



SERVICES TO SURVIVORS OF SEXUAL OFFENCES

After a sexual offence has been committed, victims may seek help from the police, health and counselling services and the courts. Ensuring that survivors receive good quality services from these institutions is important because they help remedy the injustice of the sexual offence, as well as support survivors to carry on with their lives without being overwhelmed or permanently damaged by what has been done to them. Unfortunately many of these services leave much to be desired.

Secondary victimisation and victim-blaming

Rape is quite possibly the only crime which we blame on the victim, rather than the perpetrator. This is due to the misconceptions and stereotypes which surround sexual violence, such as:

- the idea that 'real' rape is an act perpetrated by violent strangers, who are typically also armed and ready to injure their victims. The existence of this belief means that many people (including victims) do not recognise sexual assaults committed within relationships as rape;
- Rapists are abnormal, deviant or otherwise 'sick' men;
- women often falsely accuse men of rape;
- women can successfully resist rape if they really want to;
- women provoke rape through their behaviour or dress; and
- rape is a crime of sexual passion.

These beliefs trivialise the harm of sexual victimisation and blame victims for its perpetration. Where they exist they may lead to unsympathetic, disbelieving and inappropriate responses to victims of sexual assault by society in general, as well as at each stage of the criminal justice process. When victims are subjected to such ill-informed behaviour, it is termed 'secondary victimisation' because of the further harm it causes. The preamble to the Sexual Offences Act, 2007 acknowledges that government, in too many instances, has 'fail[ed] to provide adequate and effective protection to the victims of sexual offences' and thus worsened their situation through secondary victimisation.

The need to be knowledgeably informed of rape's causes and consequences, as well as free of ill-informed prejudice, suggests that survivors of sexual offences cannot be treated as part of the population generally but require specialised services.

Weaknesses in health services

- In a survey carried out at 31 health facilities around the country which treat rape survivors, one in three (32.6%) health practitioners said they did not consider rape to be a serious medical condition (Christofides et al, 2006).
- An evaluation of 26 medico-legal services in Gauteng found that health workers demonstrated 'unsympathetic, judgemental and impatient attitude' to women (Suffla et al, 2001).
- Waits for medico-legal examinations can be very lengthy (Vetten and Haffejee, 2005; Christofides et al 2003; Human Rights Watch, 1997);
- delays in the provision of medical treatment, such as HIV post-exposure prophylaxis (PEP) (Vetten and Haffejee, 2005; Human Rights Watch, 2004);
- lack of privacy and confidentiality during the medico-legal examination (Vetten and Haffejee, 2005; Christofides et al, 2006);
- inadequate training of health workers around the examination and treatment of rape survivors (Vetten and Haffejee, 2005; Christofides et al, 2003);
- the absence of referral systems, as well as counseling services for rape survivors and their families (Vetten and Haffejee, 2005; Suffla et al, 2001);
- inadequate record-keeping and documentation by health workers (Vetten et al, 2008; Smythe et al, 2008).

The attrition of rape cases through the criminal justice system

Attrition refers to the dropping or filtering of cases from the criminal justice system prior to a trial's conclusion. Studying how cases fall out of the system provides insight into how and why justice may be eroded. Research examining a random, representative sample of 2 068 rapes reported in Gauteng found:

- that half of cases resulted in arrests (50.5%) but only 42.8% of suspects were charged in court;
- Fewer than one in five cases (17.3%) resulted in trials;
- Just over 1 in 20 (6.2%) of these reported rapes led to convictions. However, some of these convictions were for lesser charges so overall only 4.1% of cases reported as rape resulted in convictions for rape.
- Some one in seven convicted rapists (15.6%) received less than the mandated 10 years minimum sentence.
- The other prescribed sentence for rape, life imprisonment, was also rarely observed. Thirty-four (or 41%) of men convicted of rape were eligible for life imprisonment. This was handed down in only three cases (Vetten et al, 2008).

REFERENCES

Christofides C, Jewkes R, Webster N, Penn-Kekana L, Abrahams N. and Martin L. (2005). "Other patients are really in need of medical attention" – the quality of health services for rape survivors in South Africa. *Bulletin of the World Health Organisation* 83(7): 495-502.

Christofides C, Webster N, Jewkes R, Penn-Kekana L, Martin LJ, Abrahams, N & Kim J. The state of sexual assault services: findings from a situation analysis of services in South Africa. The South African Gender-based Violence and Health Initiative; 2003. Available from: URL: <http://www.mrc.ac.za/gender/sexualassault.pdf>

Human Rights Watch. (1997). *Violence against women and the medico-legal system*. Vol 9, No 4 (A). Available from: URL: <http://www.hrw.org/reports/1997/safrica/>

Human Rights Watch. (2004). *Deadly delay: South Africa's Efforts to Prevent HIV in Survivors of Sexual Violence*, 16 3(A). Available from: URL

<http://www.hrw.org/reports/2004/southafrica0304/southafrica0304.pdf>.

Smythe D, Artz L, Combrinck H, Doolan K and Martin, LJ. (2008). "Caught between policy and practice: Health and Justice responses to gender-based violence" in van Niekerk A, Suffla S and Seedat M, editors. *Crime, violence and injury prevention in South Africa: data to action*. Tygerberg: Medical Research Council-University of South Africa Crime Violence and Injury Lead Programme

Suffla S, Seedat M and Nascimento A. Evaluation of medico-legal services in Gauteng: Implications for the development of best practices in the after-care of rape survivors. Johannesburg: UNISA Institute for Social and Health Sciences and Centre for Peace Action and MRC-Unisa Crime, Violence and Injury Lead Programme; 2001.

Vetten, L and Haffejee, S. (2005). *Factors affecting adherence to post-exposure prophylaxis in the aftermath of sexual assault: Key findings from seven sites in Gauteng Province*. Report prepared for the Gauteng Department of Health. Available from: URL: <http://www.csvr.org.za/docs/gender/factorsaffectingadherence.pdf>

Vetten L, Jewkes R, Fuller R, Christofides N, Loots L and Dunseith O. (2008). *Tracking Justice: The attrition of rape cases through the criminal justice system in Gauteng*. Johannesburg. Tshwaranang Legal Advocacy Centre, South African Medical Research Council and the Centre for the Study of Violence and Reconciliation.