	X	X	X	X	X
Gansbaai	X	X	X	X	X	X
Grassy Park	X	X	X	X	X	X
Kirstenhof						
Klapmuts	X	X	X	X	X	X
Langa						
Lansdowne	X	X	X	X	X	X
Manenberg	X	X	X	X	X	X
Mfuleni	X	X	X	X	X	X
Muizenberg	X	X	X	X	X	X
Parow	X	X	X	X	X	X
Retreat	X	X	X	X	X	X
Rondebosch	X	X	X	X	X	X
Stanford	X	X	X			
Stellenbosch					X	X
Woodstock	X	X	X	X	X	X
Worcester	X	X	X	X	X	X
Wynberg	X	X	X	X	X	X
Zwelethemba	X	X		X	X	X

Fifteen stations (Delft, Diep River, Elsie River, Gansbaai, Grassy Park, Klappmuts, Manenberg, Mfuleni, Muizenberg, Parow, Retreat, Rondebosch, Woodstock, Worcester and Wynberg) had copies of all of the documents requested, and the officer could access them easily. Kirstenhof police station had incomplete copies of all of the forms. And only some documents were available at a few stations:

At Atlantis, the list of organisations providing services to rape survivors was missing. In 2008, Atlantis was unable to show whether or not they had the documents because the senior commander was not on duty.

At Claremont, the officer on duty was aware of the documents, but mentioned that certain unnamed people would collect copies of the relevant paperwork from Wynberg and deliver them when necessary.

At Stanford the monitor noted that the officer on duty did not appear to know what he was being asked for.

Langa officers were unable to present a single form to the monitor. They claimed to know of the documents, but said that they were housed with the FCS in Elsie River. If a client arrived, officers would phone Elsie River to obtain a copy of the documents.

LIMPOPO

Table 13: Number of stations in Limpopo with copies of documents

Station (n=12)	Sexual Offences Act	Copy of the regulations and forms related to SOA	National Instructions 3/2008	Station orders around sexual offences	List of service providers	Information about hospitals providing PEP to rape survivors
Hlamsamami						
Levubu						
Malamulele	X					X
Masisi	X	X	X		X	
Mphephu					X	
Musina						
Phiphidi						
Siloam	X	X	X	X	X	X
Thohoyandou	X	X	X	X		X
Vuwani	X	X	X	X		X
Waterpoort	X	X	X			X
Waterval		X			X	X

In Limpopo, complete versions of all of the documents were available at only two of the 16 stations monitored (Siloam and Thohoyandou). At Mutale, Makuya, Makhado and Matatshe, monitors were prevented from completing their monitoring, so were unable to ascertain whether or not the documents were available.

At Hlamsamami, the monitor waited for more than an hour but nobody was able to assist her or show her any of the documents. In fact, she noted that none of the officers on duty seemed to know anything about the copies.

At Malamulele, the officer on duty was unsure what the monitor was looking for and had to call someone else to help.

At Masisi, the monitor did not indicate whether a copy of the station orders or information about hospitals providing PEP was available but the station did have complete versions of the other forms available.

Mphephu officers on duty did not know what the monitor was asking about and referred her to the captain, who was able to help her.

Musina – It appears as though the sergeant on duty completed the form indicating that the station had copies of the SOA, the National Instructions and information about hospitals providing PEP. However the monitor has marked 'not shown' next to each one, so it is unclear whether or not the documents were actually available. The monitor noted that the officers on duty appeared to know what she was talking about.

KWAZULU-NATAL

Table 14: Number of stations in KwaZulu-Natal with copies of documents

Station (n=6)	Sexual Offences Act	Copy of the regulations and forms related to SOA	National Instructions 3/2008	Station orders around sexual offences	List of service providers	Information about hospitals providing PEP to rape survivors
Alexandra	X	X	X		X	X
Loop St						
Madadeni	X	X	X	X	X	X
Melmoth	X	X	X	X		X
Msinga	X		X	X	X	X
Plessislaer	X	X	X	X		

Only one of the stations monitored (Madadeni) could present copies of all the documents. Loop St police station was unable to present any of the forms, even after the warrant officer requested assistance from the captain.

SPECIALISED STATION-LEVEL SERVICES AND FACILITIES FOR RAPE VICTIMS

The Victim's Charter places an obligation and duty on victims' service agencies to provide a victim of crime with information concerning any relevant services available to them by other providers. This includes an obligation to make an appropriate referral to available specialised social, health and counselling services. Therefore, in terms of the Victim's Charter, the SAPS is legally obliged to refer victims directly to support services and should be in a position to readily do so. These services need to address the diversity of victims and accommodate sexual orientation, disability, religion and age.

In order to prevent secondary victimisation, discretion, privacy and confidentiality must be ensured when taking a statement from a rape victim. Ideally this should be done in a suitable room completely separate from the CSC where the public is served, and away from the busy areas of the police station. Interview rooms should be quiet, clean, and comfortable, and ideally, be child friendly to accommodate the needs of child victims. The National Instructions obligate police officers to immediately request the victim to accompany them to an appropriate area, away from the main duty desk in the CSC, and out of the sight and hearing of other persons.



GAUTENG

Table 15: Number of stations in Gauteng with specialised services

Gauteng (n=18)	Specialist Detective Services	Victim Support Centre	NGOs/CBOs/Volunteers available
Yes	9	9	15
No	8	9	3
Missing	1	0	0

In general, the Gauteng stations monitored appear to be complying with the Victim's Charter in terms of the correct procedure to follow when taking statements.

- Trauma rooms were available at all stations except Actonville and Booyens (where the victim's statement is taken in one of the detectives' offices).
- At Yeoville, the officer said statements were first taken in the CSC before the victim was taken to the VEC, even though the victim's statement should be taken in private.
- Nine of the stations monitored had a separate building that operates as a victim support centre. Actonville and Kliptown had such facilities in 2008 but this was no longer the case in 2010.
- The following stations had specialist detectives which deal with child protection and sexual offences cases: Benoni (±20), Brixton (2), Mondeor (3), Rosebank (2), Yeoville (4), Hillbrow (±3), JHB Central (23), Lenasia and Moroka (unknown number).
- Three of the stations refer victims to Ikhaya Lethemba, a One-Stop Centre (OSC) that deals with victims of sexual and domestic violence. It was unclear whether these stations provide transportation for the victims to Ikhaya Lethemba.
- Actonville takes victims' statements and then refers them to the Benoni cluster FCS. Lenasia and Protea Glen refer victims to Moroka. The data on Kliptown is conflicting as the monitoring form states that victims are referred to Orlando, but Orlando refers victims to Ikhaya Lethemba. This suggests a victim has to visit two police stations before receiving the available and necessary services.
- Overall, monitors noted that the trauma rooms and victim empowerment centres appear to be comfortable and clean, and importantly, they also cater for child victims. The Brixton VEC provided a toilet and shower for victims, while Yeoville has recently renovated the VEC as it was not up to standard. When monitors queried the bare, empty room, the Yeoville officer said that they were waiting for donations of couches, beds and curtains from the community.
- On the first visit to JHB Central, the VEC room was locked at 1:30pm and the woman who worked next door complained that the officers in charge of the VEC are hardly ever there. The second visit also yielded no results, with one of the FCS detectives noting that she was unsure whether or not there was actually a VEC. On the third visit, monitors found a good, clean VEC which caters for both adults and children. Kliptown's VEC was also locked as the detectives apparently knock off at 1:30pm. Monitors described the Moroka VEC as unwelcoming for rape victims and rather dirty.
- In general, the stations had someone on call to provide victim support but this person was not based at the station. Benoni, Jeppe, Mondeor, Parkview, Rosebank, Yeoville, Hillbrow and Sandton had volunteers/NGOs on call 24 hours a day, seven days a week. Officers at JHB Central complained that no one provides for the volunteers and they often provide food, nappies and clothing to victims from their own resources.
 - » Volunteers were managed by the SAPS except at Parkview, Sandton and Yeoville.
 - » Parkview and Sandton volunteers are managed by the community policing forum, while in Yeoville they are managed by a Victim Empowerment Programme coordinator.

- Orlando East has improved since the previous monitoring in 2008. The station now has volunteers available on call to attend to victims.

Some areas of concern: At Kempton Park, the monitor was told that the two police officers who deal with rape cases were both on maternity leave. This means that there was no one at the station who would have been able to provide specialist services to a rape victim at that time. At JHB Central, the FCS detectives (who are not based at the station) were unsure whether a victim support centre even existed.

Deaf victims

- Many stations did not provide special assistance to deaf victims. However, Parkview contacts Victim Support, Rosebank uses St Vincent's School for the Deaf, Sandton has two individuals on call who can assist with sign language, Benoni's superintendent provides assistance, and Lenasia and Protea Glen also turn to a local school for deaf children for help.
- Actonville, Booysens, Brixton, Jeppe, Boksburg, Mondeor, Orlando and Moroka claim they never encounter deaf victims. Kliptown and Yeoville noted that it was a challenge, while JHB Central said that officers would conduct the interview using written communication.

Lesbian, gay, bisexual, transgender and inter-sex (LGBTI) victims

- Most stations do not have provisions for LGBTI victims.
- Officers at Kliptown said they never come across these victims unless they have been arrested, but it was not clear why LGBTI victims were being arrested in the first place.
- Sandton contacts Sunninghill Hospital, which refers officers to the relevant specialised services.
- At Rosebank, the social worker takes responsibility for dealing with the victim and decides whether or not they need to be referred on.
- Parkview contacts Victim Support.

Mentally disabled victims

- Many stations do not provide special services to mentally disabled victims.
- Protea Glen contacts Baragwanath Hospital for assistance, while Jeppe and Booysens approach Ikhaya Lethemba. Sandton police take down the victim's statement and then take victims to Kagiso

where specialists are available. Rosebank also takes down the statement in-house, before taking the victim to a local hospital. Importantly, officers have conceded that the hospital does not often report back.

- Officers at Benoni told monitors that they have come across such cases but they are often not investigated or withdrawn as neither SAPS nor the NPA wants to take responsibility for mentally disabled victims. There is also an unwillingness to cover the necessary psychologists' fees, but it is unclear from the monitoring form who does not wish to pay these fees.
- Yeoville contacts one of the volunteers to assist with the victim.

WESTERN CAPE

Table 16: Number of stations in the Western Cape with specialised services

Western Cape (n=24)	Specialist Detective Services	Victim Support Centre	NGOs/ CBOs/ Volunteers available
Yes	20	14	24
No	4	9	0
Missing	0	1	0

- Four stations (Kirstenhof, Grassy Park, Diep River and Retreat) took statements in the CSC, but also provided victims with the option of moving to a private office.
- All stations, where this information was available, had separate trauma rooms. These were almost always described by the monitor as neat, clean and welcoming, with the exception of Claremont, Delft and Kirstenhof.
- The trauma rooms at Grassy Park and Diep River were locked and monitors were prevented from entering.
- Lansdowne, Rondebosch and Woodstock had rape kits and children's gift packs available for survivors.
- Delft, Kirstenhof, Grassy Park, Diep River, Claremont, Rondebosch, Woodstock, Stanford, Gansbaai, Parow, Elsie's River, Atlantis, Stellenbosch and Klapmuts all had separate Victim Support Centres.



- All stations had a list of available volunteers, NGOs or CBOs. In two stations (Claremont and Muizenberg), these were specified as volunteers, while in another two (Mfuleni and Delft) they were classified as Victim Support Workers.
 - » In most stations (16), these volunteers were coordinated by SAPS or the Community Policing Forum (12), or a combination of the two.
 - » Coordinating NGOs included Rape Crisis Cape Town Trust, the Trauma Centre and Cape Mental Health.
 - » At Muizenberg a private psychologist provided victim support.
- Stations that claimed to have volunteers or organisations available to provide victim support services 24 hours a day, seven days a week included Atlantis, Cape Town, Elsie River, Gansbaai, Grassy Park, Kirstenhof, Lansdowne, Manenberg, Parow, Woodstock, Worcester and Zwelethemba.
- 20 stations said that they had access to specialist detectives from the FCS units. Of these:
 - » Four said their detectives were not based at their stations (Lansdowne – based in Mitchells Plain, Rondebosch – based in Steenberg, Gansbaai – based in Hermanus, and Woodstock – unspecified).
 - » Wynberg had seven detectives based at the station; Stellenbosch had eight and Muizenberg had one detective. The other stations could not specify how many detectives they had access to.

Deaf victims

With regard to taking statements from deaf victims, the responses were varied.

- Atlantis and Zwelethemba had no referral systems in place, and the officer at Stanford was unsure what the procedure involved.
- Claremont, Muizenberg, Lansdowne, Rondebosch and Woodstock all made referrals to Deaf SA.
- Delft and Langa referred victims to the FCS.
- Gansbaai had a community member who assisted in cases involving deaf victims.
- Kirstenhof and Wynberg referred victims to a social worker.

- Mfuleni and Cape Town said that they had a trained staff member, and in Worcester the captain had allegedly recommended training for all staff but this had not yet taken place. Elsie River officers said that one staff member had been trained, but was not on duty at the time. They thus referred the client to the FCS.
- Parow made referrals but the officer interviewed was unsure to whom.
- Klapmuts referred deaf victims to the Department of Correctional Services, the Stellenbosch SAPS or to a member of the public whom they knew could assist.
- Stellenbosch said a number of officers were being trained in sign language.

LGBTI victims

Most stations in the Western Cape referred LGBTI victims to other organisations. However, Stanford could not say how officers officially responded to LGBTI clients, and Zwelethemba could not give information on where exactly clients were referred.

Claremont, Muizenberg, Lansdowne, Rondebosch, Manenberg, Atlantis, Klapmuts and Elsie River said that services at the station were sufficient. However,

- Lansdowne and Woodstock also referred clients to the Trauma Centre.
- Elsie River and Woodstock also referred clients to the Rape Crisis Cape Town Trust.
- Stellenbosch referred victims to the Trauma Room.

The officer at Worcester was careful to note that they “treat the human being as a person”, while Cape Town said that “any organisation can give them help”, and Klapmuts officers noted that “normal procedures are followed”. In theory, while the treatment of LGBTI and heterosexual victims of sexual violence should be standardised in terms of police procedure, specialised referrals for LGBTI victims could be necessary. Most other stations referred victims to the FCS, a Social Worker or for trauma counselling.

Mentally disabled victims

Many stations referred mentally disabled victims to the local FCS unit (11) or to a social worker (5). Only Mfuleni and Rondebosch said that they dealt with the victims at the station. One station, Retreat, referred victims to Groote Schuur Hospital or Valkenberg Psychiatric Hospital. The only NGO referral mentioned was Cape Mental Health. At Stanford, officers claimed they “have not once had a disabled victim” and did not know the procedure to follow in such an instance. Similarly at Gansbaai, the station did not have information on where to refer these victims. Cape Town relied on the Department of Social Development to instruct officers on where to refer mentally disabled victims, but officers were unable to name any specific organisations.

LIMPOPO

Table 17: Number of stations in Limpopo with specialised services

Limpopo (n=13)	Specialist Detective Services	Victim Support Centre	NGOs/ CBOs/ Volunteers available
Yes	5	10	11
No	7	3	2
Missing	1	0	0

None of the facilities monitored took statements in the CSC.

- Five stations had access to specialised detectives, including Levubu (1), Malamulele (3), Musina (1), Thohoyandou (4) and Waterval (6, but they are based off-site).
- Ten stations (Hlamsamami, Levubu, Malamulele, Makhado, Mphephu, Musina, Siloam, Thohoyandou, Waterval, and Waterpoort) said that statements were taken in a separate room.
- Hlamsamami, Levubu, Musina, Siloam, Thohoyandou, Yuwani and Waterpoort stations all had separate victim support centres.
- Makhado, Masisi, Mphephu and Waterpoort stations had both a trauma room and a victim support centre.
- Monitors noted chairs, beds and posters were present in most VSCs, and described the facilities as neat, clean and user-friendly for both children and adults. Despite Malamulele officers claiming that they had a separate room, the monitor reported that there was no official separate room to take statements. An officer would have to be asked to vacate one of the offices if a statement needed to be taken in private.
- Eleven stations had volunteers/NGOs/CBOs providing services at the station. Levubu, Makhado, Masisi, Mphephu, Siloam, and Waterpoort said that these services were provided 24 hours a day, seven days a week.
 - » In the majority of stations these volunteers were coordinated by the SAPS (9), the Victim Empowerment Programme (5), or a combination of the two.
 - » Two NGOs that were mentioned as coordinating volunteers were Youth Against Crime and Women Against Crime.

Deaf victims

Five stations (Mphephu, Malamulele, Vuwani, Musina and Thohoyandou) said that they had never had such a case and therefore did not have a list of referral services. The officer at Musina said that nobody provides such services, whereas the officer at Malamulele promised that the station would find out where to refer deaf victims.

Three stations (Phiphidi satellite station, Masisi and Levubu) said they referred deaf victims to Tshilidzini Special School, while Hlamsamami officers said they were referred to the Tiyani Health Centre social worker.

At Waterpoort, the officer said that community members were asked to help out, while Waterval would ask the FCS unit for help and Makhado would approach the local Victim Empowerment Programme (VEP).

LGBTI victims

Four stations (Phiphidi, Thohoyandou, Vuwani and Levubu) said that they refer LGBTI rape victims to the trauma centre. At Makhado the officer claimed it was the first time he had heard of such a scenario and at Malamulele, the officer said that they would refer victims to social workers but "have never come across such cases". Musina officers also said they would refer victims to a social worker as no organisations provided such services.

Masisi officers referred LGBTI victims to the victim support officer at the Donald Fraser Hospital, while at Hlamsamami, LGBTI clients were referred to Elim Hospital. Only Waterval police station had a service provider (Vejo) based at the station to assist LGBTI victims.

Mentally disabled victims

- Four stations (Waterpoort, Malamulele, Musina and Thohoyandou) referred mentally disabled victims to the nearest hospital.
- Levubu and Phiphidi satellite stations referred them to the local trauma centre, while Vuwani said that they had never had such a case, but would also refer mentally disabled clients to the trauma centre.
- Makhado referred such clients to the VE services at the station, and Waterval referred them to the Makhado CPU. Hlamsamami referred mentally disabled victims to the Tiyani Health Centre social worker.
- Apparently confused, the officer at Mphephu said the station's victim unit had "women police as well to assist in such instances".

KWAZULU-NATAL

Table 18: Number of stations in KwaZulu-Natal with specialised services

KwaZulu-Natal (n=6)	Specialist Detective Services	Victim Support Centre	NGOs/CBOs/Volunteers available
Yes	3	3	5
No	3	3	1

- Plessislaer was the only station with in-house FCS detectives; 19 specialist detectives were reportedly based at the station.
- Loop St referred victims to Willowton, while Alexandra and Melmoth had contact with FCS detectives, even though none were based at the stations. The Madadeni monitor noted that no detectives dealt specifically with child protection and sexual offences, but listed eight specialist detectives based at the station.
- Only Plessislaer and Msinga stations took statements in the CSC. Alexandra, Loop St, Madadeni, Melmoth and Msinga took statements in a separate office (this information was not captured for Plessislaer).
- There was a special trauma room at Loop St, Melmoth and Plessislaer, but this information was missing for Alexandra. At Plessislaer, Loop St and Alexandra there were separate VECs.
- Where available, the facilities were described as neat and tidy, with positive posters and sufficient couches and toys available. At Msinga, the monitor could not access the room, while at Madadeni the room was just another office. On-duty officers said that there were plans to make the room more user-friendly.
- Msinga, Plessislaer and Madadeni had NGOs/CBOs/volunteers based at the station 24 hours a day, seven days a week and Alexandra and Loop St had these services on call. These services were coordinated by the CPF (Alexandra, Melmoth and Msinga) or the SAPS (Madadeni and Plessislaer).

Deaf victims

- Alexandra officers stated that the provision of services to deaf victims was a 'cluster challenge'.
- Two monitoring forms were completed for Loop St station by two different monitors. One noted that there was no sign language interpreter, and the other reported that radio control would be contacted in such an instance, but that no such case had occurred before.
- Madadeni did not have the services of an interpreter on call and required the deaf client to communicate via writing.
- Melmoth did not employ anyone specifically to assist deaf victims; they were referred to one of the teachers at Vuleka, a local school for deaf children.
- Msinga police station noted that they would refer deaf victims, but did not say where.
- Plessislaer referred deaf victims to the Richmond Deaf and Dumb School.

LGBTI victims

- Melmoth referred LGBTI victims to the Department of Social Development.
- Two monitoring forms were completed for Loop St station by two different monitors. One noted that LGBTI victims were referred for counselling, but did not specify where. The other noted that the officer interviewed felt these victims needed to be treated with respect, but did not mention a counselling referral.
- Msinga police station said that officers would refer LGBTI victims to social workers, Childline KZN or the Crisis Centre.
- Plessislaer said that officers would treat LGBTI victims the same way as heterosexual victims.
- Alexandra stated that cases involving LGBTI victims were rare, and that officers "make (sic) them choose which gender they feel comfortable to speak to".
- Madadeni officers referred LGBTI victims to the Madadeni Crisis Hospital.

It is clear from the above findings that none of the stations in KwaZulu-Natal were aware of the different services required by LGBTI victims.

Mentally disabled victims

- At Alexandra, officers said that the FCS was in charge of all rape cases, while Melmoth said that mentally disabled victims were referred to "relatives and Social Development". It is not clear how treatment would be received.
- Two monitoring forms were completed for Loop St station by two different monitors. One noted that mentally disabled victims were referred for counselling but did not specify where. The other noted that the FCS, clinics and nurses provided assistance.
- Msinga noted that the magistrate was contacted to process mentally disabled clients' forms so they could be taken to the Fort Napier psychiatric institution.
- Madadeni relied almost exclusively on the information provided by the person accompanying the victim, and in some cases contacted the Crisis Hospital. This is significant as it means victims with mental disabilities are prevented from reporting their cases on their own.
- At Plessislaer, officers referred cases to Professor Pillay at Fort Napier psychiatric institution, and noted that in cases of mentally disabled children, the mother would open a case on behalf of her child.

GENERAL OBSERVATIONS

Other observations made by the monitors that should be highlighted indicate the level of service offered at the police stations:

- The monitors observed on more than one occasion that the police would discuss the Child Justice Act or the Domestic Violence Act even though they had been asked about the Sexual Offences Act. In fact at Yeoville, the Child Justice Act was produced instead of the SOA. This suggests there appears to be a conflation of the three Acts/issues.
- At JHB Central while the monitor was at the CSC, she was asked if she could transport a mentally disturbed elderly woman to the Charlotte Maxeke Academic Hospital. When the monitor informed the police which forms they needed to fill out and the standard procedure, they claimed to have no knowledge of the forms and were unable to locate contact details for an ambulance service.
- At Actonville, monitors were taken to an untidy office containing ±95 cases of beer and 10 packs of cider.
- At Hillbrow, the monitor was left waiting for an hour as the only person who could assist her was busy with a victim. The shift commander then escorted the monitor into the VEC where the victim's statement was being taken, indicating a certain level of insensitivity on his behalf. A problem that cropped up repeatedly at the stations is that it appears only one person on duty at any one time can provide information/assistance for sexual offences.
- There were numerous complaints that police stations are under-resourced and in Yeoville, officers claimed that there are insufficient resources to train all the officers in the SOA. However, the station commissioner himself had undertaken the task when the SOA was first implemented. The officer at Moroka complained that she has been waiting since last year to receive SOA training, while in contrast, at Mashatana, the monitor was told that 90% of the officers had been trained (presumably on the SOA).
- At both Hillbrow and JHB Central the monitor was passed on to one of the volunteers at the VEC for further information about the facilities available at the station.
- Many stations carry feedback rating cards in the CSCs. At Lansdowne in the Western Cape there was even a specific rape victim questionnaire which rated the services at the station.
- The officer on duty at Waterval claimed that the services available to rape survivors at the hospital were insufficient. He said that the hospital did not act efficiently in issuing PEP to rape victims, whom he claimed were forced to wait for hours, exposing them to secondary victimisation. He also noted that because the officers accompanying the victim to the hospital often leave the victim there unattended, many victims decide to go home without receiving any care.
- At both Yeoville and Diep River the monitors were taken on a tour of the station and shown where each step in the process takes place.
- The monitor made an interesting observation at the Madadeni CSC: "what was more interesting was seeing the level of cooperation by the SAPS officials. It is contrary to the belief that the SAPS are not official. There was an observation of extreme sensitivity and kindness by the officials. They even provide tissues and water to emotional clients who are struggling to hold back their tears ... In short, I would confidently say that officials attempt to comply with the Batho Pele principles."
- One positive development was that Elsie's River police station requested copies of the forms from the monitors, so that they could perform their own internal monitoring monthly and thus improve the services they deliver.

CONCLUDING REMARKS

Overall, physical accessibility to stations appears to be good, with most stations well marked and close to public transport routes. However, access to information is problematic on various levels. Firstly, there appears to be a lack of knowledge around the SOA by officers who are not involved in sexual offences. This is problematic as if a victim approaches the CSC, she should immediately be able to deal with someone familiar with the legislation and procedures. The fact that monitors were often passed on to another individual at the station who was the only person capable of answering their questions shows there is a lack of personnel trained to deal with sexual offences. This is one of the risks of specialisation. It places all the responsibility on one person and if that person is unavailable, the service is unavailable to the victim. This problem could be solved by more training at a basic level.

Secondly, the documentation related to the SOA is an important source of information for a rape victim to know her legal rights as well as the services available to her. The National Instructions 3/2008 state that every police station should have copies of these documents readily available. The fact that police stations across the four provinces performed poorly in this instance shows that officers' knowledge of the law is not what it should be. Often the documents were not easily located, and in some cases, the officers were unsure what the monitor was requesting. Of the 59 stations where this information was available, only 34 had a copy of the SOA. And only around half of the stations monitored were able to produce the other necessary documentation. The Western Cape is the only province in which more than half the police stations had all the documents ready and available. In Gauteng, not a single station could produce all the documents. This is an area that needs to be addressed. If police officers are unable to locate these documents, rape victims have no access to them either. Importantly, the fact that these forms are printed predominantly in English also means that they are not easily accessible to most of the population.

Thirdly, although stations in the four provinces had posters and pamphlets relating to sexual offences, the materials were not visible at all the stations. The monitoring was predominantly conducted during the 16 Days of Activism, which suggests that some of the stations were not supporting the campaign. Posters and pamphlets may seem a minor aspect of the service offered at police stations, but they are important materials that provide victims with easily accessible information on their rights and the services available to them. As above, most of these posters and pamphlets were only available in English and are not accessible to everyone.

In terms of specialist services, only 63% of stations monitored had specialist detectives available. There appears to be some difficulty in accessing FCS detectives, particularly in Gauteng, Limpopo and KwaZulu-Natal, and victims are referred to another station. This is problematic as it adds extra stress to the victim and exposes her to secondary victimisation.

Two positive points which need to be made are that the VECs were generally described as comfortable and clean. However, not all the stations had a VEC and there is room for improvement in this regard. And secondly, 90% of stations had NGOs/CBOs/volunteers available either at the station or on call. The majority were managed by the SAPS or CPFs. It is unclear which responsibilities the volunteers undertake and whether they take over any of the services the police officers should be performing.

An area that requires substantial development is the provision of services to marginalised victims such as the deaf, the mentally disabled and LGBTI victims. There also appeared to be some confusion between mentally disabled and mentally disturbed victims. The lack of specialised services effectively silences the needs of these minority groups, and treats their difference as an invisible issue. This serves to marginalise them even further, and does not adequately serve their specific needs.

3. Monitoring Findings: The Courts

The courts were monitored according to specific criteria that addressed the level of accessibility, privacy and specialist services available to victims. These include:

- The physical condition and location of the courts; their accessibility by public transport, the position of the court in comparison to the city centre, and the cleanliness and condition of the actual building;
- The signage identifying the court, clear road signs directing people to the relevant building, and provisions/services for people with disabilities;
- The availability of certain facilities at the court, including specialised services for victims of sexual offences;
- An individual present to provide assistance at the information desk and this official's designation;
- The witness room and its facilities;
- Public toilets and the availability and condition of seating arrangements/chairs;
- The visibility of posters, pamphlets, pictures on the walls and the availability of toys for young children.

The selection of courts across Gauteng, Limpopo, the Western Cape and KwaZulu-Natal that were monitored for the Shukumisa Campaign in 2010 is listed in Table 19.

Table 19: Courts monitored in Shukumisa Campaign, 2010

Gauteng (8)	Western Cape (8)	Limpopo (13)	KwaZulu-Natal(2)
Atteridgeville	Athlone	Dzanani	Madadeni
Benoni	Atlantis	Makhado	Msinga
Jeppe	Blue Downs	Makuya	
Johannesburg	Cape Town	Malamulele	
Kempton Park	Khayelitsha	Masisi	
Pretoria	Mitchells Plain	Waterval	
Protea	Wynberg	Musina	
Randburg	Parow	Mutale	
		Sibasa	
		Thohoyandou (High)	
		Thohoyandou (Magistrate)	
		Tiyani	
		Vuwani	

MONITORING ACCESS

Overall, court officials were willing to provide monitors with the information requested. However, at Khayelitsha Court, monitors were told to make an appointment and when they arrived on the scheduled date, they were prevented from carrying out the monitoring exercise. At Makuya Periodical Court the station commander refused to allow the monitoring to take place unless the High Office granted him to permission. And there was an access problem at Atteridgeville, as the sexual offences prosecutor was unavailable.

COURT ACCESSIBILITY

According to the Customer Service Charter for Court Users, anyone accessing court facilities should be provided with clear direction signs and an accessible courthouse that offers specialised services, such as ramps, for those with disabilities. Court facilities should also be safe, accessible and convenient.

Table 20: General accessibility of courts

	Gauteng (8)	Western Cape (8)	Limpopo (13)	KwaZulu-Natal (2)	Total (n=31)
Accessible by public transport	5	6	12	2	25
Disability access	6	7	11	2	26
Clear direction	0	5	8	1	14
Well marked	7	7	7	1	22
Clean/good repair	8	8	13	2	31

GAUTENG

Table 21: Accessibility of Gauteng courts

Gauteng (n=8)	Court well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean/good repair
Yes	7	0	6	5	8
No	1	8	1	0	0
Missing	0	0	1	3	0

- All the Gauteng courts displayed good signage except Kempton Park.
- The monitors found that all the courts lacked clear direction markers, which makes them difficult to locate.
- Where this information was captured, all courts were situated near public transport routes and provided access for people with a physical disability.
- All buildings were clean and in good repair.

WESTERN CAPE

Table 22: Accessibility of Western Cape courts

Western Cape(n=8)	Court well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean/good repair
Yes	6	4	7	6	7
No	1	3	0	1	0
Missing	1	1	1	1	1

- Atlantis, Blue Downs and the Cape Town Court had no direction markings. Atlantis was not well marked and the Cape Town Court was far from public transport.
- All courts were clean, in a good state of repair, and provided disability access.

LIMPOPO

Table 23: Accessibility of Limpopo courts

Limpopo (n=13)	Court well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean/good repair
Yes	7	8	11	12	13
No	5	4	1	1	0
Missing	1	1	1	1	1

- There were no clear direction markers to the Makuya, Makhado, Sibasa and Tiyani courts. Masisi was also noted as not well marked.
- Most courts were situated close to public transport, with the exception of Dzanani.
- All courts except Musina provided disability access.

KWAZULU-NATAL

Table 24: Accessibility of KwaZulu-Natal courts

KwaZulu-Natal (n=2)	Court well marked	Clear direction markers	Access for the disabled	Close to public transport	Clean/good repair
Yes	1	1	2	2	2
No	1	1	0	0	0

- Madadeni had all the facilities monitored except refreshment facilities.
- Msinga was not well marked, and there were no clear direction markers on the surrounding roads.

COURT FACILITIES AND SERVICES



The Customer Service Charter for Court Users also guarantees victims of crime who access court services the following facilities:

- An information desk for the provision of information services;
- Refreshment facilities;
- A room for NGO services;
- Separate witness waiting rooms for victims of sexual violence;
- A separate room with a closed-circuit television (CCTV);
- Court preparation services.

The Charter also obligates the courts to provide clean and accessible public toilets for its users.

GAUTENG

Table 26: Facilities and services available at Gauteng courts

Court (n=8)	Witness waiting room		CCTV facilities		Room for NGO services		Court preparation services	
	Yes	No	Yes	No	Yes	No	Yes	No
Kempton Park	X		X			X		X
Johannesburg	X		X		X		X	
Atteridgeville	X		X		-	-		X
Pretoria	X		X			X	X	
Randburg		X	X			X	X	
Protea	X		X		X		X	
Jeppe	X		X			X	X	
Benoni	X		X		X		X	
TOTAL	7	1	8	0	3	4	6	2

- Information desks, often staffed by security guards, were available at all the courts except Atteridgeville and Randburg. However, no one was manning the information desk at Johannesburg and Pretoria.
- Johannesburg, Benoni and Protea provided an office or separate room for NGO services.
- The toilets at all the courts monitored were all open/unlocked (except Atteridgeville, where the information was not captured, and Johannesburg, where the monitor could not find the toilets). Toilets in Pretoria and Protea had no toilet paper available and the facilities at Pretoria, Randburg and Benoni were either broken or missing toilet seats.
- All the courts had witness waiting rooms, except Randburg, where the roof had fallen in on one side and no replacement room had been made available. Randburg witnesses wait in the office of the court preparation officer, but it does not cater specifically for rape victims or children. Witness waiting rooms were child-friendly, with different-sized chairs for adults and children, as well as toys and games. Kempton Park and Pretoria specifically labelled their facilities as child witness waiting rooms, even though they are used by all witnesses. Monitors were unable to gain access to the witness waiting rooms at Randburg and Atteridgeville.
- In general, the witness waiting rooms were in good condition apart from Johannesburg and Protea. Johannesburg's facilities were described as sterile and cold.
- There were paintings/pictures on the walls of all the witness waiting rooms except in Benoni. In general, these images were described as more appealing to children than adults.
- Information posters adorned the walls in two of the witness waiting rooms. These posters were issued by the DOJ and described the court process. Other posters stated that domestic violence and rape are crimes. There were no posters at Benoni, Jeppe, Protea and Kempton Park.

WESTERN CAPE

Table 27: Facilities and services available in Western Cape courts

Court (n=6)	Witness waiting room		CCTV facilities		Room for NGO services		Court preparation services	
	Yes	No	Yes	No	Yes	No	Yes	No
Atlantis		X	X		X			X
Blue Downs	X		X			X	X	
Cape Town	X		X		X		X	
Mitchells Plain	X		X		X		X	
Wynberg	X		X		X		X	
Parow	X		X		X		X	
TOTAL	5	1	6	0	5	1	5	1

- All courts had an information desk. At Mitchells Plain, Wynberg and Blue Downs it was staffed by an employee of the Department of Justice, while at Athlone, Blue Downs, Cape Town, Parow and Wynberg it was manned by a security guard.
- Blue Downs is the only court which did not offer a room or office dedicated to NGO services.
- Only Mitchells Plain and Blue Downs had a complaints/suggestion box.
- Toilet facilities in all the courts were open (with the exception of Athlone or Cape Town, where the information was not captured). Mitchells Plain and Atlantis had no toilet paper and the facilities were broken, while in Cape Town the toilets were out of order.
- Witness waiting rooms at Wynberg, Cape Town, Parow and Blue Downs all had toys.
- Cape Town had two couches, one chair for adults and four children's chairs. Parow had six benches, two adult chairs and six for children. Wynberg had 20 chairs for adults and 13 for children, and Blue Downs had 11 chairs and two benches for children's use.
- In Cape Town pictures on the wall were aimed at children, as were the images displayed at Blue Downs and Wynberg.
- Only Blue Downs, Cape Town, Parow and Wynberg had posters up, and only a small number of these were relevant to the 16 Days of Activism.
- The poster in Parow was about victims' rights, being aware of and acting against abuse.
- In Cape Town the posters were mainly educational.
- Posters were mainly written in English or Afrikaans, but several courts displayed some isiXhosa posters as well.
- Parow offered a pamphlet entitled "Act Against Abuse", but none of the other courts had any pamphlets (this information was not captured for Atlantis, Athlone or Mitchells Plain).

LIMPOPO

Table 28: Facilities and services available at Limpopo courts

Court (n=12)	Witness waiting room		CCTV facilities		Room for NGO services		Court preparation services	
	Yes	No	Yes	No	Yes	No	Yes	No
Dzanani	X			X		X		X
Makhado	X		X			X		X
Malamulele		X	X			X	X	
Masisi		X		X		X		X
Waterval	X		X		-	-	X	
Musina		X	X		X			X
Mutale		X	-	-		X		X
Sibasa	X		X		-	-	X	
Thohoyandou High		X	X			X	X	
Thohoyandou Magistrate		X		X	X		-	-
Tiyani		X		X	X			X
Vuwani		X		X		X		X
TOTAL	4	8	6	5	3	7	4	7

- CCTV facilities were available at all courts except Vuwani, Masisi, Dzanani, Tiyani and Thohoyandou.
- Half of the courts did not have complaints or suggestion boxes, and only four offered court preparation services.
- Only Tiyani, Musina and Thohoyandou had an NGO office on-site.
- Only Thohoyandou had refreshment facilities.
- Dzanani, Waterval, Makhado and Sibasa courts had witness waiting rooms.
- All the toilets were open except at Thohoyandou. Toilet paper was available only at Makhado, Musina, Mutale and Vuwani, while facilities were out of order at Makhado, Dzanani, Mutale and Thohoyandou.
- Only Dzanani, Makhado and Sibasa had toys available for child victims.
- Waterval court displayed eight chairs for adults and three for children, while Makhado had benches that could accommodate 26 people. Dzanani had a mix of 51 children's and adults' chairs, while Sibasa had 12 chairs for children and two for adults.
- At Dzanani a poster appealed to young children, while those at Sibasa stated "no excuse for abuse" and "child protection".
- None of the courts had pamphlets available.

KWAZULU-NATAL

Table 29: Facilities and services available at KwaZulu-Natal courts

Court (n=2)	Witness waiting room		CCTV facilities		Room for NGO services		Court preparation services	
	Yes	No	Yes	No	Yes	No	Yes	No
Madadeni	X		X		X		X	
Msinga		X		X		X		X
TOTAL	1	1	1	1	1	1	1	1

- Madadeni had all the features being monitored except refreshment facilities.
- Msinga did not have a witness waiting room, a separate room with CCTV facilities, refreshment facilities, an office/room for NGO services or court preparation services available. It did have a complaints/suggestions box.
- Only Madadeni had a witness waiting room, which was described as being in good condition. It had adult chairs but none for children. And although there was a box full of toys, the room was not child friendly.
- The Madadeni witness waiting room had no pictures, but displayed seven posters (6 x English, 1 x Zulu) produced by the DoJ&CD, the NPA and Legal Aid. The posters focused on children's rights, the SOA, and access to rights as a victim of crime. No pamphlets were available.

SPECIALIST SERVICES FOR SURVIVORS

The specialised services for survivors of sexual offences should include a dedicated Sexual Offences Court staffed by specialised prosecutors, assisted by court preparation officers and intermediaries.

GAUTENG

Table 30: Specialised services at Gauteng courts

Court	Specialist courts/prosecutors		Access to intermediary services	
	Sexual offences courts	No. of prosecutors	Available	Who provides?
Kempton Park	No	-	Yes	DSD
Johannesburg	Yes	>10	Yes	NPA/DoJ&CD
Atteridgeville	Yes	1	-	-
Pretoria	No	-	Yes	NPA
Randburg	No	-	Yes	Court prep officer
Protea	No	-	Yes	Various people
Jeppe	Yes	2	Yes	Ikhaya Lethemba
Benoni	Yes	±25	Yes	Lifeline
TOTAL	4	-	7	

- Only four courts monitored employed specialist sexual offences prosecutors: Johannesburg (>10), Atteridgeville (1), Jeppe (2) and Benoni (±25).
- Pretoria's sexual offences court was disbanded in October/November 2008 and the NPA has been fighting to bring the court back. It is also closely linked to the TCC and all cases from there are referred to the prosecutor who assisted the monitor.
- The following had court preparation services: Johannesburg, Pretoria, Randburg, Benoni, Jeppe and Protea. In general this service is provided by the NPA, except in the case of Protea, where a NGO (The Teddy-Bear Clinic) provides this service.
- All the courts monitored except Atteridgeville offered intermediary services. These were provided by the NPA, Department of Social Development, Ikhaya Lethemba and Lifeline. At Protea, the prosecutor said that the services were provided by various unspecified people. It is unknown whether Atteridgeville provides intermediary services as there was a problem with access.

WESTERN CAPE

Table 31: Specialised services at Western Cape courts

Court	Specialist courts/prosecutors		Access to intermediary services	
	Sexual offences courts	No. of prosecutors	Available	Who provides?
Atlantis	No	-	Yes	RAPCAN
Blue Downs	Yes	2	Yes	DoJ&CD
Cape Town	Yes	2	Yes	DoJ&CD
Wynberg	Yes	-	Yes	DoJ&CD
Parow	Yes	6	Yes	DoJ&CD
TOTAL	4	10	5	

- Athlone was not monitored as it refers all sexual offences cases to Wynberg.
- Blue Downs, Cape Town, Parow and Wynberg had dedicated sexual offences courts.
- Blue Downs and Cape Town each had two specialist prosecutors, and Parow had six specialist prosecutors (2 x isiXhosa, 2 x English and 2 x Afrikaans).
- All courts monitored had intermediary services available, primarily provided by the DoJ&CD and RAPCAN.
- Court preparation provided primarily by RAPCAN and the Rape Crisis Cape Town Trust was available at Atlantis, Blue Downs, Cape Town, Parow and Wynberg courts.

LIMPOPO

Table 32: Specialised services at Limpopo courts

Court	Specialist courts/prosecutors		Access to intermediary services	
	Sexual offences courts	No. of prosecutors	Available	Who provides?
Dzanani	Yes	1	No	-
Makhado	Yes	1	Yes	NPA
Malamulele	No	-	Yes	Individual
Masisi	No	-	No	-
Waterval	Yes	2	Yes	Individual
Musina	No	-	Yes	Social Worker
Mutale	No	-	No	-
Sibasa	No	-	Yes	DoJ&CD
Thohoyandou (High)	No	-	Yes	-
Thohoyandou (Magistrate)	No	-	No	-
Tiyani	No	-	No	-
Vuwani	No	-	No	-
TOTAL	3	4	6	

- Waterval had two prosecutors, while Makhado and Dzanani had one each.
- Sibasa was opened in 2003 as a sexual offences court but is no longer a specialised court.
- Even though Dzanani employed a sexual offences prosecutor, it had neither intermediary nor court preparation services.
- In Makhado, intermediary services were provided by the NPA on contract, and in Musina intermediary services were provided by a Social Worker.
- In Sibasa and Malamulele, intermediary services were provided by the DoJ&CD and by appointment only.

KWAZULU-NATAL

Table 33: Specialised services at KwaZulu-Natal courts

Court	Specialist courts/prosecutors		Access to intermediary services	
	Sexual offences courts	No. of prosecutors	Available	Who provides?
Madadeni	No	-	Yes	Individual
Msinga	No	-	No	-
TOTAL	0	0	1	

Neither court employed any specialised prosecutors. Madadeni had access to intermediary services at the court, while Msinga referred victims to Greytown Regional Court. There are no court preparation services available at Msinga and the Madadeni form was incomplete.

CONCLUDING REMARKS

Processing a sexual offences case requires sensitivity and specially trained service providers. A rape victim should have access to someone who can explain and help her through the court process, while protecting her need for privacy and safety, in a special witness waiting room. Only 17 of the 28 courts had witness waiting rooms available at the time of monitoring. The shortage of intermediary services at many of the courts is also of serious concern. Not all the courts had access to these services. Children in particular need special support in this process.

Just as significant is the shortage of specialised Sexual Offences Courts. Only 11 of 27 courts monitored had these services available. The effect of the DoJ&CD's moratorium on specialised courts is highlighted by two examples in the study. The sexual offences court at Pretoria was disbanded in late 2008 and cases are dealt with by general prosecutors. Sibasa, which was opened as a sexual offences court in 2003, is no longer a specialised court and deals with all cases. Even more significant is the number of specialised prosecutors at these courts. On average, there were only two prosecutors based at the court. This shows that there is a clear lack of specialised prosecutors to handle the caseload which could lead to a victim having to wait long periods of time to get justice.

This monitoring could only be done outside actual court proceedings, so the level of service provided in court is unknown. This is a difficult aspect to monitor as sexual offences proceedings are often conducted in-camera and so cannot be monitored.



Image c/o Hazel Thompson

4. Monitoring Findings: The Health Facilities

The National Management Guidelines for Sexual Assault released by the Department of Health in 2005 suggest that each facility should have a rape management protocol in place.

Table 34: Hospitals monitored in Gauteng and the Western Cape

Gauteng (5)	Western Cape (6)
Leratong	The Simelela Centre
Coronation	Somerset
Chris Hani Baragwanath	Victoria
Natalspruit	Westfleur
Hillbrow Community Health Centre	Worcester
	Thuthuzela Care Centre

SPECIALIST SERVICES

GAUTENG

Five facilities were monitored in Gauteng – Leratong Regional Hospital, Coronation, Chris Hani Baragwanath, Natalspruit and Hillbrow Community Health Centre. All of the facilities provided Post-Exposure Prophylaxis (PEP) to survivors, except Coronation, which refers rape patients to Ikhaya Lethemba.

The health worker at Leratong was unable to answer some of the questions and so the only information available for that hospital is that it is designated to provide PEP. It does not provide any specialist services.

Natalspruit, Hillbrow Help Centre and Chris Hani Baragwanath all provide dedicated specialist services to rape patients on a 24-hour basis. All three hospitals provide

medical treatment, pre- and post-counselling, HIV testing, and in the case of Natalspruit, victim empowerment support. The health worker spoken to at Hillbrow claimed that they write reports for the police. At Hillbrow, these services are done within the medico-legal service and at Chris Hani Baragwanath, the Nthabiseng unit deals specifically with rape victims.

Pre-counselling at the three hospitals is generally undertaken by social workers. At Hillbrow, care workers provide the pre-counselling and patients are referred to social workers or psychologists for post-counselling.

None of the hospitals said that they are designated to conduct compulsory HIV testing of alleged rapists.

WESTERN CAPE

Six facilities were monitored in the Western Cape: the Simelela Centre, Somerset, Victoria, Westfleur, Worcester and the Thuthuzela Care Centre. All of the hospitals provided PEP to rape survivors for the prevention of HIV infection, and three undertook to perform compulsory HIV testing of alleged perpetrators. Somerset Hospital did not perform compulsory testing.

At Westfleur, Worcester and Somerset, staff were not aware of a rape management protocol but the remaining hospitals had a protocol in place.

Of the six hospitals, five stated that they offered counselling services to rape survivors. Officials at Somerset Hospital conceded that sometimes they would wait for a psychologist from another institution.

There is no organisation at Somerset that offers counselling to survivors; at Simelela counselling is provided by a social worker, and at the Thuthuzela Care Centre counselling is provided by Rape Crisis Cape Town Trust.

All hospitals reported that they offered the services of a social worker or a psychologist at the hospital. Similarly, all hospitals offered specialist services, carried out by the casualty department, nursing staff or trained sexual assault examiners (and clinical forensic medicine practitioners at Thuthuzela).

The Thuthuzela Care Centre provided sexual assault forensic examination and evidence collection, counselling, nursing care, access to ARV prophylaxis and STI prophylaxis, pregnancy prevention, referral to social workers and psychologists, and access to NPA personnel

for advice regarding court procedure. It also offered access to a victim assistance officer, who could arrange counselling, follow-up care, termination of pregnancy services as a result of rape, and the necessary liaison with SAPS forensic services.

Worcester and Westfleur provided PEP, medical services and had a forensic services unit.

Somerset and Victoria had forensic services, while Victoria also offered pap smears and STI testing.

CONCLUDING REMARKS

The health facilities that were monitored provided all of the services a rape victim needs when reporting to a facility. It was also extremely positive that each facility had access to a social worker or psychologist who could offer trauma or psychosocial counselling. This is an important requirement for rape victims that is often ignored. However, most of the facilities monitored were specialist facilities that dealt primarily with sexual violence victims and so it is not possible to determine an accurate reflection of how rape victims would be dealt with at hospitals/clinics without such specialist facilities.

An area of concern is that three facilities monitored in the Western Cape (Simelela, Westfleur and Worcester) provided PEP to victims as well as HIV testing of alleged rapists. This means that a victim could potentially be present at the same hospital as the perpetrator. Clarity is needed around what measures are taken to protect victims in such situations.

Concluding Thoughts

The SOA was enacted in December 2007. However, the monitoring undertaken by the Shukumisa Campaign in 2008 indicated that implementation of the Act, as well as other sexual offences policies, was inconsistent across government facilities. The 2010/2011 monitoring therefore provided an opportunity to reflect on whether any changes had been implemented that positively affect rape survivors' access to information and justice.

In 2011, it is clear that there is still much room for improvement on the services that should be available to all rape victims. Police stations, the first place a rape victim will turn to for help, were particularly problematic in terms of the level of services provided.

There is a significant problem with access to information at police stations. On average, only half the stations monitored had the necessary documentation readily available, even though this condition is a key requirement of the National Instructions. These documents are important to provide a rape victim with information about her legal rights, as well as the services she can access, but only 32% of stations where this information was available were able to provide complete copies of all of the documentation stipulated by the National Instructions. Significantly, only 57% of the stations had a copy of the SOA at all, and fewer than half the stations monitored had access to a list of organisations that provided services to rape survivors. Just under half of the stations could produce the station orders around sexual offences, a situation that could adversely affect a victim's case. If this is because no station orders exist, it is very easy for an officer to make an error in how he/she deals with a rape victim. Without access to the relevant documentation, the service rape victims receive depends on the conditions and knowledge of the individual

officer on duty at any one time. As such, services are not standardised. This could be solved by implementing better training at ground level and improving station organisation.

In terms of specialist detective services, only 63% of the stations monitored had access to FCS detectives. As mentioned above, officers interviewed displayed a lack of general knowledge about sexual offences, which highlights the importance and need for specialist detectives. All rape victims should have immediate access to this service and not be passed on to another station because the service is not available. The redeployment of the FCS units is an important development and had only just begun during the monitoring period. The progress of this redeployment will need to be tracked in future studies to determine if it has an effect on the number of stations that offer access to specialist detectives.

The court facilities are adequate in most cases except Limpopo, where it appears that courts are slightly under-resourced. There were no problems with the witness waiting rooms, although there seems to be more focus on addressing the comforts of child witnesses. A major area of concern with regards to the courts is the lack of sexual offences prosecutors; only 48% of courts monitored have access to these specialised prosecutors. This is in part due to the decision by the DoJ&CD to call a moratorium on specialised courts in 2005, resulting in a steady decline in the number of dedicated sexual offences courts. This was evident in two cases from Gauteng and Limpopo. Intermediary services are also vital for rape victims, particularly children, but only 70% of the courts monitored had access to these services. It was also not possible to monitor court proceedings so an accurate assessment of all court services cannot be given here.

As most of the hospitals were monitored telephonically and as the facilities tended to be hospitals that offered special units to deal with rape victims, this study does not provide an accurate reflection of the services available at general health facilities. However, the health facilities monitored appear to be providing both the healthcare and psychosocial support that a rape victim requires.

The monitoring identified some policy gaps, particularly with regards to station-level services. Firstly, there are no minimum standards for the VECs. Although most VECs monitored were described as clean and victim-friendly, there are no guidelines on what is required of a victim empowerment centre. Similarly, there is no clear definition of the role that volunteers play in providing victim support. As mentioned above, 90% of stations had NGOs/CBOs/volunteers based on-site, with the majority being volunteers. It is unclear whether or not

these volunteers are taking on some of the police's responsibility in dealing with victims. It is also unknown whether or not they have been adequately trained. These services were managed mostly by the SAPS or by CPFs. Gauteng is the only province that has developed guidelines and standards for victim empowerment services, but they are out of date and it is not clear whether the guidelines have been fully implemented.

Although the monitoring was conducted at a micro-level and is not reflective of all facilities nationally, it does highlight some of the systemic problems within South Africa's criminal justice system. The first is that there is a clear lack of access to information at both police stations and at courts. The second is that access to specialised services is not available to every victim. There is clear room for improvement in both of these areas.



APPENDIX A: MONITORS AND PARTICIPATING ORGANISATIONS

The monitoring could not have been possible without the support of the following organisations and their staff.

FAMILY AND MARRIAGE ASSOCIATION OF SOUTH AFRICA (FAMSA):

- Claudia Pfeiffer

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