

Sexual Offences Indaba Conference

*National Audit of Multi Disciplinary Services
in South Africa - presentation on preliminary
findings and recommendations*

18 May 2009

Tamara Braam & Advocate Brandon Lawrence

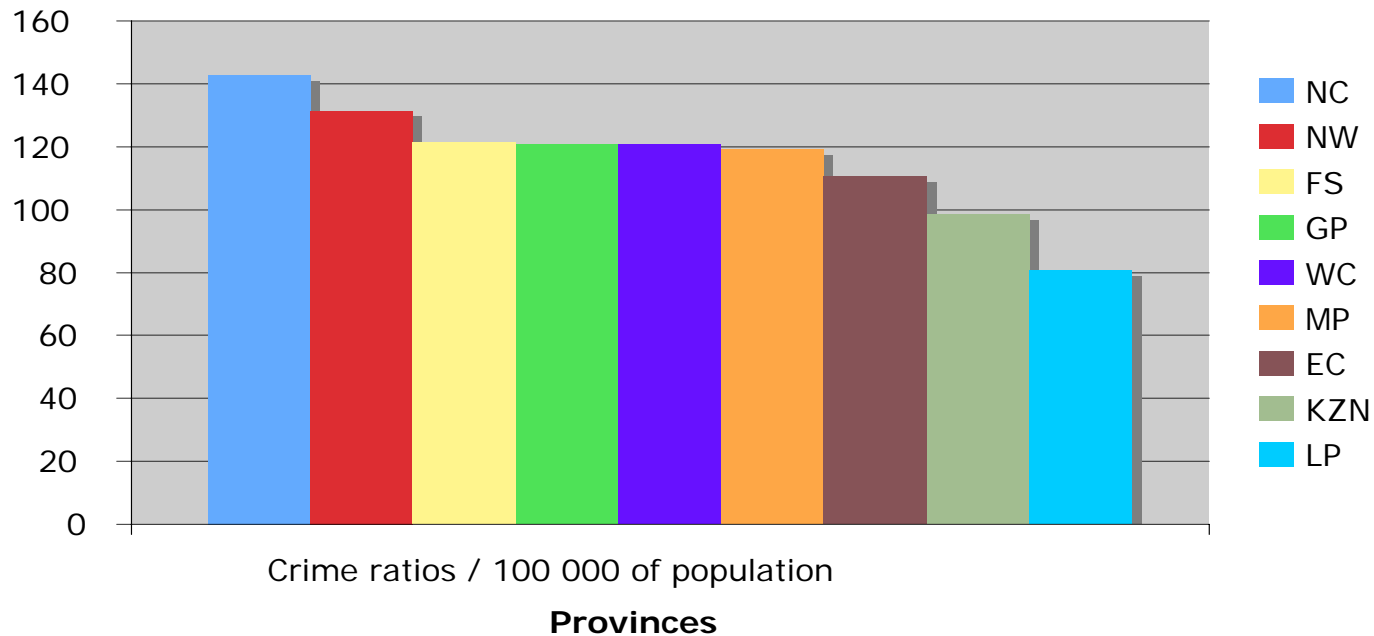
Note from the Presenters'

- Please do not quote the findings of this presentation as data analysis is still underway
- Hence these are the preliminary findings of the audit
- Final report will be released 30 June 2009

RAPE IN SOUTH AFRICA

Annual Report of the South African Police Services for 2006/2007

Provinces ordered from highest recorded rapes / 100 000 of population for 2006/2007

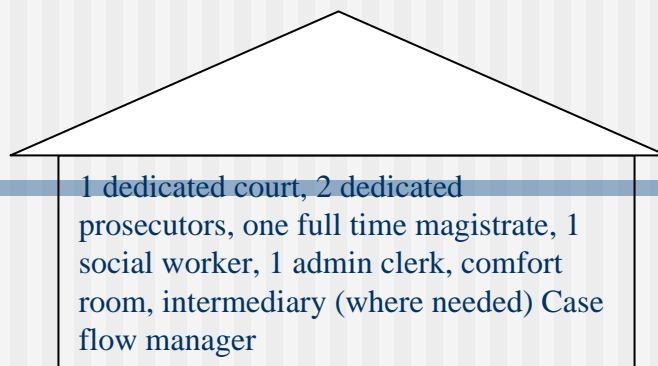


Matrix for Action: choices need to be made about where to distribute energy and resources

	What is Bad?	What is Good?	What is Missing?
Prevention	<ul style="list-style-type: none">• Lack of safe places - situational and environmental	<ul style="list-style-type: none">• Education campaigns	<ul style="list-style-type: none">• A profile of offenders and victims
Response	<ul style="list-style-type: none">• High backlog in cases	<ul style="list-style-type: none">• Integrated response centers	<ul style="list-style-type: none">• Blueprint to fix CJS for effectiveness in dealing with rape cases
Support	<ul style="list-style-type: none">• Limited roll out of services to rural areas	<ul style="list-style-type: none">• Victim empowerment initiatives	<ul style="list-style-type: none">• Relevant and systematic support

- *A balance must be found across the actions*
- *Key choices need to be made in terms of how to prioritize which department needs to react*

Thuthuzela Model



Sexual offenses court

- ❖ Prosecution of SO cases only
- ❖ Leads weekly strategy meetings and case assessment
- ❖ Consults with victims throughout court process
- ❖ Ensures speedier, more effective prosecutions

Sexual offenses court

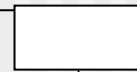
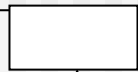
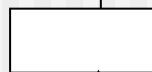


RAPE INVESTIGATION AND CARE CENTRE

health professionals
Investigating officers,
prosecutors on standby,
counselors, site coordinator,
victim asst officer

Rape investigation and care centre

- ❖ Centralises all rape investigations
- ❖ Ensures prompt transportation, examination and care of victims
- ❖ *Increases communication between prosecutor, police and victim*
- ❖ Develops best practices for speedy, sensitive investigation of cases
- ❖ Ensures accurate data collection and analysis
- ❖ Immediate crisis counseling for victims



RAPE VICTIMS REPORT AT LOCAL POLICE STATION, CLINICS, HOSPITALS OR OTHER CBO'S

AUDIT OBJECTIVES

- The objective of the proposed audit is to provide the IDMT with a comprehensive report from selected institutions that provide sexual violence services, including a recommended framework to provide a pragmatic, data-driven approach to guide national and provincial departmental decisions on where TCCs need to be established.

Methodology

- Document Review
- Provincial Consultations
- Interviews
- Focus Group Discussions
- Survey
- Trend Analysis
- Framework Development & Application
- Limitations: Time!

Overview of Process

- Data collection completed:
 - 79 HCF
 - 39 courts
 - Police trend analysis - 2005 - 2007
 - NGO service providers as appropriate
 - Provincial close out discussions
 - NGO partner engagement
- Nine final draft reports completed

Conceptual Framework

- IDMT framework for understanding rape
- TCC Blue Print
- Feasibility Criteria identified by NPA in relation to report
- Reviewing other relevant reports: Indaba Report 2008, Blue Print for TCCs, previous Audit Tool, Report on the Feasibility and Location of a Thuthuzela Care Centre for Mamelodi, Report on the feasibility and location of Thuthuzela Care Centres for GP, LP, FS, NC and MP & SAGBVHI report

**Need for service:
statistics &
absence of
any service**

**Reach:
population
that will be
reached &
accessibility**

**Existing Base
Line:
infrastructure,
human resources,
existing service in
place**

**Commitment at
respective levels:
management &
staffing**

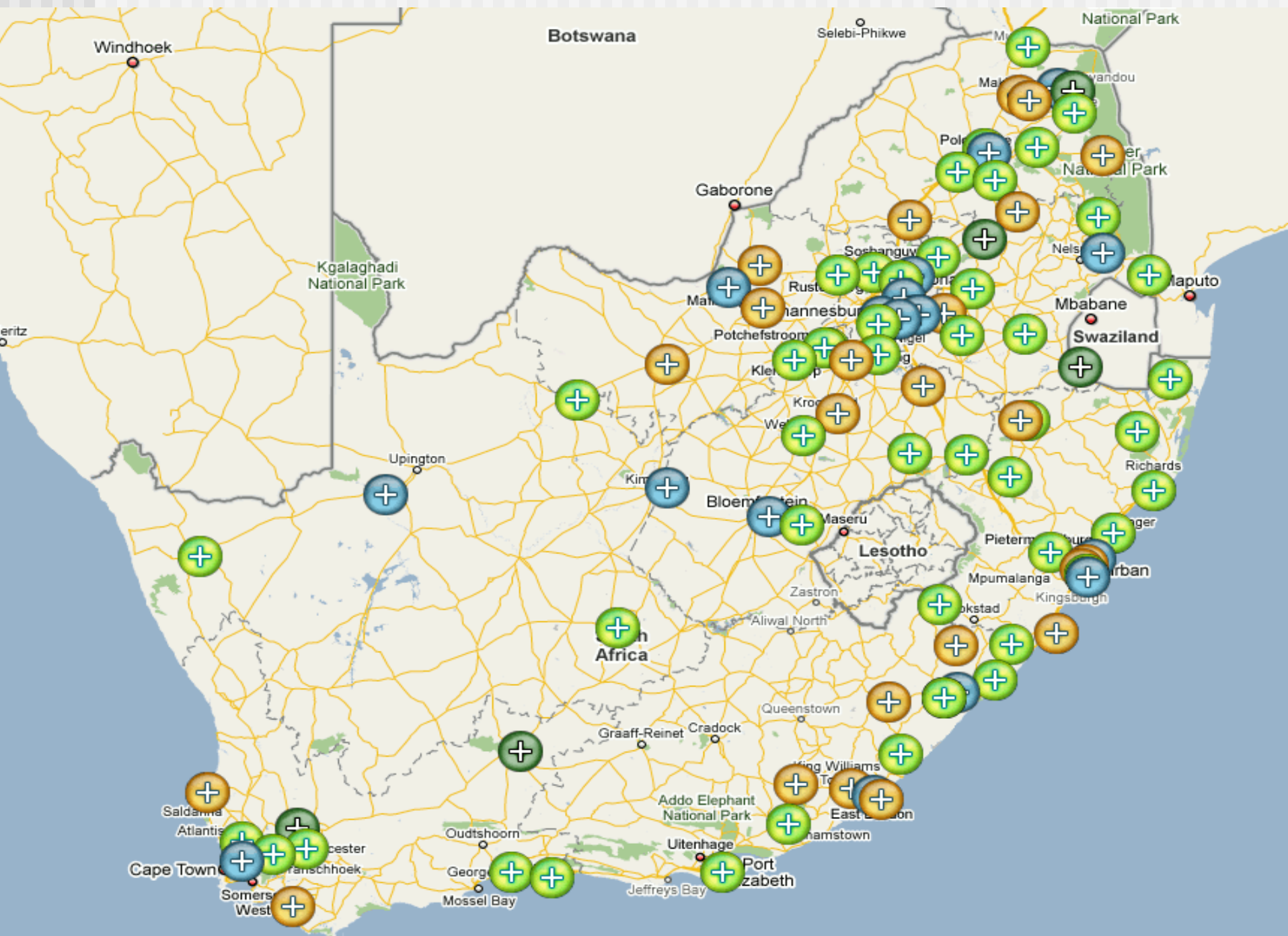
**Extent of
intersectoral
collaboration**

**Province
specific
issues**

THUTHUZELA
CARE CENTRE
Turning Victims into Survivors

Matrix Development

CATEGORY	HIGH	MEDIUM	LOW
NEED FOR SERVICE RAPE STATISTICS	Average of over 60	Average of between 60 and 40	Average of under under 40
ACCESSIBILITY	24 hours and on public transport route	Only 24 hours	Neither
EXISTING RESOURCE BASE: INFRASTRUCTURE	Separate rooms available for examinations and therapy. Separate bathing and toilet facilities. Victim-friendly.	Separate room available for examinations.	No separate facilities available – part of casualty
EXISTING RESOURCE BASE: HUMAN RESOURCE CAPACITY	Dedicated medical personnel Psycho social services personnel in place	Only medical personnel in place with no psycho social personnel in place	No dedicated personnel in place
INTERSECTORAL COLLABORATION	Formalized agreements in place	Meetings are taking place – there is coordination	No agreements, no evidence of coordination



Eastern Cape

1. Bisho Hospital- Bisho
2. Fort Beaufort Hospital - Fort Beaufort
3. Taylor Bequest Hospital - Matatiele
4. Madizikane Ka Zulu Memorial Hospital - Mount Frere
5. Settlers Hospital - Grahamstown
6. Butterworth Hospital - Butterworth
7. Dora Nginza Hospital - Port Elizabeth
8. Frere Hospital - East London
9. St. Elizabeth's Hospital- Lusikisiki
10. All Saints Hospital - Ngcobo
11. Sinawe Referral Centre - Mmtata Hospital
12. St Patricks - Bizana

Facilities recommended in EC

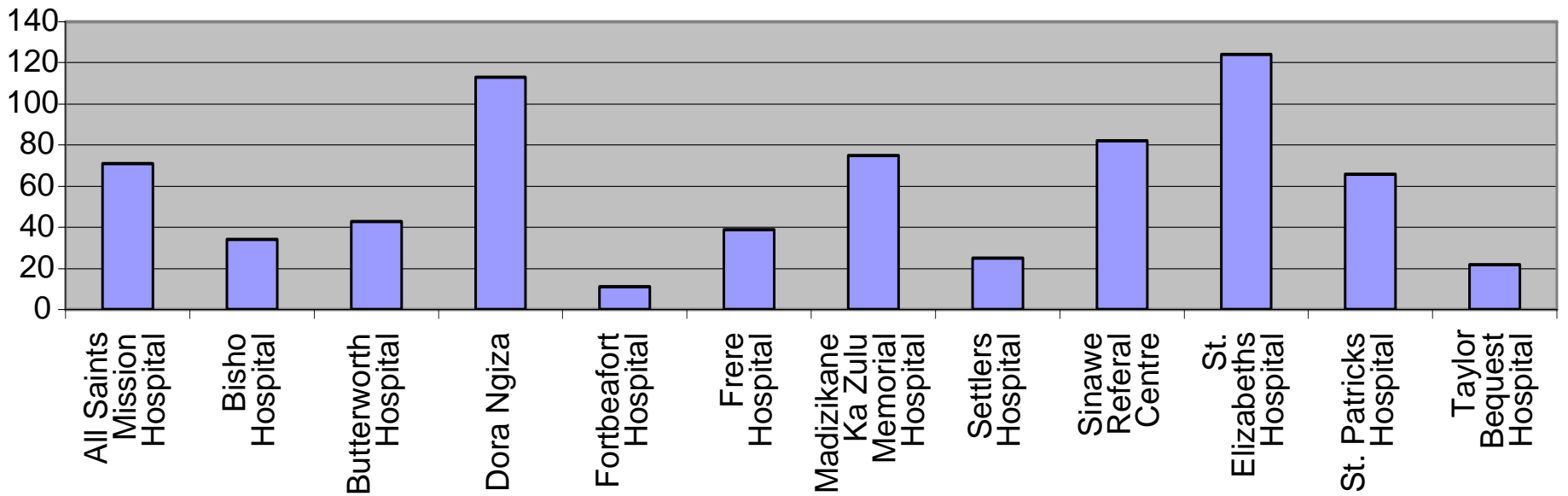
- 1. Dora Nginza Hospital**
2. Settlers Hospital- Grahamstown
3. Taylor Bequest Hospital - high hospital data
- 4. St Elizabeths-Lusikisiki**
- 5. Mmtata Hospital - link with All Saints satellite**
- 6. St Patricks Hospital - Bizana**
- 7. Butterworth**

EC Matrix

	NEED FOR SERVICE		EXISTING BASE LINE			INTERSECTORAL COLLABORATION		Recommend: Yes/No	Order of priority
	Rape Statistics (High/Med/Low)	Population reached (High/Med/Low)	Accessibility	Infrastructure (High/Med/Low)	Human Resources (Sufficient/Insufficient)	Extent of intersectoral collaboration	Province Specific issues (Yes/No)		
All Saints	HIGH		HIGH	LOW	LOW	LOW	N	N	
Bisho	MED		HIGH	HIGH	MED	MED	N	N	
Butterworth	MED	covers a wide geographical area	HIGH	LOW	HIGH	MED	Y	Y	7
Dora Nginza	HIGH		HIGH	MED	HIGH	HIGH	Y	Y	1
Fort Beaufort	LOW		HIGH	MED	MED	LOW	N	N	
Frere	MED		HIGH	MED	LOW	LOW	N	N	
Madizikane Ka Zulu Memorial	HIGH		HIGH	HIGH	MED	MED	N	N	8
Settlers	MED			HIGH	SUFF		N	Y	2
Sinawe	HIGH		HIGH	HIGH	HIGH	HIGH	Y	Y	5
St Patricks	HIGH		HIGH		LOW	HIGH		Y	6
St Elizabeth	HIGH	Very rural communities	HIGH		MED	LOW	Y	Y	4
Tayler Bequest	LOW		HIGH	LOW	HIGH	LOW	Y	Y	3

EC Average / Facility

EC Average per Fa



Court Overview -EC

- Grahamstown Magistrates Court: Agreements in place & intersectoral engagement. 50% of prosecutors time on sexual offences matters. Basic infrastructure in place
- EL Regional Court: Collaboration with civil society as well - meeting as needed. 90% cases on sexual offences matters. No separate consultation rooms in place
- Butterworth Magistrates Court: meetings held periodically. 40 - 49% on sexual offences matters

Free State

1. Boitumelo Hospital
2. Botshabelo Hospital
3. Kopano Crisis Centre
4. Mafube Hospital
5. Motshimalo Hospital
6. Parys Hospital
7. Phekolong Hospital
8. Thebe Hospital

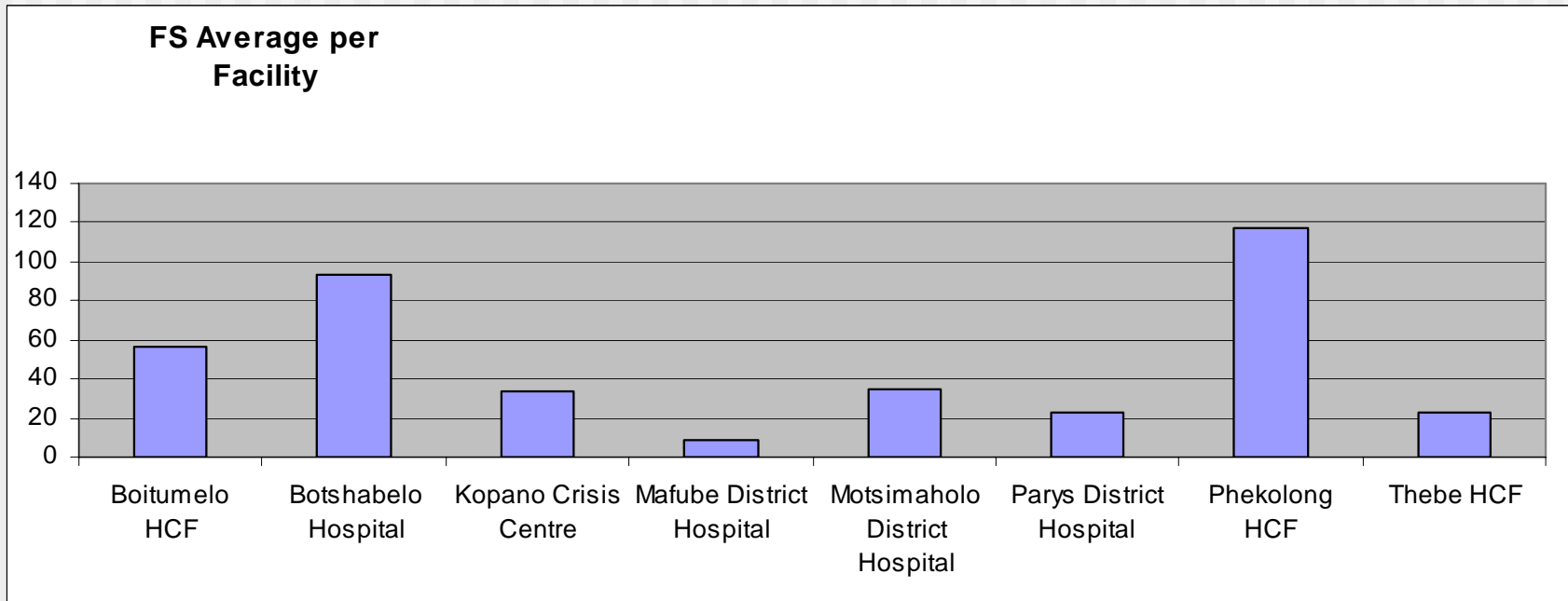
Facilities recommended in FS

1. Phekolong Hospital
2. Botshabelo Hospital
3. Kopano Crisis Centre
4. Motshimalo Hospital
5. Thebe Hospital

FS Matrix

	Need For Service	Reach		Existing Base Line		Intersectoral Collaboration	Province Specific issues		
	Rape Statistics (High/Med/Low)	Population reached ¹ (High/Med/Low)	Accessibility	Infrastructure (High/Med/Low)	Human Resources	Extent of intersectoral collaboration	(Yes/No)	Recommend: Yes/No	Order of Priority
Boitumelo Hospital	MED	131 755	LOW	LOW	LOW	HIGH	N	N	
Botshabelo Hospital	HIGH	237 609	HIGH	MED	HIGH	HIGH	N	Y	2
Kopano Centre	Crisis HIGH	236 414	HIGH	HIGH	HIGH	HIGH	Y	Y	3
Mafube Hospital	LOW	32 225	HIGH	LOW	HIGH	HIGH	N	N	
Motshimalo Hospital	LOW	97 328	HIGH	MED	LOW	MED	N	Y	4
Parys Hospital	LOW	44 150	HIGH	LOW	MED	MED	N	N	
Phekolong Hospital	HIGH	88 559	HIGH	MED	LOW	HIGH	N	Y	1
Thebe Hospital	LOW	50 348	HIGH	MED	HIGH	HIGH	Y	?	5

FS Average/Facility



Court Overview - FS

- Welkom Sexual Offences Court - range of civil society involvement, stakeholder agreements in place. Infrastructure in place - detailed statistics available.
- Sasolburg Magistrates Court - good understanding between respective role players. Does not have consultation rooms for victims

Kwazulu Natal

1. Lower Umfolozi District War Memorial Hospital - Empangeni
2. Stanger Regional Hospital- Stanger
3. Edendale Hospital- Pietermaritzburg
4. St. Mary's Mission Hospital- Marianhill
5. Madadeni Hospital- Madadeni
6. Ladysmith Hospital- Ladysmith
7. Newcastle Hospital- Newcastle
8. Benedictine Hospital- Nongoma
9. Port Shepstone Regional Hospital- Port Shepstone
10. Ingwavuma Hospital- Ingwavuma
11. Kwadabeka Community Centre - Kwadabeka
12. R.K. Khan Hospital- Chatsworth

Facilities recommend in KZN

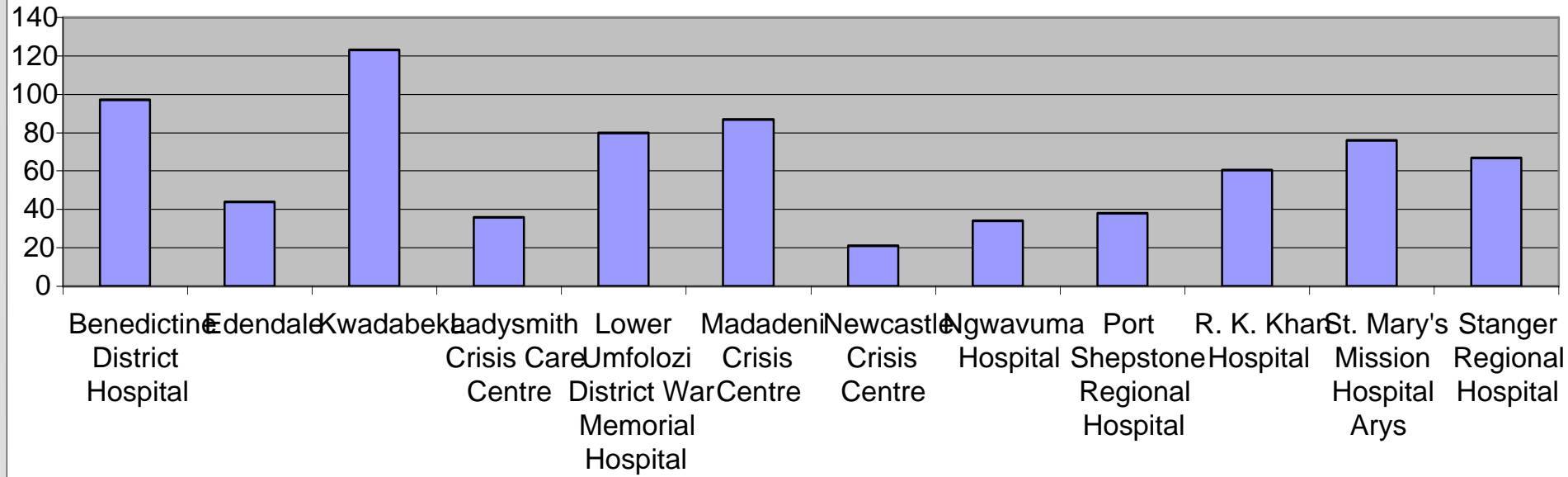
1. **Edendale Hospital**
2. Lower Umfolozi District War Memorial Hospital
3. Stanger Hospital
4. R. K. Khan Hospital
5. Madadeni Crisis Centre
6. Ladysmith Crisis Centre
7. Benedictine Hospital
8. **Port Shepstone Hospital**
9. Kwadabeka Community Centre

KZN Matrix

Need For Service	Reach		Existing Base Line		Human Resources (Sufficient/Insufficient)	Intersectoral Collaboration	Province Specific issues		Order of Priority
	Rape Statistics (High/Med/Low)	Population reached (High/Med/Low)	Accessibility	Infrastructure (High/Med/Low)			Extent of intersectoral collaboration	(Yes/No)	
	LOW	?	HIGH	MED	HIGH	HIGH	Y	N	
	MED	?	HIGH	MED	HIGH	HIGH	N	N	
	LOW	?	HIGH	MED	MED	LOW	N	?	8
	LOW	?	HIGH	LOW	HIGH	LOW	Y	N	
	MED	?	HIGH	MED	MED	LOW	Y	Y	5
	HIGH	?	HIGH	LOW	HIGH	MED	Y	Y	4
	LOW	?	HIGH	MED	HIGH	HIGH	Y	N	
	MED	80 villages	HIGH	LOW	MED	MED	N	?	7
	LOW	?	HIGH	MED	HIGH	MED	Y	Y	6
	HIGH	?	HIGH	MED	HIGH	HIGH	Y	Y	2
	HIGH	?	HIGH	LOW	MED	MED	Y	Y	3
	LOW	?	HIGH	LOW	LOW	LOW	Y	N	
	HIGH	?	HIGH	HIGH	HIGH	HIGH	Y	Y	1

KZN average/ facility

**KZN Average
Facility**



Court Overview KZN

- Ingwavuma Court: No MOUS in place, inadequate infrastructure. Not high levels of sexual offence matters dealt with by court
- Ladysmith Regional Court: no separate consultation rooms etc. 50% sexual offences matters. No MOUS in place
- Empangeni Magistrates Court: specialist court and prosecutor. Meeting happen as needed. 40% conviction rate and 60% acquittal
- Madedani Court: crisis centre only role player. Has a consultation room - 60% sexual offences matters

Limpopo Province

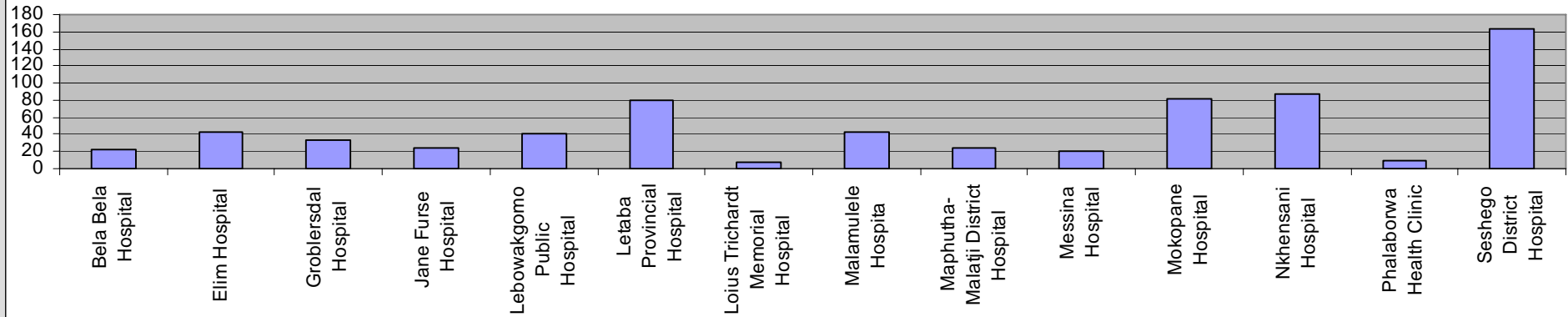
1. Elim Hospital
2. Messina Hospital
3. Louis Trichardt
4. Groblersdal
5. Belabela
6. Mokopane
7. Jane Furse
8. Lebowakgomo
9. Seshego
10. Letaba
11. Phalaborwa
12. Nkhensani
13. Malamulela

Facilities recommended in LP

1. Seshego Hospital
2. **Mokopane Hospital**
3. Nkhesani Hospital
4. Letaba Hospital
5. Lebowakgomo Hospital
6. **Messina Hospital**
7. Malamulele Health Centre
8. Groblersdal

LP average/facility

LP Average per Facility



Court Overview LP

- Groblersdal Regional Court: 1 wk/ month on child cases. No civil society organizations. 21-30% non sexual offence matters - specialist prosecutor dealing with cases for children
- Ritavi Court: 40% of time dealing with non sexual offences matters. Does not have separate consultation rooms.

Mpumalanga Province

1. Emblenhale Community Health Centre
2. Ermelo Hospital
3. Kwamhlanga Hospital
4. Matikwane Hospital
5. Middelburg Hospital
6. Piet Retief Hospital
7. Tonga Hospital
8. Siphosensimbi

Facilities recommended in MP

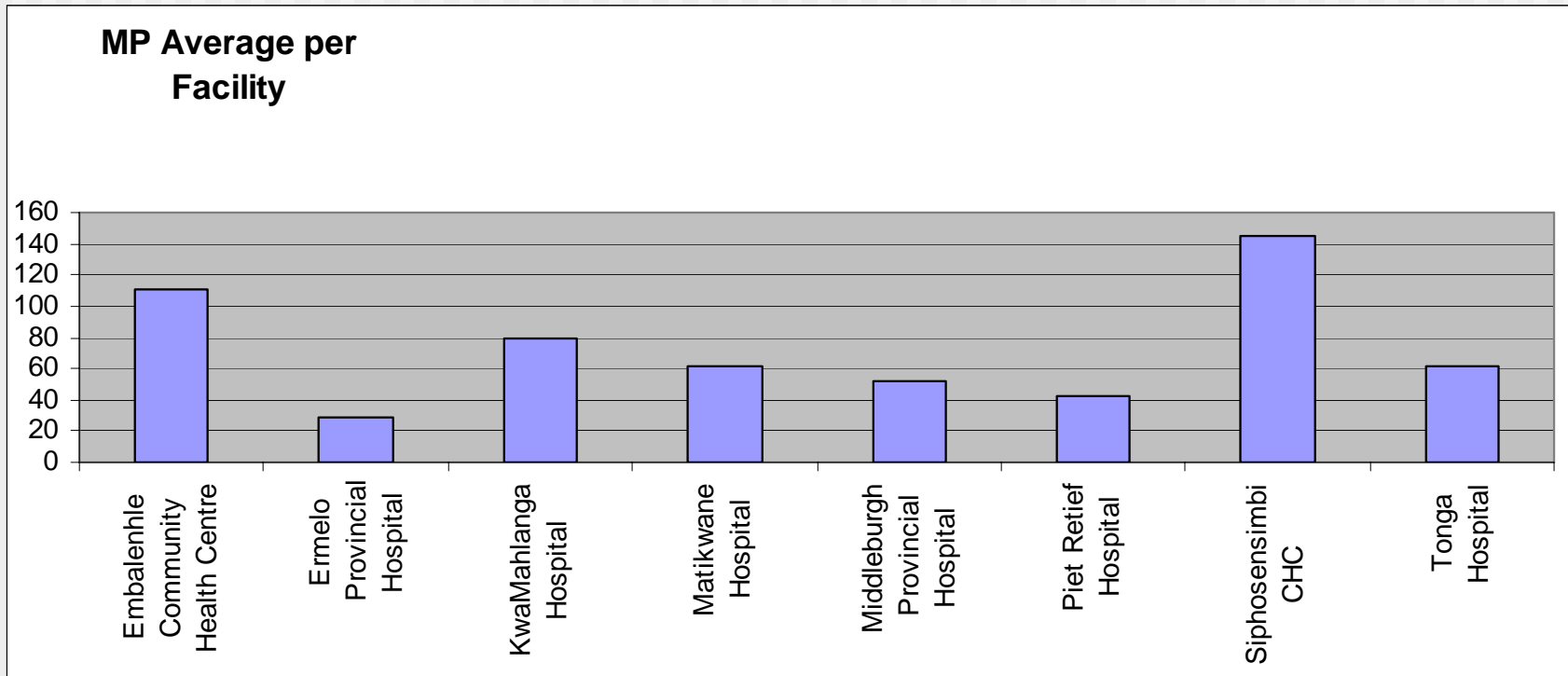
1. **Tonga Hospital**
2. **Siphosensimbi Health Centre**
3. Ermelo Hospital
4. Kwamhlanga Hospital
5. Embalenhle - Evander Hospital
6. Matikwane Hospital
7. *Piet Retief Hospital*

MP Matrix

Need For Service Reach Existing Baseline Intersectoral Collaboration Province Specific issue

	Rape Statistics (High/Med/Low)	Population reached (High/Med/Low)	Accessibility	Infrastructure (High/Med/Low)	Human Resources	Extent of intersectoral collaboration	(Yes/No)	Recommend: Yes/No	Order of Priority
Embalale	HIGH	?	HIGH	LOW	LOW	LOW	Y	Y	5
Emelo	LOW	?	HIGH	MED	MED	LOW	Y	Y	3
Kwamhanga	HIGH	?	HIGH	MED	HIGH	HIGH	Y	Y	4
Makwane	HIGH	?	HIGH	MED	MED	LOW	Y	Y	6
Middelburg	MED	?	HIGH	MED	MED	LOW	Y	N	
Pitsofetsi	MED	?	HIGH	MED	HIGH	HIGH	Y	Y	7
Siposeng	MED	?	HIGH	MED	LOW	LOW	Y	Y	2
Tonga	HIGH	?	HIGH	MED	HIGH	LOW	Y	Y	1

MP average/ facility



MP Court Overview

- Ermelo Regional Court: 71 - 80% non sexual offence matters. No specialist prosecutors in place. No separate consultation rooms
- Witbank Magistrates Court: no cso involvement. Stakeholder meetings do take place. 71 - 80% non sexual offences matters. No consultation rooms
- Middelburg Court: two weeks a month/ childrens SO cases. 30% non sexual offences matters. Specialist prosecutor in place. Intermediary room, waiting room and consultation room in place
- Piet Retief Magistrates Court: CSO involvement. Agreements in place & meetings between role players. 0 - 10% non sexual offence matters. No specialist prosecutors. No consultation rooms

Northern Cape

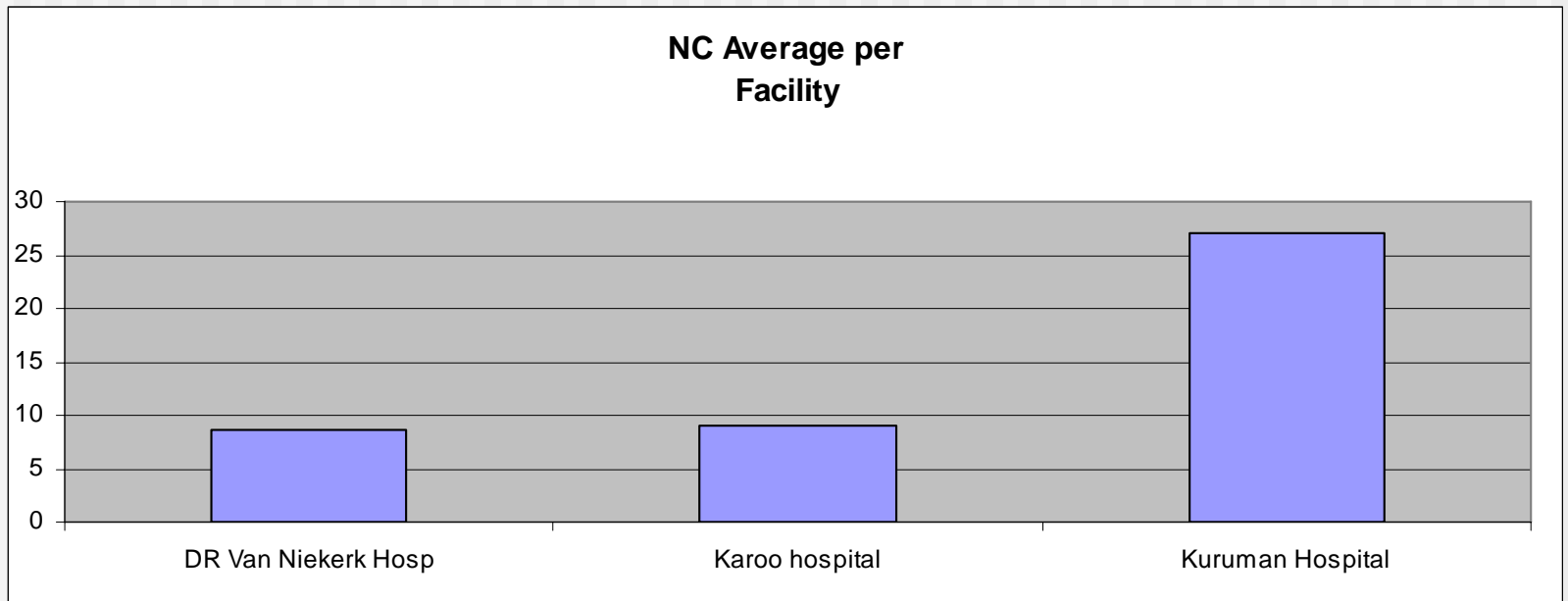
1. Dr van Niekerk / Springbok
2. Karoo / De Aar Hospital
3. Kuruman Hospital

Facilities recommended in NC

All sites are recommended in the NC. In order of priority though

1. Kuruman Hospital
2. Dr van Niekerk Hospital, Springbok
3. *Central Karoo / De Aar Hospital*

NC Average/ facility



NC Court Overview

- Springbok Court: No specific court dealing with SO matters. 41-50% of cases non sexual offence matters. No separate consultation rooms. No role players providing support.
- De Aar Court: no specific court dealing with SO. Sometimes SO court held from Kimberley every 4/5 months. No separate consultation rooms.

North West

1. Brits District Hospital
2. General de la Rey District Hospital
3. Joe Shimankana Tabane Hospital
4. Kosh Crisis Centre, Klerksdorp
5. Potchefstroom Regional Hospital
6. Taung District Hospital
7. Vryburg Hospital
8. Zeerust Hospital

Facilities recommended in NW

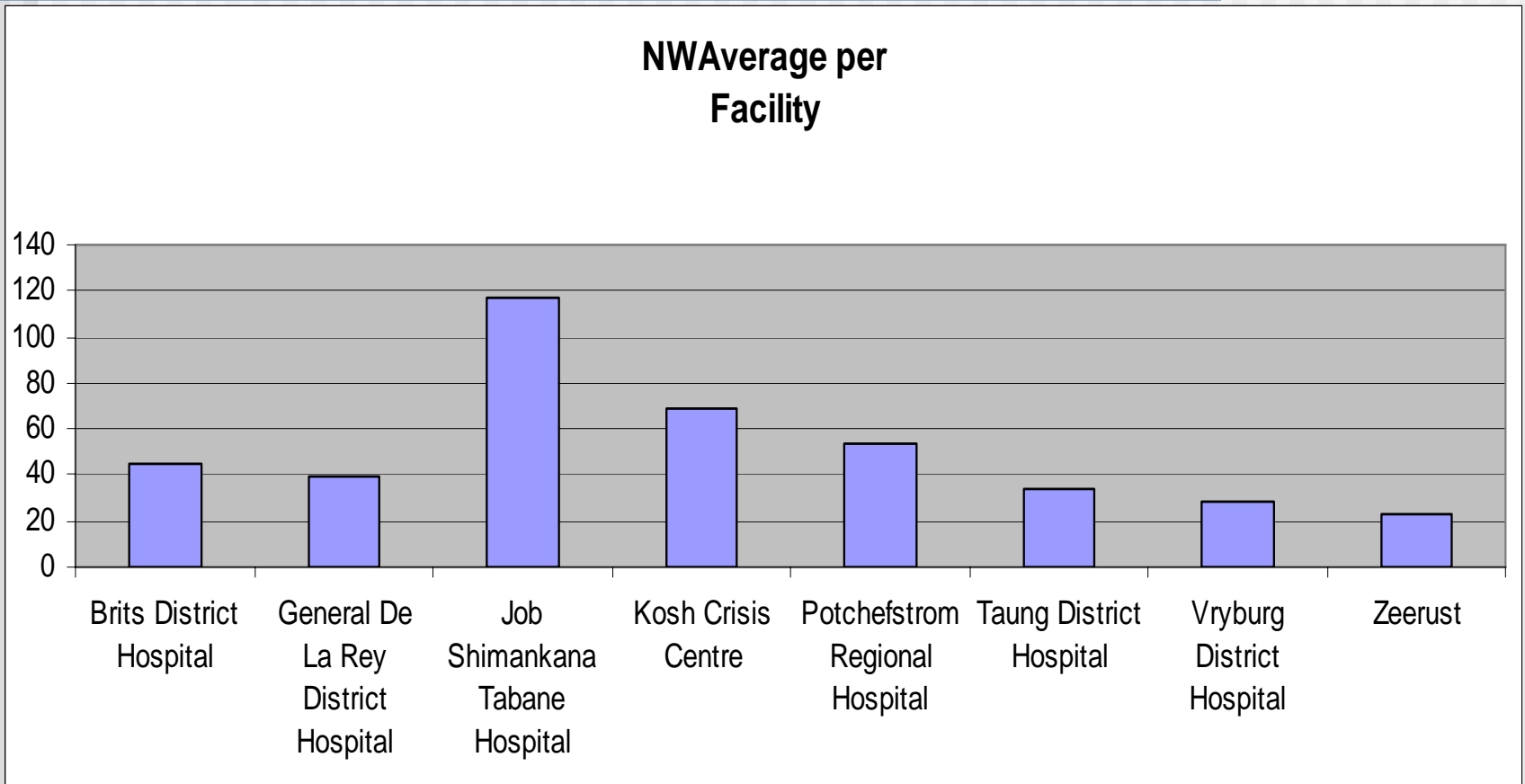
- 1. Joe Shimankana Tabane Hospital**
2. Kosh Crisis Centre, Klerksdorp
3. Potchefstroom Hospital
- 4. Taung District Hospital**
5. Brits District Hospital

NW Matrix

Need For Service Reach Existing Base Line Intersectoral Collaboration Province Specific issues

	Rape Statistics (High/Med/Low)	Population reached (High/Med/Low)	Accessibility	Infrastructure (High/Med/Low)	Human Resources	Extent of intersectoral collaboration	(Yes/No)	Recommend: Yes/No	Order of Priority
Brits District Hospital	HIGH	?	HIGH	LOW	MED	HIGH	N	Y	5
General de la Rey District Hospital	LOW	?	HIGH	MED	MED	HIGH	N	N	
Joe Shimankana Tabane Hospital	HIGH	?	HIGH	MED	HIGH	LOW	Y	Y	1
Kosh CrisisCentre	HIGH	?	HIGH	HIGH	HIGH	HIGH	N	Y	2
Potchefstroom Hospital	HIGH	?	HIGH	MED	MED	HIGH	Y	Y	3
Taung Distict Hospital	MED	?	HIGH	MED	HIGH	HIGH	Y	Y	4
VryburgHospital	MED	?	HIGH	MED	LOW	HIGH	Y	N	
Zeerust Hospital	LOW	?	HIGH	MED	LOW	HIGH	Y	N	

NW Average/ Facility



Court Overview

- Rustenburg Court: agreements in place, cso involvement. No specific court. 51- 60% non sexual offence matters. Consultation rooms available.
- Moloopo Regional Court: no cso involvement. Agreements in place. 41-50% are non sexual offences matters. Consultation rooms in place
- Vryburg Magistrates Court: no cso involvement, Agreements in place. 71- 80% non sexual offences matters. No consultations rooms.

Western Cape

1. Beaufort West Hospital
2. Ceres Hospital
3. George Hospital
4. Hermanus Hospital
5. Karl Bremer Hospital
6. Knysna Hospital
7. Paarl Hospital
8. Vredenburg Hospital
9. Wesfleur Hospital
10. Worcester Hospital

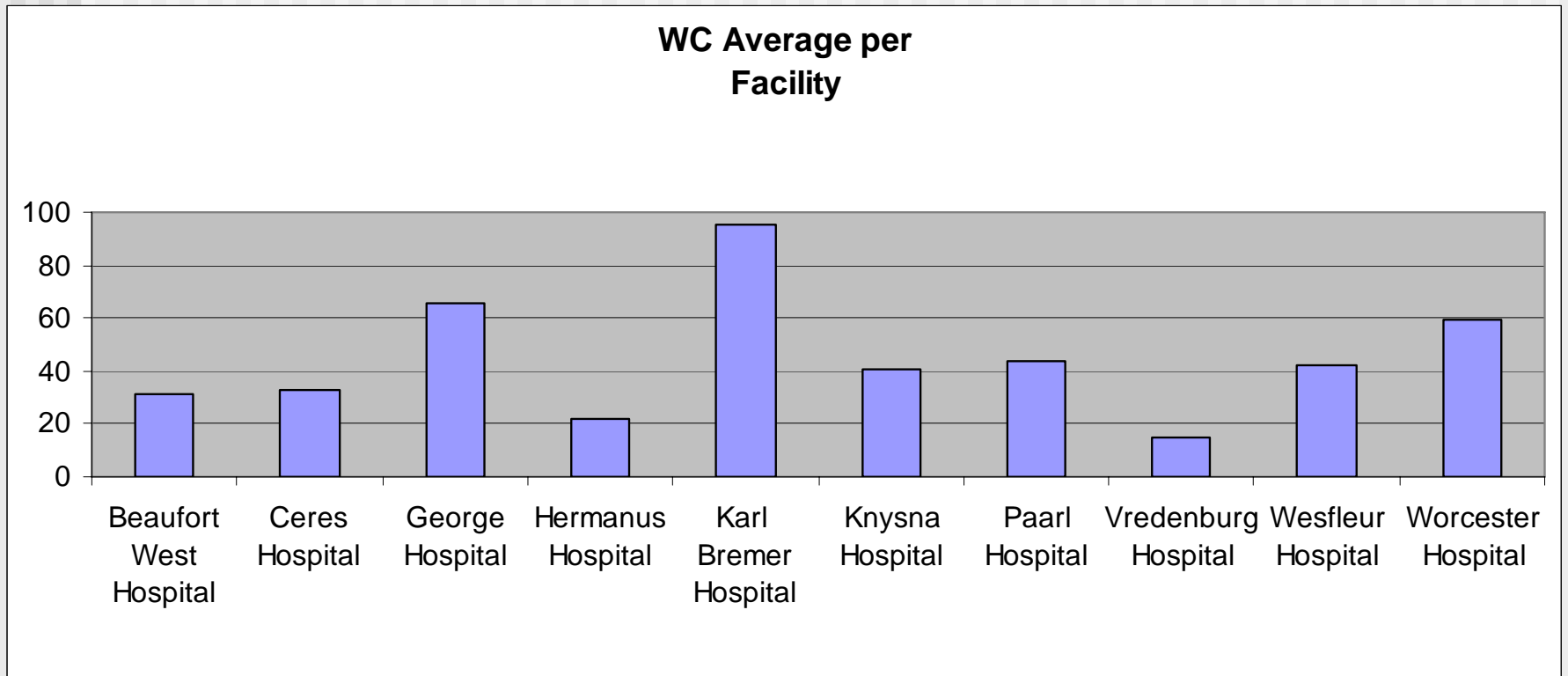
Facilities recommended in WC

1. Worcester Hospital
2. Wesfleur, Atlantis
3. **George Hospital**
4. Paarl Hospital
5. Knysna Hospital
6. Ceres
7. Beaufort West

WC Matrix

	NeedForService	Reach	Existing Bas Line	Intersectoral Collabroration	Province Specific issue				
	Rape Statistics (High/Med/Low)	Population reached (High/Med/Low)	Accessibility	Infrastructure (High/Med/Low)	Human Resources (Sufficient/Insufficient)	Extent of intersectoral collaboration	(Yes/No)	Recommend: Yes/No	Order of Priority
Beaufort West	LOW	?	LOW	MED	LOW	LOW	Y	?	7
Ceres	LOW	?	LOW	MED	LOW	MED	N	?	6
George	HIGH	?	HIGH	HIGH	HIGH	MED	N	Y	3
Hermanus	LOW	?	LOW	MED	MED	MED	N	N	
Kat Bomer	HIGH	?	HIGH	HIGH	HIGH	MED	N	N	
Knysna	MED	?	MED	HIGH	HIGH	MED	N	Y	5
Paarl	MED	?	MED	HIGH	LOW	LOW	Y	Y	4
Vredenburg	LOW	HIGH	LOW	HIGH	MED	LOW	N	N	
Westbury	MED	?	MED	MED	MED	MED	Y	Y	2
Worcester	MED	?	MED	MED	MED	LOW	Y	Y	1

WC Average/ facility



Court Overview WC

- George Magistrates Court: formal agreements in place - cso involvement. 0-10% non sexual offences matters. Specific court dealing with SO. Consultation rooms in place
- Atlantis Regional Court: Cso involvement, regular meetings ho formal agreements. 21- 30% non sexual offences matters. Specific court for SO on children. Consultation rooms in place

Background to Gauteng

2006 Audit

- Stanza Bopape
- Mamelodi Hospital
- Soshunguve Clinic
- Pretoria Academic Hospital
- Laudium Clinic

2007 Audit

- Tembisa
- Far East Rand
- Stratford Clinic
- Kopanong TCC

Currently have 4 operational TCC's covering

- Soweto: Chris Hani Baragwanath Hospital
- Sebokeng – Sedibeng Region: Kopanong Hospital
- Mamelodi: Mamelodi Hospital
- Kathlehong: Natalspruit Hospital
- (In the process of establishing: Tembisa Hospital)

Furthermore due to Jurisdictional overlaps between the Department of Health and the Courts Odi and Brits were moved to North West Province

Facilities pre selected in Gauteng

1. Lenasia CHC
2. Laudium CHC

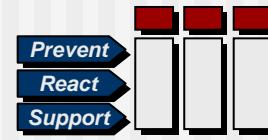
GP Matrix

	Need For Service	Reach	Existing Base Line		Inte rsecto ra l Collaboratio n	Pro vin ce Sp ecif ic iss ues			
	Rape Statistics (High/Med/Low)	Population reached (High/Med/Low)	Accessibility	Infrastructure (High/Med/Low)	Human Resources (Sufficient/Insufficient)	Extent of intersectoral collaboration	(Yes/No)	Recommend: Yes/No	Order of Priority
1	HIGH	?	HIGH	HIGH	HIGH	HIGH	NO	Y	1
2	HIGH	?	HIGH	MED	MED	HIGH	NO	Y	2

Court Overview - Audit

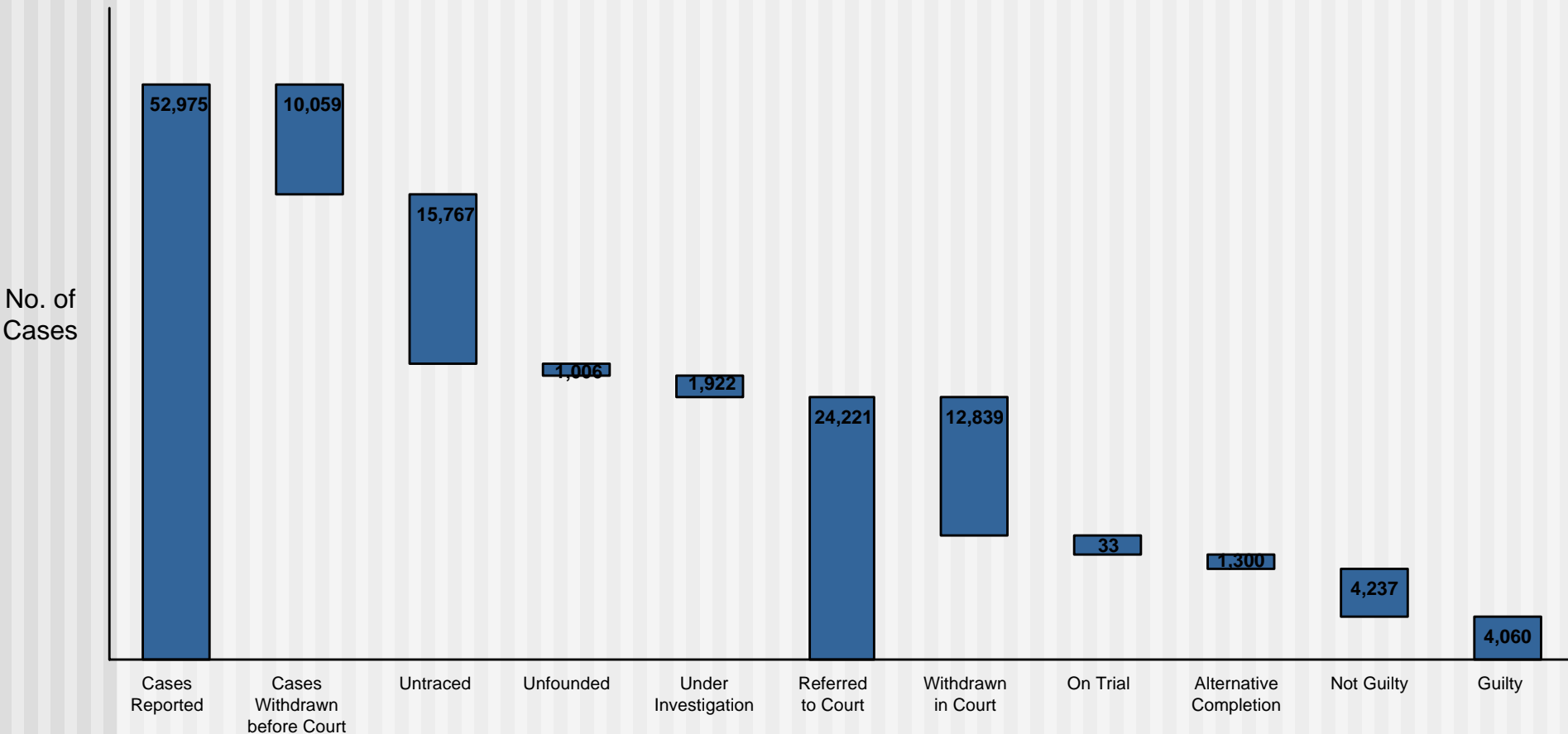
- Statistics inconsistently collected
- Not many courts dealing with SO only
- Degree of formalized agreements in place varied - but stakeholder engagement taking place - meetings taking place as necessary. Varying levels of CSO involvement.
- Varying degrees of infrastructure - consultation room availability.
- Overall high levels of sexual offences matters being heard at courts.

For rapes that are reported, CJS statistics indicate that rape has several large areas of exit of cases



Nationally in 2000, a guilty verdict was achieved in 7.7% of all reported cases of rape of victims of all ages, 16.8% of rape cases referred to court, and 48.9% of rape cases finalised

Rape Case Progress through the Criminal Justice System, 2000 (All Ages)



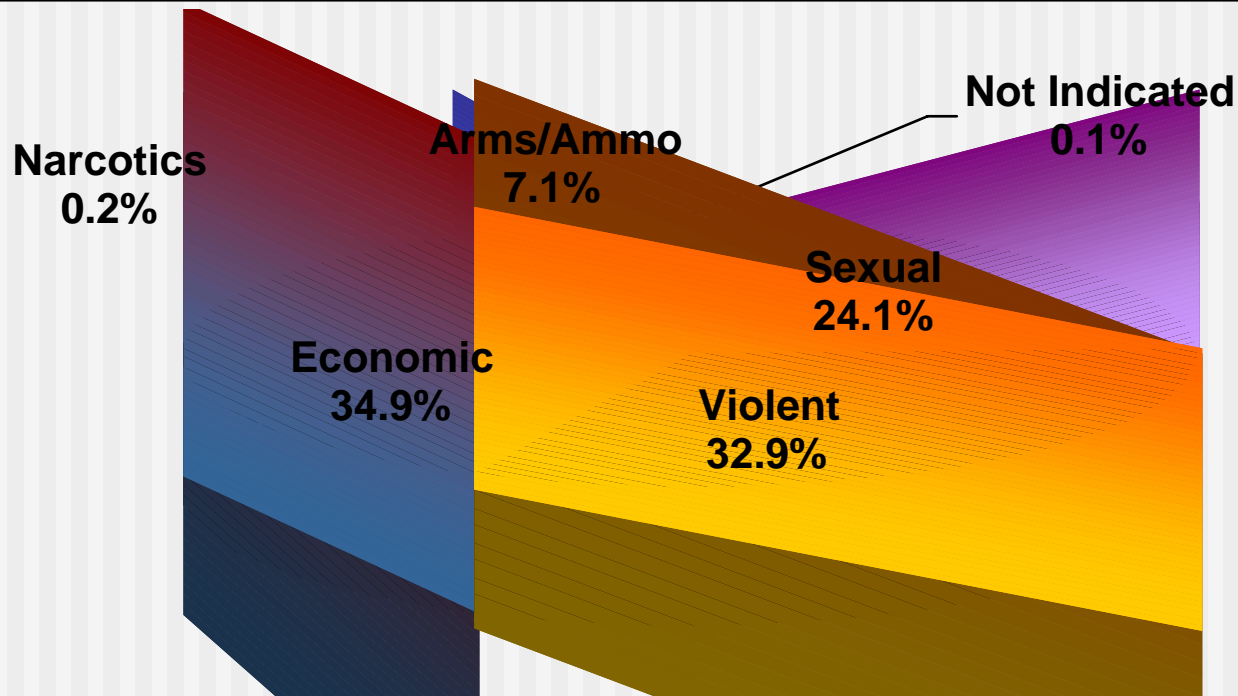
Note: The numbers reported above are a “snapshot” of the number of cases recorded at each stage **at the time**. It does not, therefore, provide a means of tracking a case from start to finish. “Under Investigation” and “On Trial” are balancing figures used to cater for the time lag in the flow.

Source: Crime Information Analysis Centre (CIAC), Rape and Attempted Rape Statistics, June 2001; Monitor Analysis

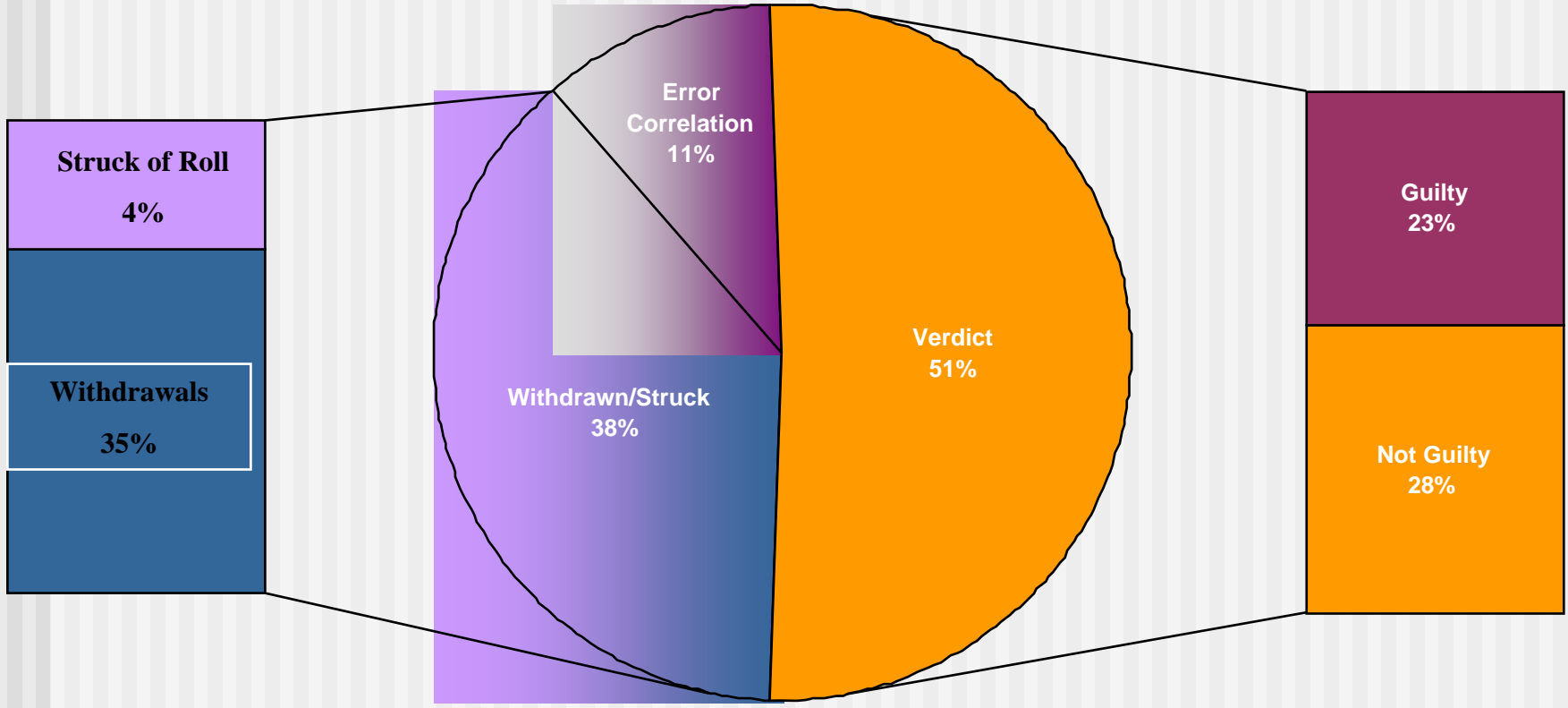
National Prevalence Rate: High courts & Regional courts 2003

- **Cases: 43 085**
- **Counts: 83 250**

- **Accused: 65 318**
- **Acc in Custody: 22 987 / 35.2%**
- **Acc younger 18y: 1 263 / 5.5%**



NATIONAL : Disposal Rate of Finalised Cases 2003



NATIONAL PREVALENCE RATE 2006

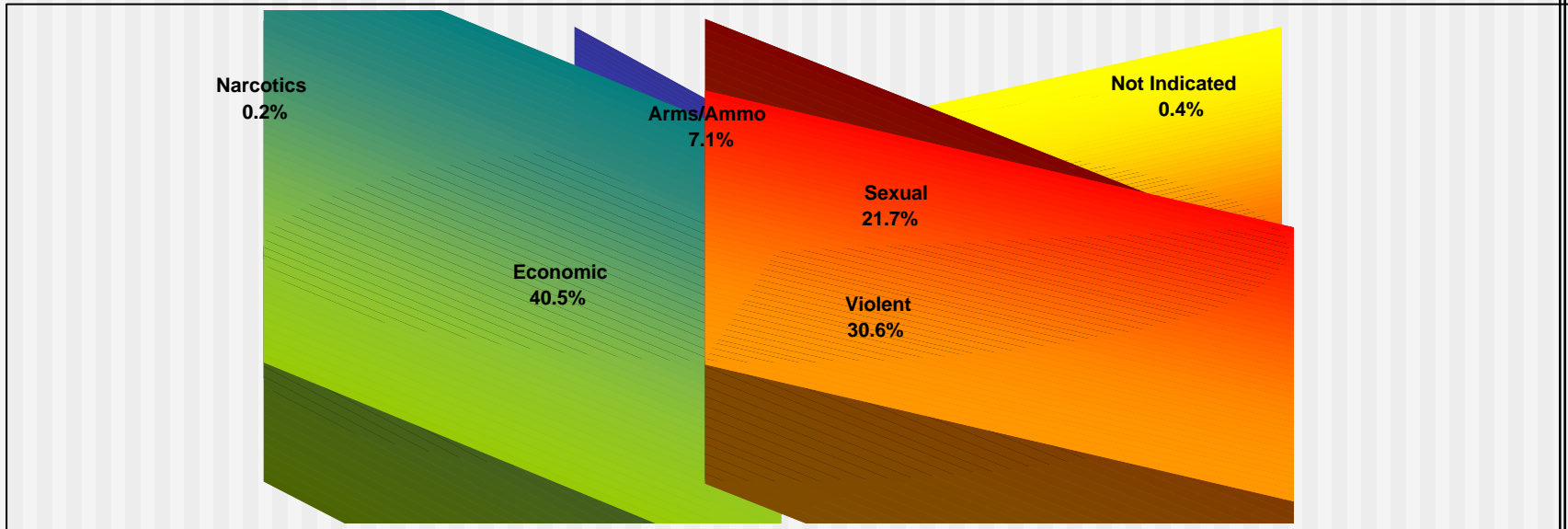
➤ **Cases: 42 180**

➤ **Counts: 90166**

➤ **Accused: 64 431**

➤ **Acc in Custody: 20130 / 31.2%**

➤ **Acc younger 18y: 904 / 4.5%**

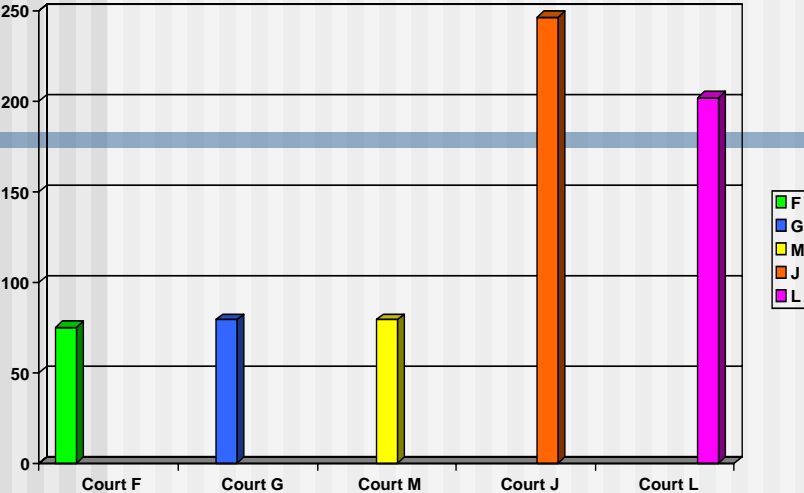


Case Management

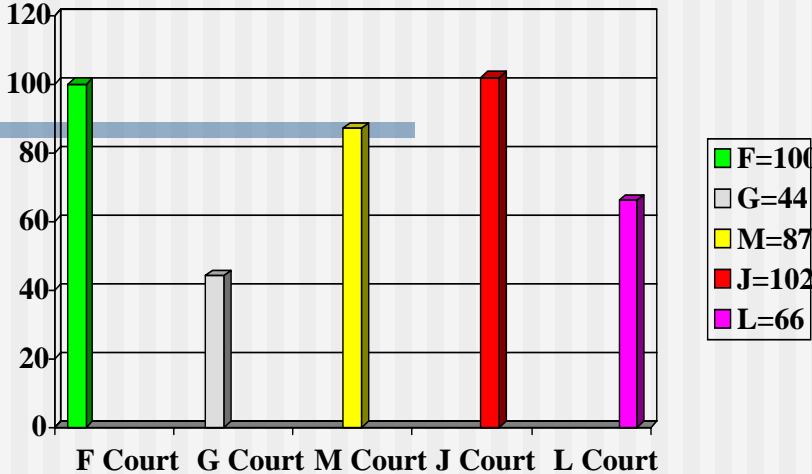
- Case Tracking of both arrest and non arrest dockets
- Reducing cycle times of cases to an average of 9 months
- Maintain conviction rates above 80%

April 04 – April 05

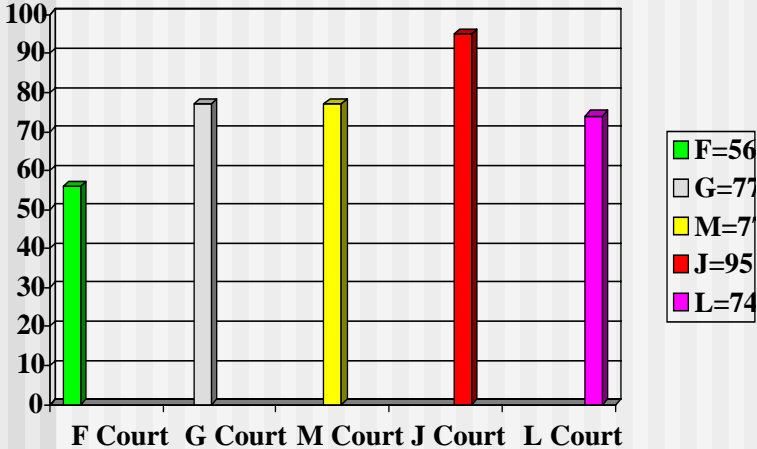
New cases



Finalised cases



Conviction Rate



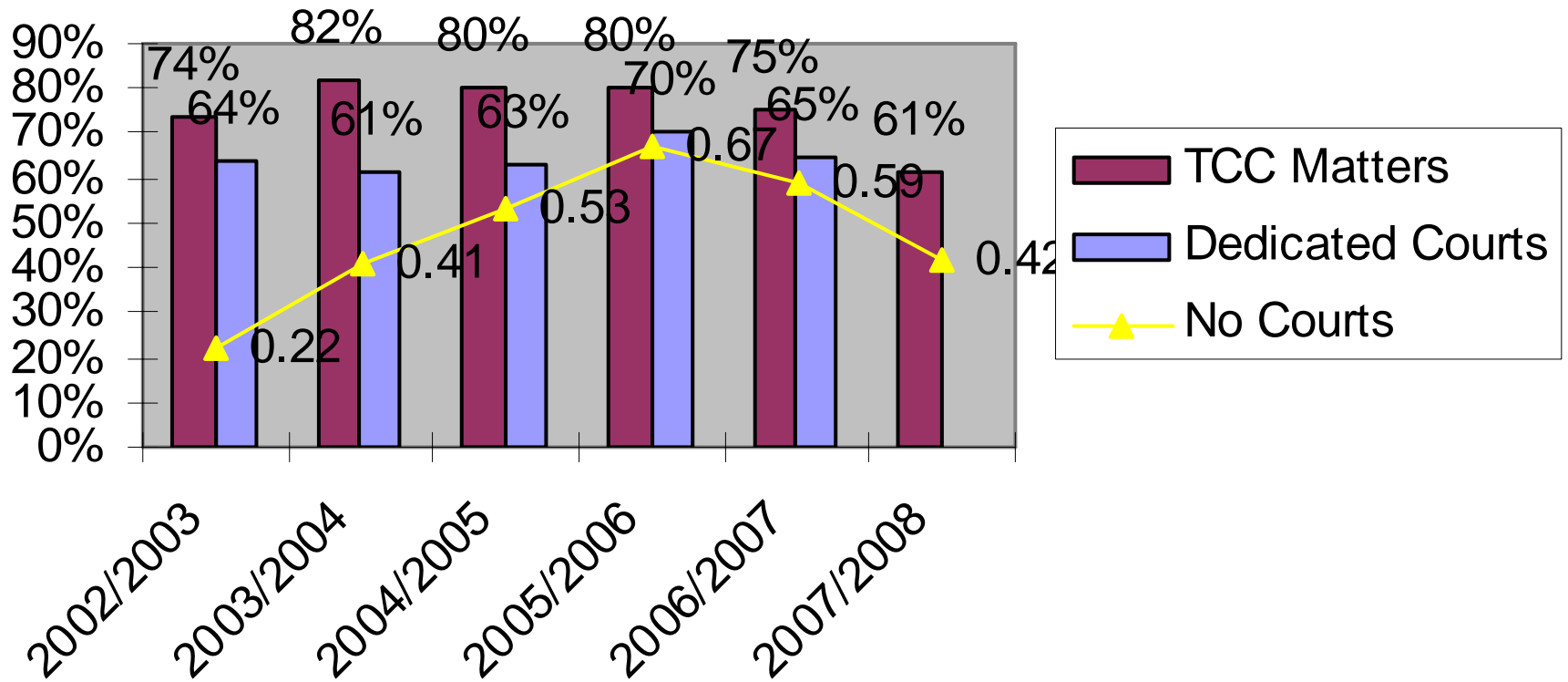
J court is
Thuthuzela Court

Case Management Challenges

- Lack of implementation of the previously agreed roll out strategy for Regional courts dedicated to sexual offences
 - Matters no longer on one court roll to ensure maximum monitoring and effective case management
 - Contamination of court rolls resulting in the lack of prioritisation of sexual offences matters
 - Extensive postponements in courts
 - Seen a steady decline in the conviction rates
 - Seen a steady increase in the cycle times of cases
- Other Factors
 - DNA Analysis
 - Statements inconsistent
 - Lack of understanding effective communication with children

Tracking performance over a period of 6 years re: dedicated courts and linked to TCC's:

Conviction Rates (TCC Matters:Dedicated Courts to No of Dedicated Courts)



Way Forward

- Linkages to Courts essential for the model and we need to find innovative strategic mechanisms & processes to deal with the closure
- Training and Capacity building
- Long Terms solutions **MUST** be found

Overall Issues Emerging

- Inter-sectoral response critical - look at good practices in this regard
- Importance of working in inter-sectoral ways and clearly defining roles and responsibilities - need for agreements
- Address any issues that stand in the way of ensuring forensic nurses are able to be deployed
- Learn from existing TCCS in roll out of new TCCS - what is working, what is not working, what slows things down
- Work from where we are now towards commonly defined goals

In conclusion

- Thank you to all provinces for their engagement in this process and facilitating the work of the team
- **Provinces need to use the information provided by the audit to use the circular process of engagement and discussion to ultimately take the process forward, in ways that make geographical, social, political and economic sense.**
- Together we can make the response to rape survivors more effective!

THANK YOU