

PROVINCIAL ANTI-RAPE SUMMIT

23-24 June 2005

REPORT

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DAY ONE

1. OPENING AND WELCOME

Mr Leonard Ramatlakane, Minister of Community Safety, officially opened the Summit and welcomed all the delegates. The Minister indicated to the audience that they as practitioners did not need to be lectured on the topic as they know the pain that people are experiencing. He pointed out that the Department (of Community Safety) continues to work hard with communities trying its best to mobilize them to break the silence. The purpose of the Summit was to draft a strategic plan on how to support victims/survivors of rape in dealing with their pain in a way that would enable them to live their lives again. The Minister saluted women with the strength to come forward and talk about their pain so that action could be taken against perpetrators of the crimes. He also highlighted the need to think about the meek, the weak and the vulnerable – especially the children – when drafting the strategy. The Minister wished the delegates well for their deliberations and looked forward to the outcome as a workable strategy.

2. PRESENTATIONS

2.1 National Prosecuting Authority

Sexual Offences and Community Affairs Unit,
"Towards Developing an Anti-Rape Strategy"
Adv. Thoko Majokweni,

A data driven and strategic approach is required to address the problem:

- Rape is complex and has a wide impact on society, and survivors experience many problems
- Every Department needs to be involved to address the problems, with the ultimate objective being to prevent the occurrence of rape
- A data driven strategic approach is needed and must enable
 - o Integration
 - o Focus for high impact

Objectives of the Thutuzela Model:

- Reduce Secondary Victimization
- Improve Conviction Rate
- Reduce the time to finalisation of cases

Matrix for Action:

Choices need to be made about where to distribute energy and resources

	BAD	GOOD	MISSING
PREVENTION	Lack of safe places – situational & environmental	Education campaigns	Profile of offenders and victims
REACTION	High case backlog	Thuthuzelas, SO courts, Victim-friendly spaces in police stations	Blueprint to fix CJS for effectiveness in dealing with rape cases

SUPPORT	Limited roll-out of services to rural areas	Victim empowerment initiatives	Relevant and systematic support
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Matrix for Action:

	Short - Medium	Medium - Long
Prevention	<ol style="list-style-type: none"> 1. Integrated, up scaled & ongoing education – area specific prevention campaigns 2. Public education campaigns that address specific attitudes and perceptions 3. Public & targeted parent education 4. Gender sensitivity training in schools 5. Targeted areas for improved lighting, clearing of bushes 6. Use of Community Policing Forums to create "green, safe routes". 7. Install Surveillance cameras in prisons 8. Educate offenders 9. Target places that allow under-age consumption of substances 	<ol style="list-style-type: none"> 1. Standardised life skills training 2. Reintegration programmes to begin 3-years before release from prison.
Reaction	<ol style="list-style-type: none"> 1. Increase capacity of DNA analysis 2. Strengthen internal liaison 3. Increase investigative capacity 4. All stations must have trained members (preferably women) to take first statements 5. Promotion & training of forensic nurses 6. Creation of school-based support teams 	<ol style="list-style-type: none"> 1. All normal regional courts to shift resources proportionally 2. Policy directive that DNA cases of all children below 16-years must be analysed 3. Improved treatment programmes for substance abuse 4. Children's cases to be placed on continuous court roll
Support	<ol style="list-style-type: none"> 1. Audit of efficacy of current programmes for young offenders 2. Standardised counselling services through structured partnerships 	<ol style="list-style-type: none"> 1. Employment of specialised individuals to deal with rehabilitation of young offenders 2. Counselling services to victims in prison

2.2 National Prosecuting Authority Western Cape

"Sexual Offences Strategy and Plan"

Adv. Bronwyn Pithey,

Adv. Pithey pointed out that due to the complexity of issues relating to rape it is not possible to have a "one size fits all" strategy, since not all offences are the same, not all offenders are the same, and not all victims are the same. The overall strategy and plan for the Western Cape is in keeping with that of national.

Target Priorities for the Western Cape:

- Current Specialised Sexual Offences Courts (SOC)
- Roll-out of SOCs in the Province

- Project oversight committees at each SOC
- Appropriate resource allocation at all regional courts to manage sexual offences
- Development of MOUs, Protocols and SOPs between NPA and other Departments on effective management and allocation of resources
- Standard Operating Procedures for the use of private laboratories for DNA analysis
- DNA analysis for all victims under 16-years
- Proper case-tracking mechanisms – database development
- Rape protocol – Joint project (NPA & DoH)
- Statement taking – Joint Project (NPA & SAPS)
- Public awareness campaigns

2.3 SAPS Western Cape

“Anti Rape Strategy”

Dir. S.J. Jephtha,

An internal consultative approach was adopted in the development of the provincial anti-rape strategy. This was aimed at ensuring that all issues within SAPS are identified and addressed prior to engaging external stakeholders.

Framework

- Identification of the top contributing stations within the province to guide allocation of resources
- Crime pattern analysis to direct policing activity
- Contextual understanding of generators of crime
- Extensive communication plan
- Budget alignment to the strategy
- Efficiency of FCS Units
- Efficiency of victim support rooms

Vision

Ensuring a rape free society in the Western Cape

Objectives

- Prevent the commission of rape
- Treating rape victims with respect and sympathy
- Proper investigation of all rape cases without prejudice
- Arresting of offenders and bringing them before the court of law
- Ensuring conviction of offenders
- Engaging in initiatives with other Departments

Stakeholders

REACTION	SUPPORT
<ul style="list-style-type: none"> <input type="checkbox"/> SAPS <input type="checkbox"/> Dept. of Justice <input type="checkbox"/> Dept. of Correctional Services <input type="checkbox"/> Dept. of Social Services 	<ul style="list-style-type: none"> <input type="checkbox"/> Dept. of Health <input type="checkbox"/> Dept. of Social Services <input type="checkbox"/> SAPS <input type="checkbox"/> Dept. of Education <input type="checkbox"/> Dept. of Justice <input type="checkbox"/> NGOs <input type="checkbox"/> CPF <input type="checkbox"/> Dept. of Community Safety <input type="checkbox"/> Media <input type="checkbox"/> Dept. of Housing

Top Stations

- Nyanga
- Khayelitsha
- Kuils River
- Worcester
- Gugulethu
- Mitchell's Plain
- Harare
- Delft
- Kraaifontein
- Knysna
- Strand
- Atlantis
- Conville
- Bishop Lavis
- Kleinvei
- Paarl East
- Philippi East
- Langa
- George
- Elsie's River
- Mossel Bay
- Stellenbosch
- Oudtshoorn

SAPS have identified clear roles for internal stakeholders. They have also looked at how other Government Departments can assist with the implementation of the anti-rape strategy.

Department of Health

- Ensure availability of district surgeons at all provincial hospitals on 24-hour basis
- Provide HIV/AIDS drugs to victims
- Training of all doctors and forensic nurses
- Establish 24-hour service centres
- Prioritise rape cases
- Provide comfort room to victims
- Victim support
- Provide training in use of crime kit

Department of Social Services

- Ensure upliftment of morals and values
- Provide places of safety
- Provide counselling services for victims
- Training of volunteers
- Training of forensic social workers

Department of Correctional Services

- Prevent escapes
- Strict parole policy
- Rehabilitation of offenders
- Prevention of rape within prisons
- Share information with SAPS

Department of Community Safety

- Awareness raising
- Funding of crime prevention actions
- Victim empowerment
- Victim support

Department of Justice

- Consistency regarding bail applications
- Consistency when applying minimum sentencing
- Sending the right message to offenders
- Establish special courts for crimes against women and children
- Set time frames for finalisation of cases in court
- Effective consultation with victims/witnesses
- Proper direction to investigating officers in dockets
- Speed up dealing with backlog
- Assign experienced prosecutors

Department of Education

- Strict enforcement of policy regarding offenders in school
- Awareness raising
- Identify potential victims
- Participate in victim empowerment processes
- Provide recreation and facilities for learners
- Teacher training
- Ensure safety of children
- Instil basic morals and values
- Provide sex education for learners
- Improve parental responsibilities

Other Stakeholders

- Business against Crime
- Local Government
- Community Police Forums
- The Media
- Neighbourhood/Farm/Business Watch
- Municipal Police
- NGOs

With the constitutional responsibilities vested in them to prevent and investigate crimes, SAPS have committed to do everything in their power to ensure that crimes such as rape are eradicated from our society.

2.4 Department of Correctional Services, Lauren Venter

In 2003 the Department of Correctional Services decided to develop the Sex Offender Rehabilitation Program in response to increase in sexual offences in general, and at Correctional Services Centres in particular.

Service Delivery to Sex Offenders:
Service Providers

- Social Workers
- Psychologists
- Healthcare professionals

Objectives

- To teach sexual offenders to control their sexually inappropriate behaviour/deviancy
- To create an understanding and acceptance of appropriate sexual behaviour
- To lead the offender to acknowledge and to admit the impact of the offence on the victim
- To develop victim empathy
- To expose myths and challenge sexual deviant behaviour
- To create responsibility through acknowledgement of the planning of the offence and the grooming of the victim
- To combat spreading of HIV and sexually transmitted infections through education and distribution of condoms
- To provide support and counselling to victims of sexual offences committed within the Centres

DCS Responsibilities within the Cluster

- Risk profiling
- Rehabilitation of the offender
- Responsible placement of sex offenders by Correctional Services Parole Board
- Responsible work/community service placement of sex offenders
- Monitoring of sexual offenders on parole
- Sex offender register management
- Internal and external network mapping
- Risk assessment and intervention for identified sex offenders
- Accreditation of Sex Offenders Programme
- Training of more Sex Offender Programme Specialists
- Specialised training to functional staff
- Participation in and allowing of research
- Censoring of pornographic material

The Way Forward

- Educating the community on risk behaviour of Sex offenders
- Marketing of the Sex Offenders Programme to IJS, NGOs, FBOs, CBOs
- Liaising with IJS for more realistic sentences for sexual offenders taking into account duration of programme – about 36 months
- Information sharing within social cluster
- Investigate establishment of External multi-disciplinary Support Groups
- Information sharing with relevant service providers for continuous monitoring and support after release
- Investigate creation of therapeutic communities within the centres

2.5 Department of Community Safety, Multi Agency Delivery Action Mechanism

“Towards Eliminating the Occurrence of Rape in our Society”

Portia Tsolokile

Definition of Rape: “a male having unlawful and intentional sexual intercourse with a female without her consent”(SA Criminal Law – Snyman 1989:445)

Current legal definition excludes:

- Rape of men and male children
- Oral rape
- Rape using objects

Civil society organisations have been lobbying for a broader definition. Useful findings were presented that indicate trends of likely offenders, victims, time of occurrence, etc.

Approach:

- Building social capital
- Maintaining social order, i.e. support victims and prevent crime:
 - o Victim support rooms
 - o HOOC
 - o Bambanani Volunteers

Victim Support Rooms (VSR)

- Make it possible for victim to heal and move on with least possible trauma
- Create privacy for victims
- Create network of trained volunteers
- Support rape victims

Victim Support Rooms (VSR) – Challenges:

- Not utilised optimally
- Victims have to wait before being attended to by police/medical
- Training for volunteers
- Tension among volunteers, between volunteer and SAPS members, volunteers and CPF

Hands Off Our Children (HOOC)

- Aims to reduce violence against women and children
- Facilitates the process of children reporting abuse
- Strengthens structures dealing with child abuse
- Empower and mobilise community structures to support system
- Post boxes
- Drama groups
- Parental training
- Learner support officers

HOOC Challenges:

- Utilization of post boxes to be evaluated
- Drama – stopped due to budgetary constraints
- Parental training – logistical problem facing social workers.

Bamabanani Volunteers/Neighbourhood Watch

- Strategy to strengthen relations between NHW and other crime prevention agencies
- Embarked on training to capacitate NHW to support victims in their communities
- NHW patrols – monitoring of shebeens
- Awareness raising campaigns

Way Forward

- Assessment of Victim Support Programme

- Reviving and training Victims Support Management Committees for monitoring the rooms
- Implementation of recent recommendations of HOOC evaluation
- Conduct skills audit – train NHW/Bambanani volunteers

Issues

Strategies for addressing the matter, i.e. most perpetrators are known to the victims

Distinction between stranger-rape and acquaintance-rape

How civil society mobilises itself to address rape at institutional level, i.e. family, community, etc.

Is there an institutionalised understanding of the strategy by SAPS at station level?

3. QUESTION AND ANSWER SESSION 1

a. Jack Klaas: What is the mindset when looking at cases, what value system do you use?

There are teams in place to deal with these cases and two look at trends and assist other provinces as well. We do have oversight.

b. Police are having problems getting co-operation from doctors when dealing with a rape victim?

There isn't specific training for doctors for e.g. witness training. Observations must be recorded appropriately. The Western Cape does have a questionnaire that clearly lays out the process of consultation. Arrangements need to be made for doctors, to expedite matters in the Sexual Offences court. We are working on capacitating medical practitioners for this purpose.

c. When the accused is convicted or released – what do we have in place for the public to know about this?

NPA is busy establishing a database of rape, this info to be made available to schools and teachers. Given public opinion re: Sexual Offenders register, plans are afoot to address this. The DCS is working on a structured approach – not to offend the civil rights of either party. SAPS is looking at additional ways to measure services, this summit needs to work out indicators to measure. The non-reporting of rape cases is not just a police issue.

d. Prosecutorial approaches – coercive acts: what is happening in training?

The NPA does provide special prosecutorial training.

e. What is in place to ensure civil society participation?

An NGO reference group has been set up in the Western Cape, but primary role in this regard is that of government.

f. Are there Sex Offender programmes for juveniles and for young offenders, in place?

The high turnover of staff a problem. We need to consider the establishment of therapeutic communities.

g. Heard of attempts to reduce rape statistics – (We should look at? 7 to 10?)

SAPS is looking at an increase in reporting and reducing rape. Police stations do report crimes, and if not so they will be dealt with.

h. When SAPS reports on best stations, did they consider all police stations?

We worked on reported cases in the Province. We are looking human resources at stations. We have identified and equipped those stations found lacking.

i. Where was consulting on strategy done by SAPS?

We are currently in phase 2(see SAPS paper), which included external and internal consultation, busy with external now.

j. Who were organisations reported to in reference group?

ID & T needs to report. As soon as report is available from ID & T, it will be made available.

k. Male rape

Definition of rape has been extended to include male rape.

4. PRESENTATIONS Contd.

4.1 Department of Social Services and Poverty Alleviation

Referred to statistics from various research institutes and NGOs including Rape Crisis, MRC, etc. In 2003 the Department formed a partnership with the Western Cape Network on Violence against Women to develop a framework for ending violence against women. This work culminated in a conference with 150 delegates. Consensus was reached on the root causes, and different types of, violence against women and children. The conference further concluded that a multi-sectoral, multi-layered approach was needed if violence against women was to be eradicated, and needed to include every sector of society.

Presented a comprehensive programme of current services and proposed extensions or new services to child victims/survivors of rape, and the programme for adult victims/survivors of rape.

Challenges facing the Department

- Funding resources are not increasing
- The need for minimum standards for service delivery, for government and NGOs
- Rape and violence against women requires intervention/support by all sectors
- Need for more community support and local initiatives, especially to prevent and challenge perpetrators
- Ongoing stigma exists
- Safety for victims when perpetrators are out on bail
- More focus on family support/strengthening by all sectors

- Ongoing inter-departmental multi-disciplinary training
- Increased men's involvement
- More economic empowerment of women
- Real intersectoral collaboration
- Need for statistical information
- Trauma counselling for family members/partners
- Date rape awareness raising
- Increasing poverty and unemployment
- Ongoing awareness and lobbying campaigns
- Support to women who leave their husbands
- More places of safety and safe houses for victims/survivors
- Sustainable and effective government and NGO partnerships to ensure consistent and service delivery everywhere
- Development of a geographic blueprint for dealing effectively with rape in order to eradicate secondary victimization.

The Way Forward

- A provincial inter-sectoral anti-rape strategy that deals with violence against women and children in all its forms
- An adequately resourced provincial oversight structure to monitor, support, lobby, fill the gaps, and create an enabling environment for successful partnerships with civil society
- Coordinated effort on all levels

4.2 Department of Health

Thuthuzela Care Centre
 Dr R Chuunga
 GF Jooste Hospital

Dr Chuungu pointed out that the management of sexual assault survivors is an integral part of District Health Services (DHS). These clients need special care due to traditional prejudices that stereotype survivors and compromise the Rights of clients. The health and related needs of these clients demand that there is inter-departmental and inter-sectoral collaboration and that joint and Integrated Planning of service provision is essential to improving the quality of care.

Challenges faced by the Department of Health

- Service Delivery Model
- Staffing /Training
- Infrastructure / equipment
- Supervision
- Protocols
- Functional inter-departmental collaboration

Proposed Interventions

- Service Delivery Model that takes into account Acute vs. Non-Acute services
- Provide at least one Acute centre within each of the 8 sub-districts/areas.
- Establish Post-Acute referral services in sub-districts
- Standardize service delivery, staffing, infrastructure, equipment and support services in each of these centres.

- Formalize supervisory structures.
- Enter into formal agreements with other departments to guarantee inter-departmental collaboration.

Proposed Client Flow should comprise of:

- Client accesses service at Police station, casualty, GP, directly at centre or via other means.
- If needed, client transported to dedicated centre by ambulance or private vehicle.
- Counsellor receives client and provides initial crisis intervention.
- Observations should be done by nurse, who should also explain the rest of the procedure.
- Clinical Forensic Practitioner (Doctor or Nurse) performs examination and collects forensic evidence – strict adherence to protocol.
- Victim/survivor should be allowed to Bath/shower and issued with a change of clothing.
- Relevant tests should be done and medication issued.

Follow Up Services

- Medical follow up at 1 week, 6 weeks and 3 months is essential to exclude long term medical problems e.g. HIV, STI and pregnancy
- This provides a unique opportunity for counselling, feedback on progress of the criminal case and client satisfaction survey.

Way Forward: Intervention Plan 2006/7

- Service Delivery Model (Acute/Non- Acute systems)
- Uniform Protocols/guidelines
- Accountable line managers
- Fulltime MO's
- Training of Relevant staff
- M & E
- Service Level Agreements with other Departments, including shared funding arrangements.

4.3 Western Cape Education Department

Anti-Rape Strategy
Nariman Khan

The South African Council of Educators Act 2000 was enacted to ensure that when an educator is dismissed on the basis of sexual abuse of a learner, s/he will be deregistered as an educator and may not be appointed as an educator by any provider, including private providers.

The presentation highlighted the history of the Department's involvement in dealing with issues relating to rape. It also provided indicators for sexual abuse and rape trauma, and the Department's nine steps to be followed in the event of a sexual abuse.

The Department Safe Schools Call Centre operates a toll free number that:

- Provides immediate, free confidential, telephonic communication to learners, educators, support staff and parents

- Serves as a coordinating centre from which referrals are made to appropriate agencies and from which vital information is disseminated
- Records all forms of school crime including rape

Departmental integration with other departments:

- SAPS and Child Protection Unit
- Department of Health
- Department of Social Services
- Child Welfare Society

5. QUESTION AND ANSWER SESSION 2

(Panel: Dept. of Social Services, Dept. of Health, and Dept. of Education)

a. What is the position on remuneration of volunteers?

Some volunteer are paid e.g. in Child Support Unit by DSS.

We need to review how we are resourcing and what we are resourcing – be more honest and open about what we are doing.

b. What is happening around the issue of education of parents?

We do not have a strategy at the moment for parenting skills. We do have a governing body that receives training and has to be transferred to the community. There is an HIV co-ordinator in each area to deal with these issues. The focus, however, is mainly on learners, for training. DSS does provide parenting skills, but it needs to be done on much bigger scale.

We need to look at how parents socialise their children. Some are even challenging the curriculum itself. This issue is broader than school education. Some parents are also afraid of victimisation.

c. What prevention programmes and projects are in process?

We have Life Skills in the curriculum, which deals with issues of sexuality, rape etc in a broader context. Course runs from Grade R, right through the curriculum.

d. Clarity around making complaint

It is often the route that school takes to report to the police, but not often enough. It does not always get reported to the police. From school side it's a criminal charge, and from the department side, the learner who committed the rape will be dismissed.

e. Orgs w/I JFP – what is the strategy around the religious community. (SACC needs to come to the party)?

Insufficient information as there was no representative from religious community at this conference. It was noted that many of the problems we are faced with here are a result of religious conflict e.g. support for abused women, issues of sexuality.

f. What is the policy of the Dept. of education about reporting to the police, when rape has been perpetrated? (A no. of situations where school keeps this quiet). Where in the policy does it say that school is obligated to report immediately?

Often find that principal knows or is the perpetrator of the abuse, and does not want to be exposed or have the school exposed. The biggest challenge is to have incidents reported.

g. Development of community ownership models – what is the vision around this?

DSS does fund community ownership models when it involves the DSS's mandate. DSS feels local government should play a greater role in this initiative.

h. What are the strategies for dealing with the current situation, given that Bill has not been passed yet?

The Bill, and the lead up to its being passed as legislation, must be preceded by extensive lobbying.

6. PRESENTATIONS Contd.

6.1 Joint Forum on Policing (NGOs)

Samantha Waterhouse

The Joint Forum on Policing (JFP) comprises of the following members:

- | | |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> CCR | <input type="checkbox"/> Quaker Peace Centre |
| <input type="checkbox"/> Criminology UCT | <input type="checkbox"/> RAPCAN |
| <input type="checkbox"/> Gun Free South Africa | <input type="checkbox"/> Rape Crisis Cape Town |
| <input type="checkbox"/> LHR | <input type="checkbox"/> SACC |
| <input type="checkbox"/> LRC | <input type="checkbox"/> SWEAT |
| <input type="checkbox"/> Molosongololo | <input type="checkbox"/> Trauma Centre |
| <input type="checkbox"/> Nadel | <input type="checkbox"/> UMAC |
| <input type="checkbox"/> NICRO | <input type="checkbox"/> WCACF |

JFP Aims to:

- Develop comprehensive strategies to address crime and community safety in the Western Cape
- Operate in partnership with State departments, especially DoCS and SAPS
- Provide information from communities, NGOs and CBOs to State Departments
- Aid in policy development
- Monitor implementation of State strategies to address issues of crime and community safety

The JFP presented statistics on case reporting to SAPS. The presentation also highlighted obstacles to reporting, and experiences with the Criminal Justice System (CJS).

Areas for further intervention:

- Broad based social campaigns to address common myths that deny support to survivors.
- Department of Education to develop extensive primary and secondary level programmes
- Collaboration between State and Civil society
- Acknowledgement of experience and expertise of organizations within civil society.
- Access to information to organizations in civil society in order to promote community safety and to monitor services with a view to improvements
- Commitment to implementation of departmental policies and instructions
- Development/implementation of legislation
- Sexual Offences Bill, including trafficking
- Bail legislation
- Development of effective strategies such as the FCS units and the Sexual Offence courts.
- Increase in counselling and support services available to survivors
- Social context training for members of the CJS
- Health care and treatment for survivors who do not report to the CJS

- Internal departmental commitment to disciplinary action against members accused of sexual violence (particularly Dept. of Education and SAPS).
- Support for State officials working daily with survivors of sexual violence
- Healthcare and treatment for survivors who do not report to the CJS
- Addressing the link between children who are victims and offenders

6.2 Child Trafficking,

Molo Songololo, Deborah Mobilyn

Mobilyn provided historical background to the issue of human trafficking. The presentation highlighted key exploitative activities linked to the human trafficking industry and demonstrated this by way of a case study. It included human rights abuses experienced by victims of sexual exploitation and the consequences for children. Victim assistance and support was also highlighted.

DAY 2

Recap

Issues that emerged from the presentations on Day One, and need further discussion were:

- * No standardised indicators for reporting of rape
- * Collection of data
- * A Sex Offenders register needs to be discussed
- * Most strategies are located in a reactive paradigm
- * Under reporting of rape: gap between
- * Sexual offences Bill – needs to be lobbied
- * Gaps between implementation and Bills: training of HR staff
- * Role players: local govt and religious leaders need to be drawn into all processes
- * Need to continue to build trust and confidence in criminal justice system
- * Need to celebrate successes of different strategies.

6.3 Medical Research Council

Gender and Health Research Unit

“Locating Rape in the South African context”

Dr Naeemah Abrahams

The MRC presentation considered the magnitude of the problem of rape based on the definition of rape, time trends, comparing populations and sources of information. The presentation focused on the impact of sexual violence on health (short, medium and long term), social, individual, relationships, community, and societal consequences,

7. QUESTION AND ANSWER for Commissioner Petros

a. In terms of looking at prevention: can MRC do research on perpetrators as to why they do what they do, so that it can be prevented?

Various research programmes have been undertaken, but more needs to be done.

b. Male rape: why do we talk about services for women and children only, why are men not included?

There is silence around reporting male rape especially by boys older than fourteen years.

c. Reporting and Surveys: the way of recording projected figures, has that been generally accepted?

Figures represented are estimates, made from reliable samples – can't speak to everyone.

d. Clarity on Commissioner Petros' statement: 'Alcohol and Drugs are the generators of rape'

e. At individual level, are there issues of mental health that we need to be looking at with regard to rape?

It should not be stressed that mental health issues are involved here – men are not sick, they know what they are doing.

8. GROUP DISCUSSION

8.1 Expectations

Each group was expected to produce the following:

- Brief analysis of intersectoral processes of dealing with rape
 - o List of different types of rape
 - o Current responses in terms of preventative and reactive strategies
- What is working/Not working
- Identification of
 - o Gaps
 - o Recommendations towards an integrated strategy

8.2 Outcomes

8.2.1 Categories Of Rape Identified In The Groups

- Acquaintance
- Adult
- Child: under the age of 18 years
- Coercive: abuse of authority/influence
- Date
- Drug
- Elderly and mentally challenged
- Gang: rape by more than one person
- Incest: blood related
- Male
- Spousal/Marital/Intimate
- Statutory: under the age of 16 years
- Stranger: unknown to the victim

8.2.3 Current Status

The Conference broke into groups, each of which looked at the current status with regard to prevention, reaction, what works and what does not work. Based on the analysis, the groups then identified gaps and drafted recommendations.

8.2.4 Gaps and Recommendations according to the category of rape

GAPS	RECOMMENDATIONS
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ELDERLY & MENTALLY CHALLENGED	
<input type="checkbox"/> Unless the rape is obvious, there are few facilities to assist with identification & reporting	<input type="checkbox"/> Provision of service that does country-wide monitoring of conditions of aged & disabled
<input type="checkbox"/> Not enough sexual offences courts	<input type="checkbox"/> Involvement of faith-based communities
<input type="checkbox"/> Problem of evidence with the mentally challenged	<input type="checkbox"/> That community policing includes visits to the elderly
<input type="checkbox"/> Uneven coverage – mostly urban based	<input type="checkbox"/>
<input type="checkbox"/> No research of effect of sexual offences programmes	<input type="checkbox"/>
<input type="checkbox"/> Not enough sign language interpreters	<input type="checkbox"/>
DATE RAPE	
<input type="checkbox"/> Reporting & Investigation	<input type="checkbox"/> Put a long term strategy in place
<ul style="list-style-type: none"> o Individual perceptions/ beliefs/ myths o Lack of resources: human & FCS o Dockets going missing; Missing information o Communication to survivors o Lack of community participation o Lack of communication between state departments 	<input type="checkbox"/> Enhance the recruitment process
<input type="checkbox"/> Prosecution	<input type="checkbox"/> Have review checks & balances in place
<ul style="list-style-type: none"> o Bail application: perpetrators released even when they are a threat to survivor o Inexperienced prosecutors/ magistrates o Timeline of cases; an increase in turnaround time o Individual beliefs 	<input type="checkbox"/> Put an effective database in place
<input type="checkbox"/> Victims Charter	<input type="checkbox"/> Elect a representative body to proceed from here
<ul style="list-style-type: none"> o Budget o Awareness 	<input type="checkbox"/> Everyone in the CJS should undergo training
<input type="checkbox"/> HOOC	<input type="checkbox"/> That there is consistency in sentencing
<ul style="list-style-type: none"> o There are few staff capable of dealing with reports 	
MALE RAPE	
	<input type="checkbox"/> The definition of male rape to be finalized as soon as that of indecent assault
	<input type="checkbox"/> That awareness be intensified with the NPA as the lead agency, along with NGOs, Government Departments, and community structures
	<input type="checkbox"/> Clearly identify target groups for awareness campaigns
	<input type="checkbox"/> Improve the risk awareness through research institutes, NGOs and Office of the Premier
	<input type="checkbox"/> Improve the partnerships with NGOs

	<input type="checkbox"/> CCTV in prisons <input type="checkbox"/> Innovative incentives to replace benefits provided by gang <input type="checkbox"/> Categorise awaiting trial prisoners to focus on young boys and provide them with alternative role models to reduce the power of peers
	<input type="checkbox"/> There should be strategies linked to those addressing gang rape
	<input type="checkbox"/> NPA services to be made known to the community <input type="checkbox"/> The Inter-governmental Relations Bill to be finalised
	<input type="checkbox"/>
CHILD/INCEST RAPE	
<input type="checkbox"/> Not sufficient trainers	<input type="checkbox"/> More FCS units, with more and experienced trainers
<input type="checkbox"/> Perpetrator programmes of tracking of offenders after programme <input type="checkbox"/> Life skills development for youth offenders	<input type="checkbox"/> More counsellors and counselling <input type="checkbox"/> Ensure that counselling happens – SAPS and Trauma Centre <input type="checkbox"/> There should be more places of safety for victims and youth offenders
<input type="checkbox"/>	<input type="checkbox"/> A more comprehensive payment plan for volunteers
<input type="checkbox"/> Lack of day care and after care facilities	<input type="checkbox"/> A roll-out of Thuthuzela centres and centres must be made known to communities <input type="checkbox"/> Waiting times to be improved <input type="checkbox"/> Houses of safety should be just that – as children are offending in there
	<input type="checkbox"/> Medical guidelines training for medical officers and forensic nurses
	<input type="checkbox"/> Prosecution: improve case flow and timeframes
	<input type="checkbox"/> There should be pro- and reactive research <input type="checkbox"/> Monitoring of released perpetrators
	<input type="checkbox"/> Victim Support Rooms to be utilized appropriately
	<input type="checkbox"/> Child Sex Offenders to be centrally registered <input type="checkbox"/> Sexual offences register should be available to necessary parties
	<input type="checkbox"/> Witness protection to be offered
	<input type="checkbox"/> The Domestic Violence Act must be upheld especially regarding court orders and protection orders, by sensitising magistrates towards children
	<input type="checkbox"/> Awareness campaigns, especially in rural areas – through Safer Schools Campaign, Bambanani awareness programmes, NPA <input type="checkbox"/> Awareness campaigns should be standardised with the same messages
	<input type="checkbox"/> More preventative strategies should be adopted

	<input type="checkbox"/> There should be interdepartmental consistency with regard to the role and remuneration of volunteers
MARITAL/INTIMATE RAPE	
<input type="checkbox"/> Trauma rooms in places that are not currently operational	<input type="checkbox"/> More resources, especially funding
<input type="checkbox"/> No communication between rehabilitation programmes	
<input type="checkbox"/> Treatment aids not optimally utilised	<input type="checkbox"/> Clear guidelines for both parties <input type="checkbox"/> Tracking of victims in cases of disasters <ul style="list-style-type: none"> ○ Victims Database to be kept and updated with details of relocation ○ Investigators must be allowed access to the database
<input type="checkbox"/> Investigation and reporting is not properly carried out, it takes too long, and there is a lack of communication <input type="checkbox"/> Prosecution inconsistencies on sentencing and bail applications	<input type="checkbox"/> Shorten length of time of processing cases <input type="checkbox"/> Means and resources to implement acts must be facilitated <input type="checkbox"/> NPA consistency in sentencing <input type="checkbox"/> Review of bail procedures
<input type="checkbox"/> No communication – government departments, government departments and NGOs	<input type="checkbox"/> Information sharing between Departments, CPF and Community and improved inter-departmental communication <input type="checkbox"/> Guideline process for communication
<input type="checkbox"/> Not enough places of safety <input type="checkbox"/> Lack of one-stop services	<input type="checkbox"/> More places of safety <input type="checkbox"/> More one-stop services
	<input type="checkbox"/> Fast-track the provincial liquor policy
GANG RAPE	
<input type="checkbox"/> Premature arrests	<input type="checkbox"/> Better coordination between Departments, NGOs and Community services <input type="checkbox"/> Increase community involvement
<input type="checkbox"/> No preventative measures	<input type="checkbox"/> Specialised training
	<input type="checkbox"/> Monitoring of investigations <input type="checkbox"/> Arrests of high flyers
	<input type="checkbox"/> More recreational facilities by Department of Local Government
	<input type="checkbox"/> Visible policing and more human resources <input type="checkbox"/> Deal with corruption, especially in SAPS <input type="checkbox"/> Media campaign to highlight successes
STRANGER RAPE	
<input type="checkbox"/> Belief system that underlies rape	<input type="checkbox"/> Education campaigns to include moral regeneration with champions across political lines <input type="checkbox"/>
<input type="checkbox"/> Police strategies not directed to stranger rape	<input type="checkbox"/> Statement taking checklist
<input type="checkbox"/> Insufficient social services to handle referrals	<input type="checkbox"/> Audit social services and identify needs and gaps <input type="checkbox"/> Roll out of Thuthuzela centres <input type="checkbox"/> Expansion of social services to meet needs, especially in peri-urban areas <input type="checkbox"/> Provision of long term counselling
<input type="checkbox"/> Sentencing does not match rehabilitation programmes	<input type="checkbox"/> Roll out of sexual offences courts with court preparation programmes <input type="checkbox"/> Monitoring of sexual offenders for set period

	<p>after release</p> <ul style="list-style-type: none"> <input type="checkbox"/> Compulsory consultation between Investigating Officer and prosecutor <input type="checkbox"/> Increase gender representivity in public service towards more female investigators and court interpreters
	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated training, of police, prosecutors, and doctors, to include forensics, consultation <input type="checkbox"/> More and better trained volunteers
<ul style="list-style-type: none"> <input type="checkbox"/> Little is done about perpetrators <input type="checkbox"/> Lack of community acceptance of paroles 	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment of offenders for intervention purposes <input type="checkbox"/> Capacitate offender with information about rape

9. TOWARDS AN ANTI-RAPE STRATEGY FOR THE WESTERN CAPE

The elements for a strategy have been based on the presentation input papers from the various conference participants, as well as the group discussion for the formulation of an anti-rape strategy. For the success of an integrated and coherent strategy, it has to be driven by a common vision.

For the purpose of this report, we have assumed that a common vision would be:
“Ensuring a rape free society in the Western Cape”

The development of a strategy for effective implementation of the vision should include the following elements

9.1 Institutional mechanisms

- The Department of Community Safety led Multi-Agency Delivery Action Mechanism (MADAM) structure should be the lead agency for implementation of a provincial, multi-sectoral anti-rape strategy, and should consider the following:
 - Election of a representative body to proceed from this point
 - Putting a long term strategy in place
 - Service Level Agreements with other Departments, including shared funding arrangements
 - Adoption of more preventative strategies
 - Programme funding needs to be made available to resource a collaborative partnership strategy
 - Involvement of faith-based communities, and business
 - Improved partnerships with NGOs
 - Information sharing between Departments, CPF and Community, and improved inter-departmental communication
 - Guideline process for communication
 - Better coordination between Departments, NGOs and Community services
 - Increased community involvement

9.2 Criminal Justice System

- Waiting times to be improved
- Prosecution: improve case flow and timeframes
- Shorten length of time of processing cases

- CCTV in prisons
- Innovative incentives to replace benefits provided by gang
- Categorise awaiting trial prisoners to focus on young boys and provide them with alternative role models to reduce the power of peers
- Consistency in sentencing
- NPA services to be made known to the community
- Witness protection to be offered
- Means and resources to implement acts must be facilitated
- NPA consistency in sentencing
- Review of bail procedures
- The definition of male rape to be finalized as soon as that of indecent assault
- There should be strategies linked to those addressing gang rape
- Arrests of high flyers
- Roll out of sexual offences courts with court preparation programmes
- Monitoring of sexual offenders for set period after release
- Compulsory consultation between Investigating Officer and prosecutor
- Increase gender representivity in public service towards more female investigators and court interpreters
- Assessment of offenders for intervention purposes
- Capacitate offender with information about rape
- Community policing to include visits to the elderly
- Deal with corruption, especially in SAPS
- Effective management is needed to enable disciplinary action when procedures are not followed
- Statement taking checklist

9.3 Legislation

- A small committee, mandated by the lead team, needs to be established to look at legislation across sectors and examine the gaps.
- The Inter-governmental Relations Bill to be finalised
- Fast-track the provincial liquor policy
- The Domestic Violence Act must be upheld especially regarding court orders and protection orders, by sensitising magistrates towards children
- The Sexual Offences Bill needs to be fast-tracked by an advocacy and lobbying strategy

9.4 Support services

- A roll-out of Thuthuzela centres and centres must be made known to communities
- Houses of safety should be just that – as children are offending in there
- More counsellors and counselling
- Ensure that counselling happens – SAPS and Trauma Centre
- The role of Social Services in after hours counselling should be examined
- There should be more places of safety for victims and youth offenders
- Victim Support Rooms to be utilized appropriately
- More places of safety
- More one-stop services
- More recreational facilities by Department of Local Government
- A more comprehensive payment plan for volunteers
- There should be interdepartmental consistency with regard to the role and remuneration of volunteers
- Clear guidelines for both parties

- Expansion of social services to meet needs, especially in peri-urban areas
- Provision of long term counselling
- More FCS units, with more and experienced trainers
- Support and debriefing for police officers who work with rape survivors
- More resources, especially funding

9.5 Training and building social capital

- Everyone in the CJS should undergo training, especially with the passing of new legislation
- Medical guidelines training for medical officers and forensic nurses
- Specialised training
- Integrated training, of police, prosecutors, and doctors, to include forensics, consultation
- More and better trained volunteers
- Enhance the recruitment process

9.6 Monitoring & Evaluation, and Research & Information Management

- The Department of Community Safety MADAM structure as the lead agency should establish a provincial task team to undertake relevant research
- There should be pro- and reactive research
- Monitoring of released perpetrators
- Sexual offences register should be compiled, updated and made available to necessary parties
- Tracking of victims in cases of disasters
 - Victims Database to be kept and updated with details of relocation
 - Investigators must be allowed access to the database
- Monitoring of investigations
- Audit social services and identify needs and gaps
- Audit all prevention programmes to extrapolate best practises for roll out
- Have review checks & balances in place
- Provision of service that does country-wide monitoring of conditions of aged & disabled
- Put an effective database in place
- Improve the risk awareness through research institutes, NGOs and Office of the Premier
- Conduct research to understand why perpetrators are getting younger in order to develop interventions to address the issues

9.7 Awareness Raising and Marketing Campaign

- That awareness be intensified with the NPA as the lead agency, along with NGOs, Government Departments, and community structures
- Clearly identify target groups for awareness campaigns
- Awareness campaigns, especially in rural areas – through Safer Schools Campaign, Bambanani awareness programmes, NPA
- Awareness campaigns should be standardised with the same messages
- Education campaigns to include moral regeneration with champions across political lines
- Gender training to be conducted with young boys and girls, as well as masculinity training for boys, to instil values of equality and respect from an early age
- Media campaign to highlight successes
- Visible policing

9.8 Environmental Factors

- Build safer communities by improving the environment, especially those elements that place women and children at risk, such as poor street lighting, unsafe open spaces and transport

10. RECOMMENDATIONS ON THE WAY FORWARD

- 10.1 That this Report be circulated to all stakeholders
- 10.2 That a task team is constituted to draft a multi-sectoral anti-rape vision, mission and strategy – based on this Report
- 10.3 That the draft vision, mission and strategy be circulated to all stakeholders for comment
- 10.4 That a follow-up anti-rape summit is convened to adopt the Vision, Mission and Strategy and put in place mechanisms and procedures for implementation of the Provincial anti-rape strategy