

Shukumisa

MONITORING THE IMPLEMENTATION OF SEXUAL OFFENCES LEGISLATION & POLICIES

FINDINGS OF THE MONITORING CONDUCTED IN 2011/2012



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Shukumisa: Monitoring the implementation of sexual offences
legislation & policies. Findings of the monitoring conducted in
2011/2012

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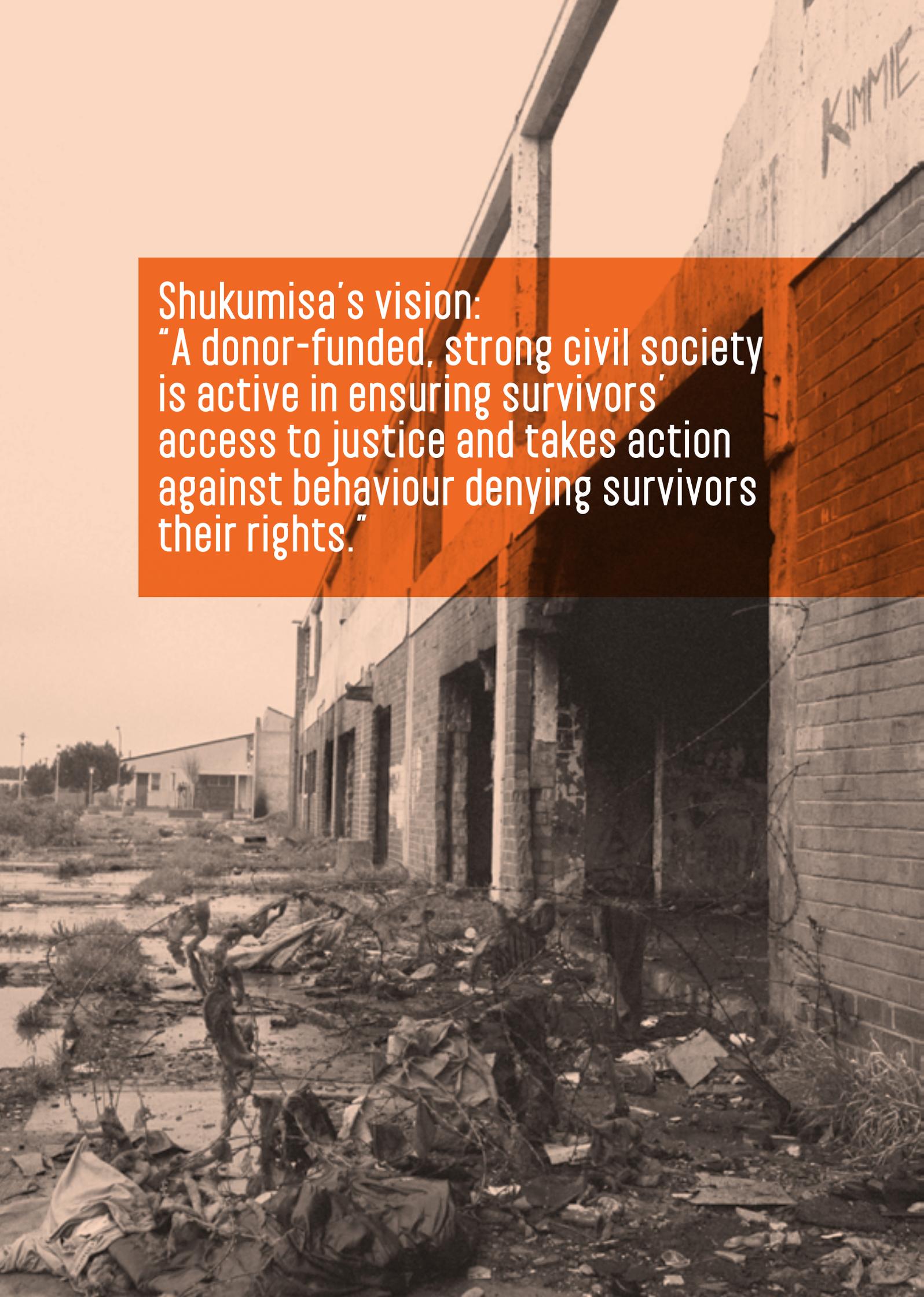
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Shukumisa's vision:
"A donor-funded, strong civil society
is active in ensuring survivors'
access to justice and takes action
against behaviour denying survivors
their rights."

A.

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, 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 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 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.

B.

EXECUTIVE SUMMARY

South Africa reports some of the highest levels of violence against women in the world, leading the state to develop laws and policies that regulate the provision of services to victims of sexual offences. In order to track the translation of these laws and policies into practice, the National Working Group on Sexual Offences (a network of 20 civil society organisations from around South Africa) initiated the Shukumisa Campaign with the aim of examining the extent to which the South African Police Service (SAPS) and the departments of Justice and Constitutional Development (DoJ&CD) and Health (DoH) are meeting their commitments to providing services for victims of sexual offences. The first pilot Shukumisa Campaign monitoring 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 rape victims. These included physical accessibility, access to information, privacy and, most importantly, specialised services.

During the 16 Days of Activism in 2011, and in January of 2012, civil society organisations (CSOs) participating in the Shukumisa Campaign conducted monitoring at 83 police stations, 29 courts and 30 hospitals across Gauteng, the Western Cape, Limpopo, the Eastern Cape, the Northern Cape and KwaZulu-Natal to assess the services which these facilities provide to rape victims. Through observation and short, structured interviews, monitors evaluated the facilities according to criteria based on the Sexual Offences Act (SOA) and related national policies.

Key findings

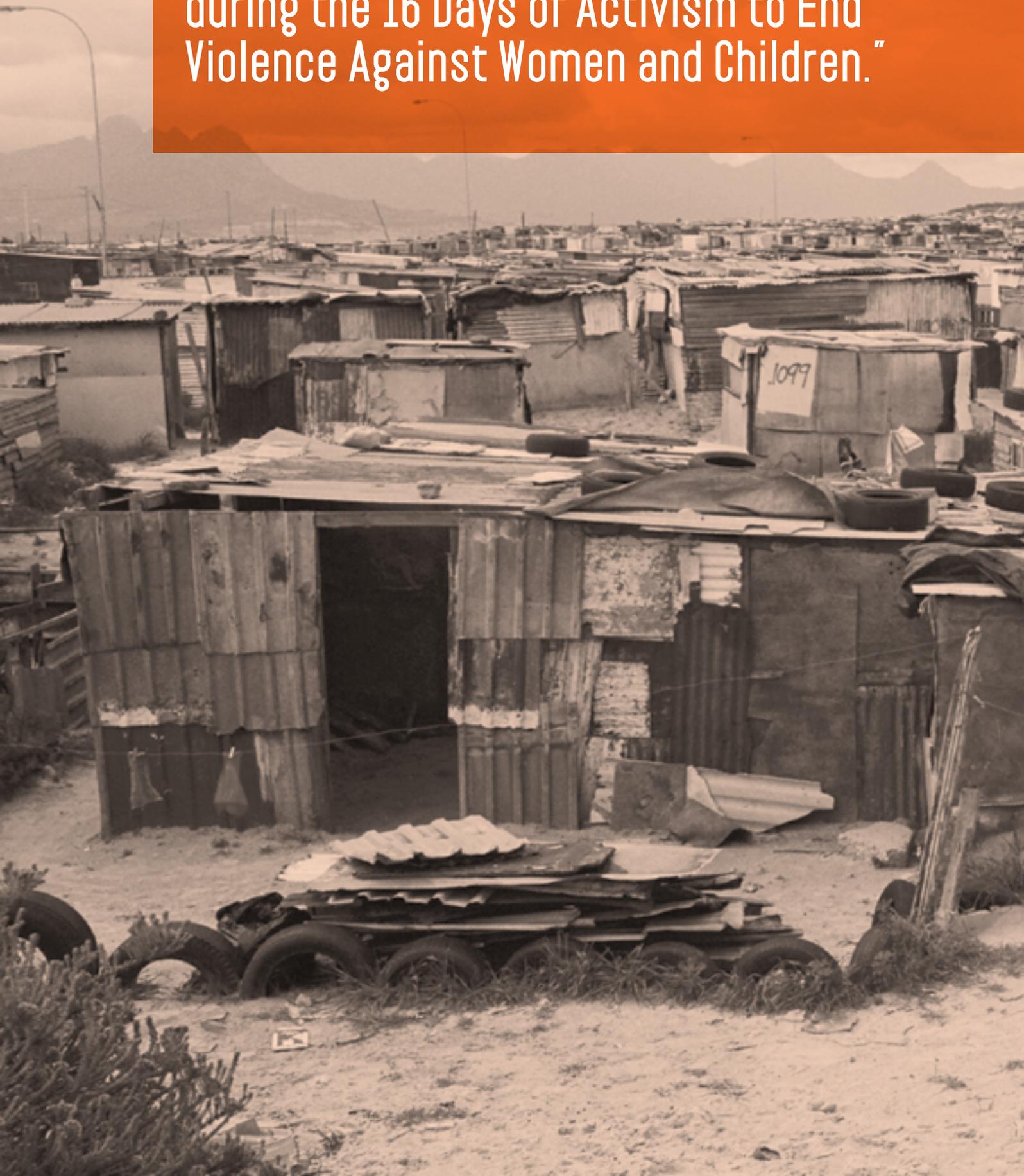
The South African Police Service

A convenience sample of 87 police stations was selected for monitoring across the provinces as follows: Gauteng (26), Western Cape (8), Limpopo (15), Northern Cape (15), Eastern Cape (20) and KwaZulu-Natal (3). Monitors assessed the following factors: accessibility; the Client Service Centre (CSC), including the pamphlets and posters available at the CSC; availability of the documentation associated with the SOA; and specialised station-level services. Although in most cases we were granted access, there was a 5% 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 87 stations were monitored for physical accessibility, including whether the building was easy to identify as a police station, if there were direction markers leading to it, whether they catered for people living with disabilities (physical, mental and hearing) and whether or not it was close to public transport routes. The results show that:

- 42% had support for the hearing impaired;
- 90% had physical disability access; and
- 85% of stations were close to public transport.

“The first pilot Shukumisa Campaign monitoring was undertaken in 2008 during the 16 Days of Activism to End Violence Against Women and Children.”



Monitors observed CSCs and were asked to give their general impressions of the service offered by police officers. 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 sufficient space for clients to wait for assistance. Another aspect of the CSCs that the monitors were asked to observe was whether relevant posters and pamphlets were 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.

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;
- the station orders around sexual offences;
- the regulations and forms related to the SOA (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; and
- a list of organisations providing services to rape survivors.

When asked about these documents, some police officers appeared confused and in a few cases (34%), the documentation was not located easily. Only 17% of stations where this information was available could produce all of the documentation stipulated by the National Instructions. Findings include:

- 60% of stations had a copy of the SOA.
- 53% had copies of the Notice of Services Available to Victims.
- 71% had a copy of the National Instructions 3/2008.
- 51% were able to produce the station orders around sexual offences.
- 53% had a list of organisations providing services to rape survivors.
- 48% 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 also serve to inform rape victims of their rights and relevant services. Police stations are required to develop station orders to guide staff in the treatment of sexual offence cases. It is concerning that only half of the stations monitored could produce station orders. If there are no station orders, officers run the risk of making errors in procedure that can harm the survivor's case.

Rape victims require services that minimise risks of further victimisation. These include assistance from detectives who are specially trained on sexual offences policies and legislation, as well as access to psychosocial support. The 83 stations were monitored to determine availability of specialist detective services and whether there was a separate trauma room or victim empowerment centre (VEC) to ensure privacy, safety and comfort. The campaign found that:

- 94% of stations had access to specialist detectives; and
- 74% of stations had a trauma room.

In addition to being a safe, clean and comfortable place where statements can be taken from survivors, the trauma room should allow for non-governmental

organisations (NGOs), community-based organisations (CBOs) or volunteers to provide psychosocial support to survivors.

The campaign also monitored the facilities available to deaf, mentally disabled and lesbian, gay, bisexual, transgender and intersex (LGBTI) rape victims. Across the six provinces, there was some understanding about the special needs of these marginalised groups. Most of the police stations did not have access to interpreters for deaf survivors of sexual violence. Just over half the police stations monitored had made provision for survivors with a mental disability. A lack of specialised assistance to marginalised groups serves to exclude them further.

The courts

A total of 28 courts were approached to be monitored across five provinces: Gauteng (5), the Western Cape (4), Limpopo (11), the Eastern Cape (7) and KwaZulu-Natal (1). Key criteria observed include signage, accessibility and condition, the witness waiting room and specialised court services. Of the 28, only two courts denied monitors access, and at one court the person on duty could not adequately assist the monitors.

Firstly, monitors assessed the physical accessibility of the court:

- 57% had clear direction markers to the court.
- 82% had access for people with physical disabilities.
- 89% of courts were easily accessible by public transport.

Secondly, monitors assessed court services and facilities. They assessed the extent to which provision was made for the special needs of survivors including the need for privacy:

- 64% of courts had witness waiting rooms.
- 88% of courts had CCTV facilities.
- 36% of courts had a room/office for NGO use.
- 56% of courts had court preparation officers.

Fifteen of the 25 courts monitored were specialist Sexual Offences Courts. Intermediary services are vital for rape victims, particularly children. Not all the courts monitored provided these services. They were provided by 17 of the 25 courts.

The health facilities

Health facilities were monitored in Gauteng (8), the Eastern Cape (12), KwaZulu-Natal (2), Limpopo (5) and the Western Cape (3). Access was granted to 26 facilities and 19 of these provided services to rape survivors. Eighteen of these health facilities provided post exposure prophylaxis (PEP) to rape survivors. Twelve of the 19 facilities conducted compulsory HIV testing of offenders when they were brought in. In four of these facilities there were no separate waiting rooms for offenders and survivors.

Concluding remarks

The 2011/2012 Shukumisa Campaign revealed that there is 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 and specialised services are areas that can be improved.

**“South Africa has amongst
the highest levels of sexual
violence in the world.”**



C.

INTRODUCTION

South Africa has amongst the highest levels of sexual violence in the world, leading to the establishment of laws and policies intended to protect the rights of survivors and to improve the treatment offered to survivors of sexual offences. In order to track the translation of legislation and policy 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. It 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. In 2010, monitoring was again conducted, with the same aims. Building on this, the campaign initiated a third round of monitoring in 2011/2012 to assess the services provided to victims of sexual violence by police stations, hospitals and the courts.

As with the 2008 and 2010 exercises, monitoring standards and criteria were drawn from:

- 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, provision of 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); and
- 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 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 prioritise the victim's needs. In practice, this means that the survivor needs to be able to physically access state facilities. Secondly, she needs access to information about rights and the services

available at these state facilities (via posters and pamphlets, as well as through well-informed personnel). Thirdly, her privacy must be maintained and protected so that she is not exposed to secondary victimisation. And finally, a rape survivor needs access to specialised services that take into account her specific needs.

01. Note on terminology

- Although both men and women can be victims of sexual violence, the feminine pronoun is used for convenience.
- The Shukumisa Campaign prefers the term 'survivor' as it implies agency and acknowledges the steps taken towards healing. Legal documents make use of 'victim'. Therefore in this report 'victim' and 'survivor' are used interchangeably.

02. Method 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.

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 members of the community as well as members of organisations advocating for survivors' rights, theoretically the courts and police stations are legally obligated to answer their questions.

Information was obtained by two means: observation and a short, structured interview. Observations were carried out at the police stations, hospitals and the courts. Ten organisations participated in the 2011/2012 monitoring. Prior to monitoring, monitors received training on how to use the data schedule and 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 2011 during the 16 Days of Activism. The second phase was conducted during January and February of 2012, as during the 16 Days of Activism many facilities and organisations were busy with the activities associated with that time of the year. Monitoring was conducted on weekdays, with the exception of one police station, where it took place over the weekends. 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 went to the venues in pairs, and each made their own assessment. In these cases, they compared notes and discovered they had similar observations.

03. Limitations

- The selection of police stations, hospitals and courts for monitoring was based on convenience determined by their proximity to the organisations that participated in the monitoring activities. Therefore it is not possible to compare the facilities monitored in this round with those monitored in 2008 and 2010.
- 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.
- Monitors were denied access at some facilities, 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.

D.

FINDINGS OF MONITORING: SOUTH AFRICAN POLICE SERVICES

Monitors used a data schedule. The first section of the schedule consists of items that were checked against observations made before monitors entered the police station. Using this section, the monitors assessed how accessible the police station is to users.

Items in the second section of the data schedule refer to the SAPS National Instructions 3/2008 on Sexual Offences and the documentation that police stations are legally required to hold according to these instructions and the SOA. Monitors assessed how easily officers produced the documents and their familiarity with the National Instructions. In addition, the second section examined the existence of specialised services at each police station.

The third section assessed how accessible the police station is to people who live with disabilities (physical, mental and hearing). This section also considered the referral systems that are in place at police stations for the lesbian, gay, bisexual, transgender and intersex (LGBTI) community.

The fourth section of the data schedule examined where statements were taken at each police station, whether the station had a trauma room or victim empowerment centre (VEC) and the condition of that room.

Finally, the last section looked at community involvement, in particular whether there were volunteers from organisations present at police stations. It also examined availability of educational materials such as posters and pamphlets at the police station. In this report the findings of the monitoring are not always presented in the same order as the questions on the data schedule.

The schedule used in 2011/2012 was modified based on the 2010 monitoring. The main additions made to the 2011/2012 data schedule are: reference to the increased number of documents and notices that the SOA 32 of 2007 stipulates to direct the treatment of survivors, questions regarding where survivors are interviewed and questions regarding volunteers and NGOs that either work in police stations or co-operate with police stations.

Monitors in the Northern Cape used the 2010 data schedule. For this reason there are some findings in the report that do not include the police stations in the Northern Cape.

A convenience sample of 87 police stations was selected for monitoring across six provinces. The table to follow provides the numbers and names of police stations monitored in each province.

A man with a mustache, wearing a dark police uniform with four stars on his shoulders and a badge on his chest, is sitting on a concrete ledge. He is looking directly at the camera with a neutral expression. The background shows a brick building with a window. A semi-transparent dark orange box is overlaid on the lower part of the image, containing white text.

**"A convenience sample of 87
police stations was selected for
monitoring across six provinces."**

Table 1.
POLICE STATIONS MONITORED

Eastern Cape 20	Western Cape 8	Northern Cape 15	Gauteng 26	Limpopo 15	KwaZulu-Natal 2
Beacon Bay	Claremont	Aggeneys	Alexandra	Bandelierkop	Loop street
Berlin	Elsies River	Augrabies	Atteridgeville	Makhado	Plessislaer
Bisho	Goodwood	Brandvlei	Benoni	Malamulele	Prestbury
Buffalo Flats	Hermanus	Calvinia	Booyens	Mankweng	
Cambridge	Landsdowne	Groblershoop	Bramley	Masisi	
Chungwa	Milnerton	Kakamas	Brixton	Mphephu	
Dimbaza	Parow	Kananeiland	Evaton	Musina	
Duncan Village	Woodstock	Keimoes	Fairland	Phiphidi	
East London		Kenhardt	Jeppe	Polokwane	
Gombie		Onseepkans	JHB Central	Seshego	
Inyibiba		Paballo	Kempton Park	Siloam	
Keiroad		Pella	Kliptown	Thohoyandou	
Keiskammahoek		Pofadder	Lenasia	Tshilwavhusiku	
King Williams Town		Rosedale	Mondeor	Vuwani	
Mdantsane		Upington	Moroka	Waterval	
Moyeni			Orange Farm		
Ndevana			Orlando		
Peddie			Park View		
Vulindlela			Pretoria Central		
Zwelitsha			Rosebank		
			Sandton		
			Sebokeng		
			Sophiatown		
			Soshanguve		
			Sunnyside		
			Yeoville		

01. Access for monitoring

87 police stations monitored	83 police stations granted monitors access. 4 police stations denied monitors access.
	Eastern Cape: 2 police stations denied monitors access - Moyeni and Peddie police stations.
	Gauteng: 2 police stations denied monitors access - Evaton and Sandton police stations.

Staff gave the following reasons for denying monitors access:

Moyeni: An officer said they could not give the monitor information because NGOs “work underground with politics”.

Peddie: An officer said monitoring could not be conducted without permission from the national office.

Evaton: Staff at the police station explained they were having a ward show for the 16 Days of Activism which meant that the person who could assist the monitor was not available.

Sandton: A senior officer who works on sexual violence explained she couldn’t answer any questions without a letter from the provincial office authorising the monitoring. Nevertheless she reported that Sandton police station has many of the facilities identified by the monitoring data schedule.

02. Accessibility of police stations

Accessibility of the police station refers to:

- **Distance from public transport:** How easy it is for people to reach the police station? The indicator for assessment is that the police station is within a 1 km radius from public transport.
- **Access for people living with disabilities to police stations and police services:** Assessed by the ease with which people with disabilities can enter the police station and how easy it is for disabled people to access police services. ‘Disabled people’ includes the physically and mentally disabled and the deaf. The indicators that measure access to the services of the police stations for disabled people are the following: For the physically impaired, does the police station have a wheelchair ramp? For the mentally impaired, does the police station have a chain of referral sources to support mentally impaired people who report sexual offences? For the deaf, does the police station have a staff member who is trained in using sign language, or have working relations with community members or institutions (such as schools, hospitals) to assist people with hearing impairments who report cases?
- **Sensitivity to the LGBTI community:** This includes to what extent staff at police stations are supportive to the issues relevant to the LGBTI community and the specific needs of LGBTI survivors of rape, and what links they have with LGBTI organisations to be utilised for referrals.

The table below provides a summary of the findings on the accessibility of police stations in the sample. A high number of the police stations are close to public transport and have wheelchair ramps. The number of police stations that provide support to the deaf and mentally disabled is much lower: less than 50% of the sample. Similarly, data reveal a low number of police stations are sensitive to the LGBTI community.

Table 2.
ACCESSIBILITY OF POLICE STATIONS

Total = 87	Within 1 km from public transport	Wheelchair ramp	Support for hearing impaired	Support for mentally impaired	Support to LGBTI community
Yes	74	78	35	48	36
No	13	9	48	35	47
No access granted to monitor	0	0	4	4	4

The following sections present the findings across provinces for each aspect of accessibility as defined in this report: distance from public transport, wheelchair ramp access, support for the deaf, support for the mentally impaired and support to the LGBTI community.

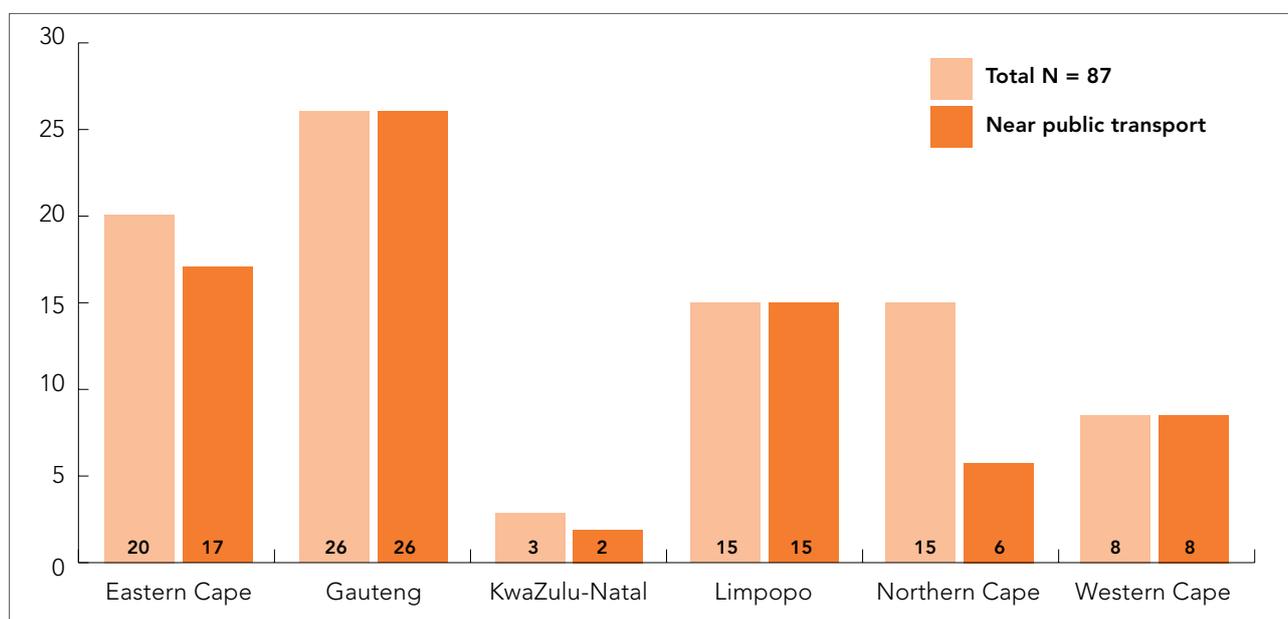
2.1 Distance of the police station from public transport

87 police stations monitored	74 police stations are within a 1 km radius from public transport.
	13 police stations are not near public transport.

Police stations that are not within a 1 km radius from public transport:

Eastern Cape	Berlin, King Williams Town and Moyeni
KwaZulu-Natal	Plessislaer
Northern Cape	Kenhardt, Pofadder, Calvinia, Onseepkans, Pella, Augrabies, Kananeiland, Brandvlei and Kakamas

Chart 1.
NUMBER OF POLICE STATIONS WITHIN A 1 KM RADIUS FROM PUBLIC TRANSPORT



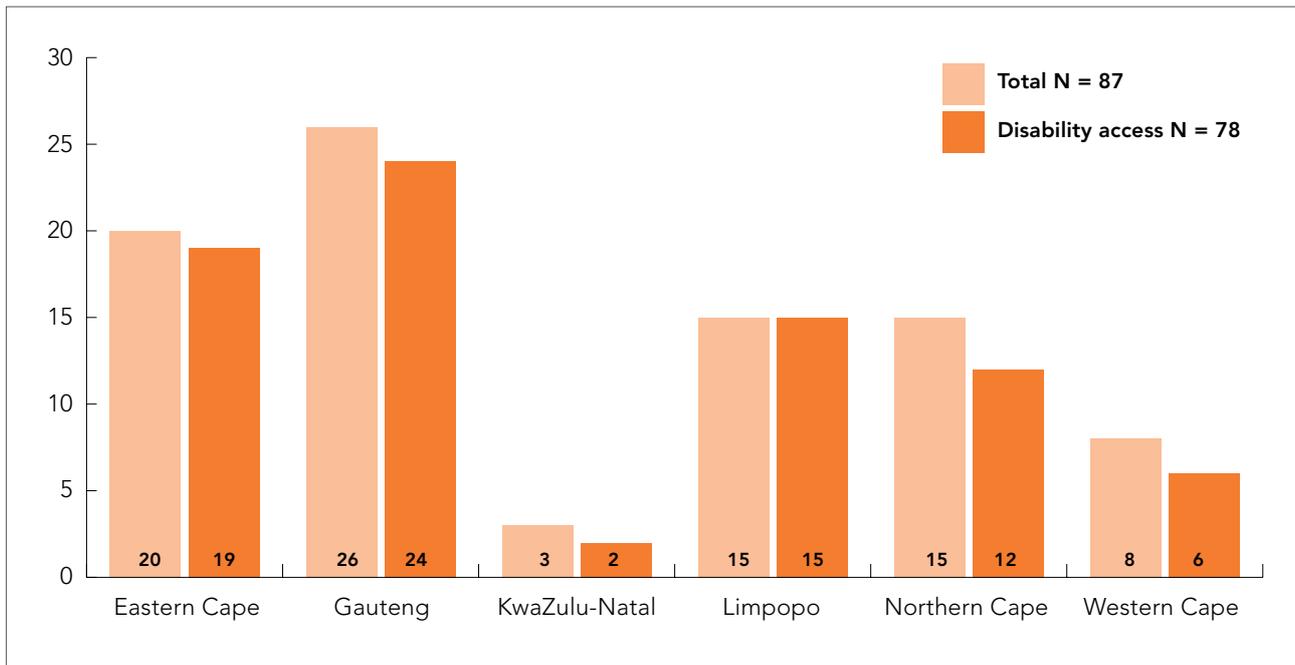
2.2 Access for people living with physical disabilities

How many police stations have wheelchair ramps?

87 police stations monitored	78 police stations have wheelchair ramps.
	9 police stations do not have ramps.

Chart 2.

NUMBER OF POLICE STATIONS THAT HAVE WHEELCHAIR RAMPS



Police stations with no ramps:

Eastern Cape	Moyeni
Western Cape	Landsdowne
Northern Cape	Kananeiland
Gauteng	Yeoville
KwaZulu-Natal	Plessislaer

No data available for the following police stations:

Western Cape	Goodwood
Northern Cape	Pofadder and Kakamas
Gauteng	Mondeor

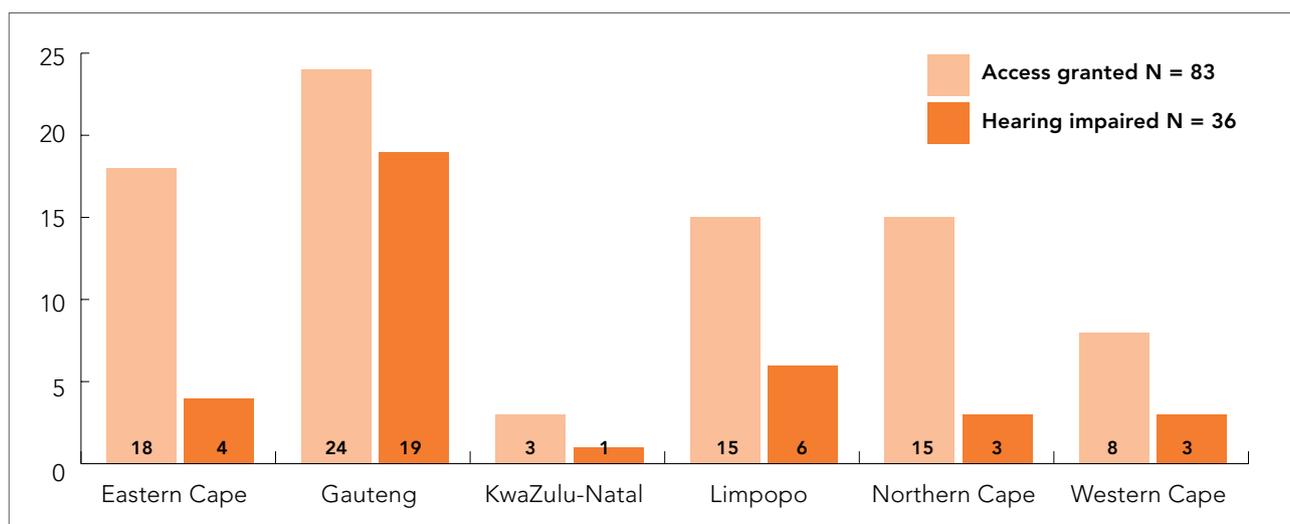
2.3 Support for the deaf

83 police stations monitored	36 police stations provide support for deaf survivors reporting sexual offences.
	47 police stations do not have support for deaf survivors reporting sexual offences.

Police stations were monitored to assess whether they provide support for deaf survivors of rape. The kind of support specified includes access to a staff member who can sign, access to community members who can sign and working relationships with institutions such as schools and hospitals where there is assistance for survivors who have hearing impairments. Those police stations that were assessed as having these services either had a staff member trained in signing, contact with community members who can sign or links with institutions that provide appropriate support. At one police station officers had a chart that they use to assist with the process of taking statements. The chart has pictures of people pointing to different parts of the body to indicate the site of the abuse. The captain of the police station explained that the chart is used to allow people with hearing and speech impairments to report the abuse by pointing to the images on the chart.

Chart 3.

NUMBER OF POLICE STATIONS THAT PROVIDE SUPPORT FOR THE DEAF



Police stations that did not have support for the deaf:

Eastern Cape	Inyibiba, Bisho, Beacon Bay, Gombie, Cambridge, Buffalo Flats, Duncan Village, Keiskammahoek, Chungwa, Keiroad, Ndevana, King Williams Town, Zwelitsha and Mdantsane
Gauteng	Sebokeng, Mondeor, Orange Farm, Sophiatown and Lenasia
KwaZulu-Natal	Loop Street and Prestbury
Gauteng	Yeoville
Limpopo	Polokwane, Mankweng, Siloam, Masisi, Musina, Mphephu, Bandelierkop, Waterval and Tshilwavhusiku
Northern Cape	Pofadder, Groblershoop, Calvinia, Aggeneys, Onseepkans, Pella, Kananeiland, Brandvlei, Kakamas, Kenhardt, Pabalello and Rosedale
Western Cape	Claremont, Hermanus, Parow, Milneron and Woodstock

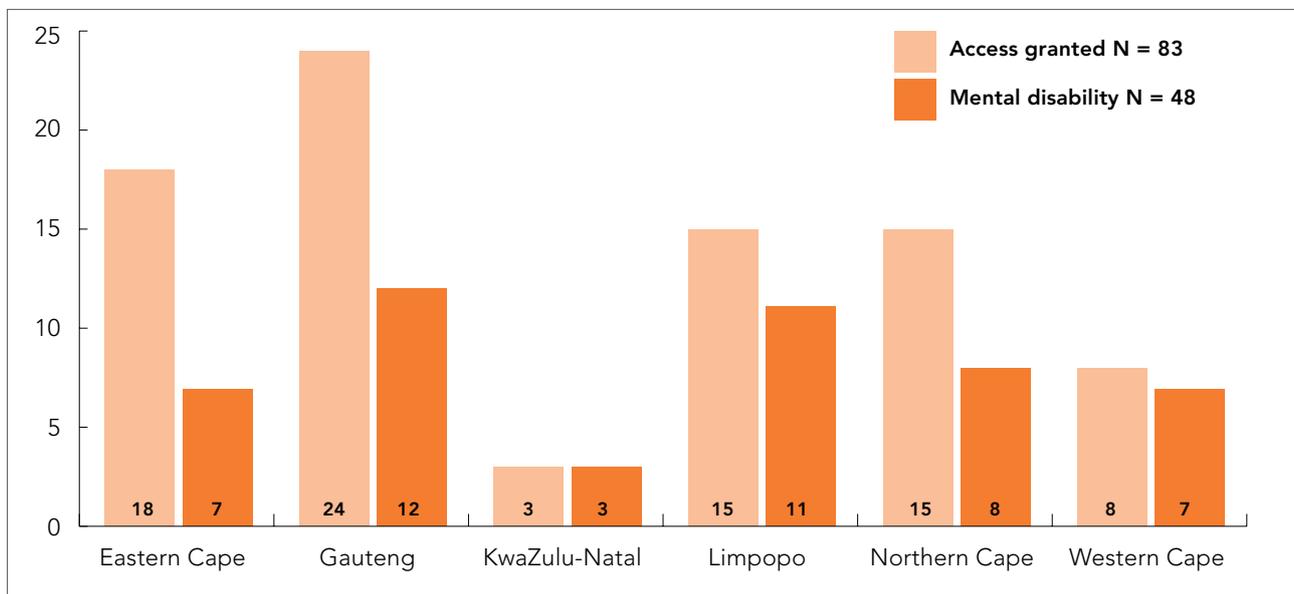
2.4 Support for the mentally disabled

83 police stations monitored	48 police stations provide support for mentally disabled survivors reporting sexual offences.
	35 police stations do not provide support specific to mentally disabled survivors reporting sexual offences.

Access for people with mental disability refers to the kind of support that police stations can offer to mentally disabled survivors reporting sexual offences via the links they have with organisations and professionals including hospitals, psychologists, and institutions where the mentally disabled can get the kind of counselling, assessment and care that police are not trained to provide.

Chart 4.

NUMBER OF POLICE STATIONS THAT PROVIDE ACCESS FOR PEOPLE WITH MENTAL DISABILITY



Police stations that did not have services for people with mental disability:

Eastern Cape	Bisho, Beacon Bay, Gombie, Cambridge, Buffalo Flats, Duncan Village, Keiskammahoek, Chungwa, Keiroad, Ndevana and King Williams Town
Gauteng	Sebokeng, Mondeor, Orange Farm, Sophiatown, Sunnyside, Atteridgeville, Kempton Park, Brixton, Jeppe, Rosebank, Kliptown and Johannesburg Central
Limpopo	Tshilwavhusiku, Waterval, Makhado and Bandelierkop
Northern Cape	Kakamas, Pofadder, Aggeneys, Onseepkans, Pella, Augrabies and Keimoes
Western Cape	Landsdowne

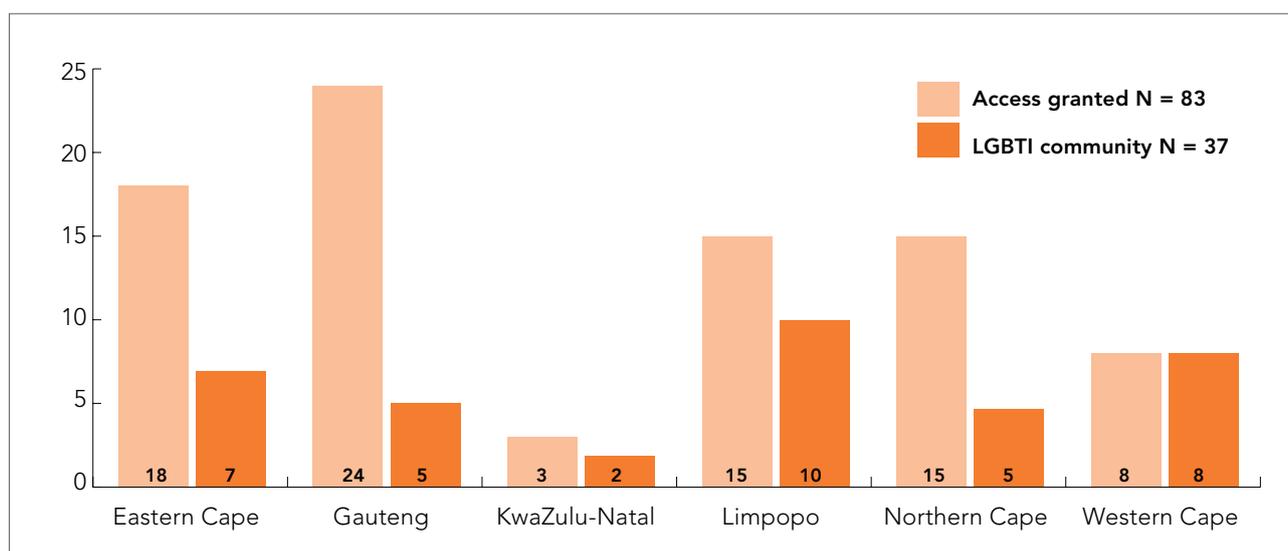
2.5 Support to the LGBTI community

83 police stations monitored	37 police stations were supportive to the LGBTI community.
	46 police stations had no training on issues relevant to the LGBTI community.

Monitors assessed the overall support provided by police station staff to survivors of rape who are gay, lesbian, transgender or intersex (LGBTI) and whether they had links to LGBTI organisations. Police stations that fulfilled the criteria of support showed that they had relationships with LGBTI organisations and/or trained professionals who could provide services for LGBTI rape survivors, or had staff who had received some training on issues relevant to the LGBTI community.

Chart 5.

NUMBER OF POLICE STATIONS THAT PROVIDE SUPPORT TO LGBTI SURVIVORS OF SEXUAL OFFENCES



Police stations without support for the LGBTI community:

Eastern Cape	Zwelitsha, King Williams Town, Ndevana, Keiroad, Chungwa, Keiskammahoek, Duncan Village, Buffalo Flats, Cambridge, Gombie and Beacon Bay
Gauteng	Sebokeng, Mondeor, Orange Farm, Sophiatown, Soshanguve, Moroka, Jeppe, Atteridgeville, Yeoville, Lenasia, Kempton Park, Johannesburg Central, Pretoria Central, Kliptown, Fairland, Peak View, Rosebank, Brixton and Orlando
KwaZulu-Natal	Plessislaer
Limpopo	Polokwane, Bandelierkop, Mankweng, Phiphidi Satellite and Tshilwavhusiku
Northern Cape	Kenhardt, Augrabies, Pofadder, Calvinia, Aggeneys, Onseepkans, Pella, Keimoes, Brandvlei and Kakamas

03. Legislation, protocols and policies

3.1 Compliance with National Instructions 3/2008:

There is a set of nine documents that are intended to direct the police in service provision and thereby ensure that the police deliver a comprehensive service of a high standard. The documents are indicated in the following list.

Legislation, protocols and policies:

- Sexual Offences Act 32 of 2007 (SOA);
- Application by victim or interested person for HIV testing of the alleged offender;
- Notice to alleged offender in respect of order for HIV testing;
- Notices of services available to victim;
- Notice containing information on confidentiality of and how to deal with HIV test results;
- Copy of the National Instructions;
- Copy of the Station Orders;
- List of organisations providing services to rape survivors; and
- Information about hospitals providing post exposure prophylaxis (PEP) to rape survivors.

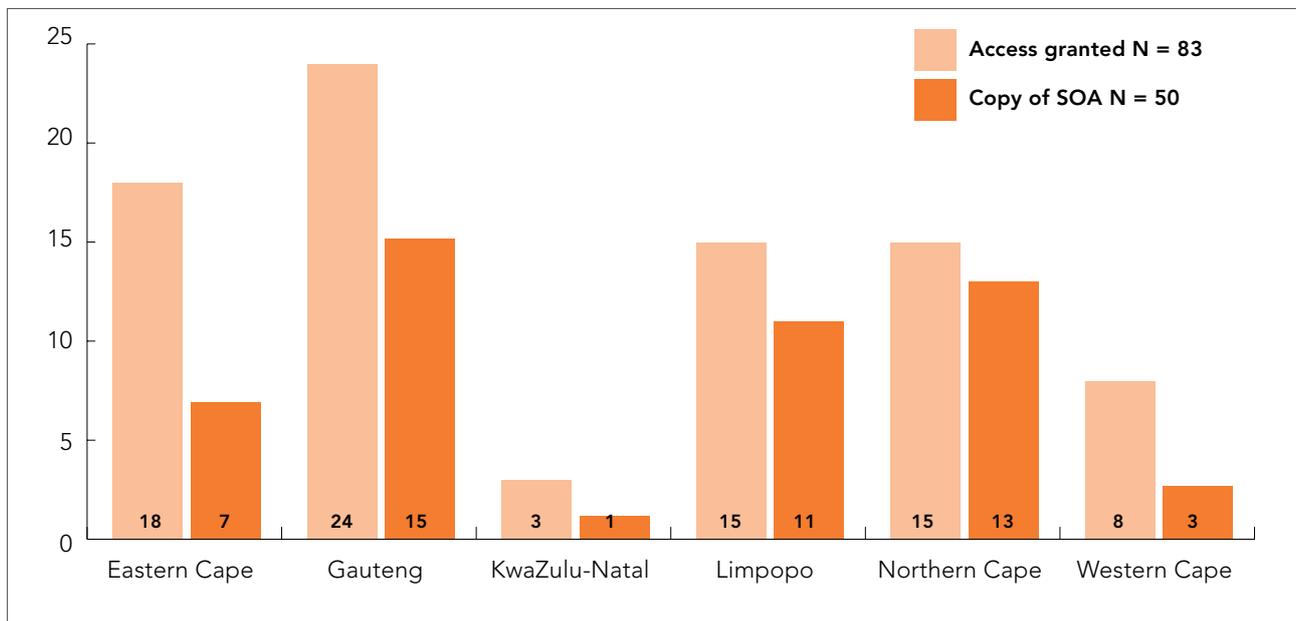
3.2 The Sexual Offences Act 32 of 2007 (SOA)

83 police stations monitored	50 police stations had a complete copy of the SOA.
	10 police stations had an incomplete copy of the SOA.
	23 police stations did not have a copy of the SOA.

60% of the sample had a complete copy of the SOA while 12% of the sample had an incomplete copy and the remaining 27% did not have a copy. This has negative implications for implementation of the legislation.

Chart 6.

NUMBER OF POLICE STATIONS THAT HAVE COMPLETE COPIES OF THE SEXUAL OFFENCES ACT (SOA)



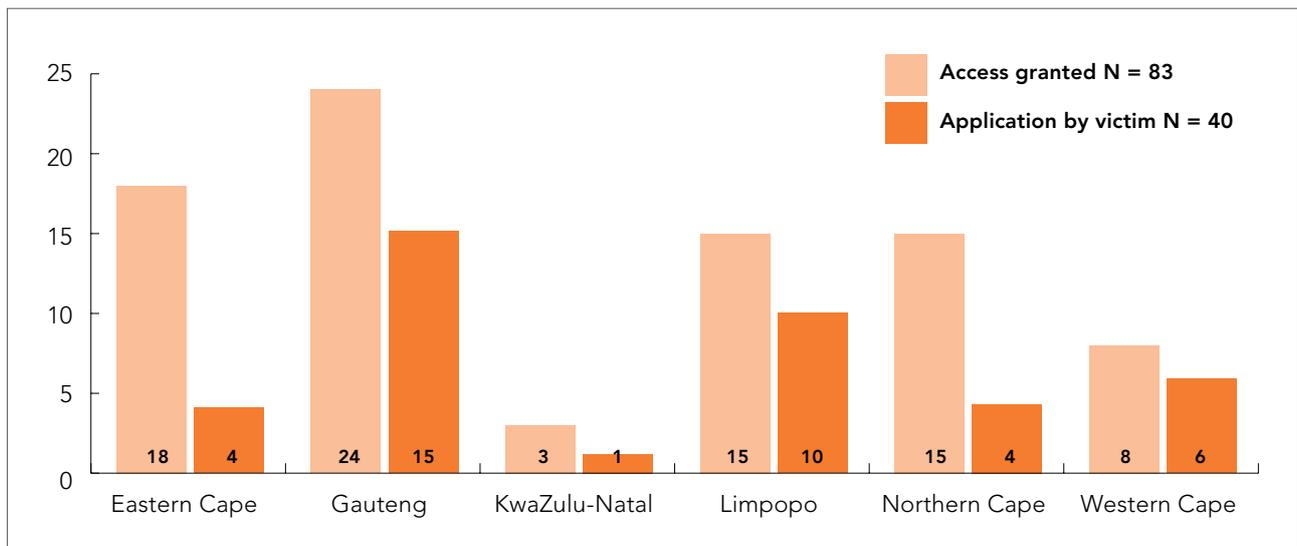
3.3 Application by victim or interested person for HIV Testing of the alleged offender

83 police stations monitored	40 police stations had a complete version of this application form.
	43 of the police stations monitored did not have this application form.

Only 40 police stations, 48% of the sample, had a complete version. 52% of the sample did not have the form.

Chart 7.

NUMBER OF POLICE STATIONS THAT HAVE THE APPLICATION BY VICTIM OR OTHER INTERESTED PARTY FOR HIV TESTING OF THE ALLEGED OFFENDER



52% of the police stations monitored did not have the form that a victim or interested person can use to apply for the HIV testing of the alleged offender.

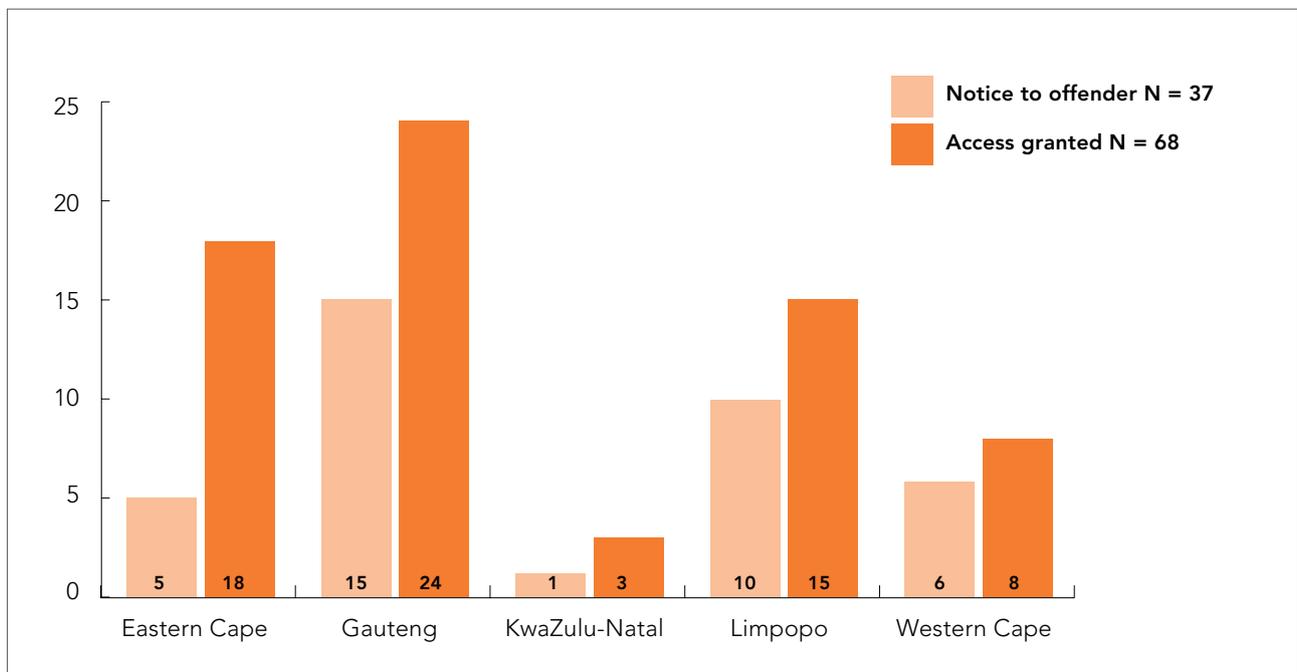
3.4 Notice to alleged offender in respect of order for HIV testing

68 police stations monitored	37 police stations monitored had complete copies of this notice.
	31 police stations monitored did not have copies of the notice.

As noted in the introduction, monitors in the Northern Cape used the 2010 version of the data schedule that did not include a question on whether police stations have the Notice to Alleged Offenders in Respect of Order for HIV Testing. Therefore, the numbers of police stations where this was assessed are 68, that is the total of 83 police stations in the sample minus the 15 police stations in the Northern Cape. Of these 68 police stations, 54% had complete copies of this notice, while 46% did not have a copy of this notice.

Chart 8.

NUMBER OF POLICE STATIONS THAT HAVE A COMPLETE COPY OF THE NOTICE TO OFFENDERS



A complete version of services available to survivors of sexual offences was available in 56% of the police stations monitored. 44% had no information to give survivors about available services.

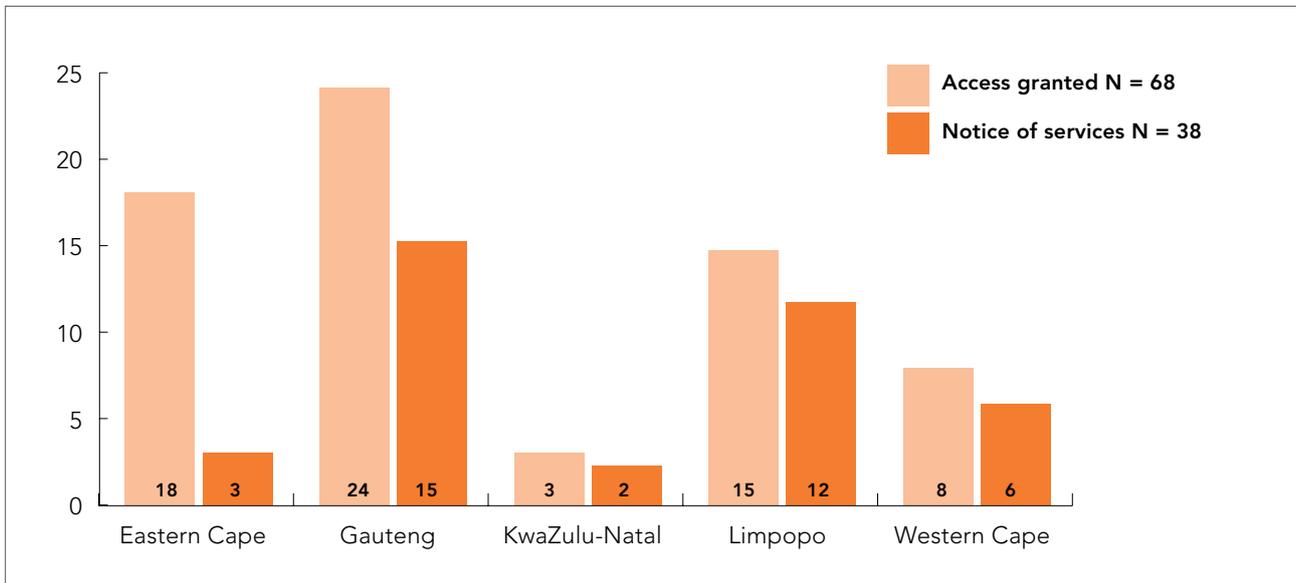
3.5 Notices of services available to victim

68 police stations monitored	38 police stations monitored had complete copies of this notice.
	30 police stations monitored did not have copies of the notice.

This notice refers to services available to survivors of sexual offences, including HIV testing and post-exposure prophylaxis (PEP), and provides a list of organisations offering support and counselling. Once again the number of police stations that were assessed with regard to availability of this form is 68 because the 2010 checklists used in the Northern Cape did not have this question. A complete version of this notice was available in 38 of the 68 police stations monitored, that is, 56% of the sample. 30 stations, that is, 44%, had no information to give survivors about available services.

Chart 9.

NUMBER OF POLICE STATIONS THAT HAVE THE NOTICE OF SERVICES AVAILABLE TO VICTIMS



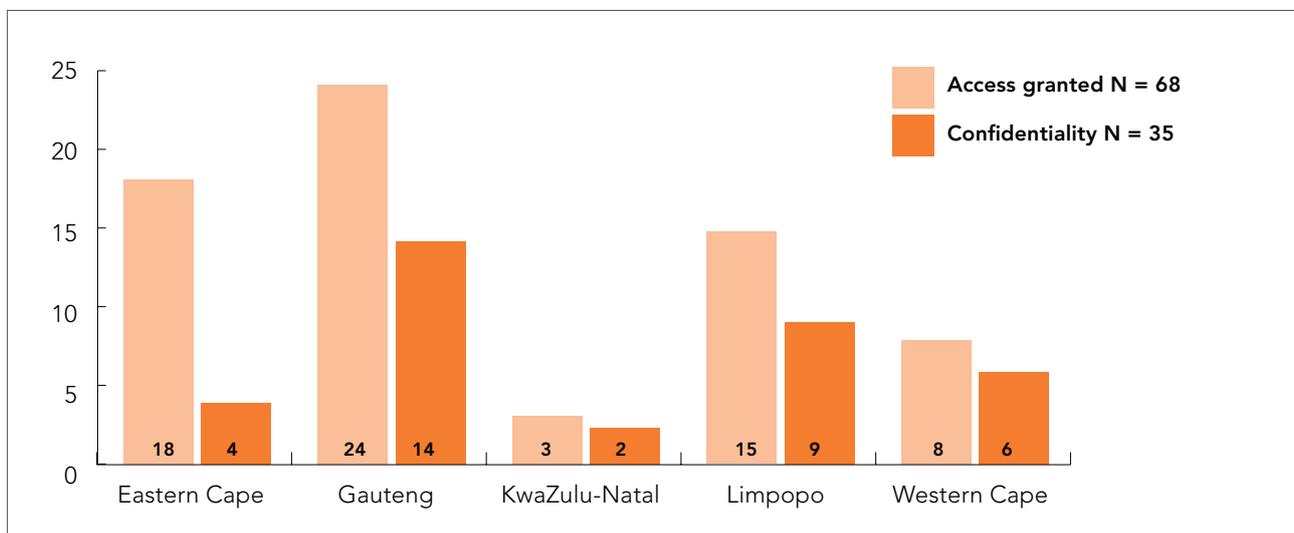
3.6 Notice containing information on confidentiality of and how to deal with HIV test results

68 police stations monitored	35 police stations had a complete copy of this notice.
	33 did not have any relevant information.

This notice informs police officers about their responsibilities when dealing with HIV test results. 68 rather than the total sample of 83 police stations were assessed for availability of this notice, as the monitors in the Northern Cape used the 2010 checklist, which does not include this question. 35 of the 68 police stations, that is, 51%, had a complete version of this notice. A total of 33 police stations, that is, 49%, did not have relevant information for their officers on how to treat the results of HIV tests confidentially.

Chart 10.

NUMBER OF POLICE STATIONS THAT HAVE THE NOTICE ON CONFIDENTIALITY



51% of police stations had a complete version of the notice containing information on how to deal with HIV results and confidentiality.

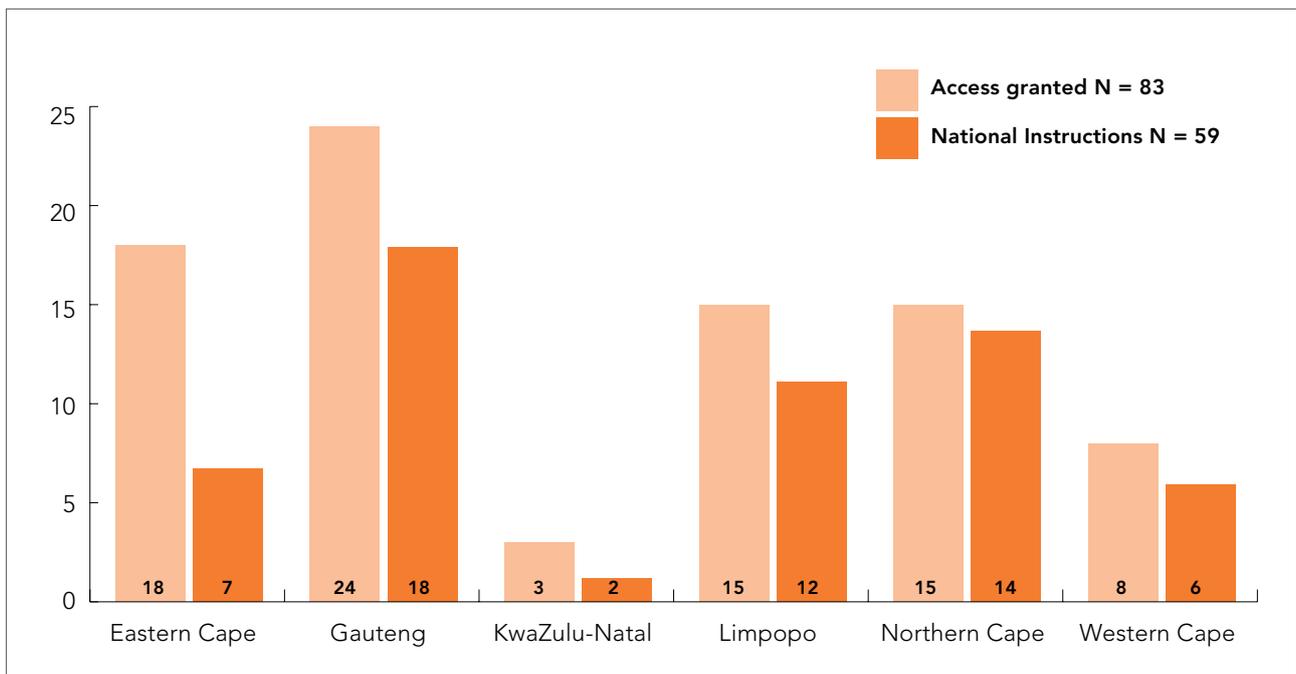
3.7 Copy of the National Instructions 3/2008

83 police stations monitored	59 police stations had a complete copy of this document.
	2 police stations had an incomplete copy of this document.
	22 police stations did not have a copy of this document.

The National Instructions 3/2008 is a document that was developed by the South African Police Services. It can be accessed online and printed and should therefore be readily available to police stations in hard copy. There were some police stations where officers who were asked to present the National Instructions 3/2008 showed monitors the National Instructions for the Domestic Violence Act. It is reasonable to assume that these officers don't know the difference between these documents. 59 of the 83 police stations monitored, that is, 71% of the sample had a complete copy of this document. 2 police stations had incomplete copies of the document. 22 police stations, that is, 26% of the sample did not have a copy of the National Instructions with some saying they were waiting for copies from the provincial office.

Chart 11.

NUMBER OF POLICE STATIONS THAT HAVE THE NATIONAL INSTRUCTIONS 3/2008



Only 50% of stations had a copy of Station Orders on sexual offences.

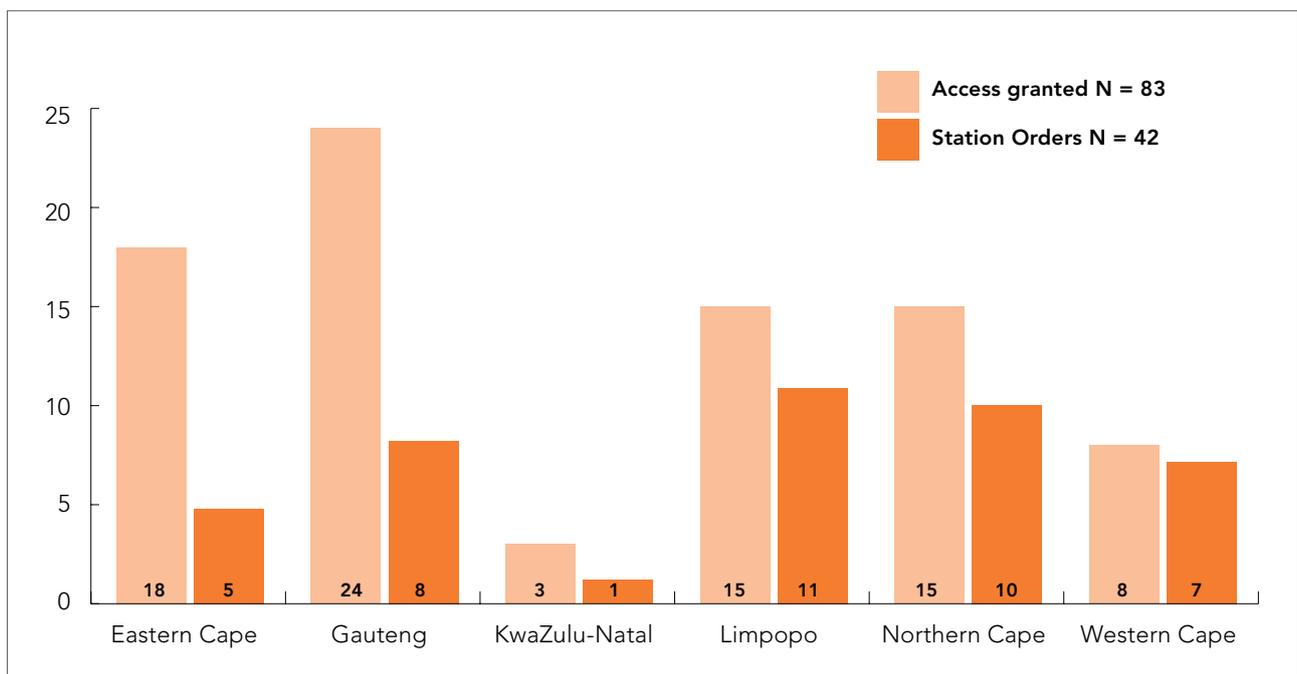
3.8 Copy of the Station Orders on Sexual Offences

83 police stations monitored	42 police stations had complete Station Orders.
	1 police station had incomplete Station Orders.
	40 police stations did not have Station Orders.

Station Orders on sexual offences are developed by individual police stations. Only 42 stations of the total of 83 police stations, 50%, could show monitors a complete copy of their Station Orders. 1 station had an incomplete copy. 40 stations, 48% of the sample monitored, did not have Station Orders.

Chart 12.

NUMBER OF POLICE STATIONS THAT HAVE STATION ORDERS AROUND SEXUAL OFFENCES



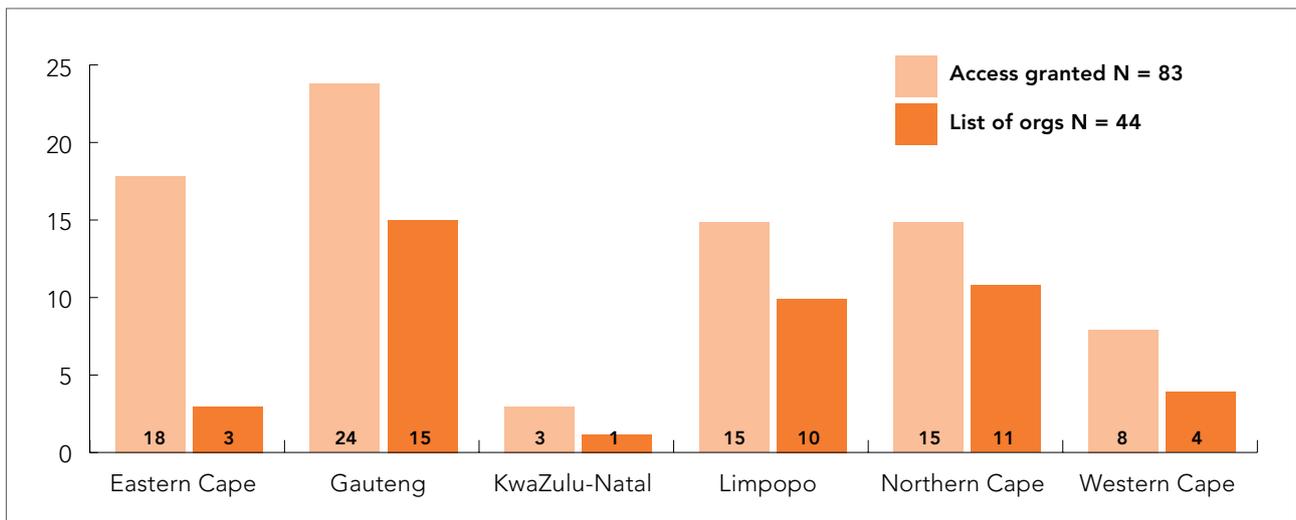
3.9 List of organisations providing services to rape survivors

83 police stations monitored	44 police stations had comprehensive referral lists.
	4 police stations had limited referral lists.
	35 police stations had no referral lists.

Survivors of sexual violence who are adequately supported are likely to follow their trials to completion and usually make stronger witnesses in court appearances. The needs of rape survivors extend beyond the services that are usually provided at police stations. Encouraging survivors to seek counselling, debriefing and health services, and providing them with information about where to get support and assistance, is important for strengthening their pursuit of justice. A total of 44 police stations, 53% of the sample, had complete referral lists, while 4 had incomplete referral lists. 42% of the sample, that is, 35 police stations, had no referral information for survivors.

Chart 13.

NUMBER OF POLICE STATIONS THAT HAVE LISTS OF SERVICE ORGANISATIONS



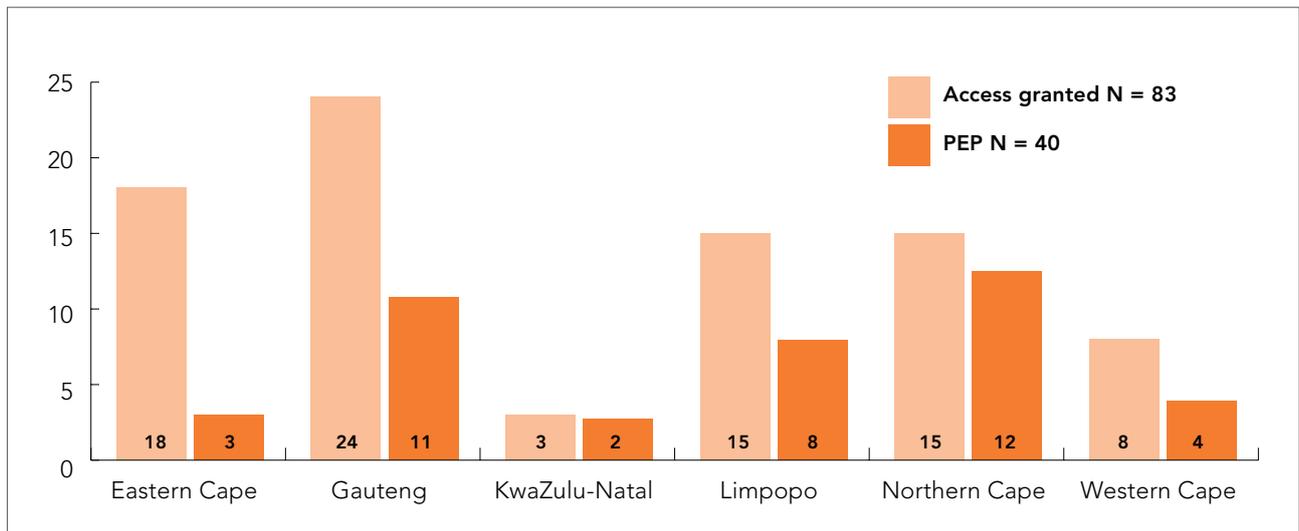
3.10 Information about hospitals providing PEP to rape survivors

83 police stations monitored	40 police stations had detailed information about PEP.
	3 police stations had limited information about PEP.
	40 police stations did not have information about PEP.

In South Africa particular health facilities have been designated to provide PEP to minimise the risk of HIV infection. The list of designated health facilities is circulated to South African Police Services (SAPS) by the Department of Health. PEP is only effective within the first 72 hours after the survivor has been exposed. Therefore, in order to prevent the transmission of HIV, it is critical for survivors to access PEP as soon as possible. Only 40, less than half the sample, 48%, had comprehensive information about the health facilities that provide PEP. 3 police stations had limited information. 40 of the police stations, 48% of the sample, did not have information that could assist survivors to access PEP.

Chart 14.

NUMBER OF POLICE STATIONS THAT HAVE LISTS OF HEALTH FACILITIES PROVIDING PEP



Out of 83 police stations monitored, 40 had information about health facilities providing PEP to rape survivors, 3 had limited information and 40 did not have information that could survivors access PEP.

3.11 Ease of access to the National Instructions 3/2008

The National Instructions should be easily available to staff members in the police station at all times. As part of the monitoring, monitors assessed how readily officers accessed the documentation requested. Although not all had all the required documentation, at 55 police stations, 66% of the sample, the documents that they did have were readily available and easily accessed by staff.

The following comments made by monitors illustrate that some members of the SAPS do not understand the importance of the National Instructions for dealing with sexual offences.

According to the monitor who visited **Vulindlela** Police Station in the Eastern Cape, the officer said that she had never seen the documents in the station.

At **Mdantsane**, also in the Eastern Cape, the officer stated that they do not keep these documents and do not deal with sexual violence matters.

In **Pretoria** the officer on duty told the monitor that the information is kept in the offices of two staff members who were not there. This raises the question of what happens when a survivor comes in and the members of staff in whose offices the documents are kept are not there.

At **Lenasia** Police Station in Gauteng the officer said they had the documents but would not show the monitor, and said that people were not allowed behind the CSC desk.

At **Waterval** in Limpopo the police officer told the monitor she could look through the file herself, but there was nothing in it.

The monitor who visited **Bandelierkop** in Limpopo reported that the police did not understand what she was asking about at all.

3.12 Compliance with the National Instructions 3/2008

All police stations should have the documents outlined in the preceding pages so that officers can refer to them in the course of performing their duties. The following section provides a summary of the police stations that had all nine of these documents:

- the Sexual Offences Act (SOA);
- application by victim or interested person for HIV testing of the alleged offender;
- notice to alleged offender in respect of order for HIV testing;
- notices of services available to victim;
- notice containing information on confidentiality of and how to deal with HIV test results;
- copy of the National Instructions 3/2008;
- copy of the Station Orders around sexual offences;
- list of organisations providing services to rape survivors; and
- information about hospitals providing PEP to rape survivors.

The table to follow shows that 14 of the 83 police stations monitored, that is only 17% of the sample, had a full set of these documents, including the SOA and related notices, National Instructions 3/2008, Station Orders and referral lists that could be provided to survivors of sexual violence.

Table 3.**POLICE STATIONS THAT HAD THE REQUIRED DOCUMENTS**

Province	Police station
Eastern Cape	King Williams Town
Western Cape	Elsies River
Northern Cape	Augrabies, Keimoes, Rosedale, Upington
Gauteng	Bramley, Fairland, Moroka, Yeoville
Limpopo	Masisi, Seshego, Thohoyandou, Vuwani
KwaZulu-Natal	Plessislaer

The following section provides an overview of the police stations across provinces with regard to holding the required set of nine documents.

Eastern Cape 18 police stations monitored	1 police station (King Williams Town) had all the documents. 10 police stations had no documents.
Western Cape 8 police stations monitored	1 police station (Elsies River) had all the documents. It is important to note that there has been a significant decrease in the numbers of police stations that had all the documents since 2010, when 15 of 23 stations were compliant.
Northern Cape 15 police stations monitored	3 police stations (Upington, Augrabies and Keimoes) had all the documents.
Gauteng 24 police stations monitored	4 police stations (Bramley, Fairland, Moroka and Yeoville) had all the documents. It is important to note the improvement of Moroka and Yeoville police stations since 2010, when they didn't have the required documents.
Limpopo 15 police stations monitored	4 police stations (Thohoyandou, Seshego, Masisi and Vuwani) had all the documents. It is important to note the consistency of Thohoyandou in having all the documents in 2010 and in this round of monitoring.
KwaZulu-Natal 3 police stations monitored	1 police station (Plessislaer) had all the documents. 1 police station did not have any documents.

04. Victim-friendly services

4.1 Access to Family Violence, Child Protection and Sexual Offences Unit (FCS) and specialised services

Some detectives are specially trained in the legislation and policies pertaining to sexual offences and on the impact of rape and sexual violence. This kind of training is given to enable them to carry out their investigation with sensitivity and to provide specialised services to survivors of sexual offences. It is encouraging that 78 of the police stations monitored, 94% of the sample, had access to the services of specialist detectives. The number of specially trained detectives assigned to each station varied. Some police

stations were not able to specify the number of specialist detectives available to them. Where this information was available it is detailed in the table below. It is important to note that in many cases these detectives are not based at the police station. Stations are grouped into clusters. In some cases the specialist detectives are based at the main FCS Unit that services the police stations in a particular cluster.

Table 4.

NUMBER OF SPECIALIST DETECTIVES AVAILABLE AT SPECIFIC POLICE STATIONS

Province	Police station	Number of detectives
Eastern Cape	Zwelitsha	2
	Keiskammahoek	3
	Bisho	4
	Dimbaza	4
	Beacon Bay	10
	King Williams Town	20
	East London	22
Western Cape	Claremont	3
	Hermanus	3
Northern Cape	Onseepkans	1
	Pofadder	2
	Pella	2
	Brandvlei	3
	Calvinia	3
	Groblershoop	3
	Kakamas	4
	Augrabies	4
	Kenhardt	6
	Upington	
Gauteng	Alexandra	1
	Benoni	12
	Pretoria Central	20
		23
Limpopo	Siloam	1
	Malamulele	2
	Vuwani	3
	Musina	4
	Seshego	14
	Thohoyandou	15
KwaZulu-Natal	Plessislaer	23

05. Where statements are taken

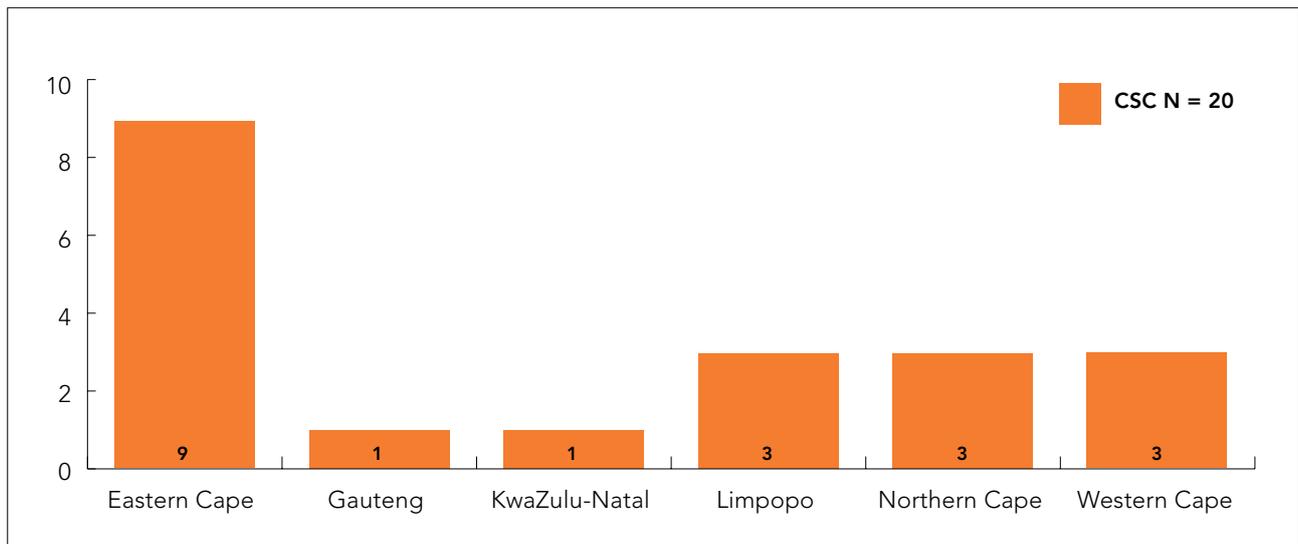
As part of the monitoring process, police officers were asked to list the places and or rooms in the station where they take statements from survivors who report sexual offences. Police officers identified four places: the CSC, a separate room, the trauma room and a separate building. Monitors also asked police officers where they take statements most frequently, because in some instances, even where the station has a private or trauma room, this is sometimes located in an inconvenient place or is locked and as a result police officers resort to taking statements in places that may be inappropriate. Ideally every police station should have a separate office or room in which clients can give their statements in privacy.

5.1 Client Service Centre (CSC)

The CSC is the area around the counter at the entrance to the police station. It is a public space where privacy and confidentiality are compromised. At 20 of the police stations, 24% of the sample, police officers reported that they took statements from survivors at the CSC. As can be seen in the chart below, the majority of these police stations were in the Eastern Cape.

Chart 15.

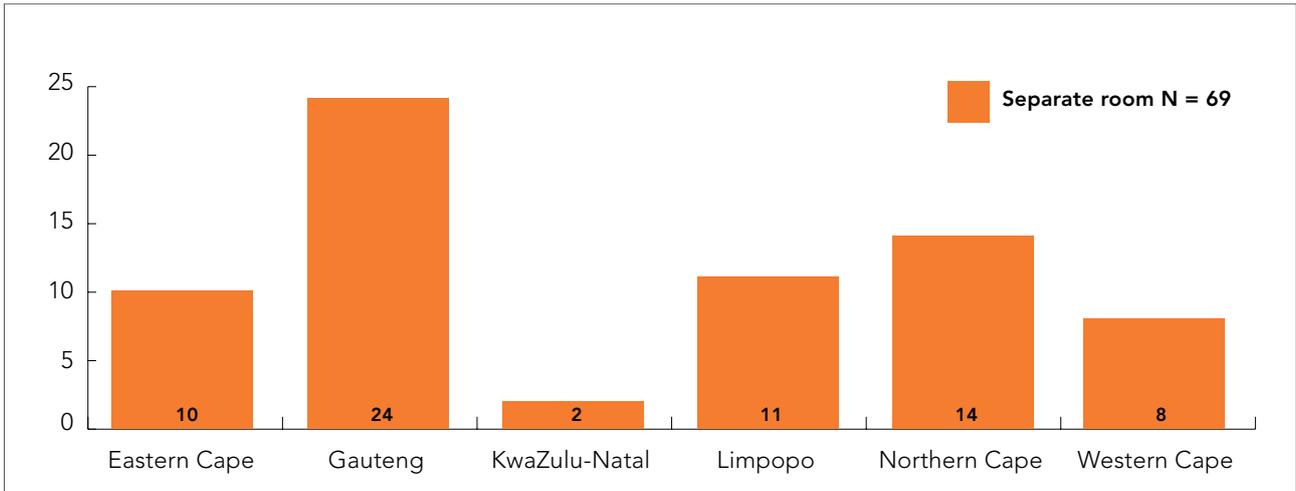
NUMBER OF POLICE STATIONS WHERE STATEMENTS ARE TAKEN AT THE CSC



5.2 Separate room

By 'separate' room, police officers mean a room that is separate or away from the CSC and thus provides more privacy. It may be someone's office or the room that is generally used for taking statements regardless of the type of crime being reported. Officers at a high number of police stations in the sample, 69 in total, which is 83% of the sample, reported that they take statements from survivors of sexual offences in a separate room. The chart on the next page gives the figures across provinces.

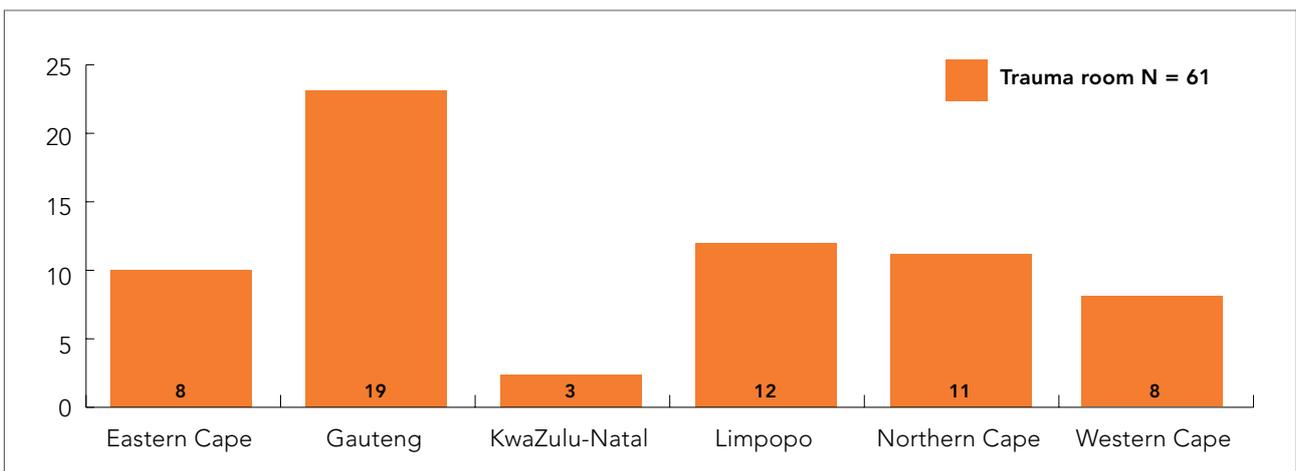
Chart 16.
NUMBER OF POLICE STATIONS WHERE STATEMENTS ARE TAKEN IN A SEPARATE ROOM



5.3 Trauma room

The trauma room, or VEC, is removed from the CSC and should be more survivor-friendly. When they present at the police station, survivors of sexual violence are usually emotionally traumatised and may have physical trauma. This makes it difficult to be around people. A secluded and comfortable trauma room can provide much-needed safety and a sense of dignity. Monitors reported that the trauma rooms they saw had some colour to brighten the room, posters, comfortable couches, toys for children, tea facilities and were secure. A total of 61 of the 83 police stations monitored, 74% of the sample, had trauma rooms.

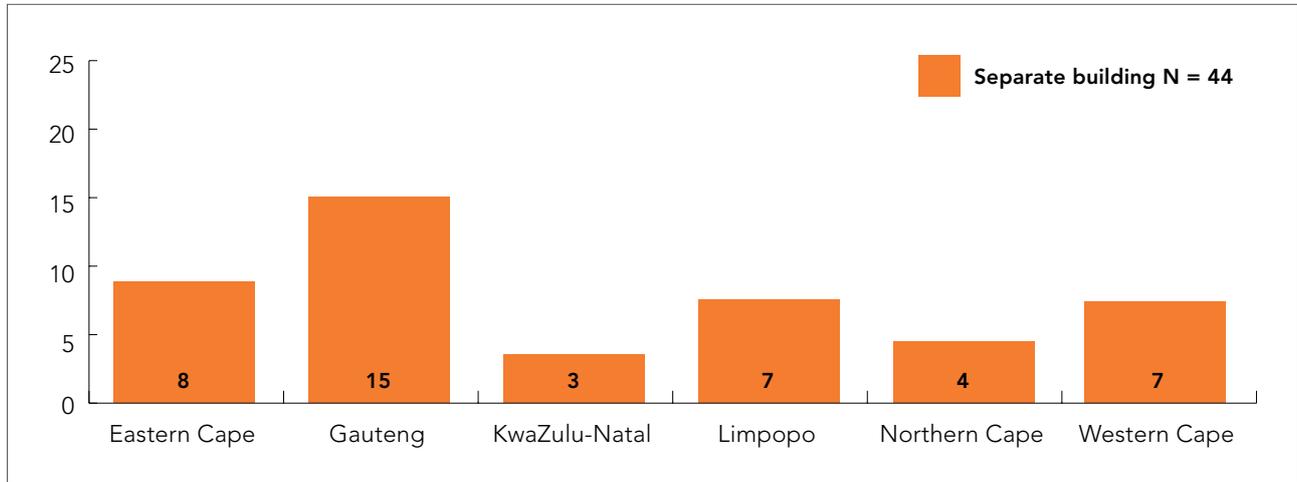
Chart 17.
NUMBER OF POLICE STATIONS THAT HAVE A TRAUMA ROOM



5.4 Separate building

At 44 police stations, 53% of the sample, the trauma room is in a separate building, that is, a building not attached to the main station. In some cases this was a cottage located up to 20 metres from the main building of the police station.

Chart 18.

NUMBER OF POLICE STATIONS WHERE STATEMENTS ARE TAKEN IN A SEPARATE BUILDING**5.5 Where statements are most often taken**

The findings presented above show that amongst the police stations, statements are taken in multiple places. Monitors gathered data on where police officers most frequently take statements. Information on this question was gathered from 55 police stations, for two reasons. Firstly, the data schedule used to monitor the 15 police stations in the Northern Cape did not include this question. Secondly, this question was not asked at 13 police stations.

Table 5.

WHERE STATEMENTS ARE MOST OFTEN TAKEN

Police station monitored (Total 55)	CSC (Total 4)	Separate room (Total 15)	Trauma room (Total 32)	Separate building (Total 4)
Eastern Cape	3	4	3	2
Western Cape	1	0	6	0
Gauteng	0	4	17	2
Limpopo	0	6	4	0
KwaZulu-Natal	0	1	2	0

5.6 Where statements are taken if regular rooms are being occupied

Monitors asked what adjustments, if any, are taken to cater for rape survivors if the spaces that are normally used for taking statements are being used. The question was only asked at 47 police stations, as the data schedule used in the Northern Cape did not include the question, and regrettably some monitors did not complete this question. Despite the smaller sample size the findings are relevant because they speak to the issue of sensitivity to the need for privacy by survivors of sexual violence with regard to statement taking.

Only **2 police stations in the Eastern Cape** noted that they would make use of the **CSC** to take a statement from a rape survivor.

4 of the 47 police stations – **2 in the Western Cape, 1 in Limpopo and 1 in Gauteng** – said that they would use the **trauma room**. This begs the question why the trauma room is not the room most often used for statement taking.

Some **FCS offices** have their own **trauma room**, for example Pretoria Central in Gauteng. Of the 47 stations who were asked this question, only **4** stated that they would make use of the **FCS offices**.

Police officers at **2 police stations in Gauteng** noted that they would **make the survivor wait** until the regular room became available. It is important to bear in mind that waiting adds to the stress the survivor feels and constitutes a physical health risk factor. Survivors should be examined, tested and provided with PEP treatment within 72 hours. Thus keeping survivors waiting is not optimal.

06. Community involvement

83 police stations monitored	42 police stations have working relationships with NGOs.
	48 police stations had volunteers working at their stations.

Community involvement refers to the links that police stations have with NGOs and whether community members volunteer at the station. 42 of the 83, that is, 50% of all police stations monitored were able to show that they have informal or working relationships with NGOs. 48 of the 83 stations, 58% of the sample, had volunteers offering their time and assistance to police stations.

07. Conclusion

Overall, access to monitor police stations was very good, with only 4 stations out of the 87 denying access to monitors. In general, accessibility of police stations by public transport was good, with the exception of 13 police stations, which were largely in rural areas. It is encouraging to note that facilities to provide access for people with physical disabilities have been put in place, except for 9 police stations that did not have wheelchair ramps. Although CSCs were generally accessible it is important to point out that in multiple-storey buildings there were elevators that were not working. Overall, however, while the police stations monitored were largely accessible to survivors with physical impairments, they were considerably less able to respond to the needs of victims with hearing or mental disabilities. Once again it was largely police stations in rural areas that do not provide services for the deaf and mentally disabled. Considering the current context of homophobic violence, leading to lesbians being singled out for rape, it is also concerning that the majority of police stations did not have referral networks to LGBTI organisations – although this could also reflect the limited number of services able to respond appropriately to this group's needs.

The SAPS National Instructions 3/2008 stipulates that every police station should have on hand a specified set of documents to guide service provision and familiarise staff with the relevant legislation. Across provinces police stations performed poorly in regard to having complete copies of the required documentation.

The SAPS National Instructions 3/2008 stipulates that every police station should have on hand a specified set of documents to guide service provision and familiarise staff with the relevant legislation. Across provinces police stations performed poorly in regard to having complete copies of the required documentation. The fact that these documents are not kept or not easily accessible means officers will not be well informed about particular police procedures nor will survivors of sexual violence be informed of these services when they report to these stations. Some facilities admitted that they do not keep these documents at the CSC as they do not deal with sexual offences because that is the responsibility of the FCS Unit.

The National Instructions 3/2008 on Sexual Offences was the most readily accessible document, with 59 police stations having a copy. Following this, the Sexual Offences Act was available at 50 police stations, with only 33 stations either having incomplete copies or not being able to produce the Act. With regards to the notices, the most readily available across police stations was the application by the victim or other interested persons for the HIV testing of the alleged offender. 40 police stations had this notice.

The establishment of FCS Units has been a positive shift in the provision of specialised services to survivors of sexual violence. A total of 78 of the 83 stations had access to these units. FCS Units house specialised detectives who have received training on sexual offences and are more experienced than their counterparts. The training they receive enables them to carry out their investigations with sensitivity and to provide specialised services to survivors of sexual offences. Although the numbers of detectives varied, the fact that stations could access them is very positive.

Statements for survivors of sexual violence should ideally be taken in a private and safe environment. At 20 police stations, with 9 of these being in the Eastern Cape, officers indicated that statements are taken at the CSC. Given that the CSC is a public space, it is an inappropriate place to take statements from survivors of sexual violence.

It is promising that the majority of the stations monitored, 74%, had trauma rooms which allow for a private and safe space in which sexual offence survivors can give their statements. According to monitors, in most cases these rooms had information in the form of posters and some were child-friendly, being brightly decorated and having toys.

The findings of the monitoring suggest that partnerships between the police, volunteers and NGOs need to be more actively fostered. Many police stations do not have partnerships with NGOs who can provide additional capacity at the stations.

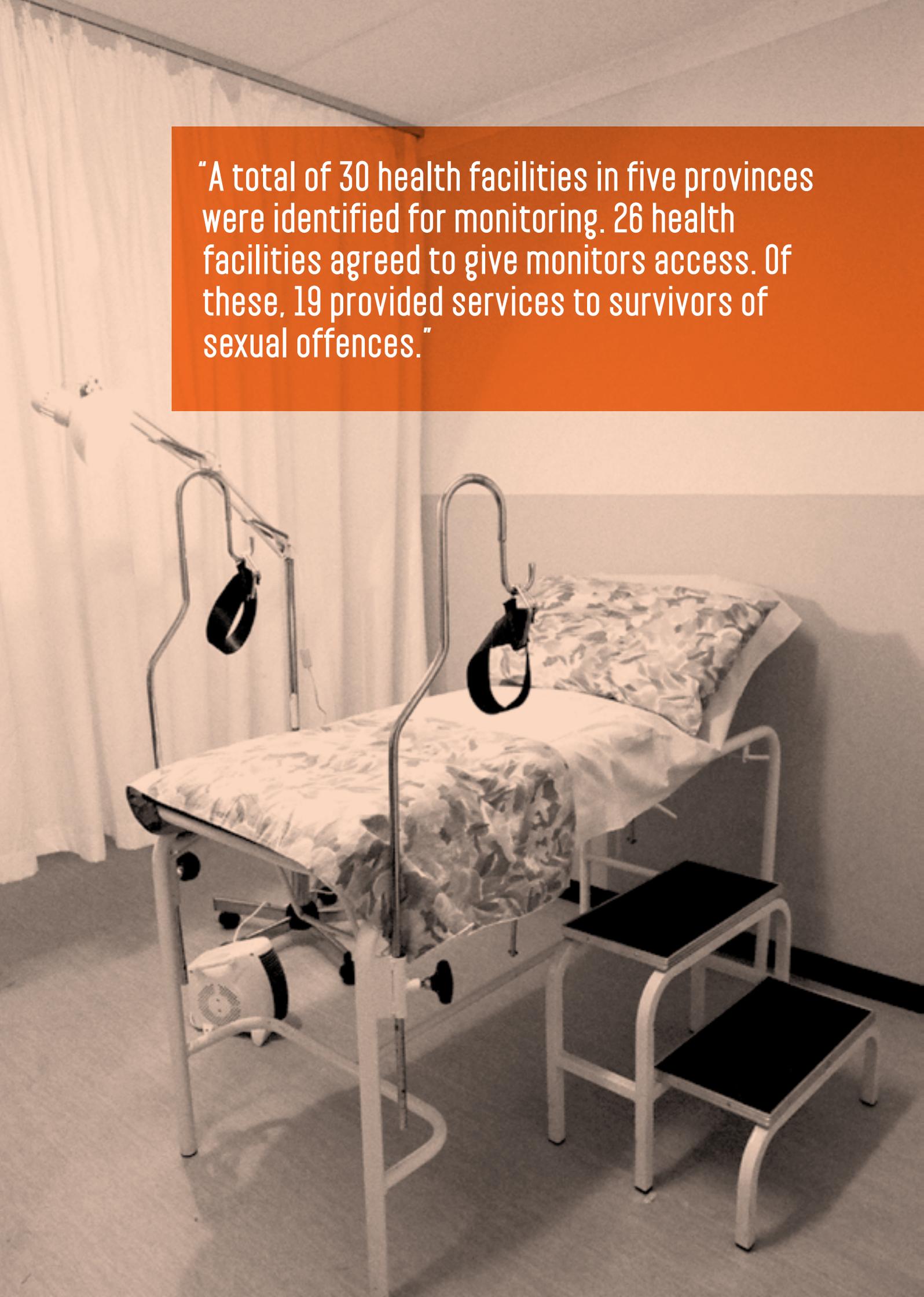
08. Recommendations

Drawing on the shortcomings identified by the monitoring activities the following recommendations are made with a view to improving implementation of law and policy.

Strengthening services to all rape survivors by:

- creating and maintaining functional referral networks between organisations addressing sexual violence, as well as organisations and structures assisting the LGBTI community and people with disabilities. It needs to be recognised that disabilities take a range of forms, which are not catered for by the provision of ramps alone;
- establishing and/or maintaining trauma (or VEC) rooms that provide a private, safe environment where statements can be taken and survivors' practical and emotional needs attended to. These facilities need to be stocked with information materials about sexual offences and services to victims of sexual offences, as well as staffed by people competent to address the trauma of sexual offences; and
- ensuring that all stations keep the full complement of documentation required by law and policy. It is not enough to merely keep such documentation on file; police officers must also be trained to execute such policy and law.

“A total of 30 health facilities in five provinces were identified for monitoring. 26 health facilities agreed to give monitors access. Of these, 19 provided services to survivors of sexual offences.”



E.

FINDINGS OF MONITORING: HEALTH CARE FACILITIES

Based on their proximity to the organisations who participated in the monitoring, a total of 30 health facilities in five provinces were identified for monitoring (see Appendix 1). 26 health facilities agreed to give monitors access. Of these, 19 provided services to survivors of sexual offences. Monitors assessed the following issues:

- whether the facility has the National Policy Guidelines for Sexual Offences;
- whether the facility has a rape management protocol;
- whether the J88 form was available;
- what services are provided to survivors of sexual offences;
- whether the facility has a forensic nurse on call;
- whether the facility provides PEP;
- whether the facility provides counselling; and
- what information on sexual offences is available to clients and visitors.

Table 6.
HEALTH FACILITIES MONITORED

Eastern Cape (n = 6)	Western Cape (n = 3)	Gauteng (n = 5)	Limpopo (n = 3)	KwaZulu-Natal (n = 2)
Bisho Hospital	Hermanus Provincial Hospital	Alex Health Centre and University Clinic	Elim Hospital	Edenvale Hospital
Cecilia Makiwane Hospital	Somerset Hospital	Chris Hani Nthabiseng Crisis Centre	Louis Trichardt Memorial Hospital	St Anne's Hospital
Frere Hospital	Stanford Clinic	Leratong Hospital	Siloam Hospital	
S.S Gida Hospital		Steve Biko Medico-legal Centre		
St Dominic's Hospital		Stretford Memorial Hospital		
Zwelitsha Clinic				

Access for monitoring

30 health facilities selected for monitoring	26 health facilities granted monitors access. Monitoring was not conducted at four facilities. 19 health facilities were monitored.
	Eastern Cape: monitoring was not conducted at 1 health facility: Ndevana.
	Gauteng: monitoring was not conducted at 2 health facilities: Hillbrow Medico-legal Centre and Nthabiseng Crisis Centre.
	Limpopo: 1 health facility denied monitors access: Malamulele.

The following reports by monitors explain why these facilities were not monitored:

At **Ndevana** the monitor was not denied access but was unable to find someone who had enough information to allow her to conduct monitoring.

At the **Chris Hani Nthabiseng Crisis Centre** the monitor was asked to get permission from **Hillbrow Medico-legal Centre**. The monitor went to Hillbrow but was unable to meet with the relevant doctor after a reasonable waiting time. Hence monitoring was not conducted at either facility.

At **Malamulele** the Chief Executive Officer (CEO) informed the monitor that she would have to get permission from provincial authorities first to conduct monitoring.

As was noted in the introduction, of the 26 facilities that agreed to be monitored, 19 provide services to survivors of sexual offences. Monitors asked staff at the remaining seven facilities to where they refer survivors. Staff members at all 7 of these health facilities were able to name a hospital to which they refer survivors of sexual offences.

01. Legislation, protocols and policies

According to the SOA, facilities that provide services to survivors of sexual offences should keep the relevant legislation and up-to-date policies and protocols to guide staff in the provision of appropriate services.

Monitors asked about the following four documents:

- National Policy Guidelines for Sexual Offences;
- rape management protocol;
- referral list; and
- J88 form.

Table 7.**NUMBER OF HEALTH FACILITIES ACROSS PROVINCES THAT HAVE EACH OF THE DOCUMENTS**

Health facilities (n = 19)	National Policy Guidelines for assisting survivors of Sexual Offences	Hospital rape management protocol	Referral list	J88 form
Eastern Cape (n = 6)	2	5	1	3
Western Cape (n = 3)	1	3	1	2
Gauteng (n = 5)	4	3	3	3
Limpopo (n = 3)	1	2	1	1
KwaZulu-Natal (n = 2)	1	2	2	1
Totals	9	15	8	10

Of the 19 facilities monitored, 4 had all the documents noted above. These 4 facilities are:

Gauteng	Leratong Hospital and the Steve Biko Medico-legal Centre
KwaZulu-Natal	Edenvale Hospital
Western Cape	Hermanus Provincial Hospital

In these facilities the documents were either stored in the stationery room or in the counsellor's room where other confidential information and medications are kept. Staff on duty had access to the documents.

47% of the sample had a copy of the National Policy Guidelines for assisting survivors of Sexual Offences. This document defines the roles and obligations of stakeholders and outlines the norms and standards for providing treatment and support to survivors of sexual offences.

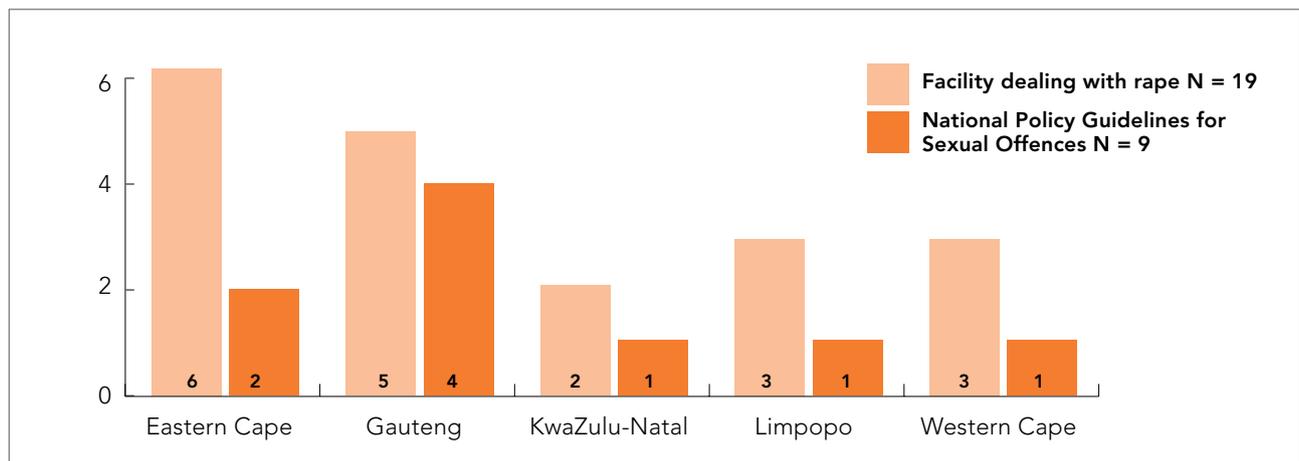
1.1 The National Policy Guidelines for assisting survivors of Sexual Offences

19 health facilities monitored	9 health facilities had a copy of the National Policy Guidelines for assisting survivors of Sexual Offences.
	10 facilities did not have a copy of the National Policy Guidelines for assisting survivors of Sexual Offences.

According to the SOA, the Department of Health and Justice and the South African Police Services are legally obligated to follow The National Policy Guidelines for assisting survivors of Sexual Offences. This document defines the roles and obligations of stakeholders and outlines the norms and standards for providing treatment and support to survivors of sexual offences. That only a total of nine of the 19 facilities, that is 47% of the sample, had a copy of the National Policy Guidelines raises questions about the degree to which staff at the remaining facilities are informed about the national norms and standards for treating survivors of sexual offences.

Chart 19.

NUMBER OF HEALTH FACILITIES THAT HAVE A COPY OF THE NATIONAL POLICY GUIDELINES FOR SEXUAL OFFENCES



1.2 Rape Management Protocol

19 health facilities monitored	15 health facilities had a Rape Management Protocol.
	4 health facilities did not have guidelines on the treatment of survivors of sexual offences.

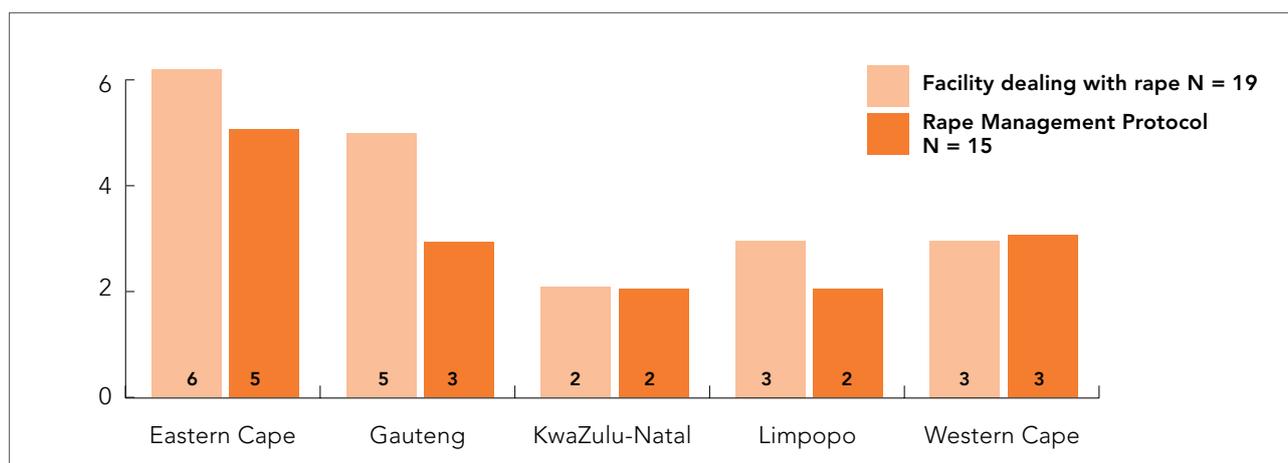
A Rape Management Protocol is a set of guidelines and instructions drawn up by individual health facilities. The protocol describes the steps that should be taken by staff when a survivor of sexual violence presents for treatment. It usually sets out the details of treatment and support including how forensic evidence must be gathered. 15 of the 19 health facilities had a Rape Management Protocol. These 15 include all the facilities monitored in the Western Cape and in KwaZulu-Natal.

The 4 facilities that did not have guidelines on how to treat survivors of sexual offences are:

Eastern Cape	Zwelitsha Clinic and St Dominic's Hospital
Gauteng	Stretford Memorial
Limpopo	Siloam Hospital

Chart 20.

NUMBER OF HOSPITALS THAT HAVE A RAPE MANAGEMENT PROTOCOL



1.3 Referral list

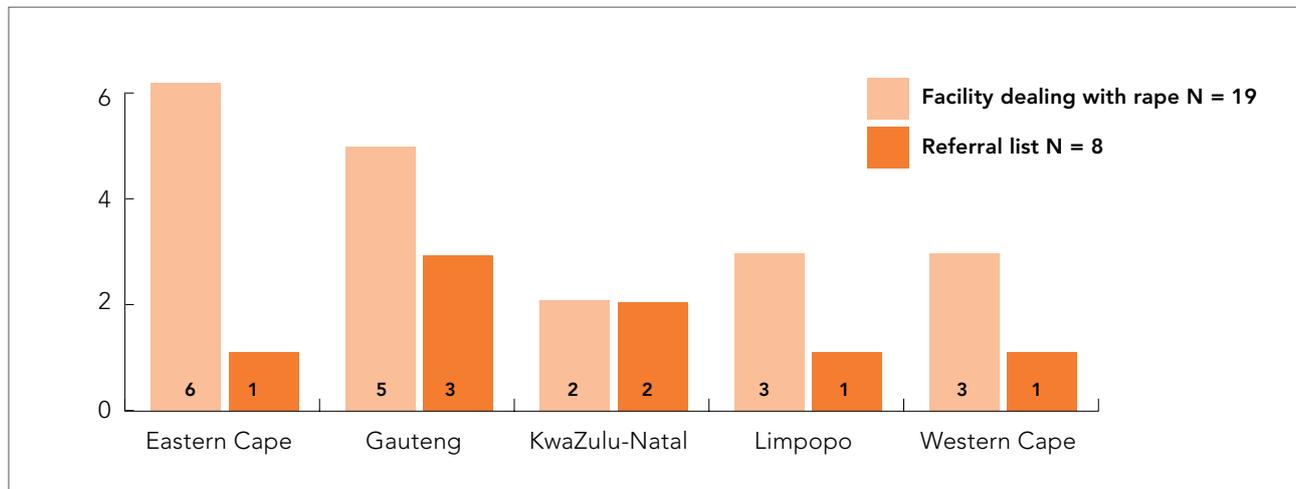
19 health facilities monitored	8 health facilities had a referral list.
	11 health facilities did not have referral information.

Although the health facilities monitored provide services to survivors of sexual offences, not all provide comprehensive services. In other words some may not have counsellors or do not provide PEP. For this reason it is important for health facilities to have lists that identify organisations, institutions and individuals to which survivors can be referred. 8 of the 19 health facilities had a referral list.

In the Eastern Cape, only one facility, Bisho Hospital, had a referral list.

Chart 21.

NUMBER OF HEALTH FACILITIES THAT HAVE A REFERRAL LIST



Not all health facilities provide comprehensive services. For this reason it is important for health facilities to have lists that identify organisations, institutions and individuals to which survivors can be referred. 8 of the 19 health facilities had a referral list.

1.4 J88 form

19 health facilities monitored	10 health facilities had the J88.
	9 health facilities did not have the J88.

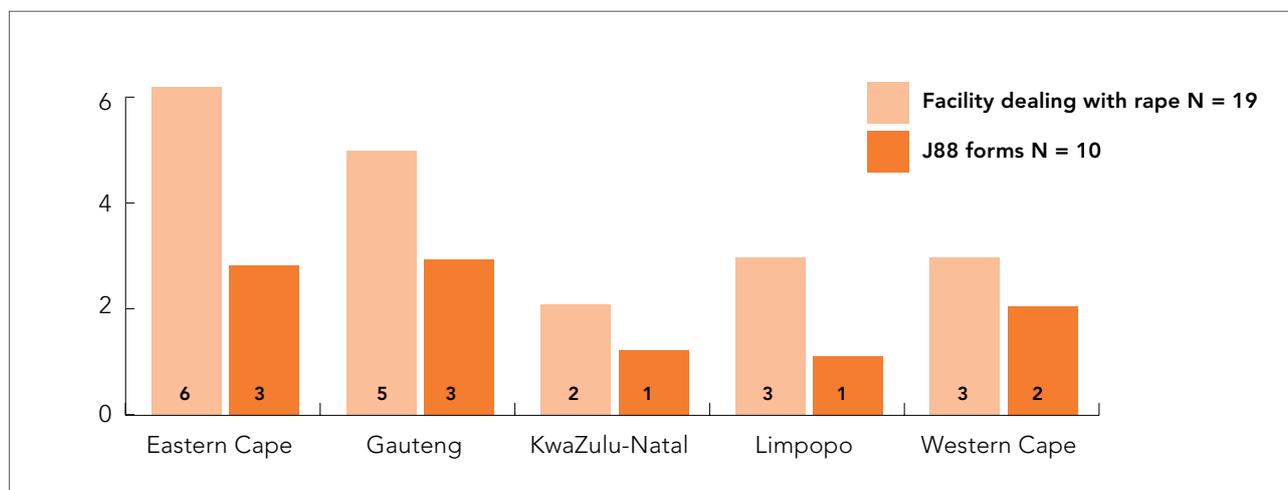
The J88 is a form designed to document medical findings for court purposes. It is completed by a Medical Officer, which includes medical doctors and in some places forensic nurses. It constitutes a declaration that the patient has been examined and gives the findings – physical, medical and emotional – of the Medical Officer, who must also give an opinion on whether the findings are compatible with the alleged assault. In addition the form has drawings of the body on which the Medical Officer is required to indicate the position and extent of injuries. The sooner the patient is examined after the assault the better the evidence that can be gathered and the more comprehensively the J88 can be completed. Without the J88 the criminal investigation can be compromised because there is no documented evidence to corroborate the complainant's statement. While the police may often bring a J88 along with them when they take the survivor to be examined, there will be times when victims will bypass the police station and go directly to the health facility instead. In addition, some victims may be undecided about laying criminal charges. In these instances an examination can still be conducted and the evidence held at the health facility should the survivor wish, at a later point, to report the matter to the police and institute criminal charges. Only 10 facilities however, had copies of the J88.

The following facilities had the J88:

Eastern Cape	Cecilia Makiwane Hospital, SS Gida Hospital and St Dominic's Hospital
Western Cape	Somerset Hospital and Hermanus Provincial Hospital
Gauteng	Leratong Hospital, Natalspruit Hospital and the Steve Biko Medico-legal Centre
Limpopo	Siloam Hospital
KwaZulu-Natal	Edenvale Hospital

Chart 22.

NUMBER OF HEALTH FACILITIES THAT HAVE THE J88



The J88 is a form designed to document medical findings for court purposes... Without the J88 the criminal investigation can be compromised because there is no documented evidence to corroborate the complainant's statement.

02. Specialised services

An overview of services for survivors of sexual violence:

19 health facilities provided services to rape survivors. At the 19 that provided these services, monitors enquired about the particular services that were available. The table below summarise the number of health facilities that provide specialised services to survivors of sexual offences.

Table 8.

NUMBER OF HEALTH FACILITIES THAT PROVIDE SPECIALISED SERVICES

Health facilities (n = 19)	Counselling	Post-exposure prophylaxis (PEP)	Forensic nurses
Eastern Cape (n = 6)	3	5	3
Western Cape (n = 3)	2	3	0
Gauteng (n = 5)	5	5	4
Limpopo (n = 3)	2	3	1
KwaZulu-Natal (n = 2)	2	2	1
Total	14	18	9

Counselling and PEP, provided by forensic nurses, were available at the following facilities:

Eastern Cape	Bisho Hospital, Cecilia Makiwane Hospital and SS Gida Hospital
Gauteng	Alex Health Centre and University Clinic, Leratong Hospital, Natalspruit Hospital and Steve Biko Medico-Legal Crisis Centre
KwaZulu-Natal	Edenvale Hospital

At 9 facilities after-hours services for survivors were provided for by casualty. Given that most rapes typically occur at night and over weekends it is of concern that survivors arriving during these time periods will largely be dealt with by busy staff who are not specialised in sexual offences and whose first priority is casualty services.

2.1 Counselling

19 health facilities monitored	14 health facilities provide counselling.
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14 of the 19 health facilities have staff members who can counsel survivors of sexual violence. The remaining 5 who do not have counsellors refer to Thuthuzela Care Centres, VEP or to psychologists.

2.2 Post-exposure prophylaxis (PEP)

19 health facilities monitored	18 health facilities provided PEP.
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In the case of sexual assault the standard practice is that if the survivor tests negative for HIV after the rape, prophylaxis must be administered within 72 hours to avoid possible transmission of HIV. Unnecessary delays in providing PEP constitute a significant health risk for survivors.

18 of the health facilities monitored are designated to provide PEP to survivors of sexual assault. Monitors asked health care providers at these facilities what they do when survivors come straight to the health facility before opening a case at the police station. According to the SOA this service should be provided regardless of whether the survivor wants to open a case or not. Staff provided a variety of responses, including the following:

In the **Eastern Cape**, staff at three health facilities said that they called the police for the survivor. At another facility staff also indicated that they waited for the police to come and open a case before they did the medical examination.

Health care providers at three facilities in **Gauteng** said that they continue with the examination whilst waiting for the police to arrive.

At a clinic in **KwaZulu-Natal**, the health care provider reported that they give the survivor assistance and information and then tell her she has to go to the police station and collect the J88. It is not clear whether the examination is conducted before they send the survivor to collect the J88, or afterwards.

In **Limpopo**, at Siloam Hospital, health care providers said they call the police and wait for them to come to the facility with the rape kit.

In the **Western Cape**, health care providers at Hermanus Provincial Hospital said they always provided treatment regardless of whether the police are informed or not. Also in the Western Cape health care providers at Stanford Clinic said that they informed the doctor on call and the police and then continued with PEP treatment and treatment for other sexually transmitted infections.

Information that details how medication should be taken and the side effects of PEP treatment is essential to ensure compliance, without which PEP treatment can be rendered ineffective. None of the facilities in Limpopo had educational materials.

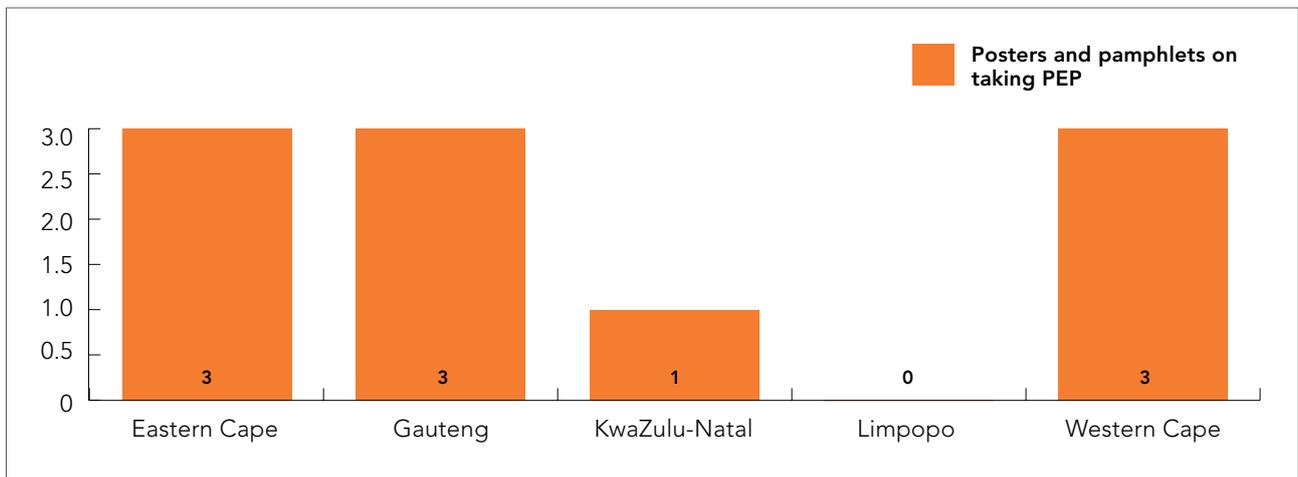
2.3 Educational materials on PEP

Information that details how medication should be taken and the side effects of PEP treatment is essential to ensure compliance, without which PEP treatment can be rendered ineffective. Educational materials which survivors can share with members of their support networks can improve the support they get.

Only 10 health facilities had posters and pamphlets relevant to rape survivors. None of the facilities in Limpopo had educational materials.

Chart 23.

NUMBER OF HEALTH FACILITIES THAT HAVE POSTERS AND PAMPHLETS ON PEP



2.4 Forensic nurses

19 health facilities monitored	9 health facilities employed forensic nurses.
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Forensic nurses are trained to conduct forensic examinations, provide counselling, gather evidence and testify in court. Forensic nurses were employed at 9 of the 19 facilities. One reason for the limited number of forensic nurses is because the field has not been given appropriate formal recognition. Although the forensic nurse is specifically trained, in many facilities medical doctors who don't necessarily have this training take over the examination of survivors of sexual violence.

2.5 Testing of offenders

19 health facilities monitored	12 health facilities conducted compulsory HIV testing of offenders.
	4 health facilities did not have a separate waiting room for survivors and perpetrators.

12 of the health facilities reported that they conducted compulsory HIV testing of offenders which is allowed for in the SOA. 4 of these facilities did not have a separate waiting room for rape survivors and perpetrators. As a result survivors could be traumatised by finding themselves waiting in the same room as those suspected of rape.

03. Conclusion

The vast majority of the 19 health facilities monitored only partially meet the requirements for a comprehensive service to survivors of sexual offences. The 3 health facilities which were in possession of the necessary documentation and provided all the services asked about included:

Gauteng	Leratong Hospital and The Steve Biko Medico-legal Crisis Centre
KwaZulu-Natal	Edenvale Hospital

To ensure that they provide a comprehensive service, rather than aspects of such a service, it is recommended that:

- health facilities should be linked to police stations that are in close proximity, to facilitate speedy responses by the police;
- health facilities should adhere to the minimum standards as outlined in the SOA and the National Policy Guidelines on Sexual Offences;
- the specialised service that forensic nurses provide should be formally and publicly recognised;
- all health care facilities that provide specialised services to survivors of rape should employ forensic nurses;
- all hospitals should have a protocol to inform and guide the provision of services to survivors of sexual violence;
- health facilities should have educational materials specific to the needs of survivors of sexual violence;
- all health facilities should have the J88; and
- health care should be provided to survivors of sexual violence regardless of whether or not they have reported to the police.

“Courts were selected for monitoring based on their proximity to the organisations that participated in the monitoring. 29 courts were monitored in 5 provinces.”



F.

FINDINGS OF MONITORING: COURTS

Courts were selected for monitoring based on their proximity to the organisations that participated in the monitoring. 29 courts were monitored in 5 provinces.

Monitors assessed:

- the accessibility of the court by public transport;
- the accessibility of the court to people living with disabilities;
- the appearance of the court;
- the facilities that are available at the court – information desk, CCTV, witness waiting rooms and working public toilets;
- court preparation services and intermediary services; and
- whether the court has a dedicated sexual offences court and if there are specialised sexual offences prosecutors.

Table 9.

NUMBERS AND NAMES OF THE COURTS MONITORED IN EACH PROVINCE

Eastern Cape (7)	Western Cape (4)	Gauteng (5)	Limpopo (11)	KwaZulu-Natal (1)
Bisho	Athlone	Atteridgeville	Dzanani	Pietermaritzburg
Edenvale	Hermanus	Johannesburg High Court	Makhado – Louis Trichardt	
King Williams Town	Parow	Johannesburg Magistrate	Malamulele	
Mdantsane	Wynberg	Pretoria Magistrate	Mankweng	
Peddie		Protea	Musina	
St Anne's			Polokwane	
Zwelitsha			Seshego	
			Sibasa	
			Thohoyandou High Court	
			Tshilwavhusiku	
			Waternal – Hlanganani Magistrate	

01. Access for monitoring

Access was granted to 27 courts. One court denied access.

At **Musina Court** access was denied. At **Thohoyandou High Court** the registrar said that the court had closed on the 9th of December, and therefore prosecutors were not available at the time of monitoring.

Athlone Court in the Western Cape did not deny access but the monitor was only able to complete part of the monitoring form, as there was no one to assist other than a security guard.

At these three courts observations were made and are reported on.

02. Accessibility and appearance of courts

Monitors assessed whether:

- the court was near to public transport;
- there were clear directions to the court;
- there was signage that clearly indicated that it was a court;
- there were wheelchair ramps for people with physical disabilities to access the court; and
- the court was clean.

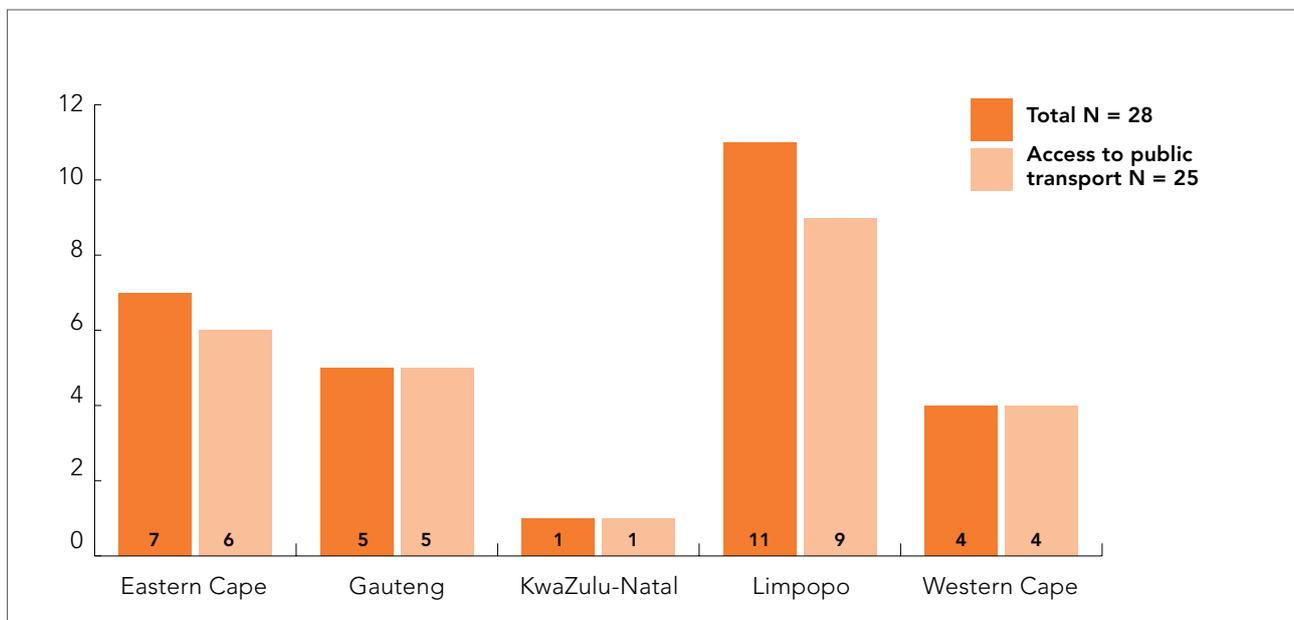
2.1 Access to the court by public transport

28 courts monitored	25 courts were close to public transport.
	Eastern Cape: King Williams Town court is not accessible by public transport.
	Limpopo: Dzanani is not accessible by public transport.
	Limpopo: No data for Polokwane.

25 of the 28 courts monitored, 89% of the sample, were accessible by public transport. Given that the large majority of people in South Africa use some form of public transport, this is a positive finding. In the Eastern Cape, the court in King Williams Town was not accessible by public transport and similarly in Limpopo the court in Dzanani could not be reached by using public transport. Data on this question was not collected for the court in Polokwane in Limpopo.

Chart 24.

NUMBER OF COURTS ACCESSIBLE BY PUBLIC TRANSPORT



25 of the 28 courts monitored, 89% of the sample, were accessible by public transport. Given that the large majority of people in South Africa use some form of public transport, this is a positive finding.

2.2 Directions

There were clear directions with street signs indicating the route to the courts in 16, that is, 57%, of the towns and cities where monitoring was conducted. In Gauteng and KwaZulu-Natal there were no directions or route markers to the courts. In the Eastern Cape there were clear directions for only three of the courts. Lack of directions make it difficult for survivors to find their way to the court, which has implications for accessibility of the courts.

There were no clear directions to the following courts:

Eastern Cape	East London, Dimbaza, Zwelitsha and Peddie courts
Gauteng	Pretoria, Atteridgeville, Protea, Johannesburg High and Magistrate courts
KwaZulu-Natal	Pietermaritzburg court

2.3 Signage

A total of 24 courts had clear signage identifying the building as a court.

There was no signage at the following court buildings:

Eastern Cape	Dimbaza and Peddie courts
Limpopo	Dzanani and Musina courts

Table 10.

NUMBER OF PLACES WITH CLEAR DIRECTIONS TO COURT AND COURTS WITH CLEAR SIGNAGE

Number of courts monitored (Total 28)	Clear directions to the court	Clear signage
Eastern Cape (n = 7)	3	5
Western Cape (n = 4)	4	4
Gauteng (n = 5)	0	5
Limpopo (n = 11)	9	9
KwaZulu-Natal (n = 1)	0	1

There were clear directions with street signs indicating the route to the courts in 16, that is, 57%, of the towns and cities where monitoring was conducted.

2.4 Access for people living with disability

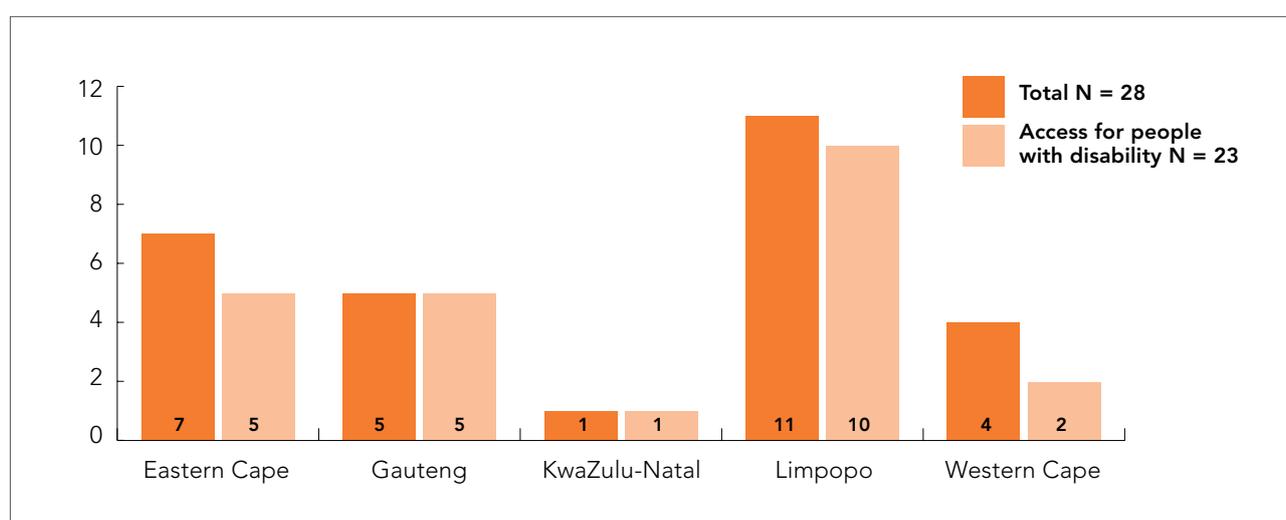
28 courts monitored	23 courts had wheelchair ramps (82%).
	5 courts had no ramps.

The following 5 courts had no wheelchair ramps:

Eastern Cape	Dimbaza and King Williams Town courts
Limpopo	Musina court
Western Cape	Hermanus and Parow courts

Chart 25.

NUMBER OF COURTS WITH WHEELCHAIR RAMPS



03. Court facilities

Monitors assessed:

- the information desk;
- whether there is an appropriate and comfortable witness room;
- Closed Circuit Television (CCTV); and
- public toilets.

Table 11.

SUMMARY OF COURT FACILITIES

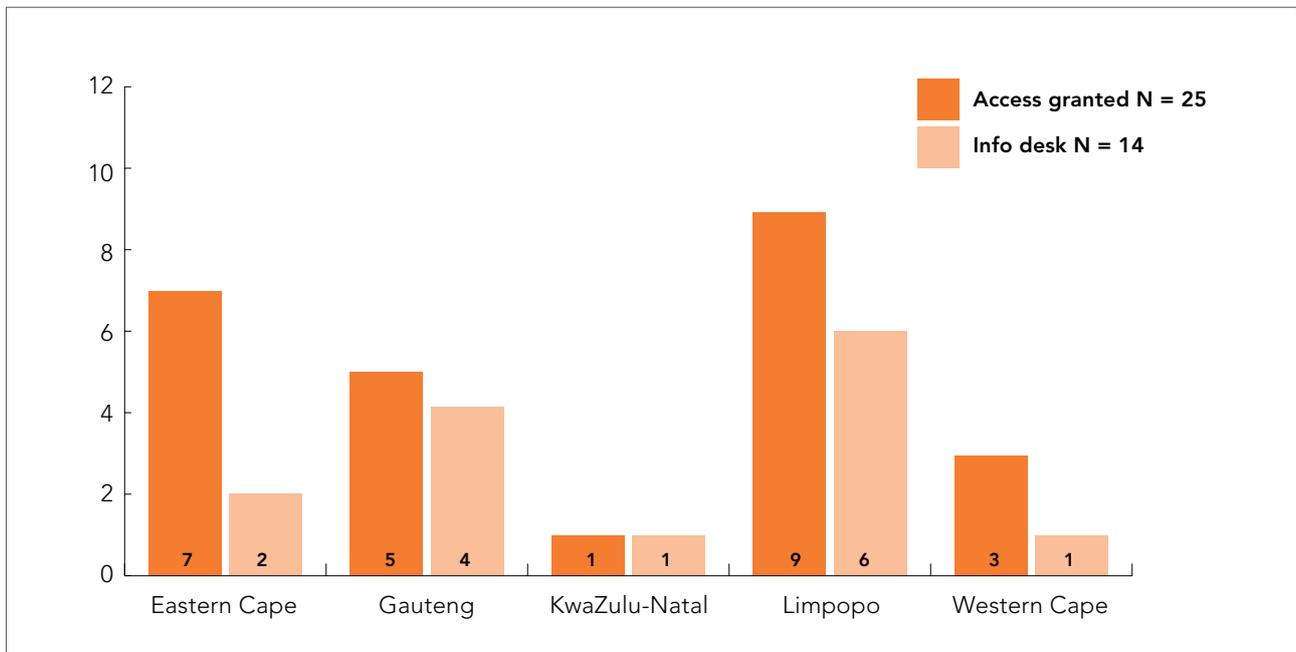
Number of courts monitored	Information desk	Witness waiting room	CCTV in working order	Working public toilets
Eastern Cape (n = 7)	2	3	5	1
Western Cape (n = 3)	1	2	3	1
Gauteng (n = 5)	4	4	5	3
Limpopo (n = 9)	6	6	6	4
KwaZulu-Natal (n = 1)	1	1	1	1
Total	14	16	20	10

3.1 Information desk

Given that the purpose of an information desk is to direct and inform the public, it should be staffed by people who have relevant knowledge about various parts of the building: about where to locate relevant court officials and about specific court rooms and about court facilities. 14 courts of the 25 monitored, 56% of the sample, had an information desk. 12 courts, 48% of the sample, did not have an information desk. Where there are no information desks, visitors to the court find it difficult to know where to go and where they can wait, thereby increasing the stress that often accompanies visits to court. In most cases security guards staffed information desks. In some instances Department of Justice employees staffed the desk. Security guards were not always familiar with the services offered by the court and were not always helpful to the monitors and by implication, the public.

Chart 26.

NUMBER OF COURTS WITH INFORMATION DESKS



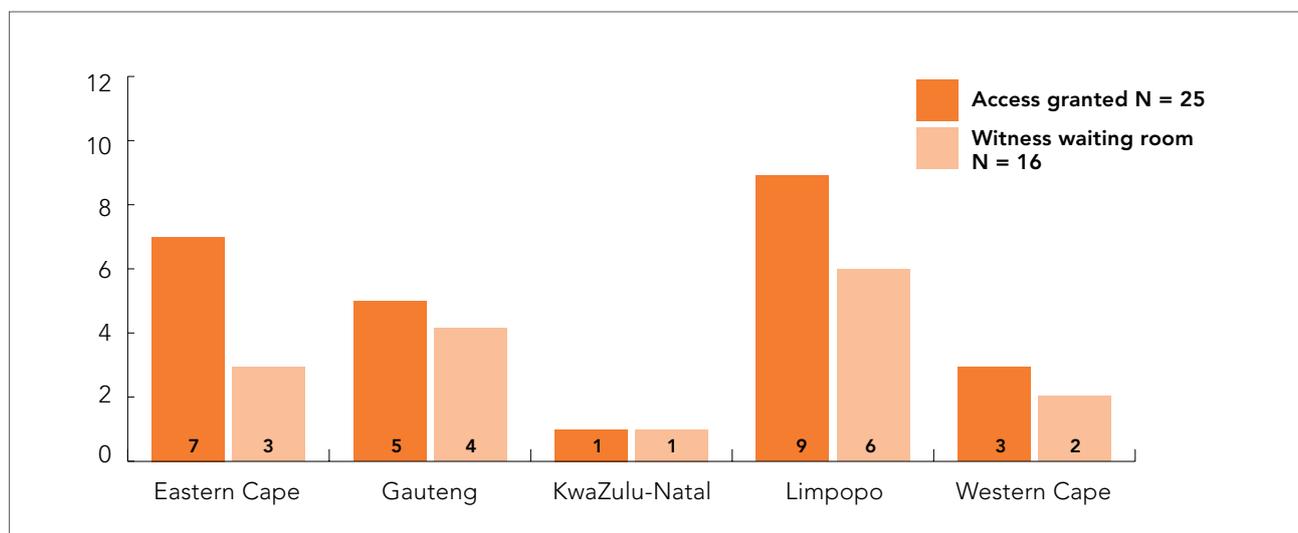
3.2 Witness waiting rooms

Witness waiting rooms serve several functions. They provide a private and secure place for witnesses to wait when they are at the court for long periods. For child witnesses they may reduce the stress of court appearance, especially if they are comfortable. For survivors of rape, the witness room is more than a place to wait. A private place designated for witnesses minimises the chances of survivors coming into contact with the accused.

16 of the 25 courts monitored, that is 64% of the sample, had witness waiting rooms. The remaining 10 had no designated place for witnesses to wait. 16 of these were furnished with chairs or benches. 13 of the witness waiting rooms had toys for child witnesses. Only 2 of the witness waiting rooms, the Sibasa court in Limpopo and the Pietermaritzburg Magistrates Court in KwaZulu-Natal, made pamphlets available. Only 8 witness rooms had posters on display. None of the courts in the Western Cape had publicity or information material.

Chart 27.

NUMBER OF COURTS THAT HAVE WITNESS WAITING ROOMS



88% of the sample had CCTV cameras. CCTV cameras allow witnesses to give their testimony without being in the same room as the accused, thus reducing re-traumatisation and intimidation, particularly for child witnesses.

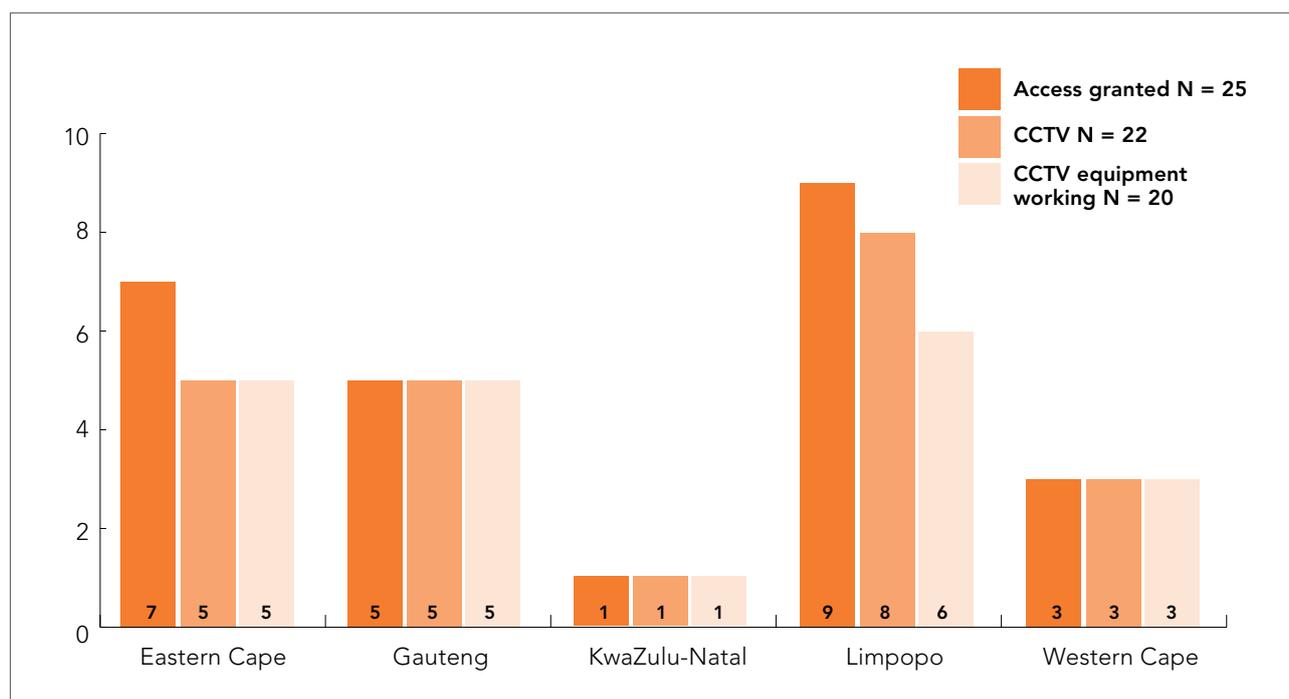
3.3 CCTV

CCTV cameras allow witnesses to give their testimony without being in the same room as the accused, thus reducing re-traumatisation and intimidation, particularly for child witnesses. 22 of the 26 courts monitored, that is, 88% of the sample, had CCTV cameras. The equipment was in working order in 20 of the 22 courts.

Eastern Cape	1 court had CCTV for children; 4 courts had CCTV for children and adults; in 2 courts the CCTV room was not completed.
Western Cape	3 courts had CCTV for children and adults.
Gauteng	1 court could not confirm use; 1 court had CCTV for children and for adults who made special application; 3 courts had CCTV for children and adults.
Limpopo	3 courts had CCTV for children and adults; 1 court had CCTV for children.
KwaZulu-Natal	CCTV used for children and adults.

Chart 28.

NUMBER OF COURTS WITH CCTV EQUIPMENT IN WORKING ORDER



CCTV was not working at:

Limpopo	Dzanani court Data was not available for Seshego court in Limpopo.
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3.4 Public toilets

Toilets that work and are clean are an essential facility given that people usually have to spend several hours at the court. It is important to note that because the large majority of monitors were women, the data reported applies to female toilets. 19 of the 25 courts monitored, 76% of the sample, were open to the public. All had seats but only 16 had toilet paper. 7 of these toilets were broken.

The following 10 courts had working toilets that were open to the public, were clean and had toilet paper:

Eastern Cape	Mdantsane
Gauteng	Pretoria, Atteridgeville and Protea
KwaZulu-Natal	Pietermaritzburg
Limpopo	Mankweng, Seshego, Polokwane and Sibasa
Western Cape	Parow

04. Court services

Monitors assessed:

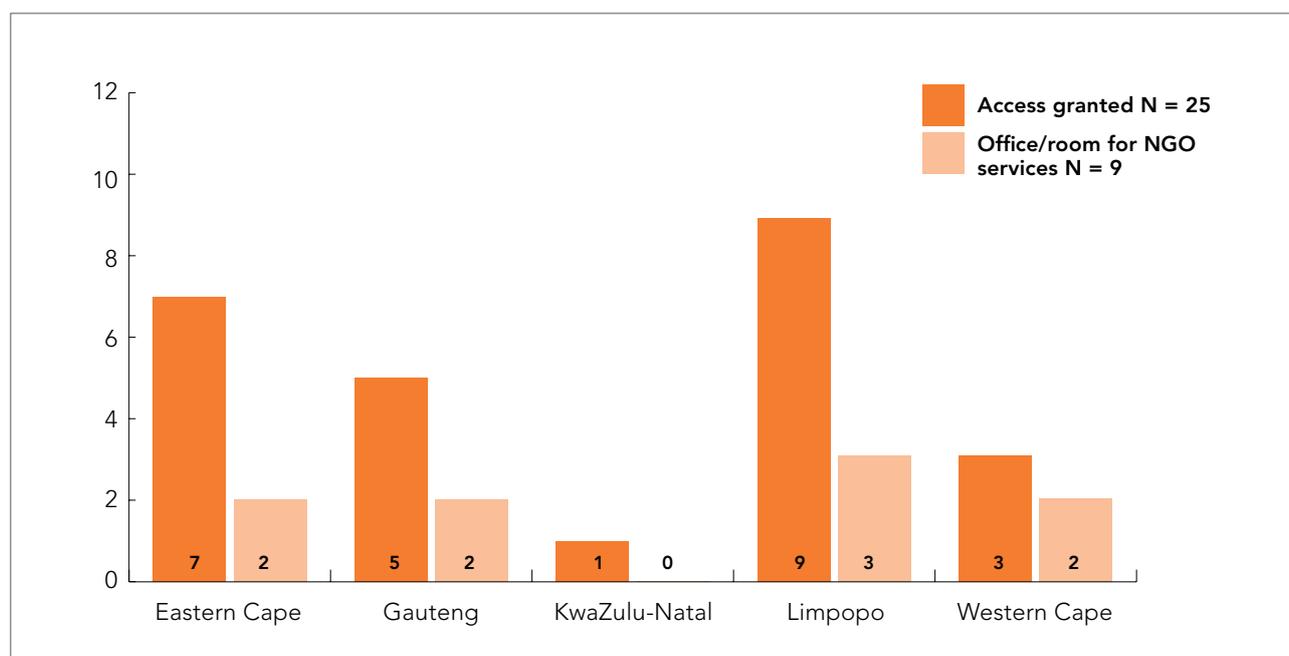
- whether there is a room for NGOs' use;
- whether court preparation is provided;
- specialised services defined as dedicated sexual offences courts: sexual offences prosecutors and magistrates who only hear sexual offences cases;
- intermediary services;
- whether the CCTV equipment was in working order; and
- anatomical dolls.

4.1 Office or room for NGO services

NGOs who have staff working at the courts provide important services, including psychosocial support, legal advice and debriefing after the court proceedings. Only 9 courts (36% of the sample) made a room available for NGOs.

Chart 29.

NUMBER OF COURTS THAT HAVE A ROOM FOR NGOS



The following courts had no rooms for NGOs:

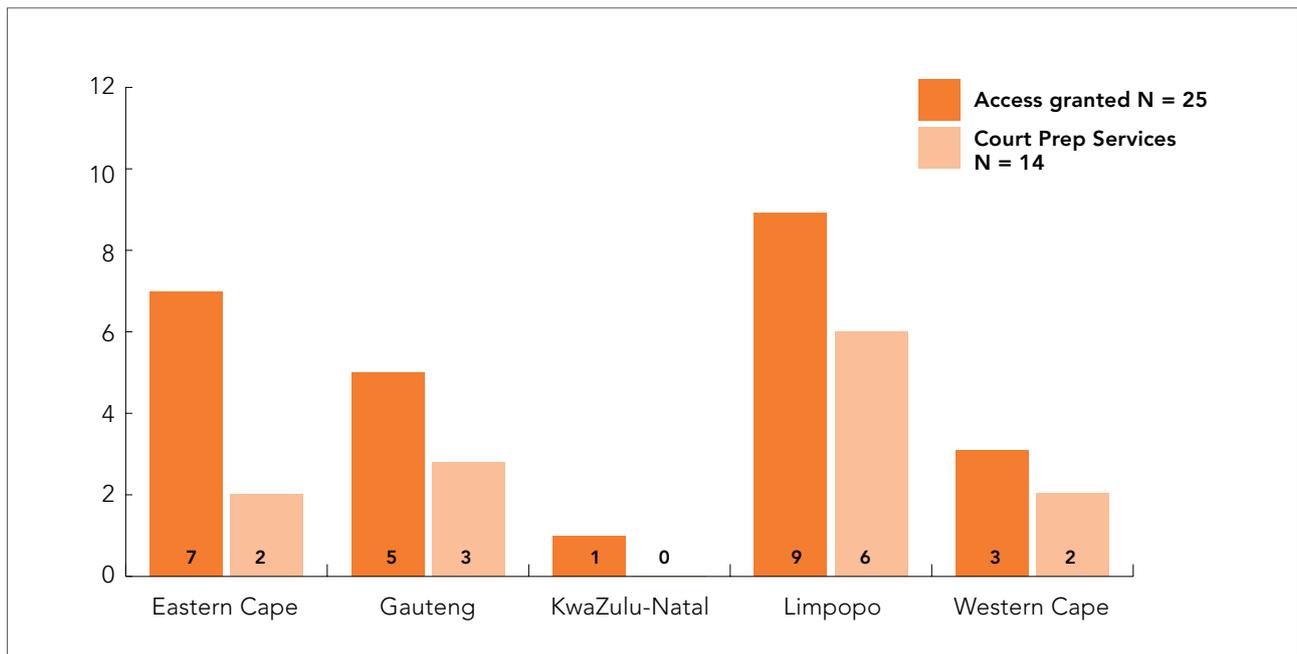
Eastern Cape	Dimbaza, Bisho, King Williams Town, Zwelitsha and Peddie courts
Gauteng	Atteridgeville, Protea and Johannesburg High courts
KwaZulu-Natal	Pietermaritzburg court
Limpopo	Mankweng, Malamulele, Hlanganani, Tshilwavhusiku, Louis Trichardt and Dzanani courts
Western Cape	Hermanus court

4.2 Court preparation

The purpose of court preparation is to familiarise complainants and witnesses with the court and court proceeding before trial begins. It is an especially beneficial service for children and for adults who have never been to court. By being introduced to the court and being informed about proceedings, fears and anxieties associated with court appearance can be reduced. 14 of the 25 courts monitored, 56% of the sample, offered court preparation. At 8 of these 14 courts, court preparation was provided exclusively by the National Prosecuting Authority (NPA). At 2 of these 14 courts the service was provided exclusively by an NGO. At 4 of the 14 courts the NPA and an NGO provided court preparation.

Chart 30.

NUMBER OF COURTS PROVIDING COURT PREPARATION



05. Specialised sexual offences services

Specialised sexual offences services refer to:

- dedicated sexual offences courts;
- specialised sexual offences prosecutors; and
- magistrates who hear only sexual offences matters.

Some prosecutors and magistrates are specially trained on the legal, psychological and social issues relevant to sexual offences. Dedicated sexual offences courts where there are specially trained prosecutors and magistrates who hear only sexual offence cases potentially reduce the trauma of the court experience and minimise the risk of re-victimising witnesses.

15 of the 25 courts monitored, 60% of the sample, had dedicated sexual offences courts. 12 of the 25 courts monitored, 48% of the sample, had specialised sexual offences prosecutors.

Table 12.

NUMBER OF COURTS PROVIDING SPECIALISED SEXUAL OFFENCES SERVICES

Courts monitored Total 25	Dedicated sexual offences Courts	Specialised prosecutors	Magistrates who hear only sexual offences
Eastern Cape (n = 7)	2	1	1
Western Cape (n = 3)	3	3	2
Gauteng (n = 5)	4	3	1
Limpopo (n = 9)	5	4	3
KwaZulu-Natal (n = 1)	1	1	1
Total	15	12	8

Table 13.

NAMES OF COURTS PROVIDING SPECIALISED SEXUAL OFFENCE SERVICES

Courts	Number of dedicated sexual offences courts	Number of specialised sexual offences prosecutors	Magistrates who only hear sexual offences cases
Hermanus	1	1	-
Parow	2	4	Yes
Wynberg	3	6	Yes
Bisho	1	2	Yes
Peddie	2	-	-
Pretoria	4	6	Yes
Johannesburg Magistrates	-	Yes, but didn't know number	-
Atteridgeville	1	-	-
Protea	4	6	-
Pietermaritzburg	2	2	Yes
Mankweng	-	4	Yes
Polokwane	-	3	Yes
Tshilwavhusiku	-	-	-
Louis Trichardt	-	-	-
Dzanani	-	2	-
Seshego	-	3	Yes

5.1 Intermediary services

The Criminal Procedure Act 51 of 1977 makes provision for child witnesses to testify in private out of the presence of the perpetrator, with the assistance of an intermediary in order to minimise the risk of re-victimisation. The intermediary listens to the court proceedings and then relays questions to the child.

Table 14.

NUMBER OF COURTS PROVIDING INTERMEDIARY SERVICES

Courts monitored (Total 25)	Courts that provided intermediary services	Intermediary services for adults	Intermediary services for the mentally disabled
Eastern Cape (n = 7)	4	3	4
Western Cape (n = 3)	2	1	2
Gauteng (n = 5)	3	1	2
Limpopo (n = 9)	7	3	3
KwaZulu-Natal (n = 1)	1	0	1
Total	17	8	12

17 of the 25 courts monitored, 68% of the sample, provide intermediary services. In 6 of these courts intermediaries were provided by the Department of Justice. In 2 they were called 'court intermediaries' who are likely to be DOJ&CD staff members. The National Prosecuting Authority provided this service in 4 courts. At 3 courts services were provided by a social worker, a probation officer in the Department of Social Development (DSD), the Teddy Bear Clinic, or an unspecified NGO.

Only 8 of the 17 courts made this service available to adults. These courts allow for this provision based on the acknowledgment that rape can be traumatic and rape survivors may be too traumatised to be in the same room as the accused, therefore access to intermediaries could significantly reduce trauma. 12 of the 17 facilities provide intermediary services for mentally disabled survivors of sexual offences.

5.2 Anatomical dolls

Child witnesses can use anatomical dolls to point out the places on the body where they were touched. They can use the dolls to depict relationships and the sequence of events of the sexual abuse. Because children may find it difficult and traumatic to explain what happened in words, anatomical dolls are an important resource for courts. 12 of the 25 courts, 48% of the sample, had anatomical dolls.

Table 15.
DESCRIPTION OF ANATOMICAL DOLLS BY MONITORS

Courts	Dolls
Parow	There are 2 sets of anatomically correct male and female dolls. The dolls have oral and anal openings, ears, tongue, nipples and hands with individual fingers. The female doll has a vagina, clitoris and breasts. The male doll has a penis and testicles. The male and female dolls have removable clothing.
Mankweng	White adolescent female doll
Polokwane	Female, white and representing ages between 7 and 8
Pietermaritzburg	Black and white, children and adult and male and female
Protea	A black family of dolls, all in good condition – grandmother, mother, father, teenage boy, young boy and young girl. All the adult dolls had pubic hair and the female dolls had underwear. They looked new. They are used and then stored away. They are very expensive. Each set costs about R10 000. Not many courts have a full set.
Pretoria	Two dolls, in good condition. One doll represents a young black girl and one a white teenage boy with a penis and pubic hair. Staff said they had a set of 6 dolls including grandma and grandpa, teenage girl and young boy.
Atteridgeville	Two dolls, both black. One a young girl and one a young boy. Both are in very good condition. They were kept in a room next to court which is used as the witness waiting room and has a CCTV camera.
East London Regional Court	Dolls representing different ages and races and male and female
Zwelitsha	Adult African dolls

Anatomical dolls were also available at Seshego court in Limpopo and at Johannesburg Magistrates Court in Gauteng, but the monitors who visited these courts did not give a description of the dolls.

06. Conclusion

Similarly to police stations and health facilities, most courts provide some services and not others. Thus, only 5 courts qualify as specialised because they provide all three services: dedicated sexual offences courts, specialised prosecutors and magistrates who hear only sexual offences.

Eastern Cape	Bisho (but they do not provide court preparation or anatomical dolls)
KwaZulu-Natal	Parow and Wynberg (but Parow did not have a suggestion box)
Gauteng	Pretoria (but did not have rooms for NGOs)
Western Cape	Pietermaritzburg (but has no intermediary service)

07. Recommendations

Drawing on shortcomings identified by the monitoring, the following recommendations are made with a view to improving service delivery.

- The legislation should be amended to allow adults to apply for intermediary services.
- All courts should provide intermediary services for people living with disabilities.
- Court preparation services should be available at all courts.
- Witness waiting rooms which are child-friendly should be available at all courts.
- Work should be done to make witness waiting rooms comfortable and secure and to ensure they contain educational materials.
- Partnerships with NGO should be fostered.
- All courts should have open, clean and working public toilets.
- Courts should have anatomical dolls that are representative of race, genders and age groups.

G.

APPENDIX

Appendix 1.

HEALTH FACILITIES SELECTED FOR MONITORING IN 2011/2012

Eastern Cape 12	Western Cape 3	Gauteng 8	Limpopo 5	KwaZulu- Natal 2
Bisho	Hermanus Provincial	Alex Health Centre and University Clinic	Elim	Edenvale
Cecilia Makiwane	Somerset	Chris Hani Nthabiseng Crisis Room	Louis Trichardt Memorial	St Anne's
Duncan Village	Stanford Clinic	Hillbrow Medico-legal Centre	Malamulele	
Empilisweni		Leratong	Musina	
Frere		Natalspruit (Sinakekelwe)	Siloam	
Jaji		Rahima Moosa Mother and Child (Coronation)		
Jama		Steve Biko Medico-legal		
Ndevana		Stretford Memorial		
Nontyatyambo H Centre				
SS Gida Hospital				
St Dominic's				
Zwelitsha				

The word 'Shukumisa' means to shake or stir things up. The Shukumisa Campaign was created in 2008 by the National Working Group on Sexual Offences and aims to stir and shake up public and political will to develop and implement policies related to sexual offences.

The Shukumisa Campaign periodically carries out monitoring at police stations, hospitals and courts to determine the extent to which the South African Police Service, the Department of Justice and Constitutional Development and the Department of Health are meeting their commitments to providing services for victims of sexual offences.

This report details the findings of the monitoring carried out during the 16 Days of Activism in 2011 and in January of 2012. The findings include aspects such as physical accessibility, access to information and the availability of and quality of a range of specialised services. The report identifies areas where improvement is necessary and also makes recommendations on how to improve services in these areas.