SEXUAL OFFENCES AND COMMUNITY AFFAIRS UNIT OF THE NATIONAL PROSECUTING AUTHORITY OF SOUTH AFRICA

REPORT ON THE
FEASIBILITY AND LOCATION OF A
THUTHUZELA CARE CENTRES
FOR
GAUTENG (2), LIMPOPO (2), FREE STATE (1),
NORTHERN CAPE (1) & MPUMALANGA (1)

(Phase 2 Report)

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1. EXECUTIVE SUMMARY

This report is a collation of findings yielded as result of an audit that was conducted over a period of June 2008 to July 2008 to determine the feasibility and or location of 7 further Thuthuzela Care Centres. There are currently 10 TCC's located:

Rural Areas	
Centre	***Operational Since***
Mafikeng : North West Province	2006
Mdantsane : Eastern Cape	2000
Libode : Eastern Cape	2000
Mannenburg : Western Cape	1999
Baragwanath: Gauteng	2001
Natalspruit: Gauteng	2002
Kimberly: Northern Cape	2003
Umlazi: Kwazulu Natal	2006
Phoenix: Kwazulu Natal	2006

This study was conducted to determine the feasibility of the establishment of 7 more TCC's in the following provinces:

1. Gauteng (2)
2. Limpopo (2)
3. Mpumalanga (1)
4. Northern Cape (1)
5. Free State (1)

The purpose of the audit was to

1. Determine the incidence of rape in a specific geographical location.
2. Establish what medical, psycho – social, medical and court directed services were available within the identified geographical locations.
3. Collect statistical data
4. Recommend on the feasibility of a TCC.

5. Recommend a way forward with the establishment and operationalisation for such a TCC.
6. Advise on the improvement of the standardized auditing tool.

The report is structured as follows:
The background section provides a brief overview of the establishment and mandate of the Inter-Departmental Management Team (IDMT) that is responsible for the development of an anti-rape strategy. It also offers insight into complementary research that the IDMT embarked on, in order to develop programmes appropriate to its three- pillared approach of Prevention, Response and Support. It further provides information on the Sexual Offences Indaba that the IDMT hosted in April 2008, toward a process of buy-in and support, as well as the establishment of provincial teams that would be responsible for the TCC rollout.

The Research section offers a short literature survey of the extent of sexual violence in South Africa according to official police statistics and other surveys conducted, and highlights key findings from research conducted in 2006 on the TCC model itself, concentrating on service delivery of social, police and medical services. Further, to address the gaps in data management the IDMT appointed Southern Hemisphere to develop a comprehensive data management tool that allows for multi-level analysis and information dissemination to managers.

This report audits health, police, social and court services for sexual violence management in Gauteng (Tembisa, Greater Vaal), Limpopo (Mankweng and Thohoyandou), Northern Cape (Upington and Kakamas), Free State (Bloemfontein and surrounding areas) and Mpumalanga (KaNyamazane).

Information gathered at each site considered i) the roleplayers that were involved in rendering a service, ii) the type of governance structure that was implemented to support the service (eg formal and informal agreements/working documents/service level/memoranda of understanding), iii) who coordinated services and how this coordination mechanism operated, iv) which victims the service was offered to (sexual violence, domestic violence, drunk driving), v) what human resources existed to provide the service, vi) whether personnel had any

specialist training, vii) what equipment, facilities and infrastructure existed and whether it was suitable for the service offered, viii) whether the service was available 24 hours, weekends, mainly during the week or during the day (office hours), and viiii) psychosocial services offered for long and short term counseling, extensive psychological treatment or psychiatric services.

This qualitative assessment, together with collaborative statistical information regarding reported cases, conviction rates and statistical data on medical services guided the recommendations for each geographical area.

The recommendations put forward are as follows:

Gauteng:

Tembisa Area

1**. Tembisa hospital** was the only health site audited as it is a priority of government's JOINTS (Joint Intelligence Services) Committee. The audit found that Tembisa has a medico-legal centre offering services to sexual violence survivors. It needs to be augmented to meet service standards toward a TCC.

Greater Vaal Area

2. Audit of seven health facilities, including clinics that offer forensic services for sexual violence management (Kopanong Hospital, Sebokeng Hospital, Stratford Clinic, Johan Heyms Community Health Centre, Meyerton Clinic, Sebokeng Zone 7 and Pelizweni, as well as Community Health Centre, Evaton North).

Kopanong Hospital was the recommended site. Whilst the current site is congested it is noteworthy that they will be acquiring two more offices. The site will however also house the ARV section and victims would nonetheless have to pass the general public in order to access the centre. However as there is space vacant adjacent to the casualty section it is recommended that a new structure be erected to house the TCC. This would mean that the ARV section acquires more space and a structure is available to house all TCC role players yet be close enough to the TCC centre for victims to access the ARV clinic as a referral site.

Limpopo:

Thohoyandou Area

3.Tshilidzini Hospital was the recommended site to become a fully fledged Thuthuzela Care Centre with the required staff component. Donald Fraser is to be re-designed to become a satellite office of Tshilidzini ensuring that survivors receive services according to the TCC blueprint. Managing relationships with Thohoyandou Victim Empowerment Programme (TVEP), a local NGO that currently offers sexual violence services at both hospitals, are critical.

Polokwane Area

4.Mankweng Hospital, recommended site, is situated in the heart of Mankweng, 30 kilometres from Polokwane city. It provides tertiary, secondary and primary health care services, and was identified by JOINTS and the Sexual Offences Indaba held in April 2008. Provincial stakeholders are of the opinion that a TCC at Mankweng hospital will serve the community better. It was also noted that the police station and Sexual Offences Court is in the same vicinity as the hospital.

Northern Cape:

Upington/Kakamas Area

5. The recommended site is **Kakamas Hospital**. This audit was conductedinr three sites in the Upington/Kakamas Area (Gordonia Hospital, Bophanang Centre and Kakamas Hospital). Bophanang Centre is situated in a renovated, enclosed house opposite Gordonia Hospital. Provincial government in the Northern Cape have identified Kakamas as a priority area for services, and will support a TCC in this area. Kakamas Hospital has limited services available and could greatly benefit from the creation of a Thuthuzela Centre.

Mpumalanga:

6. In Mpumalanga, six sites were audited, ie. Othandweni Health Care Centre, Themba Hospital, Rob Ferreira Hospital and Eziweni, Msogwaba, and Sibuyile clinics. **Themba Hospital** is the biggest hospital in the area and is the recommended site.

Free State:

Bloemfontein Area

7.This audit was conducted differently to all other audits in that the initial plan was to audit facilities in the Bloemfontein area only. After the initial consultation meeting with stakeholders the audit was extended to include the outlying areas of Zastron and Jagersfontein. Given the change of plan, only health facilities were audited and there was not as full and indepth an assessment as the previous health facilities. The recommendation was to transfer the Tshepong Sexual Violence Centre to **Pellonomi Hospital**, and retain the Domestic Violence Centre at National district hospital.

Pellonomi is centrally situated, and easily accessible to the communities. It also has facilities to deal with severely injured rape survivors. While the hospital itself has indicated it does not have any space, the PolyClinic facility is an ideal facility with available offices, but which will require minimum refurbishment.

Abbreviations used

FCS	Family Violence, Child Abuse, Sexual Offences unit of the South African Police Service
GCIS	Government Communications and Information Systems
HCF	Health Care Facility
IDMT	Inter Departmental Management Team
NPA	National Prosecuting Authority
PEP	Post Exposure Prophylaxis
PT	Pregnancy Testing
SAPS	South African Police Services
SOCA	Sexual Offences and Community Affairs
STI	Sexually Transmitted Infections
TCC	Thuthuzela Care Centre
TOP	Termination of Pregnancy

1. BACKGROUND

INTRODUCTION

In 2000 Cabinet instructed the Heads of the Departments of Health and Social Development to develop the Anti Rape strategy as a response to the alarming rape statistics. In 2002 this process was transferred to the Department of Justice and Constitutional Development when the IDMT was established. This is a national management team chaired by the SOCA Unit. The IDMT comprises of representatives of the following national departments:

Department
1. Justice and Constitutional Development a. National Prosecuting Authority (Sexual Offences and Community Affairs Unit): Chairperson
2. Health
3. Social Development
4. Safety and Security
5. Correctional Services
6. Education
7. Treasury
8. GCIS

The initial work of the IDMT entailed a data driven yet action orientated approach (with the assistance from Monitor Group, a leading global strategy firm). A total of 166 interviews involving all IDMT departments were conducted and this included the involvement of line function departments at provincial and local levels.

The research into the development of the strategy found *inter alia* that in order to holistically address the scourge of rape a multi – disciplinary approach was required. The research proved that there was no silver bullet to address the rampant incline of sexual offences in South Africa. In essence not all offences were the same, nor all victims alike and each offender required a different approach to rehabilitation. This matrix for action accordingly viewed what is good, what is bad and what is missing which in turn informed the three pillars of Prevention, Support and Reaction to rape care management.

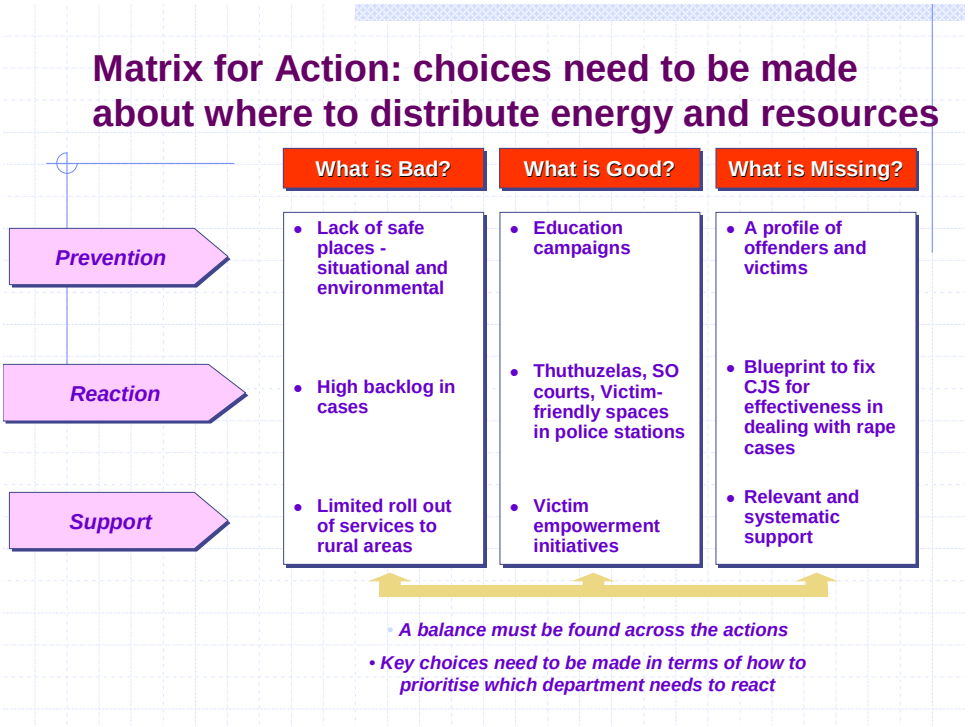

Figure 1

Matrix for Action

As one of the initiatives to address rape care management the IDMT developed the Thuthuzela ("*To Comfort*" in isiXhosa) Care Centre (TCC) model. The TCC model is accordingly a culmination of empirical research which places the victim at the forefront of service delivery. This victim centered approach not only allows for victim empowerment but journeys the victim through the criminal justice system, so transforming him or her from victim to survivor and ultimately a more empowered witness in the criminal process.

Hence the aim of the Project is two-fold:

- To improve the care and treatment of rape victims at *all* points in the criminal justice system hence reducing secondary victimisation; and
- To ensure speedy, effective investigation and prosecutions of rape cases, a reduction in cycle times and increase in conviction rates.

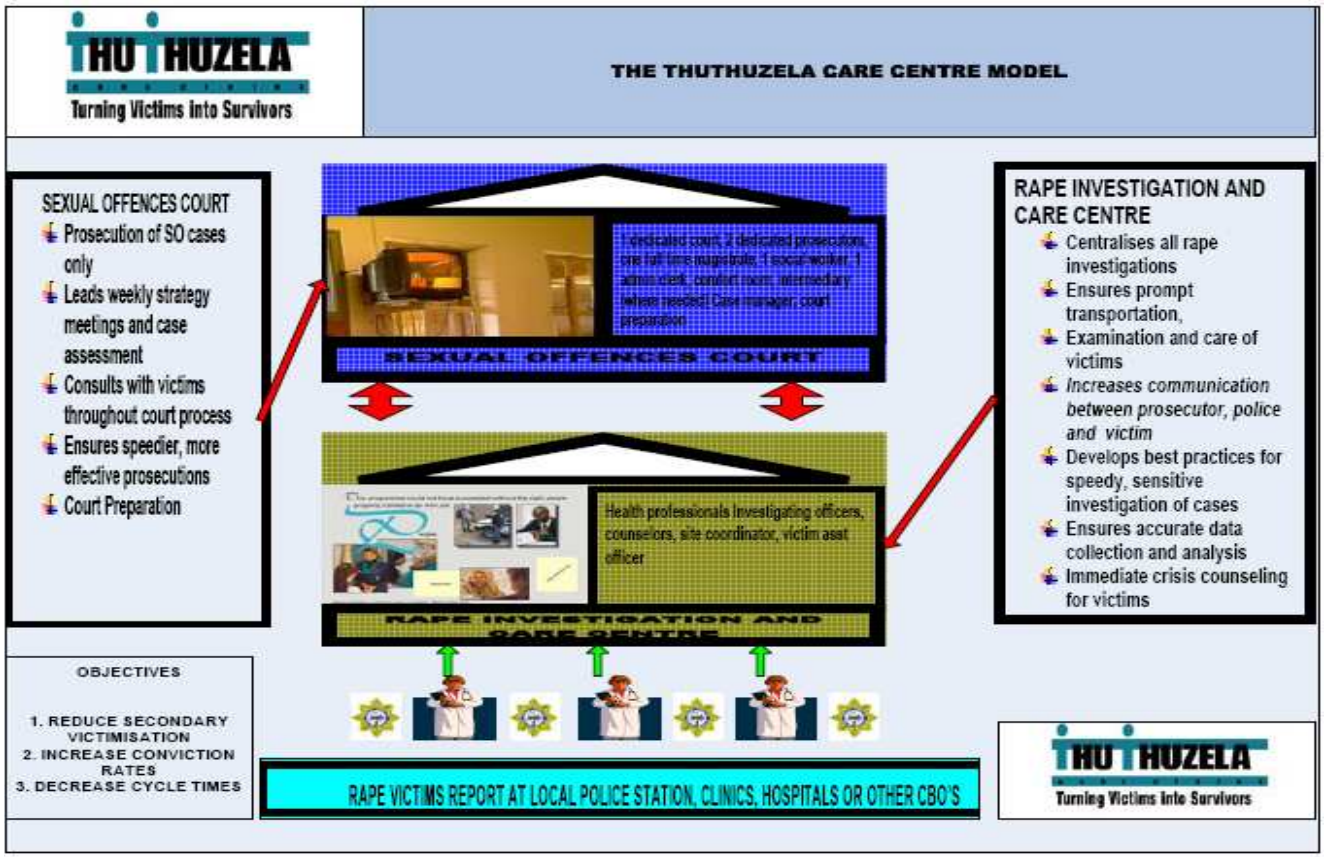

Figure 2

Thuthuzela Care Centre Model

There are currently 9 operational TCC's

Rural Areas
1. Mafikeng
2. Mdantsane
3. Libode
Urban Areas
4. Mannenburg
5. Baragwanath
6. Natalspruit
7. Kimberly
8. Umlazi
9. Phoenix

Sub - Projects to the TCC Project that have been undertaken:

a. The IDMT has commissioned research into the TCC's in relation to processes followed at the sites from a legal, psycho-social and health perspective and developed monitoring and evaluation tools for all role players within the model. These tools were developed by ECI Africa (PEP services) and Southern Hemisphere (all other services).
b. In an attempt to define and formalise roles and responsibilities the specific sites has developed a Protocol. These Protocols contain *inter alia* the Standard Operating Procedures for each site.
c. In order to address accountability operational plans were developed. These included *inter alia* activities for the year on three areas of Governance, Delivery and Resourcing.
d. To address uniformity the SOCA Unit has undertaken a mapping process which was informed by *inter alia* the Protocols.

Other projects undertaken by the IDMT

The development of the 365 Day National Action Plan to address violence against Women and Children. This is a comprehensive collaborative plan developed by various government departments and civil society organisations.

2. BACKGROUND

In April 2008 the SOCA Unit hosted a Sexual Offences Indaba. The IDMT had identified certain High Priority areas in line with the reporting of sexual offences cases as per the National Crime Statistics provided by SAPS. It however became evident that various Departments and/or Provinces have their own annual priority projects and or areas for service delivery improvement based on their unique Departmental Objectives and policies.

The need for a Stakeholder conference was accordingly identified as a mechanism to address the aforesaid challenges and pave the way for synergy in the implementation of Rape Care Management initiatives between Departments and civil society.
About 500 delegates were invited to the Indaba and 384 attended, 75 of which came from NGO sector across the country. Attendance from the government sector varied from parliament to provincial and local government representatives.

At the Indaba delegates were divided into provinces each having to develop a draft operational plan for the management of sexual offences in their provinces including but not limited to the identification of possible sites for the establishment of TCC's. The following geographical locations decided on crime statistics were:

1. Tembisa (Gauteng)
2. Orange Farm (Gauteng)
3. Mangkweng (Limpopo)
4. Thohoyandou (Limpopo)

The remaining sites that were identified in the provincial commissions are as follows:

1. Eastern Cape:
    a. Uitenhage
    b. Dora Nginza: Port Elizabeth
    c. Dimbaza : Bisho / King Williams Town Hospital
    d. Umthatha: Sinawe
    e. St Elizabeth Hospital: Lusikisiki
2. KwaZulu Natal
    a. Edendale: Plessislaer
    b. North Coast to be identified and be informed by the audit
3. Free State
    a. Bloemfontein

4. North West:
    a. Rustenberg
    b. Taung
5. Western Cape
    a. George
6. Mpumalanga
    a. Tonga
    b. Vosman

A decision was taken by the IDMT to place the 2 TCC's in provinces remaining where no TCC's exists (Mpumalanga, Free State) and a further TCC in the Northern Cape.

Accordingly the audit centered around the following areas:

1. Gauteng:
    a. Vaal Rand/ Far East Rand
    b. Tembisa
2. Limpopo
    a. Mangkweng
    b. Thohoyandou
3. Mpumalanga
    a. Kanyamazane
4. Free State
    a. Bloemfontein
5. Northern Cape
    a. Upington/ Kakemas

In December 2007 the IDMT appointed a consultancy RTI to administer the funds for the establishment of the 7 TCC's.[1]

Name	***Organisation***
Ms Pumeza Mafani	NPA (SOCA Unit / RTI)
Adv Kombisa Mbakaza	NPA (SOCA Unit)
Mr Sipho Mkhonza	NPA (SOCA Unit)
Ms Tembisile Masondo	NPA (SOCA Unit)
Ms Mandisa Nongonongo	NPA (SOCA Unit)
Mrs Linda Le Roux	NPA (SOCA Unit)

[1] See Attached excerpt of Terms of Reference.

Ms Virginia Francis	RTI Consultant
Dr Elizabeth Randolph	RTI Consultant
Dr Peter Vaz	RTI Consultant
Mr Bongani Matomela	RTI Consultant

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3. RESEARCH

A national survey conducted by the Institute for Security Studies in 2002[2] found that a majority of services offered by various service providers addressed the response to victims of sexual abuse as an urgent matter. The surveyed 1000 women- from all nine provinces - key findings included the fact that victims who have been sexually abused felt angry, isolated, depressed, experienced feeling of self blame and guilt, and in certain instances, victims felt suicidal. It was accordingly found that there is an urgent need for psychological intervention for victims of sexual abuse.

On medical assistance the findings revealed *inter alia*:

1. Less than half the women surveyed (42%) sought medical help following the most serious incident of abuse.
2. There is often a delay between the time of the abuse and the time that women seek medical assistance: 20% of all survivors said they were examined within an hour, 46 within a few hours and 30% said they were examined within a week of the incident.
3. The lack of transport was the most common reason why women delayed seeking medical treatment.
4. In the vast majority of cases, the medical personnel did ask survivors who had abused them. Almost all the women provided truthful information about the identity of the abuser. This confirms that health care providers have an opportunity to identify and help abused women because of their ongoing contact with women. They can perform an important service simply by breaking the silence surrounding abuse and putting women in contact with individuals and groups better prepared to deal with their problems.

On psycho – social service the findings revealed *inter alia:*

1. Only 46% sought help of a psycho – social service provider after the most serious incident.
2. Women who were physically abused were less likely to access this service.
3. Social workers employed by the government were found to rely heavily on civil society sectors for counseling but rarely followed up on this referral.

On Police the key findings revealed *inter alia*:

1. Although most women believed that the worst incident of abuse was a crime only 46% reported the matter to the police. Only 39% of the sexual abuse cases perpetrated by relatives and less than half (45%) of those perpetrated by spouses or partners were reported to the police. By

[2] Violence Against Women, A National Survey, ISS, Rasool S *et al* Pretoria, 2002

comparison 69% of sexual abuse cases perpetrated by strangers and 70% perpetrated by friends or acquaintances were reported.

On legal services the study found that:

1. Of the cases that were reported only 13% said that their abusers had not been charged.
2. 8% asked for the charges to be dropped
3. 7% said the abusers had not been arrested
4. a 2% conviction rate ensued

A research paper[3] conducted on the TCC model in December 2006 evaluated services offered by the TCC model and made recommendations on the improvement and or sustainability of the model. These included *inter alia*:

1. Develop and implement minimum standards to assure that services are consistently and uniformly delivered.
2. Ensure that all TCC's operate 24 hours, weekends and on holidays.
3. Consistently take statements *after* victim has seen an intake counselor and undergone a medical examination.
4. Consistently record the same type and quality of information in each police report.
5. Ensure child friendliness at all TCC's
6. Provide psychological debriefing for all staff interacting with victims of sexual violence
7. Create and maintain a national database.
8. Ensure NGO participation in the model

For purposes of this report the current status quo will be discussed in light of these recommendations.

The South African Police Services Annual Report[4] identified contact crimes as amounting to 33.3% of all crimes committed in South Africa. These crimes include rape. The report indicates that contact crimes invariably result in death, bodily injuries of varying degrees and psychological trauma, which in many cases, is of a permanent nature. The report further indicated that 76% of rapes were social contact crimes (perpetrated by friends, acquaintances or relatives). For 2006/2007 the incidence of rape per 100 000 of the population was recorded as 111, a reduction from the 2005/2006 year (117.1). It is noteworthy that the report highlights poverty and unemployment as a major catalyst for social

[3] Sexual Offences Courts and the Thuthuzela Care Centre Model: Evaluating South Africa's Innovative Response to Sexual Assault, Abrams E, Harvard Law School, Dec 2007
[4] Annual Report of the South African Police Services 2006/2007

contact crimes. A context study done in lieu of a MAcrh degree at the University of Pretoria[5] revealed that alcohol is one of the major contributors to crimes such as rape in Mamelodi. Furthermore at least 40% of the Mamelodi population lives below the poverty line. The SAPS report states that

> "Such conditions [poverty] usually stimulate the development of a macho – man image. This manifests in a subculture in which the male is always right and dominant, the female is considered as a sex object and liquor and drugs provide an escape from the realities of life."

The report further states that a study in Mamelodi revealed a growing number of child families and found that child rape is closely associated with families that are child headed.

Serious crime during the first semesters of the 2001/2002 to 2007/2008 financial years and the percentage increases/decreases in crime between 2006/2007 and 2007/2008

Crime Category	Incidence of crime per 100 000 of the population 1 April - 30 September							% change 06/07 vs 07/08	Raw figures/frequencies 1 April - 30 September							% change 06/07 vs 07/08
	2001	2002	2003	2004	2005	2006	2007		2001	2002	2003	2004	2005	2006	2007	
Contact crime																
Murder	22.7	22.9	21.0	19.7	19.6	20.0	18.7	-6,5	10 189	10 430	9 762	9 159	9 177	9 464	8 925	-5,7
Rape	55.1	52.3	51.1	53.7	55.6	49.6	47.8	-3,6	24 677	23 756	23 687	25 033	26 078	23 507	22 887	-2,6
Attempted murder	32.8	38.5	32.6	26.4	21.5	21.0	19.4	-7,6	14 702	17 491	15 139	12 288	10 098	9 937	9 269	-6,7
Assault with the intent to inflict grievous bodily harm	264.8	257.5	251.6	243.7	224.4	207.5	201.7	-2,8	118 678	117 037	116 723	113 510	105 196	98 333	96 499	-1,9
Common assault	260.1	275.2	279.1	269.4	229.5	201.6	191.4	-5,1	116 596	125 067	129 446	125 482	107 617	95 560	91 577	-4,2
Indecent assault	7.3	8.5	8.7	9.7	9.4	8.6	8.9	3,5	3 281	3 854	4 056	4 496	4 427	4 053	4 249	4,8
Robbery with aggravating circumstances	133.9	131.4	148.3	140.9	126.0	138.8	125.4	-9,7	59 997	59 741	68 805	65 644	59 075	65 792	59 998	-8,8
Common robbery	95.9	112.5	102.2	100.4	78.9	77.0	67.6	-12,2	42 961	51 138	47 397	46 755	36 975	36 513	32 329	-11,5
Contact-related crime																
Arson	10.6	10.8	10.2	9.5	8.9	8.7	8.9	2,3	4 766	4 894	4 737	4 406	4 153	4 138	4 257	2,9
Malicious damage to property	154.2	163.8	166.9	160.0	149.7	147.3	142.5	-3,3	69 100	74 448	77 403	74 519	70 200	69 798	68 170	-2,3
Property-related crime																
Burglary at residential premises	328.4	344.6	328.0	297.4	271.2	264.4	243.4	-7,9	147 183	156 639	152 158	138 546	127 164	125 285	116 455	-7,0
Burglary at non-residential premises	99.3	83.3	72.8	60.9	57.1	62.0	64.1	3,4	44 518	37 885	33 756	28 374	26 753	29 383	30 686	4,4
Theft of motor vehicles and motorcycles	111.2	104.9	96.6	92.4	91.6	95.0	85.5	-10,0	49 843	47 661	44 816	43 063	42 955	45 038	40 900	-9,2
Theft out of or from motor vehicles	226.2	224.0	194.7	166.0	150.9	138.7	120.7	-13,0	101 380	101 834	90 309	77 333	70 759	65 743	57 767	-12,1
Stock-theft	46.1	51.2	46.4	37.2	31.2	29.9	29.4	-1,7	20 672	23 254	21 534	17 338	14 623	14 157	14 057	-0,7
Crime heavily dependent on police action for detection																
Illegal possession of firearms and ammunition	17.3	16.9	18.7	17.0	14.2	15.2	13.9	-8,6	7 771	7 664	8 675	7 926	6 650	7 185	6 649	-7,5
Drug-related crime	56.1	60.3	68.4	84.3	101.1	105.7	109.9	4,0	25 157	27 388	31 728	39 289	47 389	50 082	52 590	5,0
Driving under the influence of alcohol or drugs	27.4	22.5	26.4	29.5	32.4	37.7	50.1	32,9	12 271	10 240	12 264	13 755	15 193	17 858	23 990	34,3
Other serious crime																
All theft not mentioned elsewhere	623.5	648.9	653.9	576.8	464.2	429.0	412.2	-3,9	279 447	294 946	303 300	268 727	217 674	203 284	197 216	-3,0
Commercial crime	66.3	63.4	61.0	58.2	58.9	64.0	65.3	2,0	29 737	28 811	28 317	27 099	27 596	30 314	31 261	3,1
Shoplifting	74.8	76.3	77.4	72.4	69.8	72.6	68.9	-5,1	33 517	34 670	35 920	33 746	32 732	34 426	32 967	-4,2

Crime Category	Incidence of crime per 100 000 of the population 1 April - 30 September							% change 06/07 vs 07/08	Raw figures/frequencies 1 April - 30 September							% change 06/07 vs 07/08
	2001	2002	2003	2004	2005	2006	2007		2001	2002	2003	2004	2005	2006	2007	
Some subcategories of aggravated robbery already accounted for under aggravated robbery above*																
Carjacking	-	-	-	-	-	-	-	-	7 685	7 864	7 204	6 841	6 389	7 267	7 214	-0,7
Truckjacking	-	-	-	-	-	-	-	-	1 895	536	457	457	424	390	598	53,3
Robbery of cash in transit	-	-	-	-	-	-	-	-	85	261	112	109	177	281	206	-26,7
Bank robbery	-	-	-	-	-	-	-	-	207	88	30	22	39	60	53	-11,7
Robbery at residential premises	-	-	-	-	-	-	-	-	-	4 891	4 635	4 777	4 885	6 271	6 711	7,0
Robbery at business premises	-	-	-	-	-	-	-	-	-	3 561	1 971	1 680	1 984	3 433	4 438	29,3

*The ratios for the subcategories of aggravated robbery in this table are too low to calculate meaningful percentage increases or decreases.

[5] GOLOFELO -"we are hoping" Rheeder A, March, Master's Dissertation 2004-11-30

A comparison of the increases or decreases in the ratios of recorded serious crime between the first semester of 2007/2008 and the entire 2006/2007 financial year

Crime Category	Financial year 2006/2007	First Semester 2007/2008
Contact crime (crimes against the person)		
Murder	2,4%	-6,5%
Rape	-5,2%	-3,6%
Indecent assault	-5,5%	3,5%
Attempted murder	-3,0%	-7,6%
Assault with the intent to inflict grievous bodily harm	-4,9%	-2,8%
Common assault	-8,7%	-5,1%
Robbery with aggravating circumstances	4,6%	-9,7%
Common robbery	-5,8%	-12,2%
Contact-related crime		
Arson	2,0%	2,3%
Malicious damage to property	-1,7%	-3,3%
Property-related crime		
Burglary at residential premises	-5,9%	-7,9%
Burglary at business premises	6,3%	3,4%
Theft of motor vehicle and motorcycle	-0,7%	-10,0%
Theft out of or from motor vehicle	-11,8%	-13,0%
Stock-theft	-0,8%	-1,7%
Crime heavily dependent on police action for detection		
Illegal possession of firearms and ammunition	5,6%	-8,6%
Drug-related crime	8,2%	4,0%
Driving under the influence of alcohol or drugs	14,3%	32,9%
Other serious crime		
All theft not mentioned elsewhere	-5,1%	-3,9%
Commercial crime	12,6%	2,0%
Shoplifting	0,5%	-5,1%
Subcategories of aggravated robbery forming part of aggravated robbery above[1]		
Carjacking	6,0%	-0,7%
Truck hijacking	7,6%	53,3%
Robbery of cash in transit	21,9%	-26,7%
Bank robbery	118,6%	-11,7%
Robbery at residential premises	25,4%	7,0%
Robbery at business premises	52,5%	29,3%

[1] The calculations for these subcategories of robbery are based on raw figures.

Fluctuations in serious crime trends between the first semesters of 2006/2007 and 2007/2008 per province

Crime category	Eastern Cape			Free State			Gauteng		
	2006/2007	2007/2008	% Increase/ decrease	2006/2007	2007/2008	% Increase/ decrease	2006/2007	2007/2008	% Increase/ decrease
Contact crime (Crimes against the person)									
Murder	24.9	24.3	-2,4	15.3	13.7	-10,5	20.1	18.3	-9,0
Rape	50.2	50.3	0,2	52.2	54.7	4,8	56.6	52.3	-7.6
Indecent assault	6.1	7.0	14,8	8.4	8.7	3,6	8.7	9.9	13,8
Attempted murder	15.1	15.4	2,0	16.0	14.6	-8,8	30.4	27.0	-11,2
Assault with the intent to inflict grievous bodily harm	236.2	235.3	-0,4	234.0	253.8	8,5	229.7	223.2	-2,8
Common assault	143.0	137.2	-4,1	294.1	295.8	0,6	273.8	274.7	0,3
Robbery with aggravating circumstances	67.3	67.3	0,0	70.9	71.6	1,0	299.5	267.7	-10,6
Common robbery	55.5	53.0	-4,5	73.4	70.1	-4,5	131.1	112.6	-14,1

Crime category	KwaZulu-Natal			Limpopo			Mpumalanga		
	2006/2007	2007/2008	% Increase/ decrease	2006/2007	2007/2008	% Increase/ decrease	2006/2007	2007/2008	% Increase/ decrease
Contact crime (Crimes against the person)									
Murder	25.2	22.5	-10,7	6.7	6.1	-9,0	12.5	11.2	-10,4
Rape	43.7	42.9	-1,8	37.5	32.4	-13,6	53.2	47.4	-10,9
Indecent assault	6.9	7.7	11,6	2.3	2.0	-13,0	3.6	4.6	27,8
Attempted murder	25.9	24.2	-6,6	7.6	6.7	-11,8	18.8	18.0	-4,3
Assault with the intent to inflict grievous bodily harm	140.7	140.4	-0,2	136.1	116.7	-14,3	227.1	215.9	-4,9
Common assault	149.6	133.9	-10,5	144.8	97.2	-32,9	174.1	158.8	-8,8
Robbery with aggravating circumstances	136.7	123.3	-9,8	31.6	22.9	-27,5	102.3	81.4	-20,4
Common robbery	55.6	46.5	-16,4	44.1	33.5	-24,0	76.3	63.4	-16,9

Fluctuations in serious crime trends between the first semesters of the 2006/2007 and 2007/2008 financial years per province

Crime category	Northern Cape			North West			Western Cape		
	2006/2007	2007/2008	% Increase/ decrease	2006/2007	2007/2008	% Increase/ decrease	2006/2007	2007/2008	% Increase/ decrease
Contact crime (Crimes against the person)									
Murder	18.9	18.1	-4,2	12.4	12.2	-1,6	30.6	30.4	-0,7
Rape	58.7	55.0	-6,3	52.1	55.4	6,3	52.6	52.0	1,1
Indecent assault	14.3	11.6	-18,9	5.5	6.0	9,1	26.7	24.2	-9,4
Attempted murder	41.9	33.2	-20,8	12.7	12.1	-4,7	21.1	19.9	-5,7
Assault with the intent to inflict grievous bodily harm	446.5	394.9	-11,6	213.1	214.6	0,7	251.2	237.1	-5,6
Common assault	262.9	225.7	-14,2	148.0	137.6	7,0	335.5	316.3	-5,7
Robbery with aggravating circumstances	53.4	56.7	6,2	84.0	77.5	-7,7	173.8	156.6	-10,0
Common robbery	74.6	61.6	-17,4	58.0	56.1	-3,3	98.7	90.8	-8,0

Table 8

Rape sorted from highest decreases to highest increases between April to September 2006 and 2007

Province	2006	2007	% Increase/Decrease
RSA	49.6	47.8	3,6%
Limpopo	37.5	32.4	-13,6%
Mpumalanga	53.2	47.4	-10,9%
Gauteng	56.6	52.3	-7,6%
Northern Cape	58.7	55.0	-6,3%
KwaZulu-Natal	43.7	42.9	-1,6%
Western Cape	52.6	52.0	-1,1%
Eastern Cape	50.2	50.3	0,1%
Free State	52.2	54.7	4,7%
North West	52.1	55.4	6,2%

The Crime Information Analysis Centre of the South African Police Services conducted a docket analysis, which revealed the following:

Crime	% of perpetrators known to victim	% of perpetrators being relatives, friends or acquaintances to victim	% relatives as perpetrators
Rape	75,9	56,9	16,2

In September 2006 ECI Africa was commissioned by the IDMT to conduct a national survey that tested compliance with the National Health Guidelines at the TCC's. The objectives of the ECI audit was follows:

- To assess the provision of post exposure prophylactic services with the National Guidelines
- To assess existing monitoring and evaluation systems and instruments for health care at Thuthuzela Care Centres
- To identify and review selected monitoring and evaluation tools currently available for provision of use for health/medical care

- To consult with key stakeholders to determine their needs with respect to monitoring and evaluation
- To modify existing processes and develop a set of recommendations for a cost-effective and sustainable monitoring and evaluation process for health care
- To develop monitoring and evaluation tools for use in all Thuthuzela Care Centres for health care

In December 2006 the NPA mandated Southern Hemisphere, a consultancy, to assist with improving the monitoring and evaluation and reporting system for the TCC model. This monitoring and evaluation and reporting system would then ensure that the model is working as intended and that it was learning from implementation and achieving the desired results and outcomes. Accordingly they were required to develop performance indicators for various outcomes. For purposes of this report only certain indicators are listed below.

Goal	Outcome	Indicator
Turning victims into survivors	Reduce Secondary Victimisation	1. No and % or victims who withdraw
	Effective, Efficient, Expeditious Prosecutions	1. No and % of cases finalized with 6 months 2. Average cycle time 3. Average conviction rate 4. No of cases postponed per month 5. No of cases withdrawn per month 6. No of arrests effected within 48 hrs 7. No of Non Arrest Docket Forms converted to arrest dockets
	Comprehensive Multi – disciplinary Service	1. No of victims received at centre 2. 24 hour service 3. client record keeping 4. No and % tested for HIV 5. No and % received PEP etc
	Integrated referrals	1. No and % of victims referred for psycho social services 2. No and % of cases followed up

These indicators will be used as a guideline to evaluate the current services.

A standardised audit tool was developed for data collection purposes.[6] The tool establishes what medical, court, psycho – social, shelter and other services exist in the geographical location. It furthermore addressed data collection to establish the number of victims seen at the various health care facilities in relation to the number of reported cases, arrests and matters reported to the various courts. It furthermore looks at training and crime prevention initiatives.

In order to establish whether the health care facilities are blue print compliant[7] a checklist for infrastructure, equipment and sundries was developed. The tool also looks at referral mechanisms in place to measure the levels of coordination of services.

[6] Not attached but available on request.
[7] Annexure 3

PROVINCIAL REPORTS

4.GAUTENG PROVINCE

4.1. TEMBISA

Introduction

Tembisa is an area located in the East Rand municipality. It is approximately 40km from Johannesburg International Airport. It is largely a Sotho speaking community. The area has a large / high unemployment rate and a high prevalence of social contact crimes.

The team that conducted the audit comprised of:
Mrs Elizabeth Randolph: RTI; Mrs Mandisa Nongonogono (Site Coordinator: Cape Town) and Cpt Zwane (SAPS Gauteng).

The following health care, police and courts were visited in lieu of this audit and civil society organisations identified at these locations:

Health Care Facilities	
Tembisa Hospital	Site identified by JOINTS
Police Stations	
Norkham Park which feeds into Kempton Park	Police station feeding into the Tembisa Centre
Ivory Park feeds into Tembisa Court	Police station feeding into the Tembisa Centre
Sebenza which feeds into Kempton Park	Police station feeding into the Tembisa Centre
Midrand which feeds into Midrand, Wynberg and Randburg court	Police station feeding into the Tembisa Centre
Kempton Park which feeds into Kempton Park Court	Police station feeding into the Tembisa Centre
Tembisa which feeds into Tembisa Court	Police station feeding into the Tembisa Centre
Rabie Ridge which feeds into	

Tembisa Court	
Courts	
Tembisa	Court into which the aforesaid stations feed
Wynburg	Court into which the aforesaid stations feed
Kempton Park	Court into which the aforesaid stations feed
Other Psycho – Social service Providers	
POWA	Identified at health care, police and court facilities
Child Line	Identified at health care, police and court facilities
Lifeline	Identified at health care, police and court facilities
Kidz Clinic	Identified at health care, police and court facilities
Teddy Bear Clinic	Identified at health care, police and court facilities
Union of Jewish Women	Identified at health care, police and court facilities

1.1. HEALTH CARE FACILITIES

a. Tembisa Hospital

The Tembisa Centre is a full medico legal clinic located at Tembisa Hospital, 1 Mazibuko Drive in Tembisa and is located within a secondary health care facility.

Role Players:

Only the Department of Health provides services at the hospital

Governance: Protocols and or Service Level Agreements:

The Department of Health has legal accountability for services rendered at the site. The site follows the National Protocol adopted by the Department of Health for Sexual Offences Management, HIV AIDS patients. These protocols are adopted at National and Provincial levels there are however no site specific protocols that have been developed.

Whilst the centre addresses the reduction of secondary victimisation it does not have as a specific objective the reduction of cycle times of cases and increase in conviction rates, though they perform activities that address it.

PEP and STI policies are followed and were available and accessible at the centre.
Hospital managers ensure that policies are implemented according to guidelines. However, all policies are not written down at the center. They are not site specific, but only follow DoH guidelines. More needs to be done for monitoring policy compliance.

No Service level agreements have been entered into between any stakeholders.

Coordination of services:

Local stakeholders meet monthly and have an established inter departmental management team that addresses rape care management in the area. There is also a quarterly stakeholder meeting convened at the court.

Whilst there is a referral mechanism for psycho – social services available this is not formalized.

Victims: Services are rendered to males and females, children and adults. Services also rendered to: victims/survivors drunken driving, AGBH, examination of suspects, age estimation, and toxicology, DNA

suspects of murder, house robbery and sexual assault. If a suspect is coming in the SAPS informs them in advance and the victim and suspect would not be in the same room. The suspect would be seen in the casualty section. Even in the new section the survivors will use a separate entrance than suspects and have a separate waiting area than suspects. Suspects and survivors will be examined in separate facilities.

Personnel: The staffing and infrastructure do not meet Blue Print specifications. For example, there is not Site Coordinator, formal links with the courts and a dedicated Court Case Manager. However, the philosophy, dedication and adherence to national health standards are consistent with the Model. There four dedicated counselors active in the Centre and a Social Worker posted in the casualty unit. There are also good referral sources for ongoing psycho-social counseling for children and adults, and a referral shelter that is coordinated through the Social Worker where indicated. There is no dedicated Victims Assistance Officer.

Forensic Nurse / Nurse

The FN is permanently based at the centre, and is available during normal working hours.

After hours the victims/survivors are seen by casualty doctors. All doctors do not want to examine sexual assault patients. They consider themselves to be emergency doctors there for emergency patients The sexual assault/forensic examination is more time consuming and the ER doctors are sometimes not interested in testifying in court. This is time consuming and takes away from their paid work.

Doctor

There are six doctors on call in casualty for the 24 hrs, coordinating shifts. The new structure/center will have one trained dedicated doctor for sexual assault. Doctors are only drawn from the casualty unit and not permanently based at the center. Sometimes victims/survivors are referred to Forensic Nurse or trained doctor. As noted, some doctors prefer not to see sexual assault victims. A roster of medical personnel is available at the Centre. It is updated monthly.

Training: 2 doctors have been trained in a 10 day course offered by the provincial DoH. The course addressed sexual assault evidence collection, the use of the colposcope, sexual assault examinations on children, rape care management and evidence delivery. The centre also has a qualified and experienced forensic nurse who is also trained in PEP, VCT and the dispensing of medication. She is assisted by a nurse. There is one nurse (not a forensic nurse) from the casualty department that Sister Ann from the Centre assists and supervises. Sister Ann supervises all counselors. with supervision,

supervising the counselors. The casualty nurse does not do examinations. She supervises and provide follow up survivor management (e.g., follow up with medication; 6 week blood draw). The nurse does nothing for the courts.

Services Offered: The Centre serves sexual assault victims as well as others including examination of suspects, toxicology, DWI, age estimation, DNA related to robbery and murder. However, there are plans in the making for a dedicated facility for sexual assault victims/survivors that will be located contiguously to the family services clinic and casualty unit (see below). The new structure will be partially funded by the NASHUA.

The following services are provided sometimes at the site or within the hospital premises: PEP, VCT, STI, testing, ARV's and Hepatitis B vaccine.

Medical examinations for purposes of sexual assault and or domestic violence. Where there is physical abuse or assault, referred to casualty ward, usually only cases where suturing is required. Sexual assault evidence collection and safeguarding of medical evidence; Refer to casualty when the CC is closed.

Regarding the sexual assault evidence collection kits:. If a case is not a Tembisa case and victim reports here, then the other stations kits would be kept here. These are locked away, kept in a separate store room. There is a good working relation with police and the sister on duty will ensures that the police sign the evidence control form. The police will sign the duplicate register. Only myself and □he sister has access to the store room where the crime kit is kept. The register does not say who handed the crime kit it just says who received the crime kit.

Tetanus toxoid vaccine. This is done from casualty. This is done because it is not often that the clients are bleeding or has open wounds. Vaccine is kept at casualty to ensure vaccine does not expire.

Pregnancy testing and/or termination of pregnancy. This is done at the TOP site. When this is done Sister Anna accompanies survivor to TOP site to ensure the evidence collection procedures are adhered to. We book cases and if it happens during the night then Sister Ann or the doctor is called in.

Sister Ann, the Forensic Nurse, is responsible for most matters related to the clinic and is the principle forensic medical officer during office hours. Though support services/counseling is available 24 hours at the Centre, medical examinations are conducted at the Casualty Unit during off hours. This is not

ideal for the single reason that trauma doctors do not see themselves as forensic specialists and are not always willing to examine sexual assault victims. There are concerns as well about the time demands of testifying in court

Equipment, Facilities and Infrastructure:

Colposcope, in working condition, with attached digital camera in working condition Separate bathing facility that ensures privacy for the victim / survivor. There is a shower that has a plastic shower curtain and a separate facility. However, it needs much improvement. The new facility will have a separate bath an shower facilities from the toilets. Toilet for victim / survivors Examination is done in a private and separate room Child friendly facility The room is full of equipment and this distracts children. It is also a very small room. Too small for children. The facility is housed in or adjacent to a casualty ward. The victim friendly waiting room is available at the centre but is much too small.

The Tembisa Center is a medical legal clinic currently located in a strip of containers associated with the hospital. There is a new space; however, with plans for a new structure that will be dedicated entirely to victims/survivors of sexual assault, (funded by Nahsua). The new structure will be placed within the hospital near the family services clinic and the casualty unit. Other, non-sexual assault cases will continue to be seen in the family services and casualty clinics but these clients will not be integrated in any way with the sexual assault survivors. Victims/survivors will have a special examination room.

In the new structure, there will be a separate entry for victims/survivors and separate services; however, a coordinator will be well positioned to attend to cases entering the casualty or the center… both as a first response and for follow up visits. There is a plan for a fulltime dedicated physician as well.

The new structure has potential space for a nice playground for children. The architects are currently planning the space based on the budgetary limitations.

Currently the center has a counselors' room, examination room, kitchen, toilet (but not separate for survivors); shower room with curtain, play room (but very crowded and not too friendly); and reception or survivor waiting room. There is not a victim friendly statement taking room. This is usually done at the police station. The DoH manages the center.

As the new center is just being designed there will be an opportunity to ensure that the critical

infrastructure is in place. Furthermore as commitment to coordination between stakeholders space has be allocated to the SAPS, Psycho –social services providers and the NPA within this structure.

24 Hour service: The hospital casualty unit is operated 24 hrs. Additionally the casualty ward doctors examine victims/survivors when the forensic nurse is not available. In the casualty unit, a separate room is allocated for sexual assault medical examinations. There is a counselor based at the centre both during the day and after hours. Counseling is done here 24 hrs, but not the medical examination.

Psycho Social Services:

The Tembisa Centre relies on linkages with Social Worker at the Hospital to support psycho-social service referrals and also work closely with the Tembisa Child Welfare Society that is linked to a large number of NGOs to refer survivors to. For shelters, adults are sent op Sterkfontein and children to Teddy Bear Clinic. They will refer to Teddy Bear Clinic when needed for children and the mentally challenged. Most importantly is that no NGO's support the centre directly at the hospital.

Statistical Data: In the past 6 months there were a total of 427 survivors were seen at the centre, with approximately 50% under the age of 18

Victim (Sexual Offences) Statistics															
	Nov-08	**Dec-08**	**Jan '08**	**Feb '08**	**Mar '08**	**Apr '08**	**Total**		**Nov-08**	**Dec-08**	**Jan '08**	**Feb '08**	**Mar '08**	**Apr '08**	**Total**
Adult Males	0	0	1	1	0	0	2	Male children	2	3	0	1	3	5	14
Adult Females	33	40	35	33	40	27	208	Female Children	28	37	29	39	47	23	203
Subtotal Adults	**33**	**40**	**36**	**34**	**40**	**27**	**210**	**Subtotal Children**	**30**	**40**	**29**	**40**	**50**	**28**	**217**

1.2. POLICE STATIONS

The following police stations present cases to the Centre: Norkham Park, Ivory Park, Sebenza, Midrand, Kempton Park and Tembisa. The Centre works closely with the police and feels there is extremely good cooperation from the police and forensic investigators who bring survivors to the hospital. There is a strong consciousness and rigor in keeping the forensic medical kits and any supporting evidence locked up and in safe keeping. There is also rigor in journaling the whereabouts of the kit/evidence. For the most part the police bring the kits although there are some available in the event a survivor comes straight to the hospital.

All of these police stations have victim friendly rooms that are typically manned by volunteers during office hours. However, according to Captain Zwane, these are not consistently used by police. The more conventional situation is that the statement from a sexual assault victim is taken in a room of convenience by the uniformed policeman who may or may not be trained. In the case of Tembisa, for example, the new police officers are not trained.

The facilities, though friendly, are often open and confidentiality cannot always be ensured. A statement could be taken in one room, for example, and the perpetrator sitting in the room next door. Therefore, these police stations need support in knowing the importance of their victim friendly facilities, and in providing a space that ensures the privacy of victims.

Even in the case of Tembisa that has a very active Family and Child Protection Unit, including dedicated sexual offences investigators and a social worker, the cases may not be referred to these investigators immediately, but only after the statement has been taken and the victim/survivor is taken to the hospital for examination.

Police officers are not on duty 24 hours; although there is always a roster of officers on call. The dedicated sexual offences investigators are on call at Tembisa Police Station and are involved in all of the sexual offences cases. They are trained; however, the uniform policeman usually takes the statement. Either the SO investigator or the policemen will take the victims/survivor to the hospital.

All stations have the forensic kits; although there is a shortage of them and sometimes have to go to a police station nearby to collect one when stocks are down

SAPS Statistical Data

Reported Cases

	Nov '07	Dec '07	Jan '08	Feb '08	Mar '08	Apr '08	Total
Ivory Park							
Children	0	0	2	2	7	0	
Adults	12	18	12	7	9	12	
	12	18	14	9	16	12	
Kempton Park							
Children	1	1	6	1	2	1	
Adults	2	2	0	3	4	0	
	3	3	6	4	6	1	23
Rabie Ridge							
Children	1	3	4	4	2	3	
Adults	6	4	4	8	8	4	
	7	7	8	12	10	7	51
Tembisa							
Children	11	23	17	15	16	9	
Adults	13	20	5	10	18	17	
	24	43	22	25	34	26	174
MidRand							
Children	1	2	0	0	0	0	
Adults	6	6	1	2	3	0	
	7	8	1	2	3	0	21
Norkempark							
Children	3	2	1	1	3	0	
Adults	1	3	2	4	4	2	
	4	5	3	5	7	2	26
							295

Arrests	Nov '07	Dec '07	Jan '08	Feb '08	Mar '08	Apr '08	Total
Ivory Park							
Arrests/Children	0	0	0	1	5	0	6
Arrests/Adults	11	9	7	3	5	8	43
	11	9	7	4	10	8	49
Kempton Park							
Arrests/Children	3	0	0	0	1	1	5
Arrests/Adults	0	0	0	2	3	0	5
	3	0	0	2	4	1	10
Rabie Ridge							
Arrests/Children	2	2	10	1	1	1	17
Arrests/Adults	5	0	1	4	4	3	17
	7	2	11	5	5	4	34
Tembisa							
Arrests/Children	7	13	13	10	11	7	61
Arrests/Adults	6	13	4	6	11	6	46
	13	26	17	16	22	13	107
MidRand							
Arrests/Children	0	1	0	0	0	0	1
Arrests/Adults	1	2	0	1	0	0	4
	1	3	0	1	0	0	5
Norkempark							
Arrests/Children	1	0	0	0	1	0	2
Arrests/Adults	1	1	1	3	3	0	9
	2	1	1	3	4	0	11
							216

1.3. COURTS

Tembisa Court is located adjacent to the Tembisa Police Station. There are two dedicated court preparation officers at the Tembisa court, though since 2006, there is not a dedicated SOC. The cases are distributed across three regional courts. This has posed an extreme bottleneck at Tembisa Court in processing sexual offence cases as other cases (e.g., robbery, etc) are typically given preference as they are not as time consuming and show a more "productive court" when working through the numbers. Wynberg Court sends most of their cases to local clinics and does not have any association with Tembisa Hospital. Kempton Park sees very few sexual offences cases since they no longer include the Tembisa Courts and are not served by the Tembisa Police Station

Wynberg Court

Wynberg Court was viewed to have the most organized infrastructure and staffing for serving victims of sexual assault. They are located adjacent to Alexandria Township and send most of their survivors to the clinics based in Alex. When necessary they will take victims/survivors to Hillbrough or Edinvale Hospital, but not Tembisa Hospital which is viewed to be too far out. Two dedicated Court Preparation Officers, Thembi Ndebele and Jennifer Sipisi provide witness preparation and psychological service planning (e.g., referring to shelters, social workers, clinics and some case management as much as they can). The witness protection officers are often the only liaison with families and serve a strong advocate roll for survivors.

There have a court preparation room for children, but it is beginning to show signs of wear. There is a need for a painting the venue, petty cash for refreshments and cleaning of sofas. They need a TV with a DVD player for the children's waiting room. They also need some of their special equipment for children such as the elephants and magic can chemicals. They need more pamphlets from the NPA. Sexual Offences cases are seen in Regional Court 1 on Mondays and Tuesday and in Regional Court 3 on Wednesdays and Thursdays.

Wynberg Court has Intermediary Rooms for Regional Court 3 and Regional Court 1 and the appropriate materials such as anatomically correct dolls and CCTV is available. The intermediaries are certified and well trained, but their availability is sometimes a problem.

The Court Preparation Officers also do some public awareness building by visiting schools and talking to teachers and children. They advise teachers on picking up signals from children that may point to sexual assault cases.

Kempton Park (Kempton Park SAPS)

Kempton Park sees much fewer sexual offences (see statistics below) than they used when their courts included Tembisa Courts. The Control Prosecuter herself sees all of these cases which are, reportedly, mostly children (still very few). With so few sexual offences cases, there are no special rooms nor courts are dedicated to SO cases or children. The Control Prosecutor handles these cases herself and provides any court preparation that is needed. Kempton Park services Kempton Park police station.

Tembisa Court (Ivory Park, Rabie Ridge, Tembisa SAPS)

Tembisa Court has undergone some change over the years, growing from a small 2 court building to a large court building with 4 district courts, 4 regional courts, and a family violence and maintenance court. In 2004 there was a dedicated SO court and a dedicated prosecutor and magistrate. However, in 2006 the SO cases were distributed across three regional courts. The conversion has caused enormous backlog in SO cases and considerable other inefficiencies. For example the CCTV is shared across all three courts. A fourth regional court has been recently established to take care of the backlog, most of which are sexual offences.

Tembisa services Ivory Park, Tembisa and Rabie Ridge police stations.

Resources of the Tembisa Court

- Two dedicated Court Preparation Officers
- One Court Preparation Office
- Two Prosecutors have had special training for sexual offenses
- Four trained intermediaries, but availability is a problem
- Referrals for psycho-social and child welfare support:
- Department of Social Services in Germiston
- Child Welfare in Kopanong
- OT
- Forensic Social Worker in Tembisa SAPS
- Nurse Anna Mabunda at Tembisa Hospital

Issues related to SO cases at Tembisa Court

- Extreme backlog as discussed above due to distribution of SO cases across courts
- Intermediary system is old fashioned and not effective, causing children's cases to be postponed. The intermediaries serve Tembisa, Germiston and Randburg Courts.
- Court Magistrates are not sufficiently sensitized to the needs of sexual assault victims/survivors, especially children and mentally challenged.
- Expert witnesses for mentally challenged is particularly difficult. The OT who compile reports related to disabled children do not understand the needs of the courts. These reports are not sufficient.
- Court preparation officers, as in Wynberg, often play a case management role, are overstretched and need support and additional staffing for this role.
- J88 forms are not completed accurately and crime kits are not always available when needed

- There needs to be a more holistic approach to working with sexual offences involving family members/bread winners.
- Only one Forensic Social Worker for all police stations (located at Tembisa). This is impossible.
- Transportation of survivors for all their appointments is extremely difficult.

Tembisa Court really would like to be a part of a Thuthuzela Center.

Court Statistics

Crt Stats	New Cases	Charges	Guilty	Not Guilty	Struck Off Role	With-drawn	Referred to High Court
Tembisa	229	90	18	27	18	25	2
Kempton Park	21	17	2	0	5	10	0
Wynberg	76	23	22	1	#	#	#
Totals	**326**	**130**	**42**	**28**	**23**	**35**	**2**

Infrastructure

	Thembisa	Wynberg	Kempton Park
Intermediary facility?	Yes	Yes	No
Court Preparation Office/Officers	Yes	Yes	No
Separate waiting facility for victims?	No	Yes	No
A Regional court dedicated to only sexual offences matters?	No	Yes	No
Statistics collection?	Yes	Yes	Yes

1.4. RECOMMENDATION

The Tembisa Centre seems like an ideal location for a Thuthuzela Care Centre. The need is underscored by the large numbers of sexual offenses cases going through the Tembisa Court (see above), which is located directly next to the Tembisa Police Station. The Tembisa Court serves three SAPS: Ivory Park, Rabie Ridge, and Tembisa. The court has grown considerably in the past 4 years. There was a dedicated SO Court existed in the past, this was restructured with SO cases distributed across 3 regional courts since 2006 resulting in a backlog of cases. There is a keen interest to provide

more systematic, professional and integrated programs for sexual offences courts and a formal link to a care center may serve to support this. This is discussed in more length above.

The Tembisa Police Station, of all those observed, is the most strongly prepared to work with sexual assault victims with the Family and Child Protection Services unit on the premises and a team of dedicated sexual offenses investigators. These individuals are well trained and work closely with the Tembisa Crisis Center now.

The Tembisa Centre is being funded by NASHUA to build a new infrastructure in close proximity with the casualty and family services units of the hospital. The new infrastructure will be dedicated entirely to victims/survivors of sexual assault and their will be a full time doctor dedicated to sexual offences. The new infrastructure will provide the required space according to the TCC Blue Print.

The most significant gap is the link to psycho-social services. This is a limitation of both the Tembisa Court and Tembisa Crisis Centre. There are no NGO's providing services on the hospital premises and limited availability of forensic social worker or psychologists for follow on care.

4.2 VAAL

Introduction

The team that conducted the audit was Adv Brandon Lawrence (NPA), Mr Sipho Mkhonza (NPA) and Ms Virginia Francis (RTI). The audit was conducted over a period of four days at the sites tabled hereunder.

Health Care Facilities: Emfuleni sub district	
Kopanong Hospital	Identified by the Gauteng Department of Health as a possible site
Sebokeng Hospital	Identified by the Gauteng Department of Health as a possible site
Stratford Clinic: Kidz Clinic	Identified by JOINTS as the Orange Farm hot spot
Johan Heyns Community Health Centre Van der Bijl	Offers medico legal until 7pm. Approximately 15kms'. The Vanderbijl cases go to this site. Not visited for purposes of this audit.
Meyerton clinic, in the NE	Trained doctor no nurses, serves the patients from the Myerton area, it is open until 4pm it very far from her (+- 20 km's). not visited for purposes of this audit.
Sebokeng Zone 7 and Phelizweni	Till 4pm, two trained nurses and a trained doctor they are not only for the rape care management, nurse with a diploma in forensics. not visited for purposes of this audit.
CHC Evaton North	Serviced until 4pm. not visited for purposes of this audit.
Police stations	
Sharpeville	KH mainly
Vereening	KH Mainly
De Deur	KH Mai;nly
Meyerton	KH Mainly, FALLS UNDER THE MID VAAL SUBDISTRICT
Barrage	KH Occasionally
Klip rivier	KH Occasionally
Vanderbijlpark	KH/SH

Sebokeng	SH Mainly
Orange Farm	KC Mainly also accesses Lenasia clinic and Nthabiseng TCC
Boipatong	KH/SH/KC
Courts	
Sebokeng Court	Designated court for sexual offences

2.1. HEALTH CARE FACILITIES

a. Kopanong Hospital:

This is a level one hospital (secondary care). It is a district hospital; essentially it does not have any specialists and is run by medical officers. Specialist services are referred to Sebokeng Hospital.

Role Players:

Only the Department of Health provides services at the hospital. Volunteers for the counselors are from the NGO's that are currently contracted by HAST.

The hospital provides a social worker. There are no referrals to social development, she only works until 4pm but on the weekend and over weekends.

Governance: Protocols and or Service Level Agreements:

The DoH has legal accountability ie the CEO of the facility. Service providers use the National Health protocols on Sexual Assault. Gauteng itself does not have a protocol in terms of victims of sexual assault or clinical legal services. Medical staff attended a workshop in 2005 to delineate the services. This agreement has been placed on the current agenda. The national guidelines and protocol was available for verification purposes. A site manager ensures that the policies and procedures are followed. When he / she is however off on weekends the centre manager ensures that there is a trained sister on duty.

There are no SLA's as all service that are provided are internal to the department of health and no external partners/ stakeholders are roped in for service delivery.

Coordination of services:

Police bring the victims directly to the centre. There is however no need to coordinate the services of other role players as they do not provide services from the site and walk in victims are extremely rare, hence there is no need to coordinate services for statement taking. In event of the odd occasion that this occurs the police are called to collect the victim, but the statements are not taken at the centre. There are internal monthly meetings but none with the NPA, courts nor SAPS.

Victims:

Sexual assault, adults and children occasionally men, domestic violence, drunken driving. Drawing of blood for DNA.

Personnel:

5 sisters have attended training these sisters are used to rotate there is furthermore one PMO. The examinations are usually done by the casualty doctor. The casualty doctor comes here when there are no patients to be seen. Sometimes the victims have to wait to be helped. Nurses assist with the medical examinations and the VCT counseling. Sometimes the nurses themselves are short staffed and if there is a crisis in the casualty then the casualty comes first. The nurses are not assigned to the medico legal but to the clinic. There are no forensic nurses at this facility. The OSD factors into this.

Training:

Nurses trained on the national guidelines on the management of sexual assault, training given by the GDOH. Drs struggle to send to training because of the shortage of staff, but they have essentially received the same training.

Services Offered:

Sexual Assault examinations, evidence collection, PEP, ToP is done here but in the gynae ward. The protocol is that when there is a Top in a suspected rape case, it should be referred to the gynae ward, and such victim should be accompanied by the nursing sister from the centre, they have not ever had a case like this though.

PEP, VCT, STI, testing, ARV's and Hepatitis B vaccine all done at the site. The ARV section will be moving to a house a couple of meters away but on the same premises. But the ARV for the 28 day course will remain being administered / implemented on the site. Tetanus toxoid and pregnancy testing also available at the site.

In relation to crime kits: the police brings the crime kits to the centre and rarely they wait with the victim until the examination is completed. This is as a result of too little police officers and vehicles. it appears that at times victims can wait very long after the examination (sometimes overnight. This happens because the police have indicated that there aren't vehicles available over weekends).

Equipment, Facilities and Infrastructure:

The centre currently has one functional room and is in need of burglar bars and partitioning. The key issue is the ARV site. Once they move it will be three rooms, office, counseling room and a bathing facility. There will be a screening area for patients (poly clinic), which will essentially be an acute medical walk in facility that does not warrant a casualty condition. Therefore there will be primary health care facility in this new site. The influx of traffic will however induce secondary victimisation as the area is not a separate facility that ensures confidentiality and safety for victims.

It is noteworthy that the management and staff are highly supportive to victims of sexual abuse, rape care management and very accommodating to serve the needs of the public on a whole. This hospital is accountable to the district, unlike Sebokeng who is accountable to the province.

There is a bathing facility for male and female. The bathroom is across the passage from where the examination is done and with clothing and comfort packs are provided by the Rotary club and food is ordered from the kitchen.

The centre has no colposcope, but is equipped with an examination bed and an examination lamp (fibre optic light). The site itself does not have phones they use the casualty lines ie. call switchboard and get a line out, there is also a phone in the duty room.

24 Hour service:

This site is a 24 hour service but the staff is shared with casualty.

Psycho Social Services:

There is a hospital social worker that can be accessed but only during office. The social worker refers them to counselors. If you refer to the social worker everybody comes back after the first 7 days, most of the victims come back after the first 7 days and we are then able to make the link to the social worker.

If it is urgent and the social worker is unavailable, then the social worker can refer to a psychologist based at lifeline. The respondents were however not aware of any NGO's that provide services in the area. The social worker could give this information. The closest Social Development office is Sebokeng.

Statistical Data:

Approximately a 25% follow through completion rates for eth PEP programmes. Generally this is because of transportation issues or that some of the patients forget. Some of then do request that they get referred to a facility that is closer to them effective data collection and monitoring of referrals for PEP is required.

Total number of victims seen

Aug 07	**Sept 07**	**Oct 07**	**Nov 07**	**Dec 07**	**Jan 08**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**
22	28	20	25	31	27	40	23	25	25	18	**284**

B. Sebokeng Hospital: This is a level one hospital (secondary care). It is a district hospital, essentially it does not have any specialists and is run by medical officers. Specialist services are referred to Sebokeng Hospital. The hospital is next to the court and Sebokeng police station

Role Players:

Department of health, hospital social workers no other departments., there are counselors from the NGOs that are contracted to HAST.

Governance: Protocols and or Service Level Agreements:

The National policy guidelines for sexual assault is used. No site specific protocols in place. Position the same as with KH. At the hospital there is an allocated sister to the site they are hands on to the PEP processes. There are supervisors and a project manager for HAST. The nurses ensure that the policy is implemented.

Coordination of services:

Previously (end 2007) a project manager was appointed, who was hands on. She was in charge of HAST services. Since Jan. 2008 no meetings on site (intra departmental to the department of health / hospital) have been held but staff attends the provincial review meeting with Sis Moange's presence (a nurse dedicated to rape care management). Therefore there is no general combined meeting to discuss operational issues. In the event of problems arising with the courts there is no formalized link to address the matter.

However the nursing sister meets with Vulamehlo (NGO) on a monthly basis to discuss mentoring etc, also the HAST coordinator for the district, a social worker from this NGO. They are stationed at Van De Bijl Park.

Victims:

Sexual Offences, DNA Collection, DV are seen in casualty, and needle prick cases are dealt with here as well. Drunk driving are done in casualty because most of the time they come after hours.

Personnel:

2 professional nurses who are trained, and the doctors are from Casualty. As opposed to KH the nurses here are dedicated to the site only (when there are no cases they assist in casualty). However even if there are no first report cases there are always follow ups and DNA's. it is reported that patients generally wait for less than 3 hours, however there are several occasions when the victims might wait

for more than 5 hours. Exact statistical data in this regard could not be obtained. Doctors do the medical examination, nurses then do the PEP, helps with examination

Training:

Nurses are trained, sexual assault care practice course. No trained doctors

Services Offered:

PEP, VCT counseling, Hepatitus B, ToP: Done at the hospital. When the patient has been sent for a ToP as a result case, the crime kit comes with the police and the kit, the police then collect this. This site does not monitor these cases. STI and emergency contraception as well as pregnancy testing is done here.

Equipment, Facilities and Infrastructure:

The service are provided from the old hospital section. A description of the site could be briefly summarized as follows:

1. The site is adjacent to the casualty and out patients waiting area.
2. In order to access the site victims need to walk through a stream of persons waiting for other services. It is apparently quite well known that this area which victims pass through is for sexual assault victims.
3. The site consists of three offices of which one is the victims waiting area. This area is however cordoned off and a private office, but cannot seat more than 3 victims at a time.
4. The perpetrator examinations are performed in an area next door to the victim waiting room and mechanisms to prevent contact between accused and victims can be improved on. It should be noted that on arrival two sentenced prisoners were being led away from the centre while a victim was ushered into the centre.
5. There is a waiting area if more victims need to be held awaiting services but this is purely an open area designated for victims and still open to the general public.

The centre is equipped with a colposcope that is in a working condition, it furthermore has a working printer and monitor. At the moment no one is using it because they have not been trained. Victims are examined on an examination couch and medication is dispensed from here.

A new wing of the hospital is currently being built. This comprises of two medical examination rooms and a passage seating 4 persons that will be used as a waiting area. Whilst the hospital is a beautiful structure it is evident atht there is a shortage of space to accommodate the TCC roleplayers (SAPS,

NPA and Psycho Social Services). The two examination rooms are adjoined by a shower facility and are quite spacious.

24 Hour service:

Monday to Friday between 7 and 4 then victims are seen here at the centre, weekends and after 4 in the casualty.

Psycho Social Services:

If there is a need that the patient has to see the social worker (not all cases are referred to the social worker) the doctor makes the referral. If it is over the weekends then victims have to return on the Monday. If there is no SW is at the hospital them the victim is referred to see the SW. In cases where the patient is not emotional then no referral takes place. In cases where the minor is a victim and stays with an accused then these cases are referred immediately to the social worker (provided that it happens during office hours).

The centre works with Vulamehlo, an NGO who provides us with lay counselors. The lay counselors are in the hospital at the site. It is important to note that Sister Pinky is extremely dedicated to dealing with victims of sexual abuse but is often prohibited in delivering holistic services as a result of a lack of coordination and formalized coordination structures between stakeholders.

Statistical Data:

Aug 07	**Sep**	**Oct**	**Nov**	**Dec**	**Jan 08**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**
20		27	29	27	34	20	28	33	34	40	**431**

Average per month: 43.1

Challenges:

- Need more trained staff both nurses and doctors.
- In the current space it is clear that when a victim passes (to the last few doors in the corridor) she is going to "where raped victims go". It appears that the location is quite well known for this purpose. The new site, whilst it ensures that there are separate examination areas victims would still be waiting in an area which the general pubic passes through.
- When victims are referred to casualty they often have to wait for the night to come in they are kept on a hard bench in the casualty area. No indication could be given as to what the position would be if the new wing opened. It should be noted that these are process issues and can be

eliminated with the appropriate waiting areas identified and process flows harmonized with protocols.

- Victims wait very long, sometimes because the casualty section is busy, but at times it is also because the doctors do not want to go to court. During the day there are 5 casualty doctors and at night (Tues to Thurs) and 3 on Frid. to Mond.

c. Stratford Clinic: Orange Farm

This is a Kidz Clinic facility (run by Women and Men Against Child Abuse (WMACA). It is a separate facility on the clinic premises.

Role Players:

WMACA has staffing and the DoH assists at the centre as well. Whilst SAPS is not based at the centre, they do take statements at the centre on occasion.

Governance: Protocols and or Service Level Agreements:

DoH provides the space and funds certain aspects such as medication etc. the project is largely funded by WMACA though.

Coordination of services:

WMACA coordinates the service offerings as well as the role players. A stakeholder forum addresses relevant issues related to the centre operationalisation and stakeholders. The forum addresses the running of the centre, duplication of services, networking, referral mechanisms and the promotion of service delivery. It is clear that the coordination propagate the reduction of secondary victimisation. Whilst the increase in conviction rates and reduction of cycle times is not a specified objective it is evident that the services address it.

Victims:

The centre sees child victims of abuse.

Personnel:

The centre is resourced with a forensic nurse, social worker, auxiliary social worker, victim supporter and a HIV counselor.

Training:

All aforesaid staff are trained in there required disciplines.

Services Offered:

Sexual Assault examinations, evidence collection, PEP, ToP is done here but in the gynae ward. The protocol is that when there is a Top in a suspected rape case they have not ever had a case like this though.

PEP, VCT, STI, testing, ARV's and Hepatitis B vaccine all done at the site.

The ARV section will be moving to a house a couple of meters away but on the same premises. But the ARV for the 28 day course are kept here on the site.

Tetanus toxoid and pregnancy testing also available at the site.

Equipment, Facilities and Infrastructure:

The services are provided in a separate structure that is adjacent to the casualty section for relevant access. It has at least 8 offices and a large waiting area. As the centre is used specifically for sexual assault examinations it ensures victims' privacy and safety. The medical examination is done in a private and separate room that ensures the reduction of secondary victimisation. There is a separate play facility for children as well as a kitchen and ablution facilities.

24 Hour service:

The service is offered during office hours by the Kidz Clinic personnel and after hours by Department of Health medical officers.

Psycho Social Services:

The centre has a social worker and lay counselors available for both acute and follow up psycho – social services. Accordingly victims seen at the centre are in a position to access immediate/ acute counseling services as well comprehensive short to long term counseling services.

Statistical Data:

The statistical data collected at this centre deserves to be regarded as a best practice. The data collected not only reflects the number of victims seen but allows for a more analytical approach to dealing with symptoms of sexual abuse. It is devised in such a manner that it allows for both victim and offender typology that may be used for in crime prevention initiatives. It was however not ascertained whether this was indeed the case as the statistics and statistical indicators were only attained after the audit.

Total number of victims seen

Jan 08	Feb	Mar	Apr	May	Jun	Jul	Total
38	40	36	54	36	46	60	310

2.2. POLICE STATIONS

For purposes of this audit it appeared that the number of cases reported to the 3 respective centers amounted to an average of 35 cases per month for the 3 health care facilities. It should however be noted that the various police stations did not access only these three sites listed above but also the clinics (as aforesaid) during office hours. It could not be ascertained which stations accessed which medical sites at any specific time as this data was not collected. The following annual data (2006 – 2007) is reflected.

Station	Rape	Indecent assault
Vereeniging	81	29
Vanderbijlpark	148	28
Sharpville	74	7
Sebokeng	176	21
Orange Farm	258	18
Meyerton	61	10
Evaton	223	14
De Deur	113	9
Boipatong	35	1
Barrage	23	2
Total	1192	139
Average for 12 months	99.3	13.9

2.3. COURTS

Van der Byl park, Vereeneging – do all SO cases for Vaal Triangle. When the SO court started operating in 2003 the chief prosecutor met with all stakeholders, ID services, NGO and other departments. They now generally communicate by telephone/sms/email. There are however Individual meetings – eg with NGOs when there is a crisis, on an ad hoc basis. The regular meetings take place between with SAPS (monthly), case flow management meeting (monthly with judiciary and other stakeholders, orderlies, interpreters, etc) and the Community Police Forum.

There are 7 courts in total - 3 district courts, and 4 dedicated SO courts, with the following personnel breakdown:

- 16 NPA personnel – excl 3 vacancies
- 1 Control RCP
- 4 RC prosecutors
- 1 Control District Court Pros
- 3 District Court Prosecutors
- 1 additional RC prosecutor - screening
- 4 Court prep officers
- 1 admin assistant
- Intermediary services (via Social Services – 4 intermediaries) – retired teachers – paid by Social services

Infrastructure

- All courts have CCTV
- 1 child/victim waiting room
- Intermediary room
- Prosecutors have own offices
- Court prep officers – use CCTV rooms except when someone is testifying
- Social worker office
- SASCA own office - 3 people
- Nicro own office – 2 people

Challenges:

- The most important challenge is the availability of doctors, esp after hours, waiting time is too long
- Training of doctors – J88 not completed properly, evidence collection process a problem
- Trauma counseling – not sure about quality/standard of counseling, even from court NGOs

- After cases finalized – CP struggle to find someone to counsel complainant
- Assessments – CP struggles to get assessments even though there is a lot of services available
- Police Social Forensic Social Worker – also deals with other cases, so cannot rely on her although she does her best to assist
- Space not available in the building for any additional services
- Especially for the children need experienced services
- Poor quality statements – males as detectives, increase women detectives
- SAPS - Transport challenges esp for medical examinations
- Cycle time for DNA – 9 to 12 months , no problems with application
- Providing food for children/adults (juice/tea/coffee/biscuits)

Court Statistics

Court: SEBOKENG						
Crt Stats	8-Jul	8-Jun	8-May	8-Apr	8-Mar	8-Feb
No of SO perpetrated on children 1st appearance (arrest) Number of children prepared by CPO for month	87	80	55	76	55	48
No of SO perpetrated on adults 1st appearance (arrest) Number of adults prepared by CPO for month	33	38	42	54	48	22
Number of new cases received overall for SO for month	68	82	61	70	68	80
No of outstanding cases SO for month	583	577	584	572	572	566
No of conviction SO on Children(Conviction rate SO overall)	77%	75%	70%	66%	57%	58%
No of Acquittals SO on Adults	Not available					
No of SO Children: Decision Dockets (combined stats for SO for month children and adults)	#	#	#	#	#	#
Received	29	58	63	58	87	37
NP	14	24	32	25	46	11
FI	11	30	29	32	41	26
Prosecute	4	4	2	1	0	0

2.4. RECOMMENDATION

Kidz Clinic:

It should be noted from the outset that the Stratford Kidz Clinic model is an excellent one that really ensures the reduction of secondary victimisation. The presence of the forensic nurse, psycho – social services and link to the Sebokeng Sexual Offences courts clearly proliferates the effective management of victims of sexual offences. It is accordingly recommended that the TCC not be established at this clinic as it would amount to a duplication of services.

It should further be noted that the Kidz Clinic data collection system is of an impeccable quality. The data collected extends beyond mere quantity but also ensures victim and offender typologies and it is definitely one that can be learnt from for the standardization of consistent qualitative and qualitative information that could inform crime prevention initiatives.

Sebokeng Hospital

Sebokeng Hospital has recently built a new wing to the hospital. This wing will house the new medico legal centre. The new hospital is a permanent structure and there does not appear to be sufficient space to house all TCC role players. It is accordingly recommended that the TCC not be housed at this facility.

Kopanong Hospital:

Whilst the current site is congested it is noteworthy that they will be acquiring two more offices. They site will however also house the ARV section and victims would nonetheless have to pass the general public in order to access the centre. As recommended by respondents it is recommended that Kopanong be identified as a TCC site. However as there is space vacant adjacent to the casualty section it is recommended that a new structure be erected to house the TCC. This would mean that the ARV section acquires more space and a structure is available to house all TCC role players yet be close enough to the TCC centre for victims to access the ARV clinic as a referral site.

5. LIMPOPO PROVINCE

5.1 THOHOYANDOU

Introduction

Of South Africa's estimated 47.8m people, the Limpopo Province is home to 11.3 percent of its inhabitants[8]. Of South Africa's nine provinces Limpopo has the fourth highest population.

The purpose of this report is to provide a synopsis of sexual violence services in the Thohoyandou area (Vhembe Municipality). Thohoyandou is a landlocked rural area, approximately 170 kms from Polokwane. It comprises a farming community providing employment for unskilled labour, and other main employers are government and the University of Venda, local colleges, and a recently refurbished business centre.

The audit team was hosted by Supt Mutepe (Station Commissioner, Thohoyandou) & consisted of the following members:

- Kombisa Mbakaza (team leader & national NPA representative)
- Virginia Francis (RTI consultant)
- Supt M.T Hobyane (FSVC, Thohoyandou)
- Insp MM Murovhi (Soc Crime Prev, Thohoyandou)
- Ms VK Nemukongwe (DoH&SD)
- Mukwevho TR (DoH&SD)
- Mustaphuli TR (DoH&SD)
- Ms Nethathe AM (DoH&SD)
- Ramatsea TM (DoH&SD)
- Ms Munyai FM (DoH&SD)

The above team rotated for the week, with between 6-8 people. Mbakaza, Francis and Hobyane were present throughout.

Additional members who joined the briefing and training session included Supt Herholdt (SAPS Prov Co-ord, FCS), R/Const Mmeze (SAPS, Thoh), Makamela, R (Prov Social CrimePrevention), Ravhura, N (DoH&SD) and Ms F Malapela (Far North Network on Family Violence).

[8] Statistics SA. Mid year 2007 report. Download 07.06.08. www.statssa.gov.za/publications/P0302/P03022007.pdf

The team visited the following institutions that deal with the management of sexual offences and domestic violence cases, and which is situated as follows with respect to the Thohoyandou town centre:

- Health Facilities – Tshilidzini (5km) , Donald Fraser (42 km) & Siloam (39km) and Mutale Health Centre (38km).
- Police Stations – Levubu (28km), Vuwani (32km), Mutale (38km), Siloam (39km), Makuya (62km), Tshaulu (42km), Thohoyandou
- Court - Sibasa Regional Court (10km)
- NGOs – Thohoyandou Victim Empowerment Programme (TVEP), Far North Network

Health Care Facilities	
Tshilidzini Hospital	
Donald Frazer	
Siloam Hospital	
Police Stations	
Siloam which feeds into Dzanani District Court (DC)	Feeds into Tshilidzini hospital
Thohoyandou: Which feeds into Thohoyandou DC	Feeds into Tshilidzini hospital
Vuwani, which feeds into Vuwani DC	Feeds into Tshilidzini hospital
Levubu, which feeds into Vuwani DC	Feeds into Tshilidzini hospital
Tshaulu which feeds into the Thohoyandou and the Tshaulu periodical court	Feeds into Donald Frazer
Mutale which feeds into Mutale DC	Feeds into Donald Frazer
Mukuya which feeds into Thohoyandou DC and Makuya periodical court	Feeds into Donald Frazer
Courts	
Sibasa Regional Court	All courts feed into this regional court

Other Psycho – Social service Providers	
Thoyandou Victim Empowerment Programme (TVEP)	
Far North Network	

Institutions that were not visited during this audit include the various district courts that would hear the first appearance testimony, and other clinics that do not deal with any sexual violence management.

5.1.1. HEALTH CARE FACILITIES

1. Tshilidzini Hospital

Tshilidzini hospital is a tertiary institution that has a Family Violence Trauma Centre operated and managed by a local NGO, the Thohoyandou Victim Empowerment Programme (TVEP).

Role Players:

The centre has representation from the Depatrment of Health, Social Development and members of the TVEP. Neither the DoJ&CD nor SAPS are located at the site

Governance: Protocols and or Service Level Agreements:

At the time of conducting the audit there was no written agreement between the hospital management and TVEP with respect to the centre's operations.

Coordination of services:

No regular meetings are conducted to address challenges at operational or management level but, according to hospital management, meetings are convened when crises arise.

Personnel:

The centre is staffed by the following people:

- On -call doctors (DoH&SD)
- On-call nurses (DoH&SD)
- Social workers on hospital premises outside of centre (2) (DoH&SD)
- 1 Psychologist on hospital premises - for all hospital clients (DOH & SD)

- Survivor support officers - SSO (minimum of 2 on a shift-basis) – at centre and employed by TVEP
- General assistant - GA (minimum of 1 on a shift-basis) - at centre and employed by TVEP
- 1 trauma counselor (8h00-16h00, Mon-Fri), at centre and employed by TVEP
- 1 administration officer (8h00-16h00, Mon-Fri), manages two centres

The centre is managed by an Admin Officer, who is also responsible for Donald Fraser Trauma Centre. He divides his time between Tshilidzini and Donald Fraser, a) co-ordinating data input (information is captured into an electronic database and sent to TVEP Head Office), b) facilitating transportation for survivors through the provision of bus coupons and also with police services and c) compiles duty rosters for SSOs and GAs at both centres.

Training:

Tshilidzini Hospital trained one **forensic nurse**, who subsequently left. Currently one nurse is on a year's training as a replacement.

Services Offered:,

Tshilidzini Trauma Centre has a policy of providing services to clients from throughout the Vhembe district – according to staff no one is turned away or re-directed[9]. All walk- in clients and those brought by police are received at the trauma centre by an SSO and a GA. The SSO manages the reception area and offers immediate basic counseling to calm/contain the survivor. The survivor is then referred to a doctor for a medical examination either at the centre or at the Casualty[10] unit. A colposcope was purchased last May by TVEP, but is not fully installed as there is no agreement between the centre and hospital management with regard to maintenance of the equipment[11]. Acute injuries are directed to the relevant unit within the hospital. The survivor then takes a bath/shower at the centre and is given a comfort pack with basic toiletries and clean clothes provided by TVEP. She then has a statement taken by a statement taking officer[12], and if required is referred to the trauma counselor. If unsafe to return home, the survivor is housed at the trauma centre for a maximum of a week. If safe, police transport the survivor back home.

In addition to the above tasks, SSOs also conduct home visits to monitor and provide emotional support to survivors who are HIV negative and who are taking ARV treatment. General assistants provide basic

[9] This is contentious and has been disputed.
[10] Taken to casualty when doctor cannot come to centre as a result of patient load
[11] According to TVEP, HO an NGO cannot donate equipment to government so it seeks to retain ownership of the machine while requesting the hospital to take over the maintenance plan. No agreement has yet been reached between both parties.
[12] With cases of adults, police generally take a statement at the reporting police station. With minors (under 18 yrs) a statement is taken of the accompanying adult at the police station and the child's statement is taken at the centre by an FCSV detective.

administration support such as recording basic information (profiles), accompanying survivors to Casualty and pharmacy for medication, as well as keeping the centre clean.

Equipment, Facilities and Infrastructure:

The centre is in a private enclave of the hospital, and is recognizable by its signboard and purple interior. It is easily accessible to the public, but has no markers that suggest where it is situated on the hospital premises. The premises are hospital property, which is utilized by TVEP and its staff.

The centre is large and spacious consisting of

- a reception area,
- 1 waiting room, ,
- 1 medical examination room,
- 1 police statement taking room,
- 1 administration office,
- 1 trauma counseling office,
- 1 survivor support office (for debriefing),
- 1 kitchen,
- 2 separate toilets,
- 1 bathroom with shower & bath,
- 1 store room &
- 4 bedrooms (for overnight accommodation of a max of 11 clients)

The centre has adequate furniture (chairs, tables, lounge suite) and a telephone line but lacks equipment such as a computer, fax & photocopy machine. It operates on a 24 hour basis, with some TVEP staff working shifts at the centre.

Psycho Social Services:

A trained trauma counselor is based at the centre on weekdays during office hours. She is primarily responsible to interview the client to gauge the level of emotional support required and then refers her to the hospital social worker[13], for such needs as ongoing intensive counseling, age and mental assessments. The social workers make the appropriate further referrals eg. to the psychologist. The trauma counselor is a full-time employee of TVEP, but the volunteers provide their services for free.

Tshilidzini & Donald Fraser Hospitals

[13] Not all the centre's new cases are referred to a social worker – this is a judgment call made by the trauma counsellor.

Tshilidzini has 1 psychologist & 2 social workers (community development, medical) who are all employed by DOH&SD.

have a trauma counselor who has as appropriate degree and between 10-12 survivor support officers who work shifts and have been trained by TVEP. The system is such that the first person to receive the survivor is the support officer who does basic containment, and opens a profile of the client. She is then referred to the trauma counselor after the statement taking for further assessments. There is no formalized referral system between the trauma counselor and the hospital social workers; with the discretion left to the trauma counselor. Both TVEP trauma centres have shelter facilities which may not always necessitate referral for purposes of shelter placement to hospital social workers. However, should there be other needs assessments (eg therapy) these cases will be referred to the social workers. For such cases as mental assessments, referrals are made to the social worker for the necessary referral to the hospital psychologist.

2. Donald Fraser Hospital

Donald Fraser hospital is approximately 30 kms from Thohoyandou and also houses a TVEP sponsored Trauma Centre, similarly painted purple. The centre is in a separate building on the hospital grounds, and is only accessible by walking, not by vehicle. Due to the nature of the hospital's design, it could be difficult to find if finding the place unattended.

Role Players:

The centre has representation from the Depatrment of Health, Social Development and members of the TVEP. Neither the DoJ&CD nor SAPS are located at the site

Governance: Protocols and or Service Level Agreements:

Coordination of services:

TVEP meet with the hospital when there is a crisis, there are no formal, regular implementation meetings held at operational level. TVEP Staff do not have meetings with TVEP senior management, and have their problems addressed through the general assistant. There are statistics discrepancies between what we received from TVEP HO and that kept at the centre. The centre does not have a data management system.

Personnel:

The centre is staffed by the following people:

- On -call doctors (DoH&SD)
- On- call nurses (DoH&SD)
- Social workers on hospital premises (2) (DoH&SD)
- 1 Psychologist – Tuesday and Thursdays only (DOH & SD)
- On call SAPS from police stations & FCSV Unit
- Survivor support officers - SSO (minimum of 2 on a shift-basis) - TVEP
- General assistant - GA (minimum of 1 on a shift-basis) - TVEP
- 1 trauma counselor (8h00-16h00, Mon-Fri),
- 1 administration officer (8h00-16h00, Mon-Fri who manages two centres)

Training:

Donald Fraser Hospital has recently appointed a forensic nurse who will be based at the centre from the middle of June.

Services Offered:,

This centre operates in a similar manner to the Tshilidzini Trauma Centre, **except all medical examinations are conducted at the Casualty unit of the hospital.** The GA accompanies the survivor to the Casualty unit, who is usually not required to follow the hospital queue. However, should doctors be busy she will have to wait for the first available doctor to perform the examination. Acute injuries are directed to the relevant unit within the hospital.

Equipment, Facilities and Infrastructure:

The centre has adequate furniture (chairs, desks) and a telephone line but lacks equipment such as a computer, printer, fax & photocopy machine. The centre needs a new lounge suite, and TVEP intends to upholster the existing lounge suite . A colposcope was purchased last year for the centre, but has not been installed and is currently housed at TVEP's headquarters[14].

Infrastructure

The centre is large and spacious consisting of :

- a reception area,
- 4 counseling rooms,
- 1 a statement taking room,
- a large lounge area,

[14] TVEP does not want to install the machine until it can reach an agreement with the hospital with regard to maintenance.

- 1 kitchen,
- 2 storerooms
- bathroom and shower,
- separate toilet &
- bedrooms

At Donald Fraser there is no medical examination room at the Trauma Centre, so examinations are conducted at Casualty, although there is available room space for a specialized examination room.

Psycho social services

Donald Fraser has one psychologist who offers psychological support on Tuesdays and Thursdays only, and 2 social workers.

The centre has a trauma counselor who has as appropriate degree and between 10-12 survivor support officers who work shifts and have been trained by TVEP.

The system is such that the first person to receive the survivor is the support officer who does basic containment, and opens a profile of the client. She is then referred to the trauma counselor after the statement taking for further assessments. There is no formalized referral system between the trauma counselor and the hospital social workers; with the discretion left to the trauma counselor. Both TVEP trauma centres have shelter facilities which may not always necessitate referral for purposes of shelter placement to hospital social workers. However, should there be other needs assessments (eg therapy) these cases will be referred to the social workers. For such cases as mental assessments, referrals are made to the social worker for the necessary referral to the hospital psychologist.

24 Hour service: . It operates on a 24 hour basis, with some TVEP staff working shifts at the centre.

3. Siloam Hospital

Siloam Hospital is situated approximately 39kms away from Thohoyandou and falls under the Makhado municipality. It is a primary health care facility that, while having no dedicated facility for sexual violence management, provides services to rape survivors. There are no facilities within the hospital for rape management. However, the doctors and nurses are very committed and passionate and have been lobbying for appropriate services.

Role Players:

only the department of Health is present at this site.

Personnel:

- Dedicated (8h00-16h00) & on-call Doctor (a/h)
- Forensic nurse
- Social worker
- Psychologist - Thursdays only

A lack of available, trained **doctors** results in Casualty doctors performing sexual assault examinations. All three hospitals have a roster system of casualty doctors that provide medical examinations, except Siloam that has one doctor during the day (Monday to Friday) who conducts all rape examinations.

Training: Siloam Hospital has a trained forensic nurse who assists the doctor, but does not conduct examinations herself.

Services Offered:,

Rape survivors access the hospital directly or through police services. All survivors are examined at the Casualty unit by one available[15] doctor during the day and by sessional/permanent doctors at nightA trained forensic nurse assists the doctor with the examination. She does not conduct examinations herself, as her registration is pending. The doctor himself has never been subpoenaed by court, to testify.

Equipment, Facilities and Infrastructure:

The hospital uses a general medical examination room for such cases. It has a very thin, long bed which is hard and uncomfortable. The room itself has large machines, and looks very intimidating and scary. There is nothing aesthetically pleasing about the room itself. Adjacent, joining two examination rooms is a small counseling area which consists of 3-4 steel stools and used cupboard space. The entire set up is intimidating and clinical.

. A survivor has to walk through the general Casualty area which can be busy, to access the medical examination room. She may have to wait on a wooden bench outside the one examination room with other patients, if the doctor is busy.

Psycho Social services

Has a full-time social worker and a psychologist who is there on Thursdays only. Referrals are from the doctor to the social worker.

[15] **Comment**
There are no structured referral systems between TVEP's trauma counselors and social work services provided by DOH&SD, at either Tshilidzini or Donald Fraser.

There are no safe, private, unknown shelters in Thohoyandou. Shelters are within the Trauma Centres at Tshilidzini and Donald Fraser Hospitals . There is a lack of visible security at the Trauma Centres which could pose challenges to clients safety.

Police stations have a bed, which serves as an overnight sleepover facility, when a complainant cannot return home.

1) Tshilidzini Hospital (information provided by TVEP)

	May 07	June 07	July 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	Tot
Rape	30	32	25	47	49	34	35	37	37	42	33	26	427
DV	59	43	45	72	58	93	73	71	55	52	59	41	721

2) Donald Fraser Hospital (information provided by TVEP)

	May 07	**June 07**	**July 07**	**Aug 07**	**Sept 07**	**Oct 07**	**Nov 07**	**Dec 07**	**Jan 08**	**Feb 08**	**Mar 08**	**Apr 08**	**Tot**
Rape	11	4	8	7	14	6	11	10	9	10	21	11	122
DV	32	36	51	49	38	34	39	65	41	44	52	46	527

3) Siloam Hospital[16]

	Dec 07	**Jan 08**	**Feb 08**	**Mar 08**	**Apr 08**	**May 08**	**Tot**
Rape	3	12	11	6	2	10	44

5.1.2. POLICE STATIONS

The effect of closing down the Fcs office resulted in a serious shortage of **police investigators**. Detectives have a caseload averaging 50 dockets.

[16] Cases from Siloam Police Station are also treated directly at Tshilidzini Trauma Centre.

1. Levubu police station

- Statements of adult reports are taken at police station in any available office. Minors' statements are taken by the FCSV unit[17].
- Has a room adequate for private statement taking. It is a large room divided into a statement-taking room and a shelter comprising two beds for emergency overnight accommodation. The room is staffed by two volunteers, a male and a female, from a local **NGO.** They offer a basic counselling service. Volunteers work 8am-4pm, Monday to Friday and are on call for rape cases only over weekends and after hours.

2. Vuwani police station

- Statements of adult reports are taken at police station**.** Minors' statements are taken by the FCSV unit.
- Vuwani police station has a separate container on the police grounds for counseling purposes, called the Vuwani Victim Empowerment Centre. This centre is staffed by 2 police reservists and 2 volunteers, who report to and work closely with the police station captain. The container has 2 private rooms which are small and cramped. The rooms consist of a desk, chair and one computer, which was not in use at the time of the audit. There are no telephones available in the container, so volunteers use the police station telephones for follow up purposes to investigators, complainants and the court. They also rely on police transportation for home visits, should that be necessary. Volunteers work 8am-4pm, Monday to Friday and are on call for rape cases only over weekends and after hours.

3. Mutale Police Station

- Statements of adult reports are taken at police station in any available office. Minors statements are taken by the FCSV unit. All statements are taken by a female officer.
- Basic counselling is provided at the police station by volunteers from Mutale Victim Empowerment Programme (MVEP)/referred to MVEP which is based at the Mutale Health Centre, a short walking distance (300m) from the station. The Mutale Health centre has a reception area, an admin area, a waiting room (which also serves as a store room), a counseling room, and two bedrooms (for one male and one female). The centre has been operational since 2001 and is staffed by three male volunteers.

[17] For all police stations, the minors' statements are taken by FCSV at the designated health facility or at the child's home; although preferably at the centre.

4. Tshaulu Police Station

- Statements of adult reports are taken at the police station in a dedicated office. Minors statements are taken by the FCSV unit.
- Tshaulu Police station has recently appointed a dedicated statement-taking officer for domestic violence and sexual assault cases, from the HR division of SAPS. She has not yet been trained, and is based in a room that is basic, and has a desk & chair for statement taking. She will take statements during the day, and other officers will take statements after hours. This statement taking room also serves as a shelter with one bed.

Comment
This room needs to be restructured. It is a small space and having a bed so prominently placed creates an atmosphere of fear, and has the potential to be intimidating to survivors.

5. Makuya Police Station

- Has a statement taking room which is not friendly, but promotes confidentiality. This room is only used to take statements for adults. Minors statements are taken by the FCSV unit.
- The policing area is divided into four sectors that share one mobile police unit. From Monday toWednesday mobile police serve 2 sectors, while the other 2 sectors are patrolled by police vehicles. Should a sexual offence be reported, the patrolling cars are requested to take the complainant to Donald Fraser. The mobile unit personnel do not take statements of adults or children, these are done by FCSV officers after medical examinations. First reports of witnesses are taken by Makuya police, and handed to FCSV. The response time for transportation to Donald Fraser Hospital is a maximum of 2 hours. Challenges arise when communication breaks down between the mobile unit, police station and patrol staff. In such cases, the mobile closes its office and takes the complainant to the police station to arrange transportation to hospital. At any given time 10-12 officers are available to deal with sexual assault cases (primarily provide transport to hospital/back to community).

6. Siloam Police Station

- Has no dedicated statement taking room, any available office is utilized, and all officers take such statements. Siloam officers take statements of adults, and transfer the case to FCSV.
- Counselling services are offered Monday to Friday during work hours by a victim empowerment NGO called Dzata Victim Empowerment, and on call services are offered after hours and on weekends. Twelve counselors work on a shift basis.

- The NGO has offices outside the main police station, which is private and victim friendly. They also have one bed for emergency shelter.

7. Thohoyandou Police Station

- This station has a user friendly waiting room, with a television, three couches and a computer that has been donated by private companies. They do not have a user- friendly statement taking room.
- There have 64 detectives who conduct general investigations for the following satellite offices – Shayandima, Phiphidi, Matatshe, Melenzhe, Sibasa, and the Thohoyandou sector.
- Three female reservists receive the clients, and call detectives for statement taking of adult complainants or accompanying adult of a minor. Detectives transport complainants to hospital for medical exams, and in the case of an adult complainant, provide transport back home. If the complainant is a child, the case is transferred to FCSV for statement-taking and investigations.
- Services are offered 24 hours. Matatshe and Sibasa cases are referred to Donald Fraser for medical exams.
- They receive counseling services from TVEP & Munnya Ndi Nnyi.

8. FSVC Unit

The FSVC unit is based in Thohoyandou and serves the entire Vhembe Municipality. It is currently housed in SAPS head office, after the restructuring of the FCS Unit. It is understaffed, but services continue to be offered as best as possible. The FCSV Unit does all investigations of adult and child sexual violence cases, and takes all first reports of children, most often at the hospital where the survivor is sent for examination.

> **Comment**
> Convicted offenders, under correctional supervision, work at police stations in their orange overalls doing gardening and general maintenance – this is not conducive to the prevention of secondary victimization for complainants.

Statistics

The following are statistics for all police stations, gathered from the FCSV Unit, for the period 01 April 2007 – 31 May 2008

Station		Children (0– 16	(16-18 yrs)	Adults	Total

		yrs)			
Thohoyandou	Reported	133	68	31	232
	Arrests	118	50	23	191
Makuya	Reported	8	3	5	16
	Arrests	6	3	3	12
Tshaulu	Reported	8	6	6	20
	Arrests	5	4	4	13
Mutale	Reported	19	11	9	39
	Arrests	11	5	5	21
Levubu	Reported	24	18	13	55
	Arrests	19	7	9	35
Siloam	Reported	12	8	5	25
	Arrests	9	3	4	16
Vuwani	Reported	43	21	8	72
	Arrests	30	18	5	53
Total	**Reported**	**247**	**135**	**77**	**459**
	Arrests	**198**	**90**	**53**	**341**

5.1.3. COURTS

Human Resources:

1) NPS prosecutors, not specializing in sexual offences.
2) NPS appointed court preparation officers
3) Court chaperone appointed by TVEP
4) Case monitor appointed by TVEP

The prosecutors deal with all criminal cases eg rape, murder, robbery, etc.

Court Statistics

Statistics:

Sibasa Regional Court: Nov 2007-Oct 2008													
	May 07	Jun 07	Jul 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	Total
FA	38	22	22	19	17	12	24	12	14	20	21	51	272
Conviction	3	5	4	6	4	5	3	3	1	4	4	8	50
Acquittals	7	6	6	7	4	8	8	1	2	3	3	11	66
SO Matters	136	116	90	118	87	110	112	44	46	88	89	121	1157

Infrastructure

At the Sibasa regional court the following facilities exist:

1) CCTV room
2) Child's play room, brightly painted with murals
3) Complainant-friendly waiting area

5.1.4 RECOMMENDATION

Tshilidzini – statistics, access to dealing with complicated injuries, already have a medical exam room, roster, dedicated staff, supportive hospital management, resources available – pharmacy, social workers, psychologist, on call SAPS. Provide food packs to HIV negative complainants and bus coupons for transportation.

Challenges

Co-ordination, no colposcope on the hospital's budget (there is a colposcope that is not in use, provided by TVEP), lack of proper referral systems, no roleplayer problem solving meetings, no formalized agreement with hospital, SAPS, H&SD regarding services and management. No direct link with court processes or feedback mechanisms to survivors.

Option 1: All sexual assault & DV cases to be redirected to Tshilidzini Hospital for the Vhembe Muncipality.

Government to lead and manage a co-ordinated rape management centre

Working agreement with TVEP

Realignment of roles and responsibilities of centre staff

Remove shelters from within premises

All staff re-trained

<u>TVEP to continue providing:</u>

Cleaning services & support to survivors by fetching medication, make tea/coffee

Trauma counselor can continue to provide emotional support to survivor/complainant
Possibly the case chaperone can continue to take care of children while at court, and to be a general administrator ensuring food is provided for clients

5.2 MANGKWENG

Introduction

The audit process started with a stakeholder meeting held on Monday 9th June, with representation from SAPS Provincial Office, Mankweng police station, Mankweng Education cluster, Capricorn District Municipality, SANCO, Mankweng and Mokotopeng Traditional Authorities, Victim Empowerment Programme, and Community Police Forum.

The Mankweng police station commissioner Director Baloyi appreciated the recognition of the police station and the community of Mankweng through this process, and indicated that there is a gap between NPA and police – the conviction rate in the area below the national standard. He mentioned that rape is a very problematic offence in the area, and most of it happens in homes. In general, there is a problem of underreporting of sexual offences cases.

Other issues highlighted in the introductory meeting included:

- The need to build capacity and awareness of life orientation teachers to educate children where and how to report these cases.
- Need for transparency and circulate the information to the people to know the functions of the TCC centre
- The need to bring on board councilors and traditional authorities as representatives of the people, to help deal with this problem. There are also police reservists trained in each traditional authority area

Health Care Facilities	
Mankweng Hospital	As identified by JOINTS and the Sexual Offences indaba
Botlokwa Health Care Centre	
Polokwane Hospital	
Rethabile Community Health Centre	
Other Clinics	

Police Stations	
Mankweng	Feeds into Mankweng Court and Hospital
Morebeng	Feeds into Mankweng Court and Hospital
Polokwane	Feeds into Mankweng Court and Hospital
Haenerstburg	Feeds into Mankweng Court and Hospital
Courts	
Mankweng Magistrates Court	
Psycho – Social service Providers	
Limpopo Network on Violence Against Women	
NAPWA	
FAMSA	
Religious HIV AIDS HTA	
Takalani Nana Home Care Centre	
Lovelife	

5.2.1. HEALTH CARE FACILITIES

There are four health facilities serving the Mankweng community – Mankweng hospital, Polokwane hospital, Rethabile Community health centre, Botlokwa Health care centre (hospital). There are ten (10) clinics in the area, and all feed into Mankweng hospital. These all fall within the Capricorn District.

The health care facilities in the area receive a number of sexual assault victims. They provide services and facilities to victims, but they have a problem of limited space to cater for the victims. They also have to contend with the inadequacy of proper referral sites in the surrounding rural villages and farms.

Mankweng Hospital

Introduction

The hospital is situated in the heart of Mankweng, 30 kilometres from Polokwane city. It is part of the Mankweng/Polokwane hospital complex, although it has its own CEO. It is a tertiary hospital, but the nursing services manager was quick to point that it is situated in a predominantly rural hospital; it provides tertiary, secondary and primary health care services.

Role Players: The hospital Board, the nearby Mankweng police station, Department of Social Development which has placed social workers in hospital, the private sector (once upon a time an offer from Shoprite to support the trauma centre, but never materialised)

Governance: Protocols and or Service Level Agreements: The National Protocol is implemented. There is no site specific protocol for the centre that has been developed. There are service level agreement between role players that provide services.

The policies and procedures have been developed and are displayed visibly in the centre's waiting room. The forensic nurses and doctors assume responsibility and accountability on behalf of the hospital.

Coordination of services:

Regular meeting are held with SAPS on a quarterly basis.

Personnel:

There are three fully trained forensic nurses, and doctors from the casualty section

Nurses do conduct medical examinations.

About 10 doctors on average perform medical examination

Psycho –social government service providers are based on site as this is a tertiary institution. They also access referral organisations.

Training:

Doctors and forensic nurse are trained in most areas (listed in the tool), except that nurses are not trained and do not conduct examination of children, only doctors do. Doctors have not received training in evidence delivery in court.

Services Offered:

Most rural clinics surrounding the area refer their sexual assault victims to Mankweng hospital. There are three fully trained forensic nurses, and doctors from the casualty section assist with medical examinations, although there is a shortage. Nurses do conduct medical examinations. About 10 doctors on average perform medical examination of victims of sexual offences. It provides comprehensive services, viz. provision of PEP, VCT, STI testing, ARVs. The worrying trend is that despite the high rate of provision of ARVs, not many victims return for follow-ups on ARVs. There is also an HIV/AIDS clinic in the hospital which provides services for the sexual assault trauma centre.

Psycho social services are offered at the hospital and they access referral organisations.

Equipment, Facilities and Infrastructure:

The hospital has a dedicated space for treatment of victims of sexual assaults. One of the challenges management highlighted was that the hospital patient intake and demands are growing, but the infrastructure not growing. There is a dedicated space for the victim of sexual assaults and abuse. The centre is adjacent to the casualty ward. The centre is utilizing four beds, four beds, an office which doubles as a counseling room, and a medical examination room. Previously they had more space, but now it has been reduced as the hospital had to put a Burns Unit in the trauma centre space, in order to meet the requirements of a tertiary hospital, and they were left with limited space. The hospital provides basic equipment and food which is budgeted for. The unit does not make use of colposcopes for medical examinations.

Crime kits are stored in a lockable cupboard with restricted access. Active files are kept in the office of the forensic nurse, and this room has restricted access.

Psycho Social Services:

Mankweng hospital, as a tertiary hospital, provides psycho-social services to the victims. They provide emotional support, therapeutic and counseling. Counselors for VCT services are attached to casualty but work for the centre. In the bigger Mankweng area and the outlying areas, psycho-social services are limited – NGOs and volunteer organisations are doing a lot of work, but their reach and depth in providing psycho-social services in remote area is limited. There is a multi-disciplinary team that does work for the centre, there is a social worker and a psychologists which provide counseling and psycho-social services to the victims.

There are no adequate and equipped referral sites in the villages and farm areas, hence most victims get sent to Mankweng hospital. There is a dire need for shelters in the area as the do not exist at all. The social services branch in the provincial department of health and social development must be roped in to improve referral services. Proper referral sites need to be identified in the 9 rural villages and farms, to ensure service availability within each community.

There are several NGOs operating in the Capricon district (of which Mankweng is part of). They are part of the Limpopo Network on Violence Against Women – there is a data-base booklet the network has compiled. They work closely with the provincial and district offices of the department of health and social development. However, they work closely with the health branch of the department, and hence their bias will be on HIV/AIDS and health related matters with regards to sexual offences. NGOs that attended the meeting were NAPWA; FAMSA; Religious HIV/AIDS HTA; Takalani Nana Home Care Centre; and Lovelife. They all work on gender based violence issues in areas of HIV/AIDS counseling and support, and other related health and psycho-social areas. The department of health is providing resources to Religious HIV/AIDS HTA to provide HIV/AIDS care management support in outlying remote areas.

Famsa is one of the more established NGOs, but unfortunately it works mainly in Mopani district (Giyani/Palaborwa area). It operates in the area mostly also because of a HIV/AIDS transmission rate. It is involved in providing counseling to victims of sexual offences and gender violence, training programmes and sensitization/awareness on gender violence, and employee wellness. It also liaises with other NGOs and social workers in carrying out its work.

NAPWA – National Association of People Living with HIV/AIDS is a volunteer based organizations, and it provides support groups in clinics and hospitals in the entire Capricon district, are based at the Rethabile health care centre/hospital .

NAPWA is involved in home based care providing care giving support to victims, the sick and chronically ill patients. The department of health is providing training to the volunteers that they implement their services according to the minimum standards and in line with policy. They work a lot in farm areas, and in taverns. They have developed strong working relations with farmers and tavern owners.

Takalani Nana Home Care Centre operates next to Rethabile community health care centre, in Polokwane town. They also do home based care, and support groups programmes. They counsel the victims, provide PEP services, and in each municipality they have counselors.

NGOs in the district provide comprehensive psycho-social services, although the bias is still with HIV/AIDS issues and not with sexual assault and gender based violence in a holistic way. They assist the provincial department of health and social development to get access to areas where it would

otherwise not reach, like in farm area. They also assist establish points for the department, and they identify high transmission areas.

FAMSA is also part of crime prevention programmes, and they also have programmes working with sex workers.

The biggest worry in the Capricon district where Mankweng falls is that there are limited and/or non-existent shelters. The other challenge is that despite the depth and breadth of NGOs and voluntary organisations, there are no proper and accredited referral sites for medical examination and other services in villages and farm areas.

FAMSA, although not fully established in Capricon district and Mankweng are in particular, is the most resourceful organization with a holistic programme on sexual offences and gender based violence. They are very keen to establish their presence and work and base themselves at the newly envisaged TCC.

Confidentiality

Files are kept with other files, but a principle of shared confidentiality is maintained.

2. Botlokwa Health Care Facility

Role Players: Department of Health and SAPS

Governance: Protocols and or Service Level Agreements: The National Protocol is implemented. There is no site specific protocol for the centre that has been developed. There are service level agreement between role players that provide services.
Coordination of services: no regular meetings between role players in the institution

Equipment, Facilities and Infrastructure:

No special files are opened for victims, these are your basic intake medical folders. These folders are stored with all general folders and accordingly confidentiality may be compromised as there is access to all hospital staff (both administrative and professional), without any specific restrictions.

There is a separate room for medical examinations of victims. There is however no separate waiting area. Hence security and safety of the victim as well as confidentiality may be compromised.

Personnel:

In the Botlokwa health care centre, victims of sexual offences are received by the nurses and examined by doctors.

Training: doctors are trained in most areas, except in evidence delivery in court. Nurses are trained in doing basic sexual examinations and support to victims of sexual assault. They don't dispense medicine, and don't examine children victims. They are trained in PEP drug administration and counseling.

Services Offered:

They provide VCT and PEP services. They also provide acute trauma management is conducted by the nurses.

Equipment, Facilities and Infrastructure: examination is done in separate and private room. There is however no separate waiting area. Hence security and safety of the victim as well as confidentiality may be compromised. No refreshments, fresh clothing, comfort packs are provided.

Psycho social services

There are no referral sites.

24 Hour service: Yes, the medical services are 24 hours, but only doctors are on standby

Rethabile Hospital

Rethabile community health care centre is situated about few metres from the Polokwane hospital, and is a primary health care facility. It serves people from the settlements in town. It is a very busy institution and does receive and provide services to the victims of sexual offences.

Role Players: Department of Health

Personnel:

There is one forensic nurse that attends to all victims and not only victims of sexual abuse. There is a casualty doctor that assists. No doctor has specifically been assigned for rape care management.

Services Offered:

PEP and medical examinations.

Equipment, Facilities and Infrastructure:

The facility is not conducive to medical examinations for sexual assault purposes. There is special room allocated for sexual assault examinations, but there are limited resources to ensure the reduction of secondary victimisation such as privacy and safety for the victims may be compromised. There is no colposcope.

Psycho Social services

(sexual cases and services are rendered and treated at the health centre, but there are limited facilities as the centre is very busy and offers primary care services). Sexual Offence smatters are accordingly not prioritized.

Polokwane Hospital

Services Offered:, None, most victims would go to Rethabile Health Care centre first.

Equipment, Facilities and Infrastructure:

The facility has limited facilities for victims of sexual offences. They use one of the hospital ward to examine and treat victims of sexual offences. Space is a challenge. Dr. Shoyeb of the Department of family medicine unit in the Polokwane/Mankweng hospital complex has written a proposal to the provincial department of health on the future of clinical forensic medicine services in Limpopo. The proposal includes the refurbishment of physical facilities to ensure privacy for the victims, adequate and appropriate equipment, comfortable furniture and facilities, safety and security, adequate rest and bath rooms and facilities, and forensic nursing staff and administrative personnel requirements. In the proposal, Polokwane/Mankweng hospital complex and Rethabile clinic, have been prioritised.

Psycho Social services: None

CLINICS

There are nine clinics in the Mankweng, and one clinic in Haenerstberg suburban area which is used occasionally by the police station to treat victims of sexual offences. The clinics in the remote areas have minimum facilities and services, and provide basic primary health care

Statistical data

Mankweng Hospital

Over the last financial year, the hospital has seen a total of 244 victims (including follow-up visits). Statistics for the other hospitals were unavailable at the time of the audit and have not been forwarded.

5.2.2. POLICE STATIONS

In some instances the police are not sensitive to dealing with sexual assault cases, and there are delays at times in police transporting the victims to the hospital. There are four police stations that fed into the health care facilities in the Mankweng and surrounding areas. They all report a generally high level of sexual offences cases. There is generally a good working relations with the community and other role players, although there is room for improvement, and with all the police stations female officers have been dedicated to deal with the cases. However, some of the challenges highlighted and observed also relate to the need for the male police officers to get more training to be sensitive to handling of victims of sexual offences

Some investigative capacity exists, with the FCS Unit at Polokwane station playing a prominent role. All the stations have rooms dedicated to assisting victims of sexual offences, but they are all small.

Mankweng Police station

The station is the biggest police station in the area, and is located not far from Mankweng hospital. They have a victim empowerment programme running in the station, and the police station commissioner is very committed to dealing with sexual offences cases. There are female police officers dedicated to take statements from the victims.

Challenges that the station commissioner highlighted relate to serious underreporting as most of these acts happen in families, and the gap between the police and the NPA – a low conviction rate is a serious concern. The view of the police station commissioners, the officers working in community policing and community liaison and statistical analysis, is that police cannot work on their own to solve the sexual offences and rape problem. One of the issues highlighted is the fact that there is a high rate of incident of these acts in sheebens and taverns. Most of the drinking places are licensed to operate until 2am in the morning, and this makes policing difficult, and increases the rate of these incidents. The station commissioner believes that the involvement of the Liquor and Gaming Board is very important in curbing these offences.

Statistics

There has been a steady rise in the number of reported rape cases in the last three years. The statistics presented by the communications and crime statistics division show the following:

2006	2007	2008
192	224	99

The statistics show a steady rise in reported cases. A worrying trend also is that 5 months into the year (2008) almost 100 cases have been reported; showing a monthly rate of 20 reported cases.

Victim Friendly facilities

The facility that accommodates victims of sexual offences is basic, a statement taking room and resting place provided for. However, the space is very tiny.

Morobeng Police Station

The CSC unit opens the case, and the FCS unit in Polokwane police station does the investigation. There is separate office where the victims are attended to, and a female police officer as been dedicated to handle sexual offences victims. In the police station there are no victim-friendly facilities. There is no specific training for the officers dealing with these cases. This station is at least 100km's away from Mankweng Hospital and transportation is a challenge.

Statistics

14 rape cases were reported in the period from January to May 2008.

Victim Friendly Facilities

There is separate room where the victims are received, but not a victim friendly facility.

Polokwane Police Station

It is the biggest police station in the province. Some people who live in Mankweng do report sexual offences cases there, but most people who use the services of the police station are those who live in the new settlements in town – there are new mushrooming informal settlements in town. There is a victim support centre in the station, staffed by an official from the Limpopo Network Against Violence on Women, working with a police superintendent.

Victim friendly facilities

In the police station there is a very small tiny room where victims are received and assisted.

Haenerstberg Police Station

The station lies 35 kilometres east of Mankweng. It is mostly an area where most people that live in work on the nearby citrus farms. Most sexual offences cases involve teenagers who work on the farms and are sexually abused. According to the station commissioner Mr. Moseri cases of sexual offences are rarely reported. Most criminal offences are theft, burglary, and physical assaults. Four female detectives (2 still on probation) are dedicated to dealing with sexual offences cases. Again, the challenge with regards to sexual offences is that that people treat it privately as a family affair. The Haenerstberg police station, transport the victims to the hospital.

When the victim arrives at the police station, the police officers take the statements and provide the necessary comfort. Sexual offences cases are given a priority. The station works with and liaises with Mankweng hospital in such cases, and most victims would be taken there for medical examination and treatment.

There are cases of children also being raped at school. There is adopt-a-cop schools programme, and there is quarterly crime awareness campaigns held wherein a certain school would be identified as a host.

The station works closely with community through the CPF where monthly meetings are organized. The area has been divided into centres/sectors. However, attendance in the CPF is not good, sometimes just 14-15 at a time.

With regards to courts, there is periodical court that sits once per week on Tuesday. The problem with court processes sometimes is that witnesses do not come or withdraw from cases.

Facilities

There is a victim support room with couches, but it is very tiny. Two places have been made available in the police station for overnight accommodation for victims. There are also enough crime kits in the station.

There is a nearby suburban clinic where victims would be taken for initial medical examination. However, the doctor at the clinic is always away in the afternoons working elsewhere.

Statistics

In the last year, the station received only four cases – and the three cases are still under investigation. One of the other challenges with sexual offences cases is that reporting is done very late, several months after the deed has happened.

5.2.3. COURTS

In Mankweng Magistrates Court there is a sexual offences court that sits once a week. Court preparations are done at the course, and three court preparators have been employed. The Office of Family Advocate assists the court. The biggest challenge is that there are no intermediaries appointed to assist, in such areas as helping children to testify. Counseling is a much needed service, and most victims come from rural areas. Court preparators play the role of assisting and supporting victims prior to the cases.

Sometimes some cases fall through the cracks, and forensic evidence causes delays. There is also great need for training of forensic social workers. The prosecutor in charge also did not receive sexual offences training, which is an area of great concern. She uses her knowledge of the prosecution system to handle these cases and related matters. There are also administrative challenges, and as there is no dedicated person as clerk of the sexual offences court, and also interpreters are not readily available.

As there is no staff debriefing, this is an area which the prosecutor in charge believes needs to be looked into, because according to her, 'it will help a lot'. There is a donated photocopy machine, and a computer, but it does not work. Although preparations is working well, time and staff capacity are challenges. There are no safes. There are two dedicated areas adjacent to the court- a waiting room with television set, couches, and cooler for fresh water and refreshments; and a children's room with toys worth R2, 500 which were donated. There are also toilet facilities just outside which are for the sole use of victims and court staff.

Court Statistics

	Feb-08	**Jan-08**	**Dec-06**	**Nov-07**	**Aug-07**	**Jul-07**	**Jun-07**	**May-07**
No of cases	42	28	**22**	**37**	41	42	45	37
Guilty	3	3	**0**	4	1	6	8	9
Not Guilty	1	5	**3**	6	7	3	5	8
Postponed:	38	19	**18**	25	33	26	4	19

Withdrawn:	0	0	**0**	2	0	7	0	1
Transferred	0	1	**1**	0	0	0	28	0

5.2.4. RECOMMENDATION

From all the discussions with police stations, NGOs, Polokwane hospital, representatives from the provincial department of health, the hospital is seen as the logical place for the TCC. Reasons advanced relate to:

1. Centrality and easily accessible, and availability of public transport
2. Previous experience in running the trauma centre although it had to be downscaled to accommodate the new Burns Unit
3. Most clinics and police stations refer victims to the hospital for treatment
4. The heads of police stations visited, the officials from the provincial department of health and social development, and Polokwane hospital medical personnel believe Mankweng hospital will serve the area better, and the hospital, the police station, and sexual offences courts are in the same vicinity
5. Desire on the part of hospital management to have more facilities for the sexual offences victims

From all the discussions with police stations, NGOs, Polokwane hospital, representatives from the provincial department of health, the hospital is seen as the logical place for the TCC. Reasons advanced relate to:

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10. Desire on the part of hospital management to have more facilities for the sexual offences victims

All the role-players have shown a considerable interest and desire to have the TCC in the area. It is important to keep them informed on the process of the establishment of the TCC. Community leaders

and traditional authorities are important role players in a rural area like Mankweng, therefore they need to be involved all the time.

The Mankweng police station commissioner Director Baloyi has offered to be the host, and to provide secretariat and liaison services for the project until the TCC is up and running.

Despite an NGO presence and satellite clinics in outlying areas, there is a need for more proper and equipped referral sites to be identified in the 9 rural villages, and farm areas. More importantly it will support the TCC as most people will not have easy access to the TCC. There is need to explore equipping existing satellites sites, a rollout of mobile clinics (which the provincial department of health is planning to do), and ensuring that NGOs and volunteers' presence in the remote areas is supported by providing them with resources to do ensure that local communities have access to victim support services. This will all ensure service availability within each community. This will also ensure better proper and consistent victim management and follow-ups and ongoing counseling.

NGOs like NAPWA, and Religious HIV/AIDS HTA, together with FAMSA, are already working in the remote areas. The NGOs require more support by other role players as well, beyond just the support and collaboration with the Department of Health

There is a need for both specialist and generalist training. More forensic nurses need to be trained, and for them to assume some of tasks normally carried by the doctors. This will also relieve doctors who are overstretched as result of the shortage. More forensic social workers also need to be trained. The provincial department needs to intensify and upscale its training efforts.

NGOs and volunteers need to be trained in professional counseling and victim support, in accordance with government norms and standards. Beyond HIV/AIDS issues, they also need to be empowered in gender based violence issues. The Sexual Offences Court personnel indicated that they had never received sexual offences training, and this needs to be tackled as a matter of urgency.

The men folk in the police service will also need to be trained on how to handle sexual assault cases and incidents, especially children cases -from some discussions with other stakeholders it transpired that male police officers can sometimes be insensitive to these matters.

According to the role players spoken to during the audit, the need to do public education and awareness is urgent. Despite the high levels of sexual assaults cases in Mankweng, under-reporting and lack of awareness of the repercussions of not reporting timeously, are still challenges. Levels of

public education and awareness are still very low, a point made strongly by the Mankweng education cluster officials. The use of the teachers to raise greater awareness in schools and public education in general, needs to be done. This is even more important because some of the cases involve school going children.

A point highlighted is the need to also deal with the factors influencing high incidence of sexual abuse and assault, like alcoholism and drug abuse. In this regard, the role of other stakeholders like the department of health and social development becomes very crucial as well.

There is generally a lack of shelters in the Capricon District. This means that some of the sites that will need to be established and resourced and equipped would also have to provide sheltering services. Although there will be a TCC based in the hospital, and there are victim empowerment sites in police stations (albeit inadequate), it is incumbent upon the department of social development to ensure that there are enough shelters in the Mankweng area in particular. There will be a need for the TCC, the department, and the NGOs to work together for this purpose.

6. NORTHERN CAPE

Introduction

Upington is 400km away from Kimberley, bordering Namibia. It is largely Afrikaans speaking, with the extremes of poverty and riches. During grape-picking season (September-March), the NC is home to about 40 000 seasonal workers who live in compounds. Most crime occurs during this time, and hospitals and police stations expect to be busy over these months.

The team that conducted this audit consisted of:

- Ms Linda Le Roux (Case manager, SOCA) - Team leader & NPA Representative
- Snr Supt N Mills – Head of FCSV Unit, Kimberley
- Insp C Coetzee – FSCV Unit, Upington
- Ms V Francis – Consultant, RTI

The team visited the following institutions that deal with the management of sexual offences and domestic violence cases, and which is situated as follows with respect to Upington town centre:
Upington cluster:

- Health Facilities – Gordonia Hospital (5km)
- One-stop Centre – Bophanong Centre (5km)
- Police Stations – Upington (3km), Paballelo (5km), Rosedale (6km), Kanoneiland (25km), Upington FCSV Unit
- Courts – Upington Regional Court

Kakamas cluster:

- Health Facilities – Kakamas Hospital (80 km)
- Police Stations – Keimoes (40km), Kakemas (80km).
- Courts – Kakamas District Court/Periodical Regional Court
- Social Services – 80km

Institutions that were not visited during this audit included police stations that were a distance away from Upington, and could not be covered in the week. These are: Kenhardt (70km), Noenieput (100km), Groblershoop (120km), Witdraai (200km) and Rietfontein (300km). In addition, clinics that do not deal with sexual violence management were excluded. *Keimoes Hospital does deal with cases from Keimoes and Kanoneiland, but was excluded in this audit as it is logistically not a viable option for the creation of a TCC, and provincial departments will not be allocating services to Keimoes.*

Kanoneiland & Keimoes Police stations refer their cases to Keimoes Hospital, which is situated 20km from Upington and 30km from Kakamas. The Augrabies MultiPurpose Centre, which will consist of SAPS, DOJCD, NPA, DoSD and DCS, is currently being established (due to open in July 2008), and will then be served by Kakamas Hospital and fall within the Kakamas cluster.

6.1 UPINGTON

Siyanda Municipality

Health Care Facilities	
Gordonia Hospital	
One-stop Centre – Bophanong Centre	
Police Stations	
Upington which feeds into Upington District court (DC)	Feeds into the Bophanong Centre: Severe injuries sent to Gordonia Hospital
Paballelo which feeds into Upington District court (DC)	Feeds into the Bophanong Centre: Severe injuries sent to Gordonia Hospital
Rosedale which feeds into Upington District court (DC)	Feeds into the Bophanong Centre: Severe injuries sent to Gordonia Hospital
Kanoneiland	Feeds into Keimoes Hospital
Upington FCSV Unit	
Courts	
Upington Regional Court	Upington DC feeds into this court

6.1.1 HEALTH CARE FACILITIES

6.1.1 HEALTH CARE FACILITIES

1) Gordonia Hospital

All cases of sexual violence are attended at Bophanang Centre, except where there is a severe injury, or request for termination of pregnancy.

Role Players:

Only the Department of Health.

Coordination of services:

Forensic nurse/doctor from Bophanong conducts forensic medical examinations at Hospital, when a severe injury is reported at the hospital. The hospital doctor deals with the injury. Medication is provided from the Hospital.

Victims:

Rape with severe injuries only.

Personnel:

The human resources at the hospital dealing with sexual violence are as follows:

A) There is a gynaecologist full time employed at the hospital
B) There are a nurse in the emergency unit if needed
C) The forensic doctor/nurse on standby for the centre

Training:

No specialized training for doctors and nurses, except for the gynaecologist.

Services Offered:

a) In the case of a severe injury, the hospital gynaecologist attends to the patient in a private room within the children's ward. This is a general examination room, is not victim-friendly and looks clinical with large machines. A medical practitioner on call to Bophanong centre is contacted to do the forensic medical examination at the hospital, in the same examination room, so the patient is not shuttled elsewhere. All medication is then dispensed from the hospital.
b) In the case of TOP, the patient is referred to the TOP clinic within the hospital.

Equipment, Facilities and Infrastructure:

The Hospital is old and not well kept with the following:

a) Emergency unit
b) Ward with curtains – no privacy
c) Small theatre that is utilized as a examination room if available.
d) A non-friendly waiting area for all patients in need of emergency medical help.

Psycho Social Services:

Refers cases to Bophanang Centre.

2) Bophanang Centre

The centre was set up by the Department of Social Welfare in 2002, with assistance from UNODC and the Austrian Foundation. It is located in a house about 200 metres away from Gordonia Hospital, with 24 hour security.

Role Players:

The centre is managed by DSW. Other service providers at the centre report to their respective departments. DSW maintains the centre's operations, and provides the administrative clerk and social workers.

Governance: Protocols and or Service Level Agreements:

The centre has functional protocols.

Coordination of services:

Good co-ordination between DSW, DoH and SAPS.

Victims:

Adults and Children.

Personnel:

Two social workers with their own offices

An officer for a medical practitioner (a forensic nurse is based at the centre on Wednesdays, and two forensic nurses and a private medical practitioner are otherwise on call on a roster-basis)

Training:

Trained forensic nurses and social workers. Doctors that provide sessional assistance are not trained.

Services Offered:

Bophanong provides medical and counseling services to sexual violence survivors and domestic violence clients, and has an overnight facility. It is well known to the community, as such cases seldom directly report to Gordonia Hospital. When there is a sleep over, volunteers trained and provided by the

Department of Social Welfare, manage the house. Especially for child survivors there are no shelter facilities, so safe homes from the community are used for housing children.

Bophanong provides the following:

- Immediate trauma/containment
- Medical examination
- VCT
- Medication (including ARVs)
- Short, long term counseling
- Play Therapy
- Safety planning
- Overnight safety for up to 2-3 weeks
- Referrals for services not offered (psychologist – available once a quarter, TOP, etc)

Equipment, Facilities and Infrastructure:

The centre has the following:

A reception area (which is a little awkwardly placed, as one enters through a side door that leads into the boardroom, to access the reception), a ramp has been set up to make the centre accessible to disabled persons.

Offices for Social Workers

A medical examination room

Large bath & shower facilities

Separate toilet

A kitchen

A boardroom that also serves as a waiting area

Overnight sleepover facilities, separate from the administration area except to share the kitchen facilities.

24 Hour service:

It is open 8h00-16h00, Monday to Friday, with medical and counseling personnel on call after hours, and over weekends.

Psycho Social Services:

Bophanong provides crisis and long-term counseling services to sexual violence survivors and domestic violence clients.

6.1.2. POLICE STATIONS

Upington, Paballelo and Rosedale have a victim-friendly room within their stations. These rooms are private, with comfortable lounge suites and a bed. All stations have the same lounge suites and beds, so there is uniformity. There is no separate statement-taking room and statements are taken in these rooms or in an office. Statements are taken at the police station, prior to the medical examination .

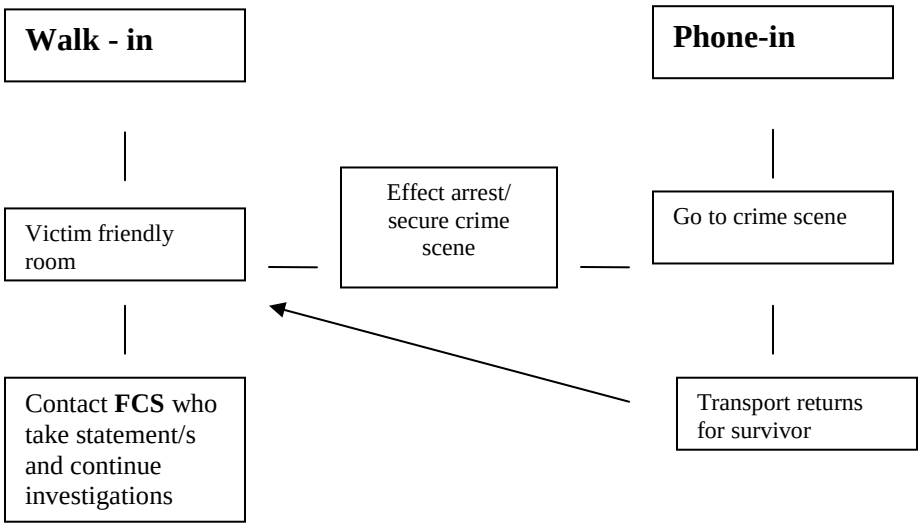
The general process followed by all stations is detailed below:
If the FCSV Unit is unable to attend to the survivor immediately during the day, the police station will transport the survivor to Bophanang Centre. At night, the person will wait/sleep over at the trauma room of the police station.

Police Stations do not keep crime kits as these are provided by the FCSV Unit. Hence, no medical examinations can be done if an FCSV member is not available, although this is never the case as an FCSV member is always on standby and response time is under an hour. All FCSV vehicles have a few unused crime kits, booked out to the cars, so that members can go directly to a police station.

FCSV call the medical doctor on call, and take the survivor for a medical examination. While the medical examination is in process, the investigation proceeds with FCSV and LCRC visiting the scene of crime.

If survivor cannot return home, she will stay at Bophanang or trauma room of police station. One in five survivors do not access the centre at night.

Process when a case is reported:



SAPS STATISTICS

Upington FCS Unit

	Apr 08	Mar 08	Feb 08	Jan 08	Dec 07	Nov 07	Oct 07	Sept 07	Aug 07	Jul 07	Jun 07	May 07	Total
SO on adults	11	10	21	11	12	13	7	5	14	6	12	8	130
SO on children	3	4	9	10	6	5	12	6	3	5	1	8	72
Arrests-adults	8	5	13	10	10	11	6	6	10	6	6	5	96
Arrests-children	3	3	6	9	6	6	11	7	2	5	1	6	65

Upington FCS reported 202 cases, with a phenomenal 80 percent (161) arrest rate.

6.1.3. COURTS

Kanoeneiland cases feed into the Upington district and regional courts, while Keimoes has its own district court and a periodical regional court. Often cases that should be heard in the periodical courts are transferred to Upington, for example, children's cases (CCTV does not work).

The Upington regional court is well equipped and resourced to deal with sexual violence cases. It has two prosecutors dealing with SO cases, two NPA court preparation officers and an intermediary on call. It also has functioning CCTV equipment, a large play room for children/rest room with a bed) and private office for preparing complainants for court.

Kakamas district court and periodical regional court has prosecutors that deal with all cases including SO. It has no functioning CCTV system, so children's cases are transferred to Upington RC.

No of conviction SO on Children	0	0	0	0	1	1	0	0	0	0	1	2	5
Court: UPINGTON													
No of conviction SO on Adults	0	0	0	1	1	1	1	1	1	0	0	1	6
Crt Stats	April. 08	March. 08	Feb. 08	Jan. 08	Dec. 07	Nov. 07	Oct. 07	Sept. 07	Aug. 07	Jul. 07	Jun. 07	May. 07	Tot
No of Acquittals SO on Children	0	0	0	0	0	0	0	1	0	2	0	0	3
No of SO perpetrated on children 1st appearance (arrest)	1	3	5	7	0	7	2	2	2	2	0	3	34
No of Acquittals SO on Adults	1	1	2	0	2	2	2	3	0	1	0	0	14
No of SO perpetrated on adults 1st apperance (arrest)	6	6	7	4	4	11	4	2	9	6	9	3	72
No of outstanding cases													

Court Statistics

Infrastructure

The Upington regional court is well equipped and resourced to deal with sexual violence cases. It also has functioning CCTV equipment, a large play room for children/rest room with a bed) and private office for preparing complainants for court.

6.2. KAKAMAS

Kei Garieb Municipality

Health Care Facilities	
Kakamas Hospital	
Police Stations	
Keimoes	Feeds into Kakemas DC and Periodical
Kakemas	Feeds into Kakemas DC and Periodical
Poffadder	Feeds into Kakemas DC and Periodical
Courts	
Kakamas District Court/Periodical Regional Court	Kakemas DC feeds into this court

6.2.1 HEALTH CARE FACILITIES

Kakamas Hospital

Kakamas Hospital is situated 80 km from Upington and serves a region spanning 300km, reaching to the Namibian border.

Role Players:

Department of Health only.

Governance: Protocols and or Service Level Agreements:

National Health guidelines for management of sexual violence.

Coordination of services:

No co-ordination.

Victims:

Adults and children. Mainly seasonal workers.

Personnel and Services Offered:

Kakamas Hospital has no resident doctors, but is served by 3 private practitioners on call to the hospital for rape cases. Survivors are seen between 0-2 hours. There is a student forensic nurse who is currently in training, and the hospital matron is a qualified, experienced forensic nurse. The student nurse assists the doctor on call to conduct the *medical examination*, and does the VCT and dispensing of medication. She is on call after hours and weekends. Should the forensic nurse not be available, trained counselors who provide services to the HIV clinic, provide VCT. Cases reported at night are most often seen by the doctor the following morning, and the survivor stays at the hospital on the general ward. Cases requiring surgery are taken to Gordonia Hospital.

Training:

The matron is trained in forensic examinations. A nurse is currently in forensic management training. Doctors who provide sessional duties are untrained, and currently conduct all rape examinations.

Services Offered:

Survivors are seen within 2 hours. The student nurse assists the doctor on call to conduct the medical examination, and does the VCT and dispensing of medication. She is on call after hours and weekends. Should the forensic nurse not be available, trained counselors who provide services to the HIV clinic, provide VCT. Cases requiring surgery are taken to Gordonia Hospital.

Equipment, Facilities and Infrastructure:

The hospital is a newly built and well kept. There is an examination room but it is not victim friendly. There is no private waiting area for victims of sexual violence.

24 Hour service:

Cases reported at night are most often seen by the doctor the following morning, and the survivor stays at the hospital on the general ward.

Psycho Social Services:

A psychiatrist offers services once a month to Kakamas, and such cases are referred accordingly.

Social services has an office in the town centre, with one social worker and a probation officer. The social worker has no relationship with the hospital, and receives referrals for sexual violence cases from the volunteers at police stations or from the Upington head office on a Monday morning. She provides general counseling, but serious cases requiring intensive therapy are referred to the social

worker from Upington, who visits Kakamas twice a month for home visits and therapy sessions. *There is some confusion about the exact referral system and we were unable to ascertain the number of cases that receive no counseling.*

Both municipalities do not have any services provided by non-governmental organizations. Social welfare has trained 28 volunteers known as 'Women against crime' who are available for lay counseling, and manage the Bophanang shelter when it is used overnight. *There is some relationship with FBOs as pastors assist with counseling.*

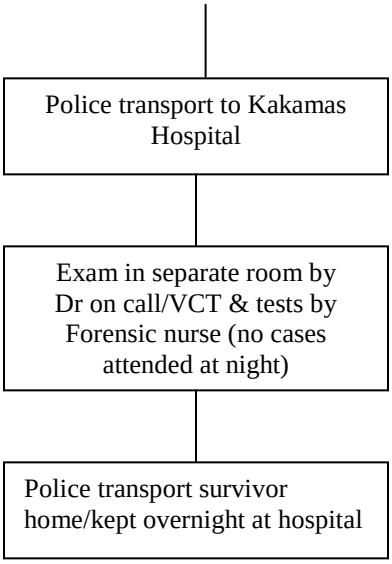
6.2.2. POLICE STATIONS

Kakamas Police Station serves the entire Kei Garieb municipality, which consists of little towns spread far apart within the region. Although Keimoes police station falls within this cluster its sexual violence cases go to Keimoes Hospital.

Towns which are policed by Kakamas and distances from the Police station and Hospital are as follows:
Lutzburg (5km), Cillie (8 km), Omdraai (15km), Riemvasmaak (54km), Neus (8km), Alheit (8km), Marchant (15km), Augrabies (35km), Noudonsies (40km), Rooipad (45km), Blouputs (58km), Vredesvallei (65km), Onderstepoort (96km), Southern Farms (116km). These are the places with the highest population and which are situated between the grape farms.

The police station is the cluster station for Keimoes (feed to Keimoes Hospital) and Pofadder (feed to Kakamas Hospital) stations. Kakamas has trained statement taking officers for sexual violence matters.

Report at Police Station



Statistics:

Kakamas FCS Unit

	Apr 08	Mar 08	Feb 08	Jan 08	Dec 07	Nov 07	Oct 07	Sept 07	Aug 07	Jul 07	Jun 07	May 07	Total
SO on adults	10	8	20	11	21	13	7	5	14	6	12	8	**135**
SO on children	3	4	9	10	6	5	12	6	3	5	1	8	**72**
Arrests-children	3	3	6	8	3	4	6	2	1	4	1	6	**47**
Arrests-adults	7	5	14	8	10	6	6	3	6	6	6	6	**83**

6.2.3. COURTS

Kakamas district court and periodical regional court has prosecutors that deal with all cases including SO. It has no functioning CCTV system, so children's cases are transferred to Upington RC. There is no space within the court building to accommodate a separate waiting area, intermediary room, etc.

6.2.4. RECOMMENDATIONS

The region is well known for harvesting grapes, and has an influx of migrant workers between September and March each year. Most crime (including sexual violence) is reported during this time,

but given that workers are there for a period of 6 months a year, mitigate against many of these cases reaching trial. The combination of confined spaces and high alcohol consumption often lead to sexual violence. It is estimated that many more abuses take place than is reported, for fear of job losses.

The Bophanong Centre is a well-placed facility that has good working relationships ensuring comprehensive medical and counselling services are offered to sexual violence survivors. The facility is private, promotes confidentiality and has a comforting ambience. It has strong governance from Social Welfare.However, Bophanong Centre needs some intervention to offer a proper 24 hour service, to streamline counseling, and to create more effective referral structures. It could benefit greatly from a proper filing and data management system, as it was difficult to ascertain the exact number of cases that are seen by the centre, and no proper filing system exists. Although bath facilities are available at Bophanang Centre, it is seldom used. A unique feature of this region is that survivors prefer to bath in their own homes, and refuse the use of available facilities.

With respect to partnerships, while Bophanang would welcome the partnership of the NPA/IDMT; it is reluctant to have a name change, or have the centre launched in any way, as this has already taken place.

Kakamas Hospital on the other hand, has limited services available and could greatly benefit from the creation of a Thuthuzela Centre. At the moment, the three doctors conducting the examinations are largely untrained, although we only received complaints about one of the doctors. That particular doctor is in the process of emigrating. Thuthuzela will ensure that there is adequate training, monitoring of cases and that cases can be fast-tracked through the CJS, contributing to strong messaging to the seasonal work community.

A nursing home on the hospital's grounds has been proposed as a possible location, and if provided will be an ideal site to set up a centre, with all the necessary personnel. The forensic nurse will be available to conduct examinations from January 2009, an add bonus. Such a centre will greatly impact on the community's current lack of services and visibly inform the communities that government does care, and is committed to service delivery. Relationships with all role-players can be re-defined to suit the Thuthuzela blueprint, and outlying communities should increase their reporting rate due to the certainty of proper facilities and care.

Provincial government in the NC have identified Kakamas as a priority area for services, and will support a TCC in this area. The possibility of acquiring the nursing home is under discussion between provincial and district authorities.

7. MPUMALANGA

Introduction

Health Care Facilities	
Othandweni Health Care Centre	
Themba Hospital	
Rob Ferreira Hospital	
Eziweni, Msogwaba, and Sibuyile clinics	
Police Stations	
Matsulu police station	All feed into KaBokweni Magistrates Court
Hazyview police station	All feed into KaBokweni Magistrates Court
Masoyi police station	All feed into KaBokweni Magistrates Court
Skukuza police station	All feed into KaBokweni Magistrates Court
KaBokweni police station	All feed into KaBokweni Magistrates Court
KaNyamazane police station	All feed into KaBokweni Magistrates Court
Courts	
KaBokweni Magistrates Court	Refers all matters to the Nelspruit Regional Court
Nelspruit Regional Court	
Other Psycho – Social service Providers	
Greater Nelspruit Rape Intervention Program (GRIP)	

7.1. HEALTH CARE FACILITIES

There are two provincial hospitals serving the area - Rob Ferreira and Themba hospitals. There is also Othandweni Clinic situated in KaNyamazane, next to the police station.

1. Rob Ferreira Hospital:

Rob Ferreira Hospital is a big provincial hospital. It is mostly a referral and most cases are from KaNyamazane, Matsulu, Ngondwana, and White River. It gets funding from equitable share grant from National DoH provides to fund medical equipment.

Role Players: DoH and DSD and GRIP

Governance: Protocols and or Service Level Agreements:

The staff seem to be unaware of existing protocols.

Coordination of services:

There is relationship with the police. There are regular quarterly meetings, but they have stated that there are some challenges with the KaNyamazane police.

Personnel:

There is only one forensic nurse who only came back recently after she left. The second forensic nurse is being trained. The forensic nurse has a forensic qualification and a degree in nursing. There is no dedicated doctor for the sexual offences centre/room. There is a social worker available on site. A psychiatrist is periodically available on site

Services Offered:

Medical examinations, PEP VCT counseling and acute trauma debriefing

Equipment, Facilities and Infrastructure:

There is a room for the rape and sexual offences victims, but it is very small. It has all the basic equipment. There are starter packs in the room. There is a GRIP person (defuser) in the room – 'it's a room and not a centre', they emphasized. There is a community services doctor, but usually it is doctors from casualty ward who assist and perform medical examinations to the victims. Sometimes if there serious cases involving children, they get sent to the theatre. Sexual offences victims do not stand in a queue, they get preferential treatment when they arrive.

In the new extended building in the hospital there is a dedicated forensic centre which will be operational in August 2008. It will be in same area as in the specialists' room. The facility, on inspection after the interview, is very impressive; it has a waiting/counseling room, a medical examination room, and bathroom facilities.

Psycho Social Services:

There are limited psycho social services in the KaNyamazane cluster area. In **Rob Ferreira** there is no qualified psychiatrist on site, the only one is sessional and is from the private sector and comes once a week.

Statistical Data

From April 2007 to April 2008 the statistics have been very high, averaging between 60 and 70 victims per month. The total number of victims that the centre in the hospital has seen over the last year is 826. This figure includes follow-up visits. About a third of victims are female children (246). The statistics must be understood in context that the hospital is a referral for far away places like Matsulu and others. GRIP supplies equipment like tea, comfort packs even transport for victims.

2. Themba Hospital

Role Players: DoH and DSD and GRIP

Protocol and/or SLA: Yes, and approved at management level. Was verified

Personnel:

1 forensic nurse

2 nurses

GRIP person

1 psychologist and 2 social workers for whole hospital

There is no specific doctor dedicated to these services instead they are accessed from a pool of doctors.

Services Offered:,

Hospital provides the services to sexual victims 24 hours a day. GRIP person is there in hospital 24 hours a day, and they provide counseling services. The victim support centre uses hospital social services – 1 psychologist and 2 social workers for whole hospital. Fresh clothing and comfort packs are always provided, and fresh clothing sometimes does get provided as well. PEP services are also provided at the hospital.

Equipment, Facilities and Infrastructure:

No colposcope. The medical examination is conducted in a very small room and it is shared by the nurse and the GRIP official. There is not separate waiting area. The facilities are not conducive to victims with disabilities. No fresh clothing and comfort packs are provided to victims.

24 Hour service:

After hours, victims are examined in casualty.

Psycho Social Services:

The centre uses the 1 psychologist and 2 social workers in the hospital

Statistical Data

Themba has seen about 806 victims of sexual offences in the year 2007, and this includes follow-up visits which is over half – at 465. On average they deal with between 20-34 cases per month.

3. Othandweni

Except Othandweni, none of the clinics (i.e. Eziweni, Sibuyile, and Msogwaba) receive or recorded any sexual offences victims as they directly refer them to the hospitals for treatment. At Othandweni Clinic there is a victim treatment and empowerment centre opened in 1999 and inaugurated in 2001. It is referred to as Othandweni Violence Referral and Management Centre. Initially a pilot project from national DoH, the facility is now funded by the provincial government, and located near KaNyamazane police station. It deals with sexual offences, domestic violence, post-traumatic stress disorders, and neglect.

Coordination:

There is an established forum that includes the community and the courts. This forum addresses gender based violence but has unfortunately not met as often as it should.

Personnel:

It has 3 forensic nurses. Initially there was no one trained to handle and treat sexual assault victims, and government in 2004 decided to have forensic nurse trained. Nurses are on call to attend to sexual assault victims - however, there are challenges as management did not want to approve overtime which would run to over 36 hours of regular time, and no transport money for nurses on call.

Services Offered:,

The clinic psychologist only comes once a week from Rob Ferreira hospital, and a doctor at clinic comes to examine patients at the sexual violence and rape management centre.

Equipment, Facilities and Infrastructure:

The centre is two houses joined. On the one side the medical services are offered and on the other side the psycho – social services are provided. Hence the medical services are provided from the one structure that has the following makeup: bathing, toilet, waiting area and a reception area. It

furthermore has an office for the site manager / forensic nurse and storage facility to ensure confidentiality.

Tea, biscuits and refreshments/food is provided by provincial DoH.

24 Hour service: The centre at the clinic does not operate 24 hours, though the clinic operates 24 hours. The clinic has the required basic facilities and infrastructure - waiting room, couches, kiddies table, cupboard, TV and fans, and kitchen. They have separate filing system for victims of sexual offences, and a locked cupboard. Challenge is that there are no clothes, only dressing gowns, as they rely on the clinic's budget for clothing.

Psycho Social Services:

The clinic psychologist only comes once a week from Rob Ferreira hospital. At Othandweni Clinic the forensic nurse is trained in psychiatry, and the clinical psychologist comes once a week from Rob Ferreira. There are also 4 social workers employed by the provincial department of health. GRIP provides counseling services to victims, although there is concern on the part of hospitals on the professional accreditation of their counselors.

Referrals

Victims are referred to a social worker and psychologist or nearby hospital. In the Lowscreek shelter, victims are referred to Barbeton hospital for psychological services. They have home based care volunteers and they are of great help. The centre manager is a social worker, the only qualified one, so there are very limited social support services.

Statistical Data

Between January and April 2008 the centre has seen a total of 136 victims, averaging between 30-40 a month.

The clinics only refer patients to the hospitals, especially the Nelspruit district hospital. Clinics are 8 hour services. They have a referral form that they use (Eziweni). In Eziweni there are several case of physical abuse. They encounter a challenge of underreporting of sexual offences, people rather opting to deal with it as a family affair. They however work with schools to identify sexual offences cases, and schools refer cases to them, as it is mostly children and teenagers affected.

	Apr-08	Mar-08	Feb-08	Jan-08	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	Apr-08	Mar-08	Feb-08	Jan-08	Total
Rob Ferreira	71	69	43	79	38	17	25	34	26	26	25	20	30	47	33	21	604
Themba Hospital	n/a	n/a	n/a	n/a	34	43	22	24	33	31	16	18	39	38	35	33	366
Othandweni	39	41	36	26													142
TOTAL																	1112

Hospital Rape Statistics January 2007-April 2008

Rob Ferreira Hospital

	Apr 2008	Mar 2008	Feb 2008	Jan 2008	Dec 2007	Nov 2007	Oct 2007	Sept 2007	Aug 2007	Jul 2007	Jun 2007	May 2007	Apr 2007	Total
SAECK	33	27	22	25	34	16	26	36	23	27	27	24	33	353
PEP	25	24	20	23	28	15	26	34	22	24	18	24	33	316
VCT	38	42	43	50	70	58	46	79	53	52	45	68	66	710
STI testing	25	24	22	25	22	16	26	34	22	24	18	16	18	292
ARVs	17	15	20	23	28	12	23	25	20	20	15	10	24	252
Hep B V	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
Tetanus Toxoid vaccination	3	5	n/a	n/a	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	11
Pregnancy prevention	10	9	20	23	14	7	23	28	20	19	24	15	28	240
Pregnancy testing	27	25	16	16	32	16	23	28	20	19	21	15	28	286
Pregnancy termination	n/a	n/a	n/a	1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1
Medication dispensation	25	24	22	25	28	15	26	34	23	27	27	24	33	333
Medical care	38	36	30	79	70	58	46	79	53	52	76	64	68	749
Emergency Medical care	25	27	20	23	3	1	23	4	23	27	27	24	28	255
ARV follow ups	38	42	22	54	39	42	20	54	30	45	49	22	33	490

7.2. POLICE STATIONS

There are six police stations in the area. KaNyamazane police station feeds into Rob Ferreira in Nelspruit and Themba Hospital in KaBokweni; Matsulu feeds mostly in Rob Ferreira; Hazyview, Masoyi, KaBokweni, and Skukuza police stations feed into Themba hospital as well, and they complain that Themba hospital is always full and there are delays in attending to sexual assault victims. Even police officers are not given priority attention in the queues when they are bringing victims.

In all police stations there are GRIP facilities that are used for statement taking, and other counseling and related services. The facilities are conducive for privacy, but the space is very small. The centres with the bigger space are in Matsulu and Masoyi police stations where GRIP has put in place spacious and bigger wendy houses.

SAPS STATISTICS

Figures provided show that KaNyamazane receive an average of 10 cases per month, Matsulu about 5 per month, Hazyview received 34 cases in the last financial year, and Masoyi about 5 cases.

Police Station	SAPS Data (FY 2007/2008)	GRIP Data (CY 2007)
Hazyview	34	40
Kabokweni	#	198
Kanyamazane	#	177
Masoyi	#	142
Matsulu	40	54
Skukuza	#	#
Total	**74**	**611**

7.3. COURTS

There are two courts that SAPS feed into – KaBokweni Magistrates Court and Nelspruit Regional Court. Most cases are referred to KaBokweni Magistrates court.

Both courts (Magistrates Court in KaBokweni and Regional Court in Nelspruit) have a huge workload, and require extra capacity. As GRIP also assist with court preparation, it would be advisable to work

with them in this regard as court preparation for victims is a major constraint. Most cases of sexual offences in the KaNyamazane cluster get sent to KaBokweni Magistrates Court and the court is not coping

Court Statistics

There are many outstanding cases, and as most cases get referred to Nelspruit Regional court from KaBokweni Magistrate's Court. Nelspruit Regional Court has an average of between 150-200 backlog of cases per month, and this is due to shortage of prosecutors. *There is a notable difference between statistics from the courts and GRIP records.*

	Monthly Court Statistics, May 2007 – April 2008												
	Apr. 2008	**Mar. 2008**	**Feb. 2008**	**Jan. 2008**	**Dec. 2007**	**Nov. 2007**	**Oct. 2007**	**Sept. 2007**	**Aug. 2007**	**Jul. 2007**	**Jun. 2007**	**May 2007**	**Total**
SO/Children (1st appearance) *Nelspruit Regional Court	34	31	30	31	23	30	31	10	25	17	17	23	302
SO/Adults (1st appearance) *Nelspruit Regional Court	5	3	4	16	7	10	7	12	17	5	11	12	91
Outstanding Cases *Nelspruit Regional Court	150	157	180	210	213	194	183	204	162	185	171	178	--
Convictions/ Children *Nelspruit Regional Court	1	2	3	5	1	4	3	2	2	7	4	3	37
Total Convictions *GRIP data	n/a	n/a	n/a	n/a	7	8	12	12	31	37	19	23	149
Acquittals/ Adults *Nelspruit Regional Court	0	0	0	0	0	1	0	0	0	0	0	0	1
Total Acquittals *GRIP data	n/a	n/a	n/a	n/a	1	2	2	3	3	5	3	7	26

7.4. RECOMMENDATION: Themba Hospital

Setting up the TCC

It is vital for the team that is setting up the TCCs to take into consideration that in implementing the process itself there might be some challenges. The hospital has provided a room towards the sexual offences and a forensic. The room is not adequate for the TCC because of space and it would be advisable to find another structure that would suite the TCC model. The hospital would have to be engaged as to what would be the suitable site within the hospital to put that structure and from our observation the hospital might have a challenge with regards to putting a structure within because of space we did not observe any area in which a structure could be placed. The hospital would also have to be engaged with regards to a service agreement as to how the services from the hospital via the TCC. It is also advisable to have a feasibility study with regards to the structure because there is no observable space for the structure, tie being the challenge.

Role of GRIP

In the interviews it transpired that GRIP plays a huge role in the Lowveld area with regards to psycho-social intervention. Some of the rooms that they have within the hospitals and police stations are well resourced. The services that they provide are not only psychosocial only but they go to the community and assist with transport and follow-up. Grip has infiltrated every aspect that has to do with a victim. They are in the courts as much as they are in the hospital, police stations, and they are in the community providing transport money for victims for follow up and they also assist with PEP at the homes. It would be advantageous to engage them and see how the TCC team can assist.

Othandweni Clinic

In Kanyamazane township there is Othandweni centre which provides the same services that a TCC would have and they work closely with the police. It was ironic that Kanyamazane police do not work closely with the clinic, although they are close to each other.

Transportation and Distance

The distance between the hospitals and the police stations is far. With regards to the coordination of the stakeholders it would be a challenge if the coordinator is not mobile. With regards to victim management, GRIP has a service in place where they work with the police to make sure the victim is transported to the hospital and after that they do follow ups with regards to PEP, counseling and court attendance.

8. FREE STATE

8.1. BLOEMFONTEIN

Introduction

The population of the Free State is 2.9m people. The Free State is 10.6 percent of South Africa's land surface area. Main languages are English and Sotho at 64 percent and Afrikaans at 12 percent. Bloemfontein is the capital with 369, 568 people. There are four regions in the FS, which is Eastern FS, Lejweleputswa (former Gold Fields), Northern FS and the TransGariep. This audit concentrates on the Transgariep area which consists of 23 towns covering 34131 sq kms, which makes it the largest of all provincial district municipalities.

Audit plan

The audit team consisted of

- Linda Le Roux – Case Manager - SOCA Unit, NPA
- Virginia Francis – Consultant – RTI

The initial audit plan was to concentrate on the Bloemfontein area (Motheo District & Mangaung Municipalities), auditing the health, police, social services and court facilities, which consisted of two hospitals, 11 police stations, 1 court and social services.

The new plan, developed after consultation with the province (DoSD, DoH) expanded the audit to consider the Kopanong (137km from Bloemfontein) and Morokare Municipalities (210km from Bloemfontein). Given the change and the vast distances that needed to be covered, the audit excluded the police stations initially intended to be covered and concentrated on a surface audit of the health facilities identified, police stations that could easily be accessed, and one additional court (Jagersfontein district court).

Overarching Issues

- Bloemfontein has available, experienced forensic doctors and nurses who have been trained at the University of Free State.
- Rural areas have forensic services, although it is not always readily available eg small place that has one permanent doctor, and sessional doctors when permanent doctor is not available.
- There are vast distances between areas in FS, which must be considered when appointing staff, and deciding where to set up a TCC

- There are stark discrepancies with the information provided at police station level and those obtained from the provincial SAPS office. This must urgently be addressed.
- Political buy-in is critical in this province, and given the sensitivity of some departments and the premier's involvement in the Tshepong centre, decisions should be taken with caution.
- Given that any of the three options require some time for refurbishments, renovations to be completed, or structures to be established, the available time frame of 4 months may not be feasible to establish the centre. It might be a better recommendation to now engage provincial departments for a joint decision, work toward the refurbishment/renovations completion by December 2008, and implementation (including employing staff) a part of the WJEI 2009 cycle.

Health Care Facilities	
National district Hospital (Tshepong Centre)	
Pellonomi Hospital	
Diamant Hospital (Jagersfontein) 137km from Bfn	
Stoffel Coetzee Hospital (Smithfield) 112 km from Bfn	
Embekwini Hospital (Zastron) 192 km from Bfn	
Police Stations	
Zastron	Feeds into Embekwini Hospital, Zastron Periodical Court & Bloemfontein Regional Court
Jagersfontein	Feeds into Jagersfontein Hospital, Jagersfontein Periodical Court & Bloemfontein Regional Court
Fauresmith	
Courts	
Zastron Periodical District Court	
Bloemfontein Regional Court	

8.1.1. HEALTH CARE FACILITIES

A. Motheo District & Mangaung Municipalities

1. National district Hospital (Tshepong Centre)

The National District Hospital houses the Tshepong centre which is divided into two components – the Tshepong Domestic Violence section which has a court on the hospital grounds attached to this centre, and the Tshepong Sexual Violence Crisis Centre section in another part of the hospital, which deals with sexual violence cases only (this audit concentrates on this component of the service offered).

Role Players:

Departments of Health, Social Development, Justice and Constitutional Development.

Governance: Protocols and or Service Level Agreements

We were informed that there are protocols and agreements regarding the centre's operations, and departmental collaboration. There are visibly posted protocols regarding sexual violence management.

Coordination of services:

- Departments have different understandings of the centre's operations; for eg DoH sees it as two separate centres, while DSD sees it as one centre with different components.
- Departments have a functional, but not a good working relationship, despite the multidisciplinary nature of the service rendered.

Personnel:

- Doctors & Forensic nurses - forensic nurse works at Casualty at night and is therefore available for rape examinations - at the centre
- Social Workers (and auxiliaries)

Training:

Doctors and nurses are well trained in forensic management.

Services Offered:

- All rape cases from Mangaung & Parkweg Cluster police stations are treated at Tshepong (which means 'Hope') SV Crisis Centre by trained staff. The centre ensures a medical examination, VCT, ARV provision, psychosocial counseling and necessary referrals
- Cases with serious injuries & those that require anaesthetic services are transferred to Pellonomi Hospital (secondary facility)
- ***All medico-legal services are offered at the Sexual Violence centre eg. drunk driving, blood tests from alleged perpetrators***

Equipment, Facilities and Infrastructure:

- The Sexual Violence centre on the first floor is opposite the outpatient's department, and can be accessed by stairs or an elevator (If the lifts do not work, the stairs are the only option which makes the centre unavailable for disabled persons).
- Small waiting room, one small social worker's office, two offices for forensic nurses/doctors, kitchenette, large examination room
- Has a working colposcope, gynae chair, comfort packs and clothing donated and sometimes bought by staff
- Share bath facilities with outpatients department

The centre is not victim friendly, it looks cramped and small, and requires more space. There are currently discussions underway to expand the facility, but no clear decisions have yet been taken.

24 Hour service:

A 24 hour service is offered, with a trained nurse on standby from the Casualty department. Counselling is offered at the centre after hours for children - Childline sends an on-call social worker (roster).

Psycho Social Services:

A social worker is based at the centre during the day, and consults from a very small cramped office. There is often a social worker and an auxiliary, but the designated office is not conducive to a confidential, spacious counseling room. There is more space at the Domestiic Violence section, so social workers are often based there and go to the Sexual Violence centre when there is a reported case. After hours, Childline offers a social worker on-call for children's cases only.

Statistical Data

	Apr-08	Mar-08	Feb-08	Jan-08	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	**Total**
Assault/rape under 14 years - new	31	47	27	23	17	16	53	41	51	40	38	15	**399**
Assault/rape 14 years and older - new	36	27	58	62	51	41	11	25	27	19	32	85	**474**
Sexual assault case given ARV prophylaxis - new	33	23	41	42	33	33	35	37	51	30	42	59	**459**
TOTAL	100	97	126	127	101	90	99	103	129	89	112	159	1332

2. Pellonomi Hospital

Role Players:

Department of Health only.

Governance: Protocols and or Service Level Agreements

National protocols for sexual violence management apply.

Coordination of services:

There is no coordinated service.

Victims:

Sent to Tshepong Centre for examination.

Personnel:

- Hospital - four forensic nurses who do not conduct forensic exams.
- PolyClinic has 1 forensic nurse and 1 doctor.

Services Offered:

- Currently does not deal with any SO cases, except severe injuries which are seen at the Casualty Department.
- All other sexual violence reports are sent to Tshepong Centre.
- Pellonomi does have a primary facility, a PolyClinic attached to it, which has a forensic department.

Equipment, Facilities and Infrastructure:

- One forensic exam room, doctor's office, nurses office which is linked to a big reception area.
- The hospital has no space to accommodate a TCC. However the PolyClinic area, which is under the district health jurisdiction, has potential with some restructuring.

24 Hour service:

The hospital operates 24 hours.

General Comment:

Given that all sexual violence cases are sent to Tshepong, we did not pursue any statistical information. The Polyclinic does have a forensic examination room, but no one was available to answer our questions on what it is utilized for.

B. Jagersfontein (Kopanong Muncipality) covers 15190 sq kms. The nine towns situated in Kopanong are Tromspburg, GariepDam, Springfontein, Bethulie, Phillipolis, Jagersfontein, Fauresmith, Edenburg and Reddersburg. The population is 53 947 people.

3. Diamant Hospital (Jagersfontein)

137km from Bfn

Role Players:

Department of Health only.

Governance: Protocols and or Service Level Agreements:

National health protocols apply.

Coordination of services:

No co-ordination of services.

Victims:

Rape survivors with no severe injuries (do not require surgery).

Personnel:

- Always have a doctor to conduct forensic examination in a functional room next to a small ward.
- Six sessional doctors, and one forensic nurse (who does not conduct forensic examinations). There are three other forensic nurses based at clinics (Luckhof, Trompsburg, Petrusburg).
- No social worker based at hospital.
- Social Development satellite station in Jagersfontein has 3 probation officers and a Chief Social Worker. There are 3 vacancies. Regional Office for SD is in Koffiefontein (65km away from Jagersfontein).

Training:

No specialised training.

Services Offered:

- Currently conduct rape examinations for Trompsburg Cluster (24 hrs).
- No additional services offered.

Equipment, Facilities and Infrastructure:

- One functional room, with a bed - clinical.
- No separate waiting area.
- The hospital premises are currently under construction. Included in the plans is a Victim Friendly Facility that will consist of a medical exam room, doctor's office and nurse's office, and bathing facilities. While there are no additional allocated offices, we have been informed that there is a possibility of an additional office for a Site Co ordinator.
- However there is NO space for a VAO, social work, therapy rooms or statement-taking offices.

24 Hour service:

Offers a 24 hour service.

Psycho Social Services:

Social worker goes to hospital to assist with counseling or clients referred to local social development offices.

C. Zastron (Morokare Municipality) comprise 28 percent of the Gariep population (33 630 people) 8734 sq kms. Towns within this municipality are Zastron, Smithfield and Rouxville.

4. Stoffel Coetzee Hospital (Smithfield)

112 km from Bfn

Role Players:

Department of Health only.

Governance: Protocols and or Service Level Agreements:

National Department of Health protocols.

Coordination of services:

- No specific process for rape management eg counseling services etc

Victims:

Rape survivors with no severe injuries (do not require surgery).

Personnel:

- 2 doctors, one permanent and one sessional.
- If no doctor available, survivor is taken to Zastron.

Training:

- No specialized training - doctor learnt through experience (no training on new crime kit)

Services Offered:

- Examination done at Casualty, where there is no Victim Friendly Facility.
- Able to dispense ARVs immediately

Equipment, Facilities and Infrastructure:

Basic, general.

24 Hour service:

24 hour service offered.

Psycho Social Services:

No social work services at hospital.

Statistical Data

	Female (#)
August 2007	1
September 2007	0
October 2007	1
November 2007	1
December 2007	5
January 2008	2
February 2008	1
March 2008	0
April 2008	2
May 2008	1
June 2008	0
TOTAL	**14**

5. Embekwini Hospital (Zastron)

192 km from Bfn

Role Players:

Department of Health only.

Governance: Protocols and or Service Level Agreements:

National Department of Health protocols.

Coordination of services:

- No specific process for rape management eg counseling services etc

Victims:

Rape survivors with no severe injuries (do not require surgery).

Personnel:

Services offered by sessional doctors. If there are no doctors, police take survivor directly to National district Hospital.

Training:

No specialized training.

Services Offered:

- Has sessional doctors that conduct exams. Forensic nurse took a transfer.
- .Provide all medication, but do not conduct TOPs (send to National district Hosp)

Equipment, Facilities and Infrastructure:

- Has a functional room with a bed, and not much else, next to the labour ward – very clinical.

24 Hour service:

Offers a 24 hour service.

Statistical Data

Zastron Hospital Statistics												
	Aug-08	**Sep-08**	**Oct-08**	**Nov-08**	**Dec-08**	**Jan-08**	**Feb-08**	**Mar-08**	**Apr-08**	**May-08**	**Jun-08**	**Total**
Rape	1	1	1	4	2	7	2	7	0	0	0	25

For 11 months, between August 2007 and June 2008 Embekwini Hospital reported 25 rape cases, while the Zastron police station reports 48 cases for the same time frame. This suggests that almost half the cases reported did not go to Zastron Hospital for a medical examination.

8.1.2. POLICE STATIONS

Stations (not visited)

Mangaung Cluster (6): Batho, Bloemspruit, Heidedal, Kagisanong, Kopanong, Mangaung

Parkweg Cluster (5): Bainsvlei, Bayswater, Navalsig, Parkweg, Tierpoort

SAPS STATISTICS

The Trompsburg Cluster (10) has the following ten police stations and the statistics recorded below are from the Provincial Crime Analysis Office:

Trompsburg Cluster

	Apr 07-31 Mar 08
Police Station	

Bethulie (130km)	4
Edenburg (40km)	0
Fauresmith (11km)	0
Gariep (143km)	0
Jagersfontein (0km)	1
Phillippolis (55km)	1
Reddersburg (66km)	1
Springfontein (75km)	0
Steunmekaar (40km)	0
Trompsburg (65km)	0
Total	**7**

- Of these stations the following five have Social Development volunteer services: Bethulie (VEP), Edenburg (VEP initial stages), Phillipolis (VEP), Reddersburg (VEP), Springfontein (VEP), Trompsburg (VEP)
- There is no victim friendly facility at Jagersfontein Police Station.
- In this cluster Bethulie & Trompsburg have VFF, and so does Koffiefontein which is considered a possible additional station to being served by Diamant Hospital.
- ***According to statistics collected from the actual stations in the Trompsburg Cluster (we included Koffiefontein & Luckhof), 103 rape cases were reported. This excludes other SO cases for the same time frame and is a huge discrepancy from the provincial statistics of 7 cases.***

Koffiefontein Cluster	
Police Station	**Apr 07-31 Mar 08**

Jacobsdal (172km)	1
Koffiefontein (65km)	4
Luckhof (74km)	0
Petrusburg (26km)	3
Wanda	0
Total	**8**

The Smithfield Cluster has the following police stations: (data from provincial SAPS)

Smithfield Cluster	
Police Station	**Apr 07-31 Mar 08**
Dewetsdorp	0
Goedemoed	0
Makhaleng Bridge	0
Rouxville	1
Sephapus Gate	0
Smithfield	0
Van Rooyensgate	0
Van Stadensrus	0
Wepener	1
Zastron	1
Total	**3**

- ***NB. According to provincial statistics Zastron police station reported 1 case, although the station statistics indicates 36 cases reported from August 2007-March 2008 (which is eight months within the provincial timeframe).***

Zastron Police Station												
	Aug -07	**Sep -07**	**Oct-07**	**Nov -07**	**Dec -07**	**Jan -08**	**Feb -08**	**Mar -08**	**Apr -08**	**May -08**	**Jun -08**	**Tot**
Rape	2	7	1	5	6	9	2	4	3	4	5	48
Indec	0	2	1	0	0	0	0	0	0	0	0	3

Ass												

8.1.3. COURTS

Bloemfontein Regional Court

The Bloemfontein Regional Court is well resourced and equipped with 3 Sexual Offences courts and 5 specialist prosecutors. The courts have CCTV facilities and one has a one-way mirror. There is a separate waiting area for complainants away from the general public, and court preparation officers with the necessary props for effective court preparation. They are NPS appointed, and also provide court preparation for other complainants beside sexual violence management.

District courts

Zastron court: A newly built court, with is operating as a District & Regional Court (both periodical). Not equipped to deal with children's cases. Koffiefontein has an equipped Regional SO court which hears children's cases.

Bloemfontein Regional Court Statistics

Crt Stats	Apr-08	Mar-08	Feb-08	Jan-08	Dec-08	Nov-08	Oct-08	Sep-08	Aug-08	Jul-08	Jun-08	May-08	Tot
No of SO perpetrated on children and adults 1st appearance (arrest)	37	47	42	41	57	34	44	27	31	36	25	24	**445**
No of conviction SO on Adults & Children	9	3	4	1	1	10	13	14	9	15	4	7	**90**
No of Acquittals SO on Adults & Children	6	1	0	0	1	2	4	4	8	6	2	2	**36**

Statistics Analysis

The Tshepong Sexual Violence Centre reports 873 cases for the 12 month period May 2007-April 2008. Of these there were arrests in 50 percent (445 cases), with a conviction rate of 10 percent (ratio of all reported cases).

8.1.4. RECOMMENDATION

Option 1:

Tshepong Sexual Violence management to be transferred to Pellonomi Hospital. DV Centre remains at National district hospital.

Pellonomi is centrally situated, and easily accessible to the communities. It also has facilities to deal with severely injured rape survivors. While the hospital itself has indicated it does not have any space, the PolyClinic facility can be an ideal facility with available offices, but which will require minimum refurbishment.

All the provincial departments agree that the service should move to Pellonomi, but because the DV centre is linked to a court, the judiciary have expressed safety concerns and are therefore reluctant to move. The option presented does not require the DV centre to move.

Statistics: Tshepong recorded **873** cases for a 12 month period, an average of 73 cases per month.

Challenges: The PolyClinic is managed by District Health, and is not under hospital's management. It will be necessary to negotiate with district management, and may not be possible within our timeframe.

Implications of choosing the PolyClinic area:

A dry wall will need to erected to completely separate the TCC from the rest of the services offered at that section of the PolyClinic. The security gate (which is currently permanently locked) to that area will need to be opened, to be accessed via a buzzer. That door will link the centre directly to the hospital. This would provide 10 offices for the creation of a safe private space and adequate offices for services.

Option 2: Creation of a TCC at Diamant Hospital (Jagersfontein).

- Diamant Hospital has in its current hospital plan the creation of a Victim Friendly area. However, this will not be sufficient for a TCC. This recommendation requires SAPS to erect a Victim Friendly Facility on/near the hospital grounds which comprise of office space for a social worker, counseling, statement-taking, overnight room, waiting area, case manager's office. It would be best for the CM to be based in Jagersfontein and travel to other areas.

- Police Station restructuring:
  Koffiefontein (VEP) (65km) & Luckhof (74 km) police stations can be included to send their cases to Jagersfontein even though they are under Koffiefontein Cluster. The other 3 stations are too far to be considered for

Inclusion and/or are closer to bigger centres such as Tshepong.

- Cases can be redirected to Jagersfontein benefiting many small towns with limited resources.

Statistics: 102 cases for a year period. This is an average of 8 cases a month.

Challenges: Vast areas will need to be serviced by the hospital, so transportation is a factor to be considered, and the Case manager will have to regularly travel distances to manage cases.

Option 3: Creation of a TCC at Embekwini Hospital (Zastron).

- Creating a TCC in Zastron will allow all cases from Smithfield Hospital to be re-directed to Zastron.
- Drawing in possible additional police stations in the area will increase the number of cases to **130** reported per year. This is an average of 11 per month.

Challenges: The hospital does not have any space to accommodate TCC requirements. However, the local police station has a Wendy House with the ffg: a large waiting area/kitchen, an office, a counseling room/bedroom, and a toilet with a washbasin. This can be re-created into office space and an overnight shelter, or SAPS will be requested to provide a structure that can accommodate the necessary office space. This is a better option as the current structure also accommodates 6 volunteers from the local DSD programme, who offer counseling services.

Other options presented to the team at Pellonomi:

- Nurses home – the flats are not suitable and need major renovations to be considered as an option.
- Mankhof Building, which houses EMS and Disaster Management.

There are other flats available which are very far from the hospital, even though on the grounds, and which need major renovations.

Overall Points to Note:

While the numbers may motivate for a TCC at Pellonomi Hospital the following should be noted:

- Decisions concerning the Tshepong centre and its location require extensive negotiation with relevant roleplayers and the Premier's office
- Pellonomi is unable to accommodate the centre.

- The district management needs to still be engaged about the possibility of PolyClinic office space.
- Some refurbishment will be required.

Establishing a TCC in a rural area:

- In the rural areas limited services are offered, preventing proper and accessible service delivery.
- A case management system operating from a rural area (Jagersfontein or Zastron) will ensure that investigative and forensic services meet required standards, and that cases are fast tracked through the court system.

9. CONCLUSION

The current audit, as a pilot, has been instrumental in providing comprehensive, structured and information-driven guidance to the IDMT regarding the location for Thuthuzela Care Centres in five provinces. The information gathered has been complied into this final report, for dissemination to relevant stakeholders and also serves as baseline data to monitor progress post implementation.

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The recommended way forward is the following:

- Report back stakeholder meetings: detailed provincial presentations to relevant government and NGO partners for information-sharing and joint decision-making
- Provincial buy-in and support for TCCs

- Using identified gaps to lobby for the resources required to create functioning centres
- Creation of provincial and local sexual violence management fora to drive provincial decision-making and local implementation
- Audit tool refinement prior to rollout

The IDMT has plans to continue the rollout of TCCs nationally, establishing at least another 20 in the next two to three years. For this purpose a similar exercise will be conducted in all nine provinces, and will begin with the refinement of the current audit tool used in this exercise. A good outcome of this process is the collation of pivotal information that provides an opportunity for proper decision-making and effective relationship-building between all levels of government (national, provincial and local); a structured, aligned approach to establishment and one that is likely to be highly effective.

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