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Research report: Survivors' perceptions of the efficacy of the Criminal Justice System in South Africa for adults and children affected by Sexual and Gender-Based Violence

"The help I still want is justice. Justice to help us because all this threatens the girl child more than the boys. If they can help us with that, so that the girl child can be safe. I feel fear when she goes to school, and I say, my God, will she get to school safe? Justice and safety, that is what I am asking for".
Survivor

"*Safety and Security do not just happen: they are a result of a collective consensus and public investment. We owe it to our children – the most vulnerable citizens of society – a life free from violence and fear. In order to ensure this, we must become tireless in our efforts to attain peace, justice and prosperity… We must address the roots of violence. Only then will we transform the past legacy from a crushing burden into a cautionary lesson*."
Nelson Mandela.

"*Gender-based violence is not a problem of the rich or the poor. It is not a problem of the townships, or the suburbs, or the villages. It impacts us all, and we have had enough of its deeply harmful effects: broken families, ravaged communities and lives destroyed. Our success depends on the involvement of each South African. It is a responsibility none of us should abdicate. Let us not look away. Let us work together, in the words of the Freedom Charter, sparing neither strength nor courage to eradicate this evil from our country*."
President Cyril Ramaphosa

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Foreword

By Director of Childline Gauteng: Lynne Cawood

The Solidarity Fund awarded Childline Gauteng a research grant. The grant was administered by Tshikululu Social Investments (TSI) with oversight from Ucwaningo Research Surveys (PTY) Ltd. The research focused on child and women survivors of sexual and gender-based violence (SGBV) experiences of the criminal justice system (CJS), however the majority of Childline Gauteng clients of SGBV were children and these research findings pertain particularly to child survivors.

Data was collected on the efficacy and outcomes of the CJS from the perspective of survivors of SGBV. The CJS stakeholders studied included the South African Police Service (SAPS); Medico-Legal services provided by public and private facilities; the various actors associated with legal and court process; and providers of psychosocial services and related support.

Childline Gauteng wanted to ensure that the experiences and the voices of survivors of SGBV are visible and understood with a view to making recommendations to improve the systems, both within the statutory and civil society sectors that are relevant and responsive to the needs and experiences of survivors. In the process, Childline Gauteng identified some of the challenges and barriers that result in additional trauma for survivors, their families, and witnesses; low conviction rates; and the continuation of extreme violence against women and children.

The research report will be widely distributed to advocate for the improvement of the CJS from the perspective and experience of survivors of SGBV. Our ultimate aims included promoting greater sensitivity towards the needs of survivors throughout the system; to increase the number of cases reported; to improve investigations; to improve the relationships between survivors and the stakeholders in the CJS, as well as, between the various stakeholders in the CJS; to increase conviction rates; and reduce the prevalence of SGBV in society in the short and long-term. Furthermore, Childline Gauteng will develop/improve existing training material based on the findings of this research to improve the performance or capacity of various stakeholders in the CJS; and utilize the findings to improve the psycho-social support and advocacy services we already provide to our clients.

Childline Gauteng celebrates the Solidarity Fund's initiative to address the national gender-based violence pandemic as well as the "New Dawn" in South Africa, led by President Cyril Matamela Ramaphosa. We are grateful for the expressed dedication to deal with violence, as encapsulated in the National Gender-Based Violence and Femicide Strategic Plan 2020 – 2030 and the National Child Care and Protection Policy (2019). We welcome the communication from the Desk of the President on the 18 November 2019, and his Emergency Action Plan to deal with violence against women and children, as announced at the special joint sitting of Parliament in October of the same year.

Our President has outlined the following, with a budget of R1.6 billion: Improved access to justice for survivors with CCTV allowing children to testify in camera; 11 more sexual offences courts and clearing the backlog of cases; 312 additional officers at Family Violence, Child Protection and Sexual Offences Units (FCS); three new Thuthuzela Care Centres (TCCs); extended support to survivors including new shelters; and harsher bail conditions for offenders. As the results of this study show, these are appropriate and necessary responses, and we urge speedy implementation of these commitments.

Childline Gauteng looks forward to participating in an era of growth, in which we can address the personal and structural causes of violence that our children and families face every day (whilst recognizing that violence is always a personal choice). We recognize that we have a long and painful road ahead to achieve our vision of a non-violent, peaceful society that genuinely cares for our youth and our women.

Lynne Cawood
Director: Childline Gauteng

Word of thanks

This research would not have been possible without the following people and institutions:

We sincerely thank our Childline Gauteng clients for sharing their traumatic experiences of sexual violence with our social workers. We are humbled by their strength and resilience. We are committed to using this research to improve our services and to promote social justice for all victims of violence.

We are grateful to our panel of expert stakeholders who gave their time wholeheartedly to this process; who commented on our research approach and research instruments; and who shared their views on how the CJS can be upgraded to ensure greater sensitivity and efficacy. In no particular order we thank Dr Shaheda Omar of the Teddy Bear Foundation; Dr Joan van Niekerk, Independent Consultant and Child Rights Expert; Advocates Carina Coetzee and Pierre Smith of the National Prosecuting Authority; Welekazi Stofile director of Tshwaranang Legal Advocacy Centre to End Violence Against Women; Teboho Mashata, paralegal at Tshwaranang Legal Advocacy Centre to End Violence Against Women; Mateboho Moleele, former defense attorney currently also working with Tshwaranang Legal Advocacy Centre to End Violence Against Women; Shireen Motara, GBV consultant and subject expert; Lindsay Henson Director, Lawyers Against Abuse; Rethabile Mosese Legal Services and State Actor Engagement Programme Manager, Lawyers Against Abuse; Vossie Goosen and Peter Coldrey for editing the literature review.

We are very grateful to the nine Gauteng-based Family Violence, Child Protection and Sexual Offences Units (FCS) of the South African Police Services, not only for their participation in the research, but also for their dedication and service to adult and child survivors of SGBV in our country. We would specifically like to thank Colonel Olivier, Lieutenant-Colonel D.W. Mmako of Ga-Rankuwa FCS, Captain Morolong of Katlehong FCS, Lieutenant-Colonel D.R. Mathikge of Temba FCS, Captain P. Du Toit of Krugersdorp FCS, Lieutenant-Colonel T.J. Sekgala of Honeydew FCS, Lieutenant-Colonel A.H.C. Veldman of Benoni FCS, Captain M.E. Maswinyaneng of Springs FCS, and Lieutenant-Colonel M.M. Mosadi of Orlando FCS.

We would also like to express our appreciation to the Childline Gauteng social workers who conducted the interviews, provided psychosocial support, and who carry the knowledge of extreme pain experienced by victims of violence. We thank Maserame Dzibana, Slindile Dladla, Nokuthula Moyo, Evon Cebe, Merriam Bucibo, Margret Singo, Namhla Mpakama, Snenhlanhla Mpungose, Sungulani Ndhlovu, Nthabiseng Sebusi and Thabile Nxumalo.

We thank the Solidarity Fund for the grant to conduct this research and the fund's commitment to ending the scourge of SGBV. We also thank TSI and Ucwaningo Research Surveys (PTY) Ltd for their professional engagement with the process.

We thank independent research consultant Dr M Weideman for serving as our Research Manager, methodology expert, data analyst and report writer for this project. We thank Faiza Williams, HOD Information Hub Childline Gauteng for oversight of the data collection process and input into the report. We thank Bulelwa Dabula, HOD for Clinical Service at Childline Gauteng, for providing quality control services and for supporting to the social workers. Lastly, we thank Lynne Cawood, Director of Childline Gauteng for her overall management, engagement with stakeholders, and writing the literature review and situational analysis.

Abbreviations

CBO	Community-based organization
CCBCs	Childline Community-based Centres
CJS	Criminal Justice System
DVA	Domestic Violence Act
FCS	Family Violence, Child Protection and Sexual Offences Unit
GBV	Gender-based Violence
IPV	Interpersonal violence
LvA	Lawyers Against Abuse
NGBVFSP	National Gender Based Violence and Femicide Strategic Plan 2020 2030
NGO	Non-governmental organisation
NPA	National Prosecuting Authority
PCHTA	Prevention and Combatting of Human Trafficking Act
PEPs	Post-exposure Prophylactics
SAPS	South African Police Service
SGBV	Sexual and Gender-based Violence
SOA	Sexual Offences Act
TCC	Thuthuzela Care Centre
TLAC	Tshwaranang Legal Advocacy Centre to End Violence Against Women
TSI	Tshikululu Social Investments
VAC	Violence against Children
VAW	Violence against Women
VAWC	Violence against Women and Children
VEP	Victim Empowerment
WRO	Women's Rights Organisation

Executive Summary

This study of 'the perceptions of survivors on the efficacy of statutory services for adults and children affected by sexual and gender-based violence' was conducted by Childline Gauteng and financed by the Solidarity Fund as part of its efforts "to care for, and support, victims of gender-based violence". The study, inter alia, focused on the performance of various stakeholders in (or associated with) the CJS, including the South African Police Service (SAPS); medico-legal service providers in the public and private sector; various stakeholders associated with the legal fraternity and the courts; and psychosocial and other support service providers in the public and non-profit sectors.

The purposes of this study were to investigate the perceptions of survivors on the efficacy of the CJS in respect of reported cases of sexual and gender-based violence, with a view to identifying the factors that contribute to low conviction rates and developing recommendations for the improved performance of the CJS. Furthermore, to generate data that Childline Gauteng could use to improve its own services to adult and child victims of violence.

The study makes a unique contribution to knowledge on the subject, inter alia, because it presents the perspectives and experiences of the survivors and builds on Childline Gauteng's extensive experience. The interviews were conducted by experienced social workers, who had established relationships with the participating survivors of SGBV. This approach contributed to the depth, relevance and quality of the data collected; and minimized possible secondary trauma.

Childline Gauteng used quantitative and qualitative data collection methods to complete the research. The qualitative methods included a desk-top situational and literature review and in-depth interviews with 28 research participants (i.e., 10 subject experts, nine representatives of the South African Police Services, and nine survivors of SGBV).

The quantitative method was a survey of 207 clients of Childline Gauteng who had survived an incident, or several incidents, of sexual and gender-based violence.

Most (92%) respondents were caregivers of child survivors of SGBV, while 8% of respondents were adult survivors. Five percent (5%) of the adults had their first experience(s) of SGBV as children, while 3% first experienced SGBV as adults. The research findings are therefore applicable predominantly to child survivors. The caregivers were most likely to be mothers (67%), fathers (9%), grandmothers (7%), aunts (3%) and social workers (2%). The majority (89%) of these caregivers were female.

K's experience: "*One Monday I received a call informing me that my child had been raped. I could not go immediately. I was working nightshift and there was no transport. I got transport at 4am the next morning and rushed home. Upon my arrival, I was informed that she had been raped and that she had run off somewhere. I proceeded to the place she had run off to. I found her there. I was accompanied by the child's brother and the perpetrator's brother.*[1] *When we arrived, she explained to me what happened. We went home, and when we arrived at home, we found the perpetrator and his mother there. What hurt me the most was that as I came into the gate, his mother accosted me saying 'My child does not know anything about these things. My child did not do this thing'. They then questioned my child. Each time she would answer them, but they would badger her saying 'tell the truth! Tell the truth!' I got fed-up and I said, 'let us leave this, only God knows the truth'. It was 6am. Then at 7am I looked at my child wondering whether I should go to the police or the clinic? I was so anxious. I had never been so frightened in my life. I could see that she was equally frightened, shaking and in shock ... At the clinic, they were busy with us for over two hours. They were performing medical examinations on her, checking her. They were good. They advised us to lay criminal charges. While we were at the clinic the perpetrator's family were busy calling asking 'where are you? The police station or the clinic? What are you doing there?' and that sort of thing. I did not share the information with them. The following day, we had to return to the clinic. There was an injection that she did not receive the previous day. That is why we had to go back, so she could get the injection. We had to rush back, because it was necessary that she get the injection within 72 hours. Then she did not attend school that week because we were busy going up and down. The school called me and asked me why she was not attending school. They said 'we would hate to lose her as a student. She is very intelligent'. I had to set up a meeting and go to the school to explain. The principal was very good. He was very emotional. He committed to assisting and to secure counsellors to assist the child. So, we arranged to return to the principal the following day. Unfortunately, we were late and by the time we arrived, he had already gone home. But he had left money for the teacher to proceed with us to the social worker and to the police station... We were already in the process of laying charges because at the clinic we were told to proceed to the police station to sign [our statement].*

They [the police] were good to us. They were patient. And each time they took a statement from K, she was nervous and yet they were patient with her. They encouraged her to tell her version slowly. They told her 'You did not ask for this'. They were good. Very good. Even the investigating officer ... came to see me at home. He telephoned me. He come over the first time but did not find me at home. Then he called me, and I explained that I was at work. Then he asked me what time I knock off. I told him at 4pm ... he arrived [at my office at 4pm] and explained the entire process to me. [During the process] he would even collect me from work if he needed me urgently to organize something. He also comforted me, assuring me it was not my fault. Initially, I was sceptical and afraid of going to the police because we know how the police can be. However, after meeting him, I was settled. I felt assured after the very first time we met. I had no anxiety about dealing with him ...

Everyone at the clinic was [also] good. The first time we attended the clinic, I was nervous because I was unfamiliar with the process. The doctor came and asked us why we were there. We then explained. The doctor wished the perpetrator had been apprehended there and then. The first thing the doctor asked is if we had laid criminal charges. He said he would give us three days to lay criminal charges, he said there is no way you can sit and not lay criminal charges. Throughout our visits to the clinic, he was concerned about us. He once asked if we had eaten. He even asked me who looks after my child when I am at work. I told him that where I reside there is a safe place. He was very concerned, and they were very good.

The reason the matter did not make it to court is because I think my daughter – I do not know – but I think she was afraid. Also, it is because she was influenced by her grandmother's condition and she said to me 'Mama, I do not want you to attend court, because you have already spent so much time

there because of my brother. I saw how it affected you. I do not want to put you through that again'. She also said that if anything happened to her ailing grandmother, she would blame herself. She was just not comfortable with the idea. That is why I said, I think she was afraid of the up and down we did. If it was not for the child's decision, we would have gone to court.
[Regarding Counselling] The principal referred us here [Childline] ... I will confess that I did not want to come, however, for my child's sake I was obliged to come. I had to tell myself 'I am not going to work tomorrow. I am bringing my child here'. The reason [for my reluctance] was that I was afraid. When one is pursuing a new and unfamiliar course, one is overwhelmed with uncertainty. One asks oneself 'What will I find? What will these people be like?' But my experience was very good.
[Crying] If it were up to me, I would have pursued criminal charges. But I realize that ... since her grades have dropped; the deterioration in her schoolwork is also painful. From the 3rd grade to the 6th grade, she has been receiving merit certificates. So, for her to drop from 7 to 3 is distressing. I would like to say to her 'get your grades up baby', but I understand the reason behind all this. Sometimes she is not at all open to me. Sometimes I am at a loss as to how I can help her. Like yesterday, she suddenly got up and left me sitting and went to bed. She loves TV and would never just go to sleep like that. Sometimes I am so hopeless. I just don't know how I can help her so she can heal. Sometimes I even doubt that she will ever heal. [Crying}

**Caregiver of Child Survivor*

Summary of findings

Survivors:

- most (93%) of the survivors were girls and women, while 7% of the survivors were boys;
- almost all (97%) of the survivors covered in this study first experienced sexual violence as a child. The median age at which sexual violence is first experienced is 13, and the average age at which sexual violence is first experienced is 10.[2]

Sexual and gender-based violence:

- a third (33%) of survivors have experienced multiple incidents of sexual violence (of these, at least 18% experienced ongoing childhood sexual abuse);
- when children in the study did not disclose abuse it was for one of the following reasons: they had been threatened with death, violence, homelessness or other harm by the perpetrator and they feared for their own, or their families' safety; they thought nobody would believe them; they found themselves in abusive or unsupportive families or communities; they did approach adults for help but were dismissed; or they thought that what was happening to them was normal;
- of the survivors who participated in this survey, 77% were raped (of whom at least 10% were gang raped); 7% experienced attempted rape, 15% survived sexual assault or abuse, and one survived an attempted murder;
- the Incidents recounted for this study were most likely to occur in places where women and children are supposed to be safe. Most (46%) incidents occurred in the homes of the survivors, followed by 18% in the homes of perpetrators, 6% in the homes of friends or family members, and 4% in the homes of neighbours. Five percent (5%) of the survivors (approximately 10 survivors) were subjected to sexual violence at school. Although the data includes a case of rape

[1] Note that the perpetrator is an alleged cousin

[2] The mean (average) of a data set is found by adding all numbers in the data set and then dividing by the number of values in the set. The median is the middle value when a data set is ordered from least to greatest. The mode is the number that occurs most often in a data set.

by a school principal, a thematic analysis of the descriptions of incidents shows that the incidents of abuse that took place at schools were mostly perpetrated by other school children (and not teachers or other school employees). This finding holds true only for this study and is not a comment on wider societal trends. A further 3% experienced sexual violence in cars, taxis, trucks, or school busses (mostly driven by people they knew well). Other places (2%) where incidents occurred, include a church, an initiation school, and a child and youth care center;

- a further 17% of survivors of sexual violence were attacked and dragged to isolated places including into bushes, parks, public toilets, graveyards, abandoned buildings, vacant lots, alleys and dumping sites.

Perpetrators:

- in 79% of cases in this study, the survivor knew the perpetrator;
- almost all (99%) perpetrators were male;
- in almost half of the cases (47%) perpetrators were family members. These included extended family members female (1%), extended family members male (18%), uncles (3%), male cousins (3%), brothers (7%), stepfathers (9%), and fathers (4%). The exact familial relationship of the remaining 2% is not known;
- male community members (20%) and male neighbours (15%) together account for a 35% of the perpetrators in this study;
- in 10% of cases the survivors were economically dependent on the perpetrators. The level of economic dependence found in the study is lower than what researchers expected. This suggests that issues such as emotional dependence and the effects of familial, community and cultural norms are highly relevant;
- in 31% of cases the survivors were living in the same households as the perpetrators. Living in the same household is not correlated to economic dependence, as many of the perpetrators are other children, or are household members who do not contribute to the household's finances;
- all age groups are represented among the perpetrators. Child perpetrators, defined as persons aged 18 and younger account for 21% of perpetrators; youth (aged 19 to 35) account for 27% of perpetrators; and older men and men in midlife account for a further 39% of perpetrators. In 12% of cases, survivors did now know or could not guess the approximate age of the perpetrators.

Help seeking among survivors:

- the majority (84%) of the survivors of SGBV who participated in this study sought help by disclosing or reporting their (first) experience of SGBV to a third party;
- of those who disclosed or reported the incident, more than half (55%) did so almost immediately (i.e., on the same or the next day);
- a large group (20%) waited for more than a year before they told anyone about the incident(s);
- **the survivors** of SGBV included in this study were most likely to disclose/report the incident to a family member (68%), most likely a female caregiver (34%). Those who disclosed/reported the incidents first to persons outside of their families, approached a friend (7%), a teacher (8%), the police (7%), or an NGO such as Childline (6%);
    - 89% of survivors who reported/disclosed the incidents of sexual violence said/reportedly felt that the first person or institution they reported the incident to "was helpful". 11% said that these persons were not helpful. In many of these cases, the "unhelpful" third party was a female caregiver or other family member;

- an analysis of the persons or institutions survivors' **caregivers** reported the incidents to, paints a different picture – one in which the importance of stakeholders in the CJS, and particularly the police (39%), medical officials (17%), and professional providers of psychosocial services[3] (17%)[4] is more evident. (For a detailed account of the various stakeholders the remaining 27% of **caregivers** first reported the cases to see section 3.4 of this report);
    - most (91%) of the caregivers said that the persons or institutions to whom they reported the incidents "were helpful";
    - most (85%) caregivers reported the incidents within 48 hours of becoming aware of them.
- none of the survivors or caregivers of survivors in this study approached a legal aid clinic or legal professional.

South African Police Services:

- the SAPS is clearly a crucial player in bringing about justice for adult and child survivors;
- one-hundred and sixty-four (164) or approximately 80%[5] of study respondents reported the incidents to the police. This is a high level of reporting (higher than many studies on SGBV suggest[6]);
- in one fifth of these cases (20%) the police went to the survivors' home. All other cases included in this study were reported at the police station;
- the 164 study participants who reported their cases to the police were asked to choose statements that best described their experiences and interactions with the police. Their responses indicate that their experiences with the police were often positive. Examples include
    - all (100%) of study participants[7] were assisted in a language they "understood well";
    - approximately 81% of survivors and survivors' caregivers chose the statement "the police were helpful", compared to 18% who chose the statement "the police were unhelpful";[8]
    - similarly, 82% of respondents chose the statement "the police were kind";
    - only 18% chose the statement "the police were unkind";
    - of the 18% who said the police were unkind, 12% (i.e., 16 people) said the police were abusive;
- various indicators were used to measure the quality of services provided by the police. The police scored well on almost all indicators
    - 94% of study participants[9] agreed with the statement "the police officer who assisted me was good at writing and it was easy for her/him to take my statement";
    - 75% of study participants[10] said that police officers referred them to persons or institutions providing legal or psychosocial support;

[3] This includes Childline, social workers and NGOs that provide psychosocial support services.
[4] Of which Childline represented 9%
[5] 164 of the 164 respondents who answered this question
[6] See literature review Addendum 1
[7] 100% of the study participants who answered the question
[8] 133 of the 164 respondents who answered this question
[9] 136 participants answered this question with either yes or no. Don't know and not applicable responses were not considered as part of the calculation.
[10] 156 participants answered this question with either yes or no. Don't know and not applicable responses were not considered as part of the calculation.

- 71% of study caregivers[11] said that the police specifically referred them to persons or institutions that provide psychosocial support to children;
- 81% of the child survivors of SGBV who had gone to the police stations were taken to medico-legal facilities by the police;[12]
- 83% of study participants who went to police stations reported that they waited less than an hour for assistance, of these 34% were helped immediately, 17% were helped within 15 minutes, and another 20% waited between 16 and 30 minutes (i.e., 71% waited less than 30 minutes to be served). However, 18% waited for more than an hour, of whom 4% (i.e., 5 people) waited for more than four hours, and another 3% (or 4 people) waited so long they decided to come back another day;

- most (77%)[13] study participants said that their statements were taken in private – either in a private room (56% or 69 survivors) or in a victim empowerment room (21% or 26 survivors). However, 23% of survivors had their statements taken in the charge office or the main reception area. In some cases, this occurred because the police station did not have the required facilities available;
- the 41 survivors who were assisted either in a private room or in a victim empowerment room (and who opted to answer the relevant questions) had very positive assessments of the rooms: 96% of this small group of survivors or survivor's caregivers described the rooms as clean; 93% said the rooms were comfortable; 96% said the persons who worked in the VEPs were "kind and professional" and 93% said the rooms were private. However, only 57% said they felt safe in the rooms and 30% were not supported by a counsellor or someone qualified to provide psychosocial services;
- police performance pertaining to the process of laying charges is more checkered. Performance is negatively affected by poor communication
  - 80% of respondents reported the incident(s) to the police. However, only 87% of these[14] formally laid charges. The reasons for choosing not to lay charges are discussed in subsequent sections of this report. Further, only 87% of the survivors who laid charges said that they were given a case number by the police, and only 39% knew for certain that the police had referred their dockets for prosecution. These results should be interpreted with caution because this is a survivor perception study. Therefore, these results may reflect ineffective communication between the officers and the respondents, or memory lapses or other factors specific to the study participants, rather than, for example, low rates of referrals on the part of the SAPS;
- of the charges recorded, 81% were rape charges (including statutory rape), 12% were sexual assault or abuse charges, 3% were attempted rape charges, and less than 1% were attempted murder charges;
- respondents revealed shortcomings in evidence processing procedures at police stations. These shortcomings result in part from a lack of relevant equipment, and in part from a lack of adherence to procedure. Readers are similarly cautioned about the limitations of a perception study in interpreting these findings

[11] 153 participants answered this question with either yes or no. Don't know and not applicable responses were not considered as part of the calculation.
[12] 117 out of the 145 who answered this question as yes, no, or don't know
[13] 95 of the 124 persons who answered this question
[14] Of the 80% who went to the police to report the incident.

- only 48%[15] of survivors said that the police had a rape kit;
- only 40%[16] of survivors said that the police collected DNA evidence. This low number may reflect the fact that in many cases, DNA evidence was collected at medical facilities, or that in some cases DNA evidence was not available;
- only 47%[17] of survivors were advised that they should preserve evidence (i.e., by not bathing, by not washing their clothes, or by keeping the clothes they were wearing when the incident occurred);
- only 40%[18] of respondents said that the police had collected physical evidence from survivors (e.g., keeping their clothes, or taking photos of their injuries);

- 141 (89%) study participants said that an investigating officer had been assigned to their case.[19] It is encouraging that 96% of survivors who had an investigating officer assigned, said that they knew who their investigating officer was. Unfortunately, only 72% reported that they regularly interacted with their investigating officer, and even fewer (67%) had the same investigating officer throughout the process. This also indicates that communication between SAPS and survivors requires improvement. The lack of effective communication, and turnover among investigating officers cause high levels of confusion and anxiety among survivors. It also leads survivors to abandon their search for justice.

Why survivors do not report incidents of SGBV or lay charges:

A thematic analysis of the cases described shows that the primary reason for not reporting incidents/laying charges is a lack of support/active discouragement from families and communities (38%).[20] Other reasons include relationships of love or obligation to perpetrators (13%); fear of perpetrators (7%); cases where the perpetrators themselves are children (8%); a lack understanding of rights and the CJS (17%); and a fear among caregivers that reporting the incidents would be too traumatic for the child survivors (15%).

Challenges faced by the SAPS:

SAPS representatives in Gauteng identified the following challenges. Challenges relating to charges and taking statements include:

- police morale and capacity is negatively affected by the regularity at which "false" charges are brought (i.e., cases where, for example, charges were brought against another party as a form of coercion or blackmail);
- specialised skills and additional resources are required to respond appropriately to the myriad of complex challenges that arise when taking statements from children or investigating cases in which the survivors are children.

[15] This is based on the responses from 111 respondents. Responses of don't know and not applicable were excluded from the calculation.

[16] This is based on the responses from 116 respondents. Responses of don't know and not applicable were excluded from the calculation.

[17] This is based on the responses from 118 respondents. Responses of don't know and not applicable were excluded from the calculation.

[18] This is based on the responses from 121 respondents. Responses of don't know and not applicable were excluded from the calculation.

[19] 141 of the 158 persons who answered this question

[20] 38% of the 20% who did not report cases to the police.

During investigations police officers are often dependent on other role players in the CJS. These include results from DNA laboratories, and reports from medical officials and forensic social workers, which are often delayed. This creates mistrust in the police and often contributes to survivors' decisions to drop charges. Survivors frequently relocate or change their contact details without informing investigating officers. This complicates and delays investigations.

"On the issue of the problem with the DNA - government is trying to deal with it now ... there was a problem of government contracts with service providers who provide the materials they need for the DNA testing ... the chemicals. That has been outstanding for too long, so long that we ran out of materials. It also wasn't just the issue of the chemicals. There was also the issue of the crime kits we needed for survivors and perpetrators so that the DNA analysis could be done. There was an issue with the supply of kits and the supply of chemicals. Hopefully this comes right ... but at the DNA assessment stage there was a backlog of some 290 000 cases, and now we are not even talking about all the new cases. That was the status quo for 2019. Those from 2020 and 2021 are not included in that 290 000 that we are waiting for DNA analysis. So, I don't have that much hope for the work of the Forensic Science Laboratory... That is another problem that makes our jobs very difficult. Police officers cannot finalize cases without the DNA evidence and then people get frustrated, but they do not realize that the police officers do not do the forensic analysis. The police officer just hands over the kit to the experts. The experts keep saying they are not ready. For years sometimes. Now you must go to court and tell them each time that the DNA results are not ready. You find yourself there every three months with this same story. Then you look incompetent to people and the matter is struck off the roll. The investigating officer then takes all the blame".

**SAPS Official*

During the court process, police officers are similarly dependent on prosecutors. Prosecutors sometimes withdraw cases or refuse to take-on cases that they are not certain to win, because prosecutors wish to achieve their own performance targets (i.e., number of cases prosecuted successfully). Other challenges in court include:

- police are often not the stakeholders responsible for postponements and delays in court proceedings but are nevertheless blamed by society and the media. Frequent postponements lead to dropping of charges, which police officers find demoralising;
- defense attorneys utilize delays in the submission of DNA evidence and psychosocial reports (that police often find difficult to obtain from the other stakeholders in the CJS) to have cases dismissed or to push for a hearing in the absence of the crucial evidence, on the basis that the accused's right to a speedy trial is being violated;
- police officers expressed frustration and concern for survivors' safety because of the frequent release of perpetrators on bail;
- witnesses and survivors are often poorly prepared, or completely unprepared to appear in court. Defense attorneys then find it easy to dent their credibility, making a conviction unlikely despite the existence of a case docket with solid evidence;
- there are not enough prosecutors specialized in SGBV cases;
- there is also a shortage of sexual offences courts.

"The last thing I want to talk about is the poorly prepared or unprepared witnesses, which threatens their credibility. Court preparation is the responsibility of the social workers placed at court, but mostly we see that it is the NGOs [not DSD] who are very much dedicated to doing this. These social workers from the NGOs are overwhelmed because there are so many traumatized individuals, and then these

social workers are not able to properly prepare the survivors before they appear in court. Then the survivors become poor witnesses and their credibility is questioned. You cannot testify on their behalf [unfortunately]. They are the ones who must face the lawyers and the magistrates, and who must answer the questions. Remember the trauma they went through? Now when they are in court, the defence lawyer will label them. They just break down and cry. Then the defence lawyer will say something like 'yes, you are crying, you are a liar, what else are you lying about?' Then the witness can't answer, and any further credibility is gone. They [the defence lawyers] don't care [about intimidating a child] ... the poor traumatized child must stand there and cry so much. For example, the child has been abused by many people, he will be crying because he is reliving everything, but there he will be cross-examined and labelled a liar. And if the child does not answer satisfactorily, then the accused is not convicted".

**SAPS Official*

SAPS representatives agreed that ineffective communication between the various stakeholders and role players in the CJS was one of the weakest aspects of the system.

Police officers identified inadequate psychosocial support for survivors as another weak point in the CJS system. They emphasized the need to improve the level of support the police and survivors receive from the Department of Social Development and other psychosocial service providers. There are not enough places of safety for survivors of SGBV in Gauteng. Police officers often struggle to find shelters for adult survivors, or places of safety for children. There are not enough social workers and the relationship between SAPS and social workers is complex. According to many of the SAPS representatives interviewed, social workers employed by the DSD tend to work office hours and are therefore often unavailable.

SAPS's work is negatively affected by human and other resource constraints. Six percent of survey participants said that the police officer who assisted them did not have access to a car when it was needed, while 53% said the police officer in question did not have a computer to work on.[21] One FCS unit in Gauteng reportedly serves between five and eight police stations (depending on the population density of an area). In terms of international policing standards, the case to officer ratio should be 21 to 1. In Gauteng, an investigating officer on average has 70 ongoing cases. There is an acute shortage of forensic social workers in the FCS units, with one forensic worker "*serving more than 20 police stations*".

The reasons for high rates of crime and violence in South Africa are systemic. These include the psychological, spatial, and economic legacies of apartheid; widespread poverty and deprivation; absent or deteriorating infrastructure; absent or poorly implemented urban planning; the prevalence of harmful patriarchal norms and practices; malnutrition; inter-generational violence; extremely high rates of unemployment; and substance abuse (see literature review). These are neither problems SAPS created, nor problems SAPS can solve. Nevertheless, there is often an expectation on the part of society (and the media) that SAPS/law enforcement should do so.

Covid-19 negatively affected all aspects of police work and the CJS overall. SAPS representatives found that court cases were delayed (leading to higher rates of despondency and more frequent withdrawal of cases); survivors were unable to report incidents immediately because they were trapped at home with perpetrators or because they were afraid to break curfew (leading to deterioration of evidence quality); and SGBV against adults and children increased.

[21] For both these responses the calculation excluded don't know responses.

The many challenges summarized above negatively affect the mental and physical health of police officers working to serve survivors of SGBV.

Medico-legal facilities:

- approximately 82% of survivors went, or were taken to, medico-legal facilities. The medical fraternity is key to ensuring that the CJS effectively supports survivors of SGBV;
- although most (61%) of survivors accessed medical facilities within 24-hours of the incident of sexual violence, only approximately 73% of survivors reached the medical facilities within the critical 72-hour window during which the administration of Post-Exposure Prophylactics (PEP) is most likely to be effective;
- most study participants reported good service and positive experiences at medical facilities.
    - only 10% of survivors waited more than an hour to be helped, while 54% were assisted immediately, 12% were assisted within 15 minutes, and 13% waited more than 15 minutes, but less than 30 minutes;
    - 88% of study participants said that health officials explained what they were doing, and why, to the survivors (thereby reducing their fear and confusion);
    - 96% said that health officials were kind and helpful;
    - although more than half of the survivors found the procedures painful (57%) and humiliating (58%), 96% still reported that the procedures they underwent were quick and that the health professionals were efficient;
    - almost all (97%) of study participants said that survivors were treated with respect at health facilities;
- approximately 67% of survivors said that they were given PEP, and/or medication to treat STDs or prevent pregnancy.

There are areas that seem to require improvement:

- only 45% of study participants could confirm that medical officials had completed a J88 form (Clients may not have been aware);
- only 45% of study participants could confirm that a DNA sample was taken from survivors (Clients may not have been aware);
- only half of the survivors from whom DNA samples were taken had received the results from their DNA tests at the time the research data was collected. Of these, 51% received their DNA results within a week, 46% waited several months for their results, and 3% waited more than two years.

Courts

Keeping in mind the relatively small sample (i.e., only 64 cases in this study went to court) and variability in responses and experiences, it does seem that the legal aspects of the CJS are the most difficult for survivors and their families. A large part of the anxiety results from poor communication and repeated postponements (the reason for which are frequently not clearly explained to survivors and their families). Almost two thirds (40 respondents) of those who went to court said that there were “repeated delays and postponements”. On average, cases were postponed 5.5 times.

Close to a third of study participants said that survivors were given very short notice of court hearings. In some cases, they were then unable to make the necessary arrangements to attend. In more than a quarter of the cases that went to court, survivors did not have the court process explained to them. Court preparation officers are playing an increasingly important role. Almost half of 39 survivors who did receive

an explanation of the process, received it from a court preparation officer. Only one study participant received support from the Department of Social Development.

With the caveat that the sample is too small to draw definite conclusions, it appears that the relationship between prosecutors and survivors is a weak point in the CJS. Prosecutors had met with and explained the relevant processes to less than half of the survivors in this study, while the remainder had either never met the prosecutor, or had only ever seen the prosecutor during a hearing.

Fifty-six (56) of the child survivors included in this study testified in court. According to caregivers, only 25 of these children testified in camera, while 31 "testified, but not in camera". Caregivers also said that only sixteen (16) of the 56 children were prepared for their testimony by appropriate professionals. Furthermore, 15 of these children had to wait in the corridor or an area where they were/could be exposed to the perpetrator. This is especially concerning, because according to caregivers, 11 of these children/or their families were threatened by the perpetrators, and in 12 cases children/their families were offered bribes by perpetrators to drop the cases.

Psychosocial support

Survivors are physically and psychologically hurt by these experiences. Most survivors exhibit clinical symptoms of anxiety, depression, or post-traumatic stress disorder.

Caregivers and families of survivors are also traumatised. Many caregivers want to, but struggle to, provide appropriate support because they do not have the required knowledge or expertise. Caregivers said they struggle with feelings of guilt and helplessness; they struggle to support children who are extremely angry, fearful, or who self-harm; they question their own parenting abilities and blame themselves; they experience anxiety and fear for the safety of their children; they struggle financially (i.e., medical and transport costs, missing days at work to support survivors or attend court cases, losing jobs, and having to relocate to get away from a perpetrator); and mothers and female caregivers struggle with the additional burden of unpaid care work this brings about.

Accessing psychosocial support and counselling is of paramount importance for the well-being of survivors and their families and to stopping the inter-generational cycles of trauma and violence that otherwise tend to ensue. Most (91%) of the study participants said that the psychosocial support provided was "helpful" or "very helpful" to survivors.

Overarching findings about the CJS:

- the CJS is not keeping survivors safe. Although 46% of respondents were aware of specific steps the police had taken to protect survivors, and although police had arrested perpetrators in more than half of the cases (53%), many perpetrators remain free (i.e., not arrested due to insufficient evidence, released on bail, not yet found, or identity unknown), while survivors (and their families) live in fear. Study participants cited ongoing threats from known perpetrators as the greatest challenge they face;
- many study participants identified transport as a factor that undermined their ability to access the CJS. This includes the lack of availability of public transport at night, the prohibitive costs of public transport (30% of study participants said that transport costs made it difficult to attend hearings or go for counselling) and the trauma of having to use public transport to access a police station or medical facility after an incident;
- communication between the various role-players in the CJS is a critical weak point in the system;

- family relationships, poor parenting and community norms enable perpetrators and are key barriers to reporting SGBV and to bringing perpetrators to justice.

Recommendations

The results from the research suggest that the quality and efficacy of the services provided to survivors by the CJS have improved over the preceding five years (at least as far as children are concerned). This is encouraging, but there is still room for improvement. The following are thematic recommendations, followed by action items that derive from the findings of this study.

The overarching recommendations of the study are:

Recommendation 1: Improve Criminal Justice System Infrastructure
Clear the DNA testing backlog (173 000 in March 2021); improve the system of data processing and management; improve procurement and supply chain management processes; rapidly implement and monitor the performance of the new Forensic Exhibit Management System; conduct a systems analysis and related research to find further ways for improving the system; and address any human resource capacity gaps in the system.
Increase the number of Sexual Offences Courts and provide specially trained prosecutors to work with child and adult survivors in them.
Increase the number of Thuthuzela Care Centres (TCCs) and provide more resources and support to these centres. Hold case conferences for all cases with all stakeholders including caregivers.
Ensure that all police stations have Victim Empowerment Centres and access to FCS unit.
Government to report on delivering on the President's commitment to spend R1.6 billion to inter alia, establish 11 more sexual offences courts and clearing the backlog of cases; establish three more TCCs; increase FCS officers and increase the number of shelters.
Ensure that all public health facilities have PEPs and medication to prevent HIV/Aids infection and pregnancy available 24 hours a day, and that all survivors who access these facilities within the 72-hour window receive this medication.
Recommendation 2: Increase the Human Resources Available to the Criminal Justice System
Make more SGBV specialised, trained personnel available to serve at the courts (magistrates, prosecutors, intermediaries and court preparation offices), TCCs, police stations (VEP counsellors) and NGOs (social workers - to provide long-term counselling to survivors and their families).
Increase the number of specialised forensic social workers in FCS units.
Increase the number of FCS Units (preferably one for every police station) and the number of trained officers employed at FCS units.
Increase the number of staff members at TCCs and public medical facilities.
Recommendation 3: Embark on Information Dissemination and Educational Campaigns to Improve Criminal Justice System Outcomes for Survivors
Provide information packs with relevant information regarding services/policies/legislation pertaining to the police, medical centres and the courts and distribute to survivors in each facility.
Develop press releases or workshops for media representatives that inter alia clarify the role of the various stakeholders in the CJS; encourage the media to hold these stakeholders accountable; and address responsible reporting. Sensationalist reporting may be effective in attracting attention, but as survivors have shared, it can also cause secondary traumatisation.
Conduct well designed, evidence-based information packs and distribute nationally and locally in conjunction with public education campaigns focussing on the CJS process including survivors' rights; the process of laying charges (emphasizing that there is no statute of limitations); the why's and how's of evidence preservation; the responsibilities of the various actors in the CJS; how to navigate the court

process; and where to get support. The fact that most survivors of SGBV in this study reported the incidents to their families, teacher or members of their communities, highlights the importance of disseminating appropriate information to these important gatekeepers and agents for facilitating access to the CJS and assisting survivors to navigate the process. The legal duty to report child abuse should be highlighted to ensure everyone knows of their legal obligation to report child abuse.
Departments, institutions and organisations who engage in advocacy or information campaigns should formulate and implement these to have maximum impact without causing secondary traumatisation for survivors of SGBV.
The study found that in 18% of cases children endured ongoing sexual abuse for many years. Early intervention programs in schools that promote disclosures of SGBV (explain to children what their rights are; what abuse is; what help is available; what they can do; how to keep themselves safe; and where to get support) are recommended. It is further recommended that the successful school education programs that Childline Gauteng are already running be expanded to more schools in the province (see recommendation on prevention of SGBV).
Distribute information packs or conduct workshops with medical professionals in the private sector focussing on the evidence collection, preservation, and other aspects of CJS process.
Recommendation 4: Improve Communication between the Various Stakeholders in the CJS, and between Stakeholders and Survivors.
Develop a formal document outlining the roles and responsibilities of each stakeholder in the CJS and ensure accountability of each stakeholder to implement their role professionally. Create platforms and host workshops where all role-players can interact, share experiences and knowledge, establish supportive partnerships, and build cooperative relationships in every region.
Disseminate this research report at a workshop attended by representatives of all role-players in the CJS to facilitate learning, share experiences, develop a common understanding of challenges and promote more supportive relationships. More supportive relationships among the stakeholders of the CJS will result in better CJS outcomes for survivors of SGBV.
Build a better relationship between SAPS and prosecutors, and SAPS and court officials in general to increase the number of convictions.
Build strong relationships/networks among the SBGV civil society organisations involved in the CJS in Gauteng and all stakeholders in the CJS to share experiences and resources and advocate for CJS services for survivors of SGBV both individually and provincially to improve CJS outcomes for survivors.
None of the study participants had approached a legal aid clinic or legal professional. These organisations could therefore do more to build relationships with communities, the police, survivors, and the providers of psychosocial services. The LvA model is presented as a best case for consideration (see main body of report).
Improve communication (regularity and quality) between investigating officers and survivors.
Recommendation 5: Develop Data Collection Systems on all GBV Cases for all CJS stakeholders and Conduct Targeted Research to Address the Knowledge Gaps and Address Biases in the Data Available from the CJS with the Aim to Improve CJS Outcomes for Survivors of SGBV
Data collection systems to be developed to include all cases of SGBV reported to SAPS, medico-legal services received, referrals for prosecution and outcomes. This combined data collected at each point of service will facilitate the monitoring of the processes and the outcomes of all cases opened on a local, provincial and national level allowing for targeted interventions to improve services and collaboration between all role-players.
Research on the CJS should include accurate information and understanding of the experiences of all key stakeholders in the sector. Research studies focussing respectively on SAPS, the medico-legal fraternity, the courts, and psychosocial service providers should be conducted.

The information shared by SAPS representatives in this study make it clear that attempts to improve CJS outcomes for survivors of SGBV must include attempts to support and further capacitate SAPS in general, and FCS units specifically. Conduct research to inform the development of strategies to support the SAPS, and particularly FCS Units.
The database from this research study is comprehensive and the sample large enough to run (weighted) cross-tabulations and significance testing across data subsets. Further exploration of this data and the publication of relevant articles are recommended.
More research from the perspective of survivors, completed by service providers is recommended to bridge the gap between academic research and the realities on the ground. Ultimately this should result in more implementable recommendations and change. This research should be participatory, empowering and tied to counselling and psychosocial support (as was modelled by Childline Gauteng in this study).
Conduct research on the reported differences in the quality of services provided by the public vs. the private health sector as it pertains to CJS outcomes for survivors of SGBV with a view to developing interventions to increase their participation in CJS processes, particularly court processes.
Recommendation 6: Improve the Services Survivors of SGBV Receive at Courts
Specialised sexual offences court officials (magistrates, prosecutors, intermediaries, forensic social workers and court preparation officials) receive gender sensitivity training on GBV and SGBV, especially on the needs and developmental stages of children and what line of questioning is permissible from defence to ensure that secondary traumatisation does not occur. Specialised courts that are sensitive to the needs of children is recommended. Develop standard operating procedures for court processes for SGBV to minimise secondary traumatisation of survivors, especially children.
Ensure that all courts have CCTVs in working order so that children and traumatised survivors can testify in camera with the support of intermediaries.
Court preparation officers should improve the frequency and quality of the court preparation they provide to survivors of SGBV (especially children).
Separate waiting rooms for SGBV survivors to be mandatory and monitored by court officials to ensure that complainants are not intimidated by alleged offenders and their family or friends.
Courts should apply more stringent conditions for granting bail. Bail should only be granted if survivors have been prepared for it; if systems are in place to guarantee the safety of the survivors and their families; and if the interests of the child are paramount in the decision.
Recommendation 7: Provide More and Longer-term Psychosocial Support and Counselling to Survivors of SGBV
Make more places of safety available for adult and child survivors of SGBV. Establish some places of safety where caregivers and children are not separated.
Ensure that all survivors have access to free/affordable, immediate (and long-term) counselling and psychosocial and therapeutic/educational group support. Follow up sessions with clients who no longer attend counselling to ensure they have not regressed due to new or recurring traumas.
Extend counselling and psychosocial support (including counselling/information groups) to the families and caregivers of survivors so that they can better provide support to survivors.
Develop programmes that aim to reform child offenders and provide counselling and support for child perpetrators who are also often traumatised children.
Provide protection services to ensure the safety of survivors (31%) who continue to live in the same home as the perpetrator, even when they are not economically dependent on the perpetrator (including counselling interventions that address issues such as caregiver's emotional dependence on offenders) and putting up with harmful/violent social and cultural norms.
Develop and implement programmes within the CJS/prisons that aim to reform perpetrators, particularly young offenders.

Fund organizations like Childline who engage in early-life-stage interventions to stop the inter-generational or life-long continuation of GBV. Failure to address the matter at this early level will ensure continued escalation of the problem.
Recommendation 8: Respond to Systemic and Contextual Factors that Serve as Barriers to Access to Justice and Fuel the Prevalence of SGBV
Develop innovative ways to provide for transport costs and overcome barriers that prevent access to justice. For example: Introduce a public transport subsidy/exemption and provide economic support in the short term for survivors of SGBV.
The study has shown that families (especially mothers) and communities are very often the actors that prevent survivors from laying charges, or who pressure survivors into withdrawing charges (particularly where perpetrators are family members or friends). Families and the community are important sites for targeted interventions to improve access to, and outcomes of, the CJS. All interventions (educational, advocacy, legislative etc.) must also address these harmful norms and behaviours. It is also necessary to develop approaches that do not continue to idealise the family environment and instead recognize it as the site of violence and abuse it frequently is.
Reduce survivors' economic dependence on perpetrators. Develop initiatives that target women, as these are excluded from most entrepreneurial and employment readiness interventions, which are mainly directed at youth.
Recommendation 9: Improve Measures to Prevent SGBV
17% of survivors of sexual violence were attacked and dragged to isolated places including into bushes, parks, public toilets, graveyards, abandoned buildings, vacant lots, alleys and dumping sites. Local governments can contribute to a reduction in opportunistic incidents of SGBV by, inter alia, maintaining public spaces (i.e., keeping grass short, ensuring streetlights are working, fencing off abandoned buildings, employing security services at dumping sites and graveyards) and increasing police visibility in these areas.
Provide information packs with relevant information regarding GBV and CJS services for distribution at community events and the media.
Support programs and organisations that target boys and provide psychosocial support to boys, especially those who are subject to violence or abuse, or who witness violence or abuse (see literature review for the prevalence of this). This is necessary given the inter-generational and life-cycle nature of trauma that underpins the likelihood of becoming a victim or a perpetrator.
Expand the Childline Awareness and Prevention Programme (CAPP) in schools and communities to explain to families and children what their rights are; what abuse is; what help is available; what they can do; how to keep themselves safe; and where to get support).

1. Introduction

This study of 'the perceptions of survivors on the efficacy of statutory services for adults and children affected by sexual and gender-based violence' was conducted by Childline Gauteng and financed by the Solidarity Fund as part of its efforts "to care for, and support, victims of gender-based violence". The study, inter alia, focused on the perception of the performance of various stakeholders in (or associated with) the CJS, including the South African Police Services (SAPS); medico-legal service providers in the public and private sector; various stakeholders associated with the legal fraternity and the courts; and psychosocial and other support service providers in the public and non-profit sectors.

The purposes of this study were to investigate the perceptions of survivors on the efficacy of the CJS in respect of reported cases of sexual and gender-based violence, with a view to identifying the factors that contribute to low conviction rates and developing recommendations for the improved performance of the CJS. Furthermore, to generate data that Childline Gauteng could use to improve its own services to survivors of violence.

The study makes a unique contribution to knowledge on the subject, inter alia, because it presents the perspectives and experiences of the survivors and builds on Childline Gauteng's extensive experience. The interviews were conducted by experienced social workers, who had established relationships with the participating survivors of SGBV. This approach contributed to the depth, relevance and quality of the data collected; and minimized possible secondary trauma.

The research is timely, contributing to, inter alia, pillar six[22] of the National Strategic Plan on Gender-Based-Violence and Femicide, and responding with pragmatic recommendations to the increased rates of violence against children during the COVID-19 pandemic.[23]

1.1. Childline Gauteng's services and approach

Childline Gauteng works collectively to establish a culture of responsibility of child and human rights; to provide counselling to disadvantaged and vulnerable persons and communities; and to advocate for community development towards the actualization of the rights enshrined in the Bill of Rights of the South African constitution. Through this human rights-based approach, Childline seeks to empower individuals and communities and contribute to their positive development.

Childline offers face-to face and telephonic (through a 24-hour toll free helpline) counselling services. The counselling focusses on establishing a therapeutic relationship and identifying the emotional, social, and familial factors that affect mental health. The aim is to bring about behaviour change in the individual, family or community system that affects the individual. Childline also has a strong referral system, in terms of which affected individuals and families are referred to the appropriate government or community resources for rights actualization.

Childline social workers utilize a variety of evidence-based theories and practices. These include:

[22] Research and information for the Adoption of GBV policies and programming interventions that are informed by existing evidence-based research; GBVF related information across different government management information systems, is readily used to address systemic challenges and facilitate effective solutions and responses.

[23] See Childline reports on increase VAC during COVID

- Rogerian or client-centered therapy, which includes unconditional positive regard, non-possessive warmth, client self-determination, congruence and working at a client's pace. By creating conditions of acceptance clients are empowered to deal with challenges in an ego-syntonic manner;
- Cognitive Behavioural Therapy, which includes problem identification; examination of contributing factors; development of a plan of action; implementation of the plan of action; and evaluation;
- Play therapy and creative art counselling to enable children to express themselves and communicate their emotional states;
- Systemic counselling, which facilitates understanding of the broader familial, social, economic, and political factors that contribute to a problem.

Childline Gauteng also:

- advocates for children's rights in the broader community and among relevant role players such as the South African Police Services, the medico-legal fraternity, and the Departments of Basic Education, Social Development and Health;
- facilitates child protection services through referrals to appropriate stakeholders in the CJS.
- assists in preparation for court proceedings, including providing psychosocial support;
- engages in community events to promote awareness and prevention of gender-based violence and femicide;
- researches trends within the organization's core mandate towards improving service delivery and the actualisation of human rights;
- implements the 'Seven Strategies to End Violence against Children' published by the World Health Organization in 2016.[24]

2. Methodology

2.1. Data collection methods

Childline Gauteng used quantitative and qualitative data collection methods to complete this research.

2.2. Qualitative component

The qualitative methods included a desk-top situational and literature review and in-depth interviews with a total 28 research participants.

The status quo and literature review (attached as Annexure 1) informed the development of the study design and research instruments. It also provided context for subsequent data analysis.

Semi-structured (virtual) in-depth interviews were conducted with ten subject experts. The participants were selected either because of their academic or practical expertise in the SGBV sector, or because they represent key stakeholders in the CJS in Gauteng. The purposes of these exploratory interviews were to enhance the quality and relevance of the study design and the research instruments. These subject experts have also agreed to assist with the dissemination of this report.

[24] Implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support services; and education and life skills.

Further, interviews were conducted with heads of nine Family Violence, Child Protection and Sexual Offences Units of the South African Police Services in Gauteng. These included units in Benoni, Ga-Rankuwa, Honeydew, Katlehong, Krugersdorp, Orlando, Springs, Temba, and Tshwane.

Finally, in-depth (follow-up) interviews were conducted with nine survivors (who had also participated in the survey) to explore their experiences in more detail. Some of the content of these discussions are reflected in the "experiences" sections in the report that follows.

2.3. Quantitative component

The quantitative component was a survey of SGBV survivors in Gauteng.

Sampling: the sampling universe for this survey was Childline Gauteng's client database of survivors of SGBV (which includes approximately 450 entries). Using a random starting point and an interval system, 210 "clients" were selected to participate in the research.

"Clients" are survivors of SGBV who have received face-to-face counselling from social workers employed by Childline Gauteng at any of the seven Childline Community Based Centres (CCBCs). The CCBS are situated in impoverished areas among vulnerable communities in the City of Johannesburg (inner-city), Soweto, Sebokeng, Orange Farm, Katorus, Tembisa and Diepsloot.

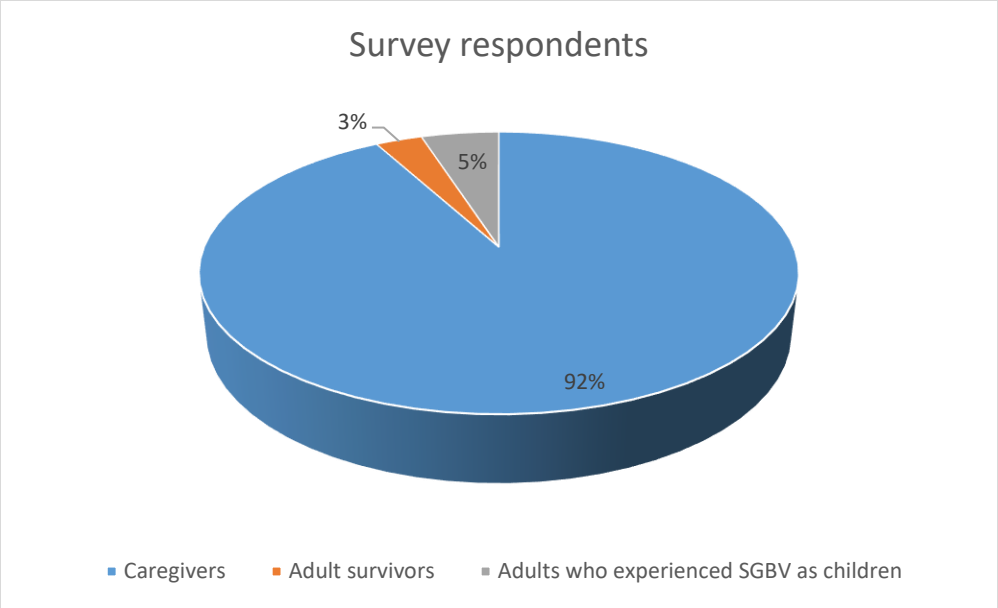
This sample size (207 at final count) ensured a 95% confidence level (a 5% margin of error) for the population "Childline Gauteng clients". The results could therefore be considered valid and representative of the cases of SGBV reported to Childline.

Implementation: Childline Gauteng Social Workers conducted 207 structured survey interviews with adult survivors of sexual and gender-based violence (SGBV), as well as adult caregivers of child survivors of SGBV.

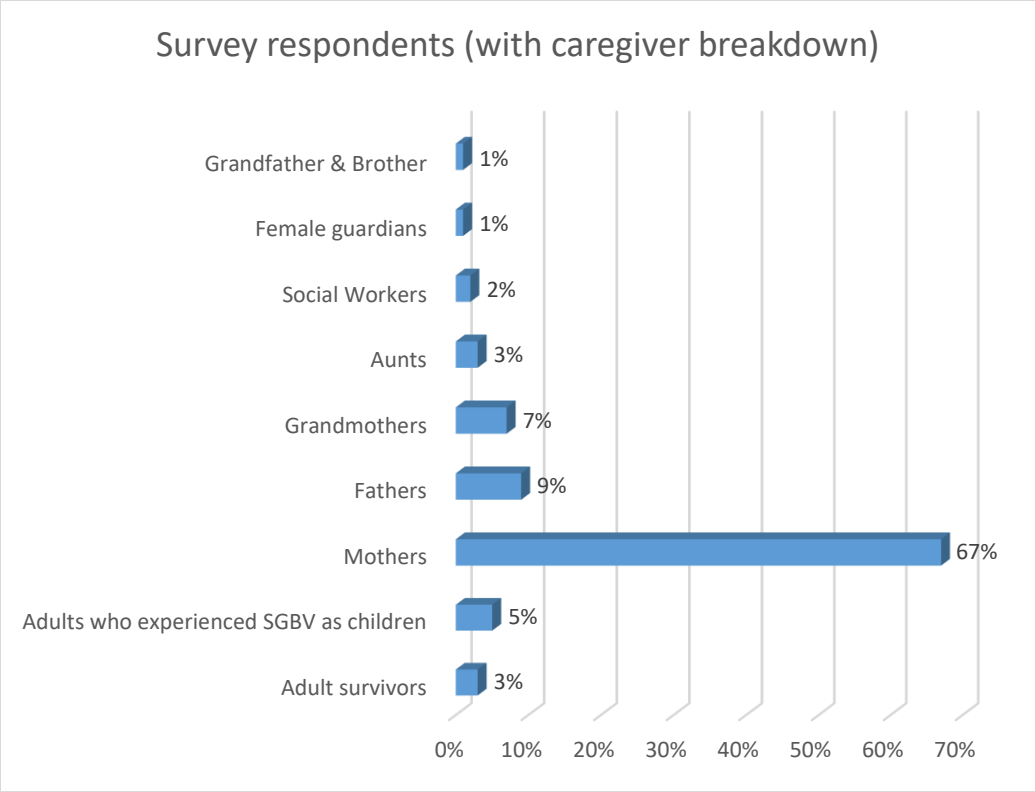
The interviews were completed during October and November 2021 by a team of 13 social workers. Most survey questions were pre-coded. The questionnaire is available on request. The survey was administered face-to-face or over the phone, but using an electronic survey platform. The distribution of interviews by Childline Gauteng Community Based Centre (CCBC) is summarized in the table below.

Childline Community Based Centre	**Number of survey participants**
Diepsloot	32
Johannesburg Inner City	19
Katlehong	19
Orange Farm	33
Sebokeng	39
Soweto	26
Tembisa (including Rabasotho Community Centre)	38
Unknown	1
Total	**207**

Most (92%) respondents were caregivers of child survivors of SGBV, while 8% of respondents were adult survivors of SGBV. Five percent (5%) of the adults had their first experience(s) of SGBV as children, while 3% first experienced SGBV as adults. These figures reflect the fact that Childline Gauteng's clients are almost exclusively children.

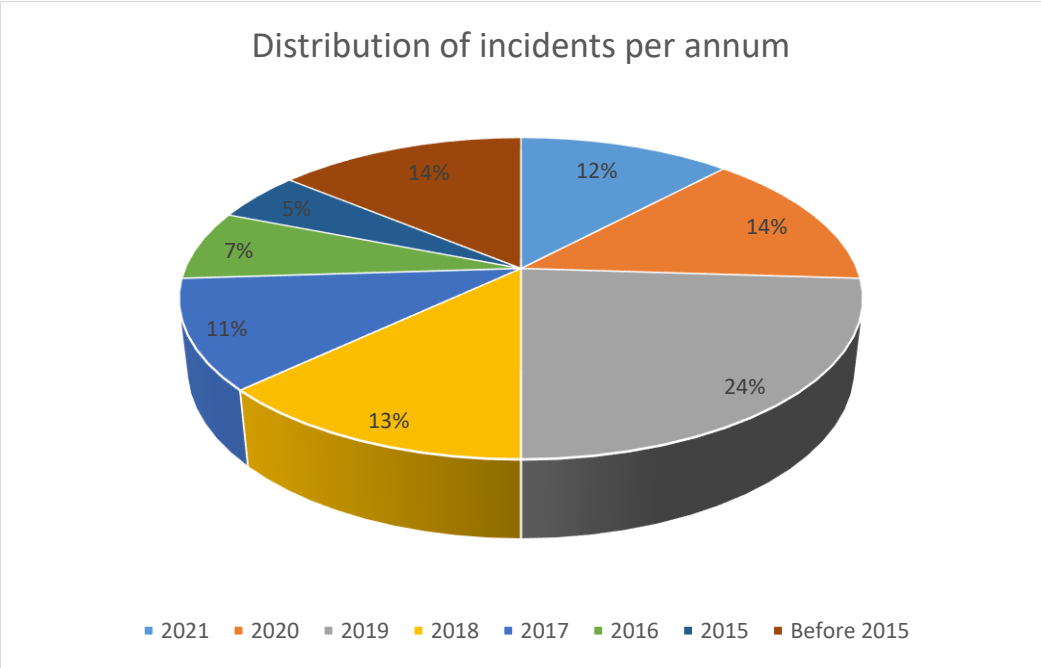


The caregivers are the persons who bring/brought the child survivors to Childline Gauteng for counselling and/or who assisted these children during reporting, medical and court procedures. As the graph below shows, these caregivers were most likely to be mothers (67%), fathers (9%), grandmothers (7%), aunts (3%) and social workers (2%).



The majority (89%) of these caregivers were female, with only 11% male (19 fathers, 1 grandfather, 1 neighbour, and 1 brother). This likely demonstrates the continued inequitable burden of childcare on women.

To remain relevant to recent developments, the research (through the sampling strategy) focused on incidents in the period 2015 to 2021, but 14% of the incidents included in the study occurred before 2015. Incidents occurred at a rate of 5% per month. The distribution of incidents per annum is depicted in the graph below.



2.4. Ethical research

Ethics clearance: Childline Gauteng obtained ethics clearance from the Research Ethics Committee of the Human Sciences Research Council for this research. Furthermore, Childline Gauteng adhered to high standards for ethical research. This included:

- all research participants were informed that participation in the research was voluntary;
- informed consent was obtained from all study participants. Each research participant received a copy of the informed consent form. The form, inter alia, explained the purpose of the research, set out participant rights, guaranteed participant anonymity, and listed possible risks and benefits of participation. Participants were informed that they were under no obligation to answer all questions and that they could withdraw from the process at any time;
- no children were interviewed;
- the names of interviewees do not appear on survey questionnaires;
- transcripts, notes, and individual questionnaires were not shared outside of the research team;
- no names appear in the research report;
- all data is stored securely;

- in-depth interviews with subject experts were conducted virtually, while in-depth interviews with survivors were conducted face to face. Survey interviews were conducted over the phone or on a one-on-one basis in a private setting;
- all interviews with survivors or their caregivers were conducted by registered and experienced social workers (employed by Childline Gauteng) who already had trusted relationships with the research participants. This minimized the chances of secondary trauma that could have resulted from a research study of this nature. It also meant that appropriate trauma support was available immediately;
- all participants had immediate access to counselling, as well as to 24-hour support through the Childline telephonic helpline;
- all participants were debriefed by a social worker;
- all social workers are registered with the South African Council of Social Service Professions (SACSSP), which ensures that they uphold the ethics of the social work profession.

Protection of personal information: Childline Gauteng complied in full to the applicable requirements of the Protection of Personal Information Act of 2013.

Health and Safety: the Childline Gauteng team adhered to all Covid-19 regulations including social distancing, one-on-one interactions, ventilation, PPE and high standards of hygiene to ensure the safety of research participants and the research team.

The implications of Covid-19: in the context of the pandemic, Childline Gauteng opted to conduct as many survey interviews as possible telephonically. Childline Gauteng expanded its Covid-19 standard protocol for client and staff safety. (These are available on request).

2.5. Quality control measures

Stakeholder group: Childline Gauteng invited the subject experts and CJS stakeholders interviewed to become members of a "stakeholder group". The responsibilities of the stakeholder group included input on research instruments and research design; and input on interim deliverables such as the desk-top review and inception report. This enhanced the quality and the reach of the research.

Researcher training: it was understood that social workers are not professional researchers and that their familiarity with the sector and their clients could introduce unintentional bias. To mitigate against this, Childline Gauteng opted for a structured survey questionnaire with mostly pre-coded questions and answers. Childline Gauteng also embarked on training sessions on research methodology, research ethics, and interviewing skills with social workers. An extensive training manual was also produced for this purpose.

2.6. Data Analysis

The in-depth interviews were transcribed, following which a thematic analysis of the content was conducted. The (electronic) survey was analyzed using Excel and was limited to descriptive statistics. (The database is comprehensive and the sample large enough to run (weighted) cross-tabulations at a later stage for more in-depth analysis of patterns across data subsets).

2.7. Research limitations and challenges

Effects of the ethics clearance process: the process of obtaining ethics clearance from the Research Ethics Committee of the Human Sciences Research Council involved several delays (i.e., the Committee sits

irregularly and required additional information). The deadline for the completion for this research, however, was not extended. Accordingly, the time available for data collection, data analysis and report writing was reduced by a couple of months. Although Childline Gauteng is proud of this seminal piece of research, we also believe that had we not lost those two months, we could have produced more in-depth analysis, as well as some stakeholder specific reports/addendums.

Covid 19: Childline Gauteng was committed to ensuring that all survey interviews with survivors and survivors' caregivers were conducted face-to-face. This was not always possible and some telephonic interviews were conducted. As previously noted, Childline Gauteng adapted its HR policies to ensure staff and client safety for this process to ensure participant safety and provided debriefing sessions and additional counselling as required. Although this went well, Childline Gauteng believes face-to-face engagements are better for the prevention of secondary trauma and participant safety.

Secondary traumatisation: secondary traumatisation is always a possibility in studies of this nature. Childline Gauteng mitigated against secondary trauma by adhering to best practices in ethical research; by utilising experienced social workers to conduct the interviews with respondents with whom they have relationships of trust; by conducting debriefing sessions; and by making trauma counselling available.

Biases: the sampling strategy resulted in some definite and some potential biases that should be considered when interpreting the results. These include:

- Childline Gauteng's clients are almost exclusively children hence the results of this study speak mainly to the experiences of child survivors and their caregivers;
- Childline Gauteng clients are almost exclusively from impoverished and marginalized areas, in which most of the inhabitants are black African. It is important to note that the results are therefore not racially or economically representative, but rather representative of the areas of Gauteng in which the research was conducted;
- it is possible that the children and caregivers who have been referred to Childline Gauteng and opted to utilise Childline's services; as well as the caregivers who take the time to ensure that the children in their care receive psychosocial support, do not represent the many children who do not have access to these services or whose caregivers do not provide this level of care and support. It may be that these survivors are categorically better supported than many others. This may affect their interactions with, and assessments of, the CJS. It certainly does affect (introducing a positive bias) their descriptions of the CJS stakeholders that provide psychosocial support (and particularly of Childline Gauteng);
- as noted, the decision was made to utilise social workers to conduct the research primarily to reduce the possibility of secondary traumatisation. This was the correct decision for the subject matter, but it must also be recognized that social workers are not professional researchers. Despite the training provided, it is possible that there were more data collection or capturing errors than there would have been if professional researchers were engaged. Further, social workers' familiarity with the sector and their clients may have introduced unintentional biases (particularly where open-ended questions were asked, or where respondents were asked to evaluate psychosocial service providers).

Study on violence against children: As a result of the sampling strategy and research design, which utilised Childline Gauteng's strengths and client database for the reasons explained, the study is effectively (92% of the respondents) about child survivors of SGBV. Although there is a strong overlap between Violence

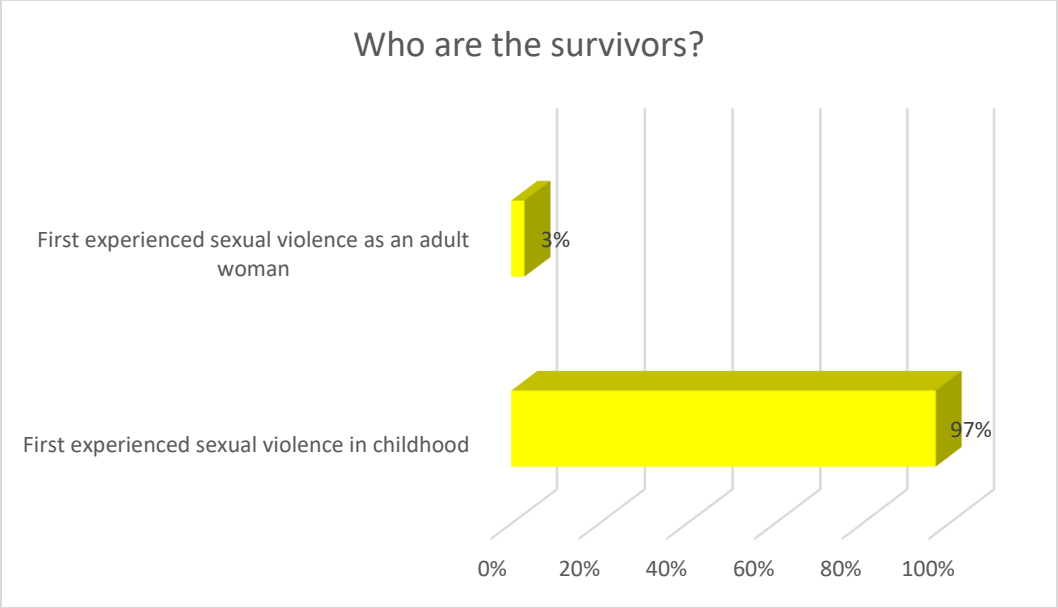
against Women (VAW) and Violence against Children (VAC); although SGBV is an inter-generational and life-cycle phenomenon (see literature review); and although the same CJS stakeholders are involved, the results in this study should be understood to apply mostly to child survivors. The comments about adult survivors are not representative.

3. Results

This section of the report (the main body of the report) presents the results from the survey and (in the section on the police) the interviews with the representatives of the FCS units. Unless otherwise specified, the results below represent the experiences and perceptions of the adult and child survivors of SGBV, as well as of the caregivers of the child survivors of SGBV.

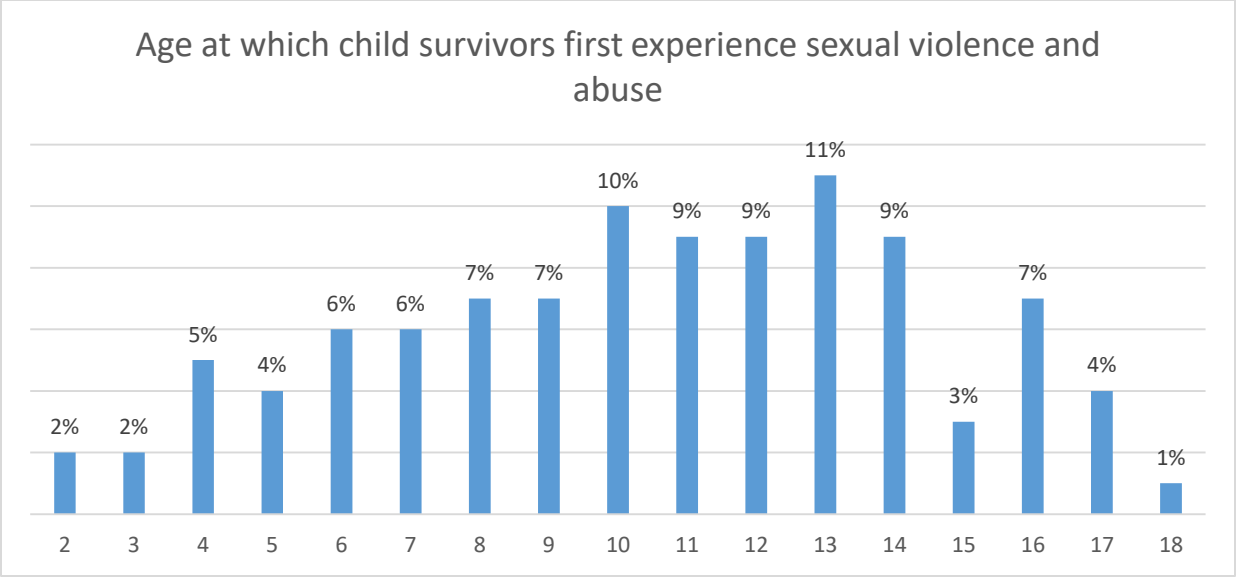
3.1. Profile of the survivors

Most (93%) of the survivors were girls and women, while 7% of the survivors were boys. Almost all (97%) of the survivors covered in this study first experienced sexual violence as a child.



The survey did not collect the exact ages at which the adults first experienced sexual violence, but the age distribution for the first experience of sexual violence by the child survivors is spread across the age range two to 18 (see graph below). The median[25] age at which sexual violence is first experienced is 13 and the average age at which sexual violence is first experienced is 10 (but this distorts the variability across age-groups (see graph below).

[25] The average (mean) of a dataset is found by adding all numbers in the dataset and then dividing by the number of values in the set. The median is the middle value when a dataset is ordered from least to most. The mode is the number that occurs most often in a dataset.



Most (96%) of the survivors described themselves as black African, 3% described themselves a "coloured" or mixed race, while 1% said they did not want to be classified by race. These results reflect the fact that the research was conducted in marginalized and impoverished areas, which as a legacy of apartheid, are primarily inhabited by black Africans. The results do not suggest that black Africans are more likely to experience SGBV than other "race" groups are. Further, 94% of the survivors said they were South African citizens.

3.2. Profile of the incidents of sexual violence

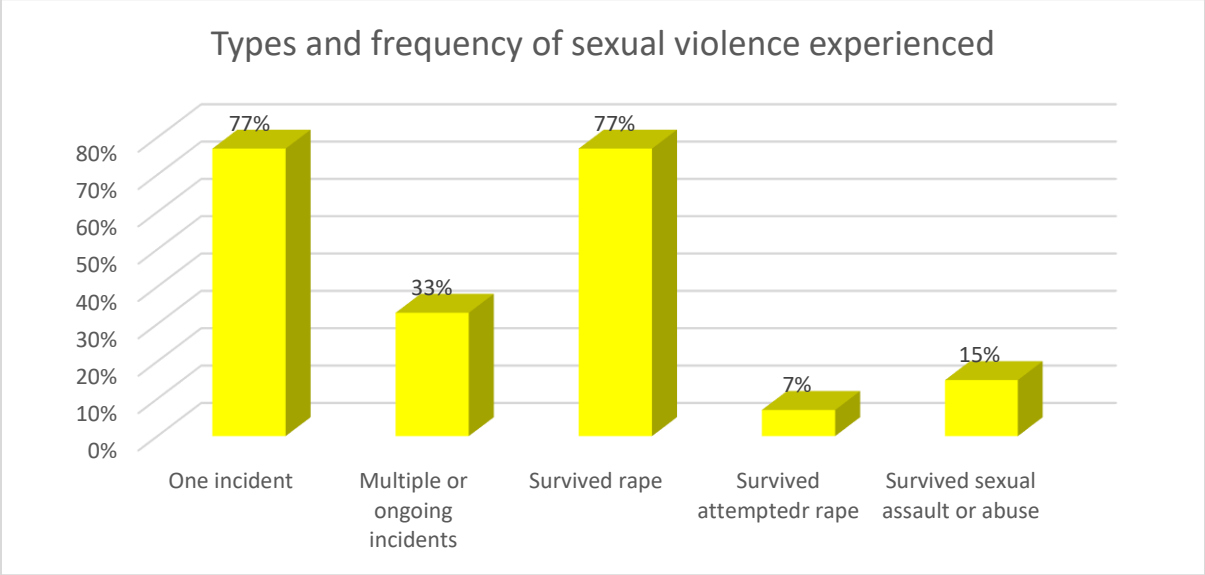
A third (33%) of the survivors have experienced multiple incidents of sexual violence (of these, at least 18% experienced ongoing childhood sexual abuse).

A Childline Gauteng staff member argued that ongoing childhood sexual abuse is an indicator of not reporting abuse. Although a later section of this report sets out survivors' reasons for not disclosing or reporting abuse, it is worth noting that children in the study tended not to disclose abuse either because they were threatened by the perpetrator and feared for their own or their family's safety; because they thought nobody would believe them; because they found/find themselves in unsupportive or abusive family environments (extending beyond the sexual abuse); because they did approach persons in authority for help but had not received it; or because they thought what was happening to them was normal.

"I kept the secret until he [the perpetrator] died. Before that I was too afraid to report it because he threatened to kill me".
"I was young, and I thought what my uncle was doing to me was normal".
"[I did not tell anyone else] because my family did not support me, the teacher did not support me, there was no-one I could talk to at the time. My relationships were affected. My exams were affected as I was told by the principal who raped me that he would not submit my exams".
"The biggest challenge was that the family did not believe the child survivor, and even now the mother does not call the child".

*child survivors

Of the survivors who participated in this survey, 77% were raped (of whom at least 10% were gang raped); 7% experienced attempted rape, 15% survived sexual assault or abuse, and one survived an attempted murder.



The incidents described during this study were most likely to occur in places where women and children are supposed to be safe. Most (46%) incidents occurred in the homes of the survivors, followed by 18% in the homes of perpetrators, 6% in the homes of friends or family members, and 4% in the homes of neighbours. A further 3% experienced sexual violence in cars, taxis, trucks, or school busses (mostly driven by people they knew well). Other places (2%) included a church, an initiation school, and a child and youth care center.

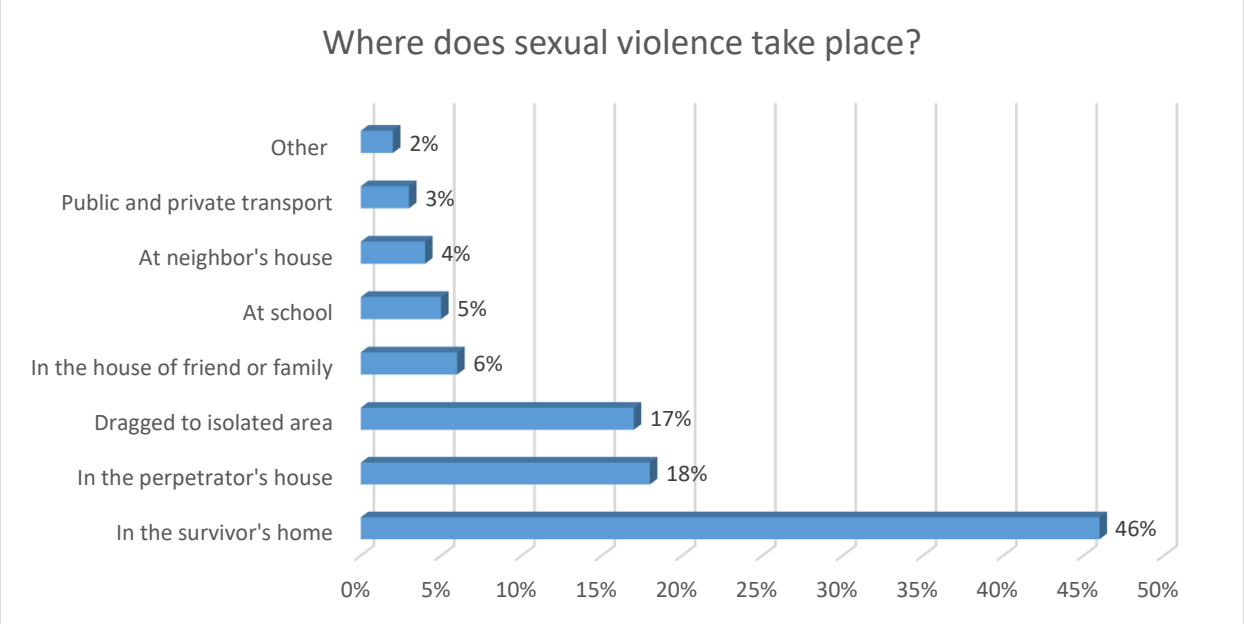
Five percent of the survivors (approximately 10 survivors) were subjected to sexual violence at school. A thematic analysis of the descriptions of the ten incidents shows that in most of these cases, the perpetrators were other children or youth and not teachers or other school employees. However, there were accounts of a principal and a school driver respectively raping a girl and a boy (albeit not on school premises). S's experience, described in the textbox below, illustrates the extent to which communication between stakeholders in the CJS and survivors remains problematic and a major source of distress for survivors and their caregivers (also see subsequent sections of the report); as well as the extent to which the CJS and its various stakeholders can still fail survivors of SGBV.

S's experience: "S" is a young boy in pre-school, who was raped by the school driver in front of two other children. He was also burned by the rapist. The burn wounds took six months to heal. The rape was confirmed at the hospital, which recorded the incident on a J88 form and collected DNA samples and other evidence. *"Honestly, the police failed me sister N. I opened the case on the 6th of March. Then on the 8th of March I took the child to the clinic for blood samples. Then after opening the case, I saw the perpetrator on WhatsApp. Then I called the police officer in charge of my case. He said that the docket was with the magistrate. My sister also called him to find out more about the case, because we were all shocked to see the perpetrator roaming the streets. The police officer told me not to give his number to my sister and that only my husband and I could communicate with him. I had given my sister his number because I needed support. Three or four days later, the police officer called me. He reported*

that the perpetrator had been released on bail because there was not enough evidence to keep him. I asked him why he was saying that because my child was given prep by the clinic, and he was still on medication. He had cigarette burns ... I wondered why he was saying there was no evidence. That is all he said to me. Then my sister called him again. To her he denied everything. He told my sister that he never said there was no evidence, but he said the investigation was still ongoing. Since them, we have not heard from him. I call every now and then, but they are not helpful at all. I asked the police officer ... why he never questioned the other two children who were in the same car with my child. He just told me he would do it, but now six months have passed, and he never did anything. There was no action from the police. Then I saw the same driver transporting the children again! I was shocked! That is the reason I then reported it to the school ... the school never supported me ... The principal just apologized and said that since the case is in the hands of the police, there was not much she could do, and she thinks the police officers will do their job ... it scared me a lot because I felt my child was not safe ... what if the perpetrator kills my child because we opened a case against him? ... Now we lock him [the child] in the house because we live near the perpetrator".

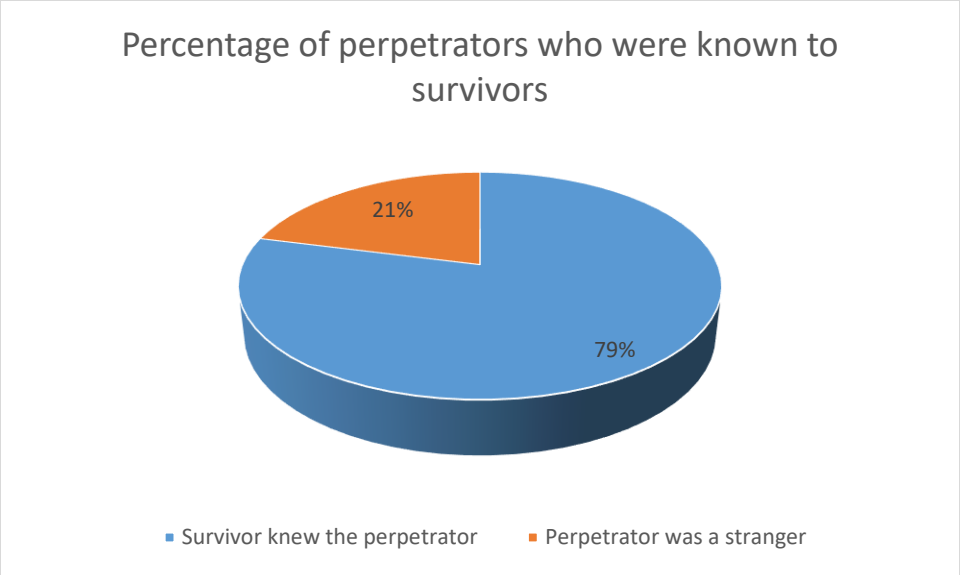
*caregiver of child survivor.

A further 17% of survivors of sexual violence were attacked and dragged to isolated places including into bushes, parks, public toilets, graveyards, abandoned buildings, vacant lots, alleys and dumping sites. This suggests that local governments can contribute to a reduction in opportunistic incidents of SGBV by, inter alia, maintaining public spaces (i.e., keeping grass short, ensuring streetlights are working, fencing off abandoned buildings, employing security services at dumping sites and graveyards) and increasing police visibility in these areas.



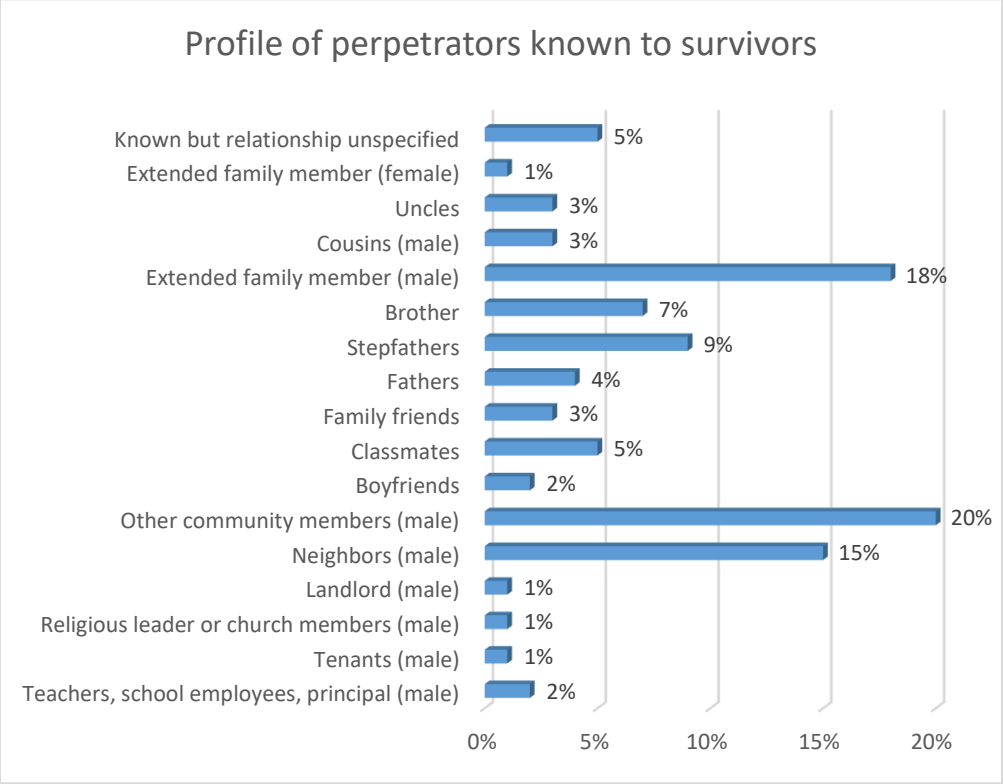
3.3. Profile of the perpetrators of sexual violence

In 79% of cases covered in this study, the survivor knew the perpetrator.



The graphs below give breakdowns of who these perpetrators are. Almost all (99%) perpetrators were male. In almost half of the cases (47%) perpetrators were family members. These included extended family members female (1%), extended family members male (18%), uncles (3%), male cousins (3%), brothers (7%), stepfathers (9%), and fathers (4%). The exact familial relationship of the remaining 2% is not known.

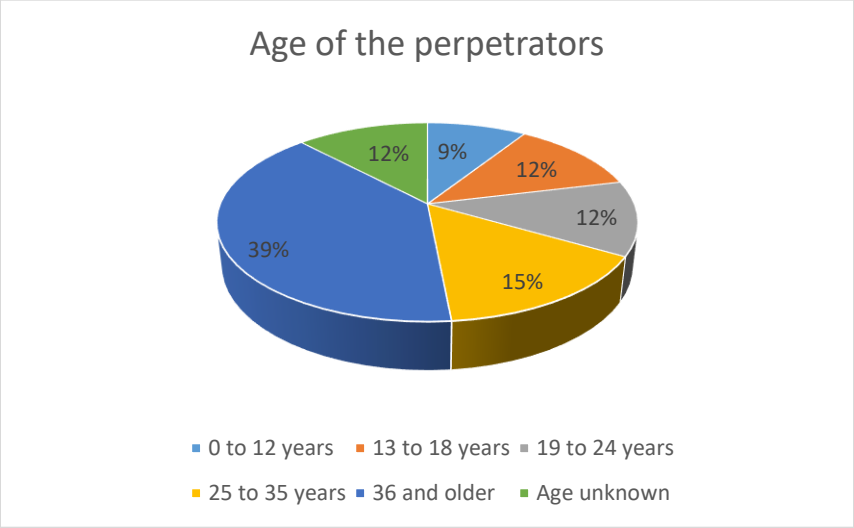
Male community members (20%) and male neighbours (15%) together account for a 35% of the perpetrators in this study.



In 10% of cases the survivors were economically dependent on the perpetrators. The level of economic dependence found in the study is lower than what researchers expected. This suggests that issues such as emotional dependence and the effects of familial, community and cultural norms should be given closer attention.

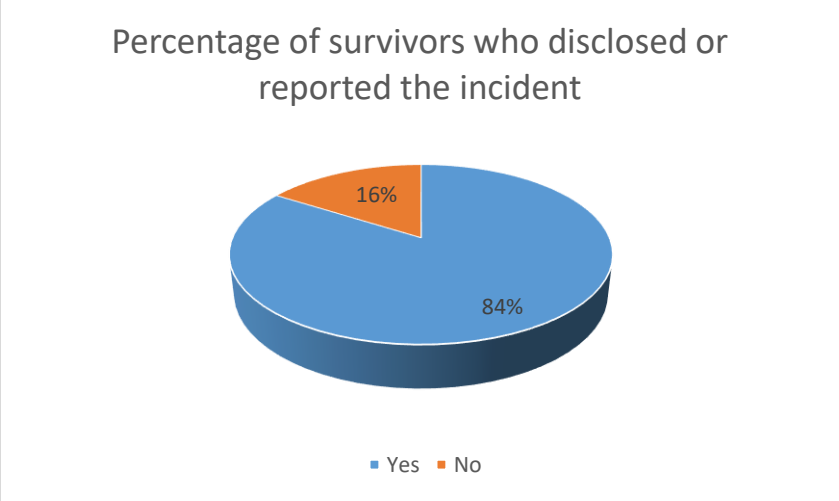
In 31% of cases the survivors were living in the same households as the perpetrators. Living in the same household is not correlated to economic dependence, as many of the perpetrators are children (see above) or are (male) household members who are unemployed or not making an economic contribution.

All age groups are represented among the perpetrators. Child perpetrators, defined as persons aged 18 years or younger, account for 21% of perpetrators; youth (aged 19 to 35) account for 27% of perpetrators; and older men (36 and older) account for a further 39% of perpetrators. This analysis is based on survivor accounts or estimates of the ages of the perpetrators. In 12% of cases, survivors did now know or could not guess the approximate age of the perpetrators.



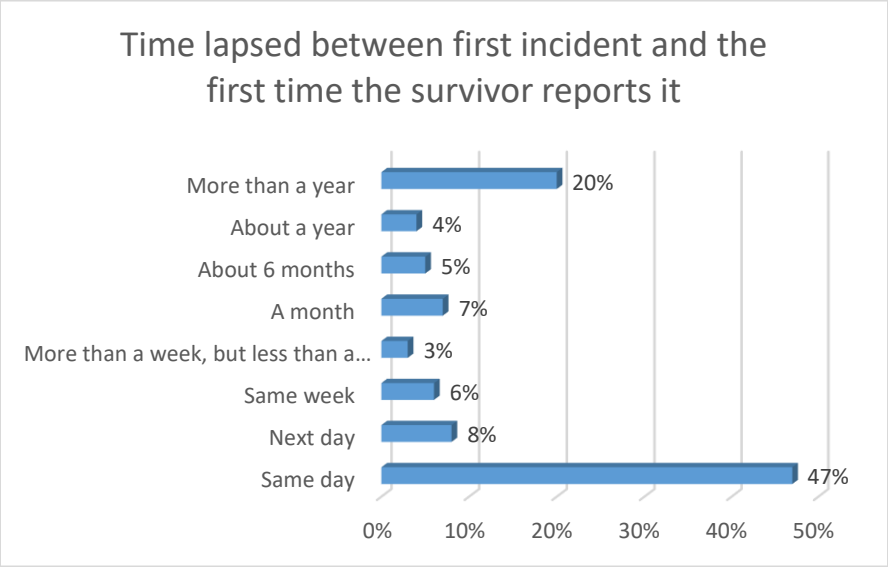
3.4. Help seeking among survivors

The majority (84%) of the survivors included in this study sought help by disclosing or reporting their (first) experience of SGBV to a third party.

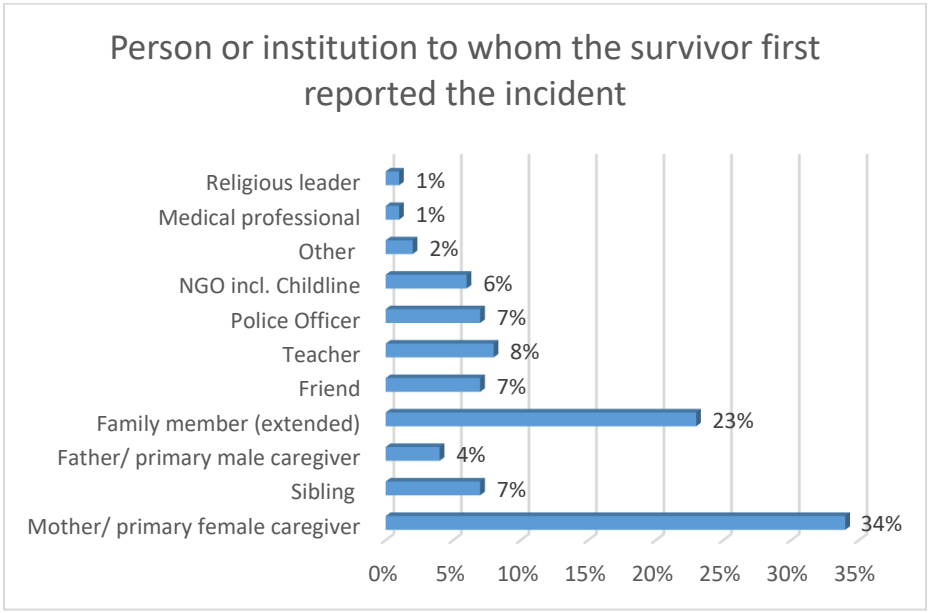


Of those who disclosed or reported the incident, more than half (55%) did so almost immediately (i.e., on the same or the next day).

A large group (20%) waited for more than a year before they told anyone about the incident(s). The reasons for the delays in disclosure/reporting are similar to those listed as reasons for children not disclosing ongoing abuse and for survivors' decisions not to lay charges (discussed in previous and subsequent sections of this report).



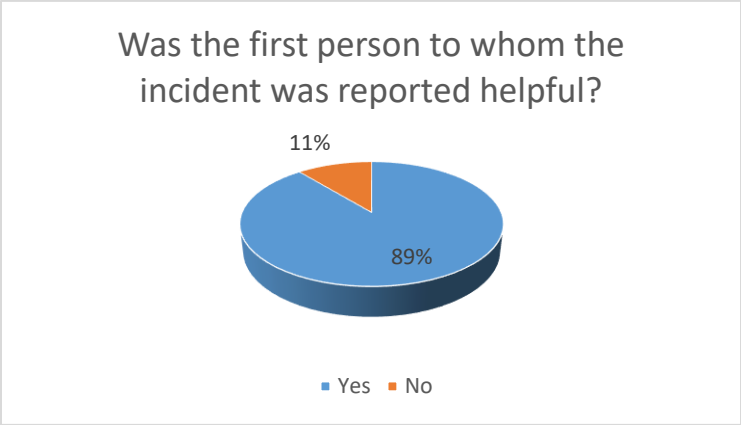
The survivors of SGBV included in this study were most likely (68%) to disclose/report the incident to a family member, most likely a female caregiver (34%). Those who disclosed/reported the incidents first to persons outside of their families, approached a friend (7%), a teacher (8%), the police (7%), or an NGO such as Childline (6%).



Approximately 89% of survivors and caregivers who reported the incidents of sexual violence said that the first person or institution they reported the incident to "was helpful". 11% said that these persons were

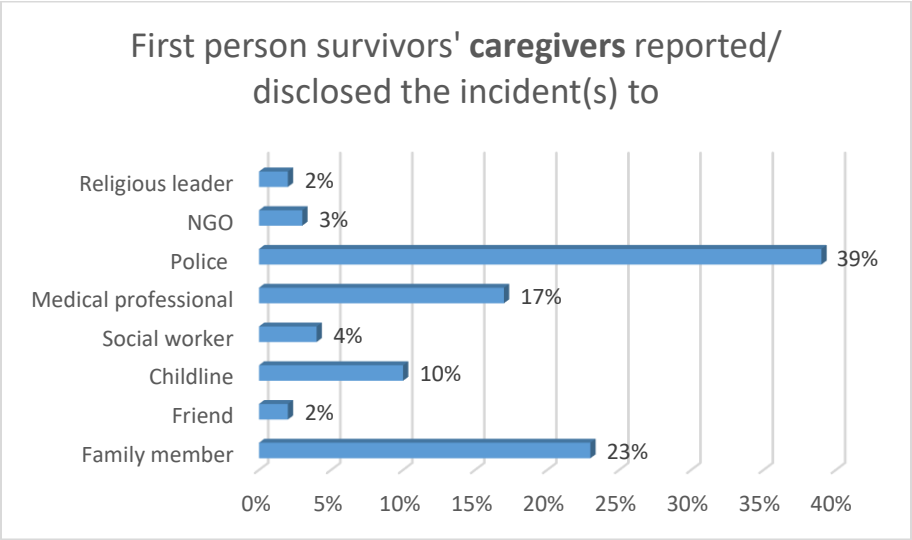
not helpful. A thematic analysis of responses to open-ended questions shows that in n many of these cases, the "unhelpful" third party was a female caregiver or other family member.

"My mother said we can't involve the police because it is a family matter, because I was being raped by my uncle".



The fact that most survivors of SGBV in this study reported the incidents to their families, teachers and friends highlights the importance of interventions to capacitate and empower caregivers, families, educators, and communities to assist survivors to access the required psychosocial, medical, legal and police support. This also shows that the efficacy of the CJS in part depends on families, teachers, and community members having the necessary knowledge and capacity to navigate the CJS and to provide appropriate practical and emotional support to survivors.

An analysis of the persons or institutions survivors' **caregivers reported** the incident to, paints a different picture – one in which the importance of stakeholders in the CJS, and particularly the police (39%), medical officials (17%), and professional providers of psychosocial services[26] (17%)[27] is more evident.

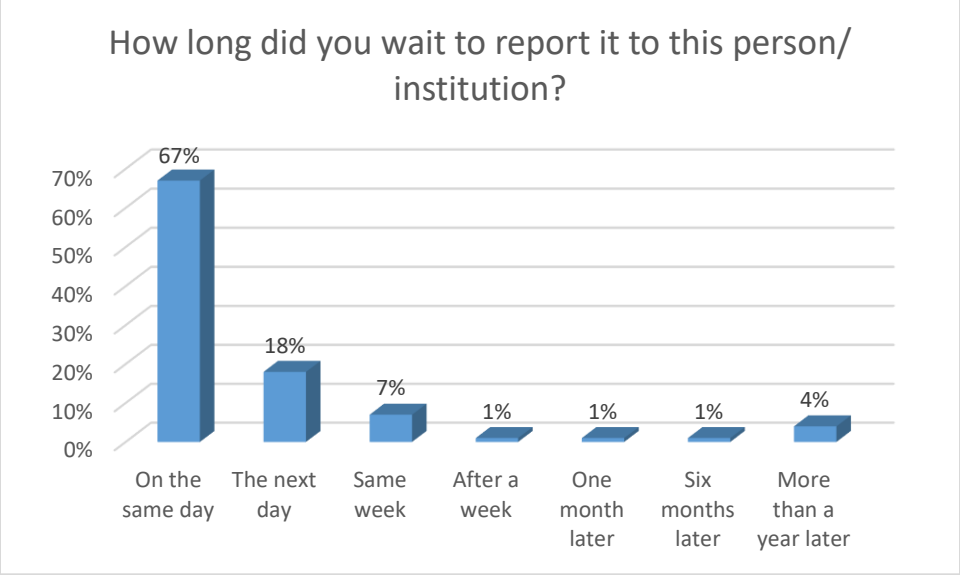


[26] This includes Childline, social workers and NGOs that provide psychosocial support services.
[27] Of which Childline represented 9%

It is interesting that none of the survivors, or caregivers of survivors in this study approached a legal aid clinic or legal professional. This suggests that these organizations could do more to build relationships with communities, the police, and the providers of psychosocial services. (Lawyers Against Abuse is discussed as a best-case example in the section on courts that follows). It is also interesting that despite claims from the religious sector about its importance in supporting community well-being, only 2% of caregivers turned to religious leaders/institutions for help.

Most (91%) of the caregivers said that the persons or institutions to whom they reported/disclosed the incidents "were helpful". This is a positive reflection on the services provided by CJS stakeholders. (Further analysis per stakeholder follows in subsequent sections of the report).

Caregivers were also likely to immediately report the incident(s), with most (85%) doing so within 48 hours of the incident occurring. This is important, because it stands to reason that the longer the time lapse between the incident and the date of reporting, the less likely the survivor is to obtain a positive outcome in the CJS (i.e., availability/integrity of evidence).



3.5. Approaching criminal justice sector stakeholders

The four criminal justice sector stakeholders discussed in subsequent sections of this report are the South African Police Services, medical facilities, the courts, and providers of psychosocial support services.

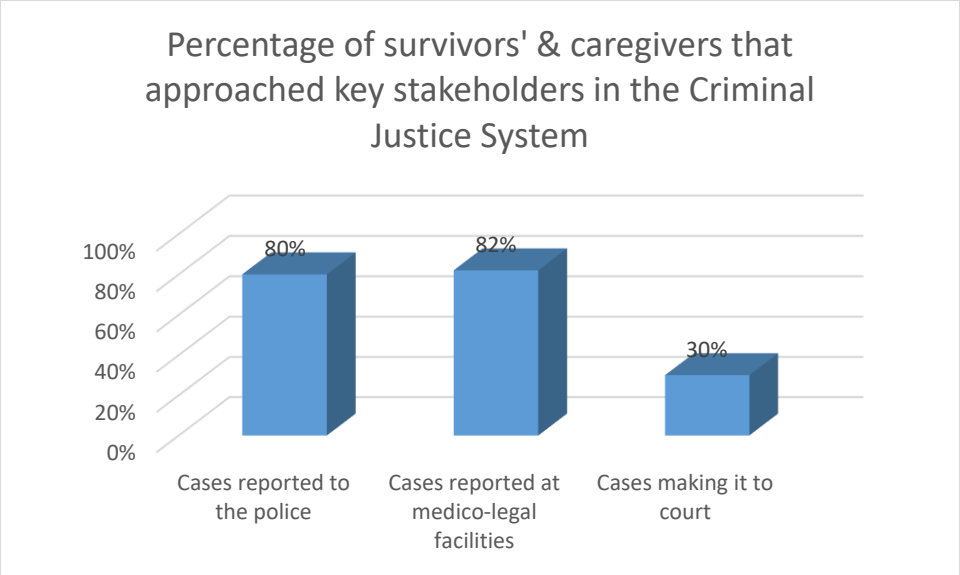
The following sections of the report analyze the client perceptions of the quality of the services provided by each of the criminal justice sector stakeholders and how they facilitate or hamper positive CJS outcomes for survivors of SGBV, from the perspective of survivors and survivors' caregivers.

In brief:

- just over 80% of survivors or survivor's caregivers reported the incidents to the police. This is a high level of reporting (higher than many studies on SGBV suggest[28]);
- approximately 82% of survivors went, or were taken to, medico-legal facilities, demonstrating that the medical fraternity is also key to ensuring positive CJS outcomes for survivors;

[28] See literature review Addendum 1

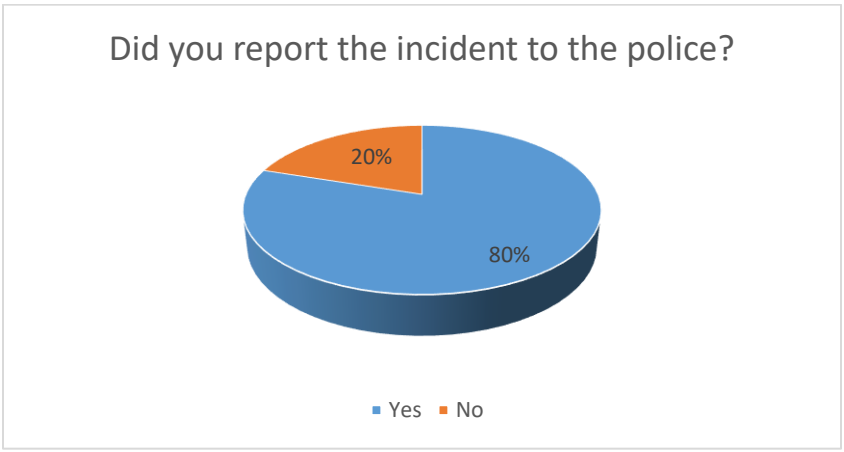
- only 31% of the cases covered in this research study ever made it to court;
- all survivors' or survivors' caregivers included in the study accessed psychosocial services, but this reflects the sampling strategy (see section on methodology) and does not reflect general levels of access to psychosocial support.



3.6. The South African Police Services

One-hundred and sixty-four (164) or approximately 80%[29] of study respondents reported the incidents to the police. This is a high level of reporting (higher than many studies on SGBV suggest[30]).

The high rate of reporting may suggest increased trust in the police in recent years, but it may also reflect a bias in terms of the "types" of survivors and caregivers included in the study (i.e., persons who sought psychosocial support for themselves or the children in their care from Childline Gauteng are more likely to report incidents to the police, and many of the participants had been referred to Childline Gauteng by the police). Nevertheless, the South African Police Services is clearly a crucial player in bringing about justice for adult and child survivors.



[29] 164 of the 164 respondents who answered this question
[30] See literature review Addendum 1

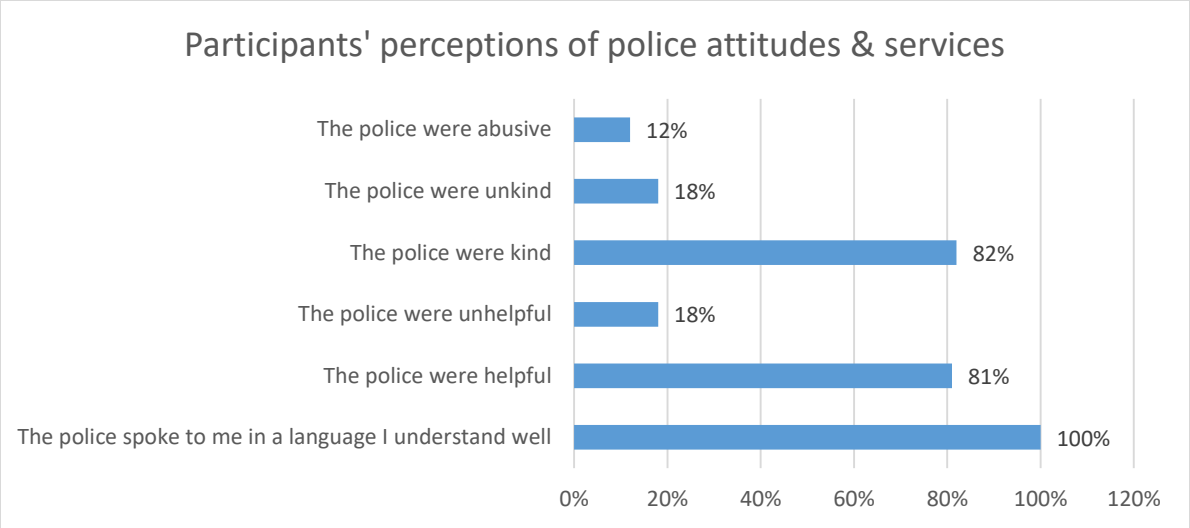
In approximately 20% of cases that were reported (about 33 cases) the police went to the survivors' home (most likely also the scene of the crime), and in the remaining 80% of cases (131 cases) survivors or survivors' caregivers went to the police station to report the crime.

3.6.1. Survivors' experiences at police stations

P's experience (a best-case of service delivery from SAPS): *"All the people and places I went for help were helpful ... it was a positive experience the help ... they were all encouraging and told me not to give up ... to pursue the matter ... In the beginning, I went to the Tembisa police station, but the incident happened at Spruit in Katlehong. The police in Tembisa were so helpful, one of the sisters [female police officer] told me that I needed to go to Katlehong, because the case falls there. When she saw the child, she told her that ... she will be all right. She said she wanted to help, but that the case falls under Katlehong. We then went to Katlehong and reported the incident. They took us to a [private] room and we gave the statement. We gave the statement and she asked me and the child about the incident, and we told her. She asked the child to tell her ... to not be scared ... to convey everything that happened. The child then mentioned about her brother abusing her when she was young. She said he told her not to tell her parents, that is why she didn't tell us. As she was talking, she remembered ... they [the police] treated us very well, it was a positive experience. They [the police] even gave us transport to Spruit [in Katlehong]…. Sergeant [name deleted] used to motivate me, even though I often told myself that this case will end up nowhere. The Sergeant encouraged me, called me, and said that I should be patient as they are busy dealing with the case. The sergeant said they would not abandon me, and that they will investigate the matter until they find the truth. And that they would contact me when it is case day and when the perpetrator is apprehended. The perpetrator was indeed apprehended, then he denied knowing us. Then the Sergeant contacted me and told me that the perpetrator denies knowing us ... Then the Sergeant gave him the phone and he called me by name, asking 'Sis [name deleted] what did I do?'. Then the Sergeant took the phone and said 'you said you did not know her, but you are now calling her by name' ... Sergeant [name deleted] was a great help. The Sergeant gave me hope that this case will see the light of day ... great hope".*

L's experience (an example of poor communication between an investigating officer and an adult survivor): L visited a legal aid clinic in Pretoria. She found the clinic already closed when she got there. A man told her they had other offices around the corner and that he would walk her there to protect her. Once around the corner, he dragged her into an alley. He stole her money, asked for her bank card and pin number, raped her, violently assaulted her, and left her for dead. She managed to get to a pavement where passers-by called an ambulance. Her initial experience with the police was positive, and she initially felt comfortable with the investigating officer, but soon matters unravelled and as a result the case was closed and the matter never went to court, even though she wanted it to. *"The day after leaving the hospital, the policeman came and wanted to know where the incident took place. I went with him to where it happened, and I also went to the police station because he wanted more clarity on the incident. Then afterwards he said that the case must be transferred to another police station because the place where it happened in between Soshanguve and Mabopane. Because I was not familiar with that place, we went in the car, and he took the case to that place. He went into the police station. I waited in the car. I had no idea who was now responsible for the case ... I think the police officer now on the case once came to the place I was staying, only to find out that I moved and then he said the case must be closed because I no longer stay in Pretoria".*

Study participants were asked to choose statements that best described their experiences and interactions with the police. These responses showed a consistent and overwhelmingly positive assessment of their experiences.



Indicators include:

- all (100%) of study participants[31] who reported cases to the police were assisted in a language they "understood well";
- approximately 81% of survivors[32] and survivors' caregivers chose the statement "the police were helpful", compared to 18% who chose the statement "the police were unhelpful";
- similarly, 82% of respondents chose the statement "the police were kind";
- only 18% chose the statement "the police were unkind";
- of the 18% who said the police were unkind, 12% (i.e., 16 people) said the police were abusive. During follow-up interviews study participants shared examples of cases where police officers were unkind, unhelpful, or abusive.

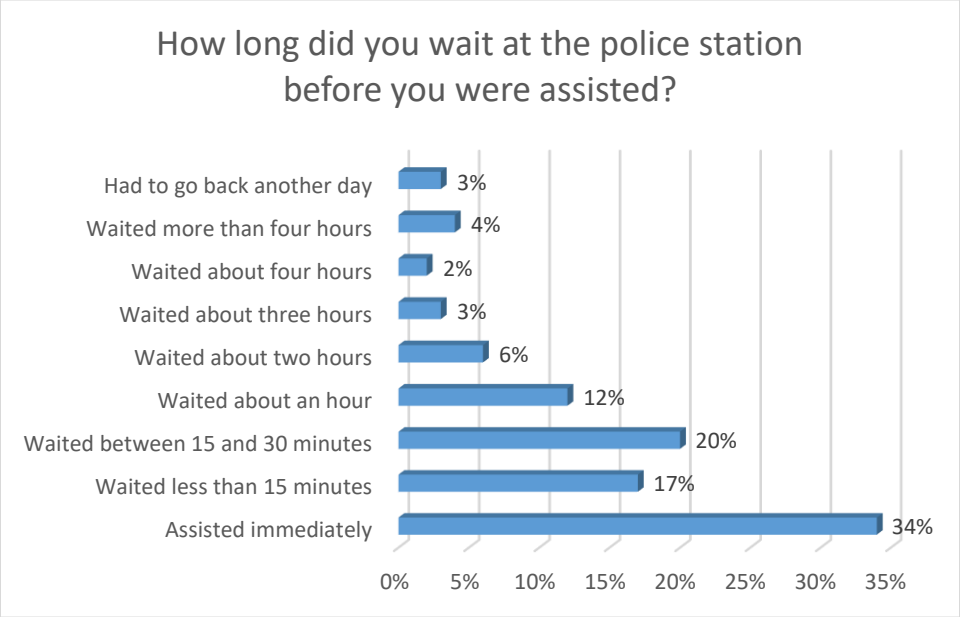
Experiences from the 18% of study participants who had negative interactions with the police:
"The police officer wanted the child to change her statement because the police officer did not believe the child. The child was not even referred to any social support".
"The police officer was rude to the child. He was questioning the child about ejaculation in isiZulu, but the child had no clue what he was talking about".
"I reported the rape in Gauteng, but it happened in Bloemfontein. The police told me they can't help me [and said that] I must go and report the rape in Bloemfontein".
"The investigating officer was rude, he told us [grandmother and child survivor] that we were creating a story and [that we were] wasting his time. He was also rude to the child, which made the child quiet and unable to answer his questions".

Various indicators were used to measure the quality of services provided by the police. For most indicators (see below), most survey respondents reported appropriate actions by the police officers concerned.

[31] 100% of the respondents who answered the question.
[32] 133 of the 164 respondents who answered this question.

- 94% of study participants[33] agreed with the statement "the police officer who assisted me was good at writing and it was easy for her/him to take my statement";
- 75% of study participants[34] said that police officers referred them to persons or institutions providing legal or psychosocial support;
- 71%[35] of caregivers said that the police had referred them to persons or institutions that provide psychosocial support to children;
- 80% of the child survivors of SGBV who had gone to the police stations were taken to medico-legal facilities by the police. This matter was not further explored in the survey, therefore the 20% who were not taken to a medical facility may include cases in which the survivor had already been to a medical facility, or where it wasn't necessary to go.

Furthermore, 83% of study participants who went to police stations reported that they waited less than an hour for assistance, of these 34% were helped immediately, 17% were helped within 15 minutes, and another 20% waited between 16 and 30 minutes (i.e., 71% waited less than 30 minutes to be served). However, 18% waited for more than an hour, of whom 4% (i.e., 5 people) waited for more than four hours, and another 3% (or 4 people) waited so long they decided to come back another day.



Most (77%)[36] study participants said that their statements were taken in private – either in a private room (56% or 69 survivors) or in a victim empowerment room (21% or 26 survivors). However, 23% of survivors had their statements taken in the charge office or the main reception area. In some cases, this occurred because the police station did not have the required facilities available.

[33] 136 participants answered this question with either yes or no. Don't know and not applicable responses were not considered as part of the calculation.
[34] 156 participants answered this question with either yes or no. Don't know and not applicable responses were not considered as part of the calculation.
[35] 153 participants answered this question with either yes or no. Don't know and not applicable responses were not considered as part of the calculation.
[36] 95 of the 124 persons who answered this question

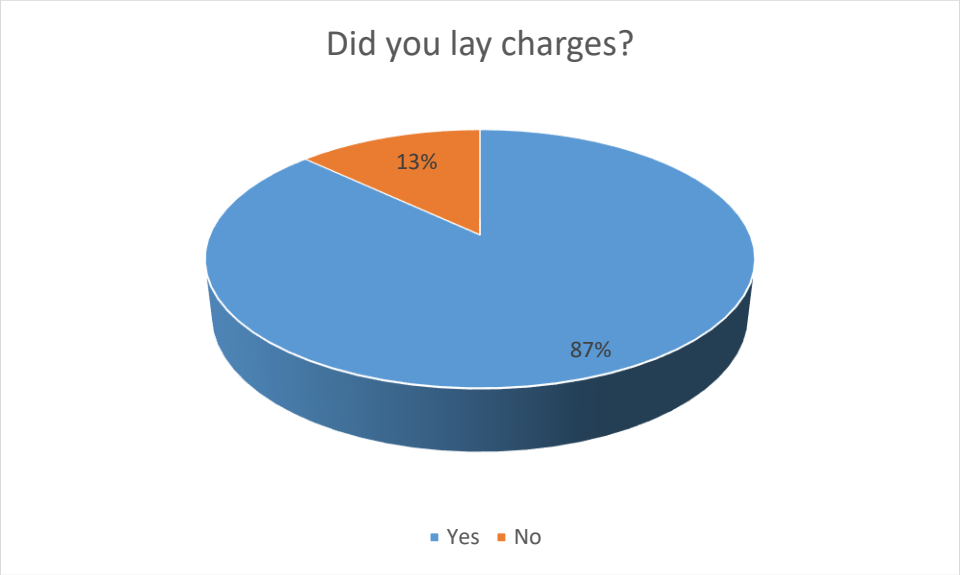
The 41 survivors who were assisted in private or victim empowerment rooms had positive assessments of the rooms: 96% described the rooms as clean; 93% said the rooms were comfortable; 96% said the persons who worked in the rooms were "kind and professional", and 93% said the rooms were private. However, only 57% said they felt safe in the rooms and 30% were not supported by a counsellor or someone qualified to provide psychosocial services.

3.6.2. The process of laying charges

As noted, 80% of (or 164) respondents reported/disclosed the incident(s) to the police. However, only 87% of the 80% who reported cases to the police, formally laid charges[37] (i.e., only 157 people laid formal charges).[38]

The 157 respondents who laid formal charges were asked whether the police gave them a case number. 87% (or 137 respondents) answered "yes". They were also asked whether "the police officer(s) referred the case/docket for prosecution. 40% (62 respondents) said "yes", 37% (51 respondents) said "no", and 24% (37 respondents) said "don't know".

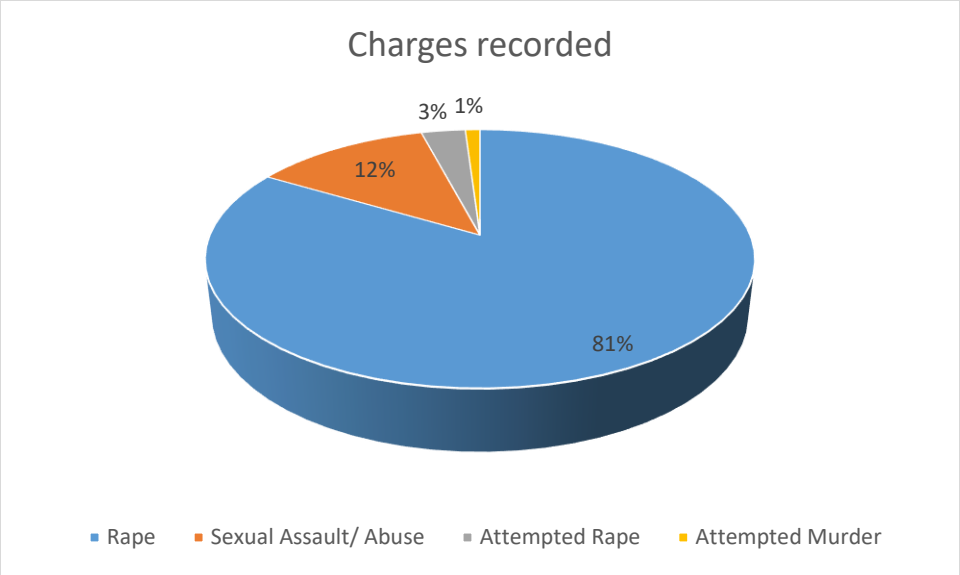
These findings point to ineffective or insufficient communication between SAPS and survivors.



Of the charges recorded, 81% were rape charges (including statutory rape), 12% were sexual assault or abuse charges, 3% were attempted rape charges, and less than 1% were attempted murder charges.

[37] Note that the reasons for respondents' decision to not lay formal charges are discussed in a subsequent section of the report.

[38] Note that 205 persons responded to the question 'did you report the incident to the police'. 164 of them (80%) replied 'yes'. Only 180 persons responded to a follow-up question 'did you open a case or lay charges". 157 of these said "yes" (i.e., 87%).



Respondents revealed shortcomings in evidence processing procedures at police stations. These shortcomings result in part from a lack of relevant equipment, and in part from a lack of adherence to procedure.

- only 48%[39] of survivors said that the police had a rape kit;
- only 40%[40] of survivors said that the police collected DNA evidence. This low number may reflect the fact that DNA evidence was often collected at medical facilities (not police stations), or that in other cases DNA evidence was not available;
- only 47%[41] of survivors were advised that they should preserve evidence (i.e., by not bathing, by not washing their clothes, or by keeping the clothes they were wearing when the incident occurred);
- only 40%[42] of respondents said that the police had collected physical evidence from survivors (e.g., keeping their clothes, or taking photos of their injuries).

3.6.3. The investigation and the role of investigating officers

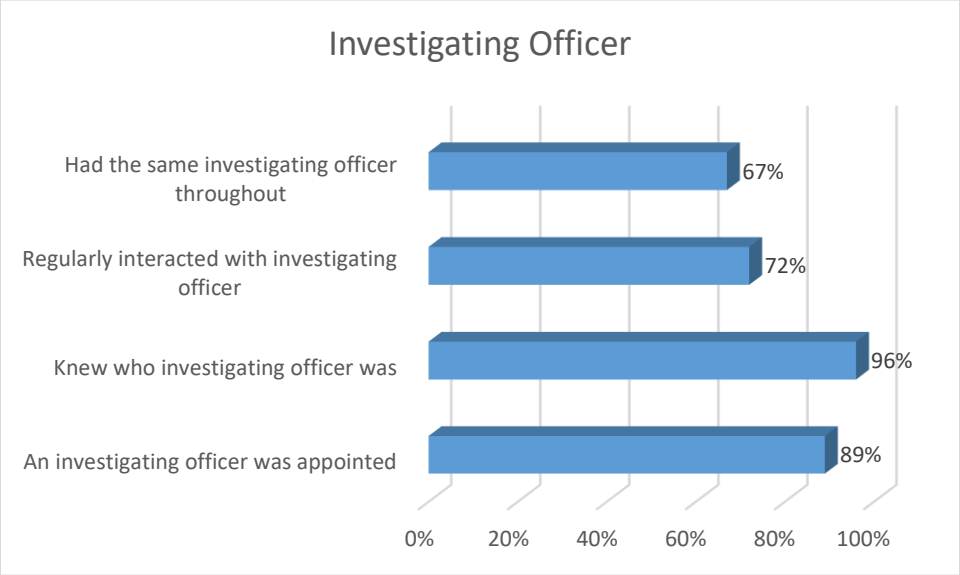
The 157 respondents who laid formal charges were asked whether an investigating officer had been appointed to their case. 89% (or 141 persons) said "yes".

It is encouraging that 96% of survivors who had an investigating officer assigned (i.e., 135 of 141 persons), said that they knew who their investigating officer was.

Unfortunately, only 72% of these (i.e., 101 respondents) reported that they regularly interacted with their investigating officer, and even fewer (67% or 94 respondents) had the same investigating officer

[39] This is based on the responses from 111 respondents. Responses of don't know and not applicable were excluded from the calculation.
[40] This is based on the responses from 116 respondents. Responses of don't know and not applicable were excluded from the calculation.
[41] This is based on the responses from 118 respondents. Responses of don't know and not applicable were excluded from the calculation.
[42] This is based on the responses from 121 respondents. Responses of don't know and not applicable were excluded from the calculation.

throughout the process. This also indicates that communication between SAPS and survivors requires improvement.



The respondent testimonies below demonstrate that the lack of effective communication, and turnover among investigating officers cause high levels of confusion and anxiety among survivors. It also leads survivors to abandon their search for justice.

T's experience: T was raped by a stranger while playing in the street with her friend. She was tied up, raped, and threatened with death if she told anyone. She went home after the incident and washed herself and destroyed the clothes she had been wearing. Her mother noticed changes in her behaviour. She was tearful and angry, she started physically hurting young children and carrying around a knife. It was only after her mother slapped her that she told her mother what had happened to her. She said she kept quiet because she thought her mother would beat her, or that people would not believe her. What follows is her mother's description of their experiences with the police and multiple investigating officers. *"After she told me, I then told her grandmother and her father. That was the weekend, the following day was Monday. I accompanied her to school. I reported the matter there. The school referred us to Rabasotho Police Station. We went to the police station to open a rape case for the child. When we left the police station, we went to Tembisa Hospital, where they checked the child and took the tests to see if she was pregnant or had contracted STDs or STIs... When we left the hospital, we were referred here [Childline]... I am not happy with the service [at the police station]. The police had an attitude and harassed the child when she spoke to her. I then intervened and ask them 'why don't you talk kindly to the child? She is in pain. Why do you choose to harass her?' They responded by saying 'are you always with this child?'... I opened the case, and I got a case number. I was told after three days that S (the investigating officer) would be overseeing it. But it was strange to me that this matter never went to court. This is what stressed me, and I ask myself why is God punishing me? What did I do? ...*
The perpetrator was detained, but after only three days I heard that he was released. [The perpetrator] ran away the same day. I was not informed of this. The police did not tell me anything anymore. S did not update me anymore because someone else was now handling the case. Then I gave up because I felt that the police were not helping. Then I decided to take the law into my own hands. .".

Additional experiences:

- *"A challenge is the lack of communication about the case since the offender was arrested".*
- *"The detectives were constantly changing, and I could not keep up with the investigation".*

- *"I don't know the status of the case with the police, and now the child is pregnant, and I don't have the support to continue with this case".*
- *"The challenge was that there was no follow-up and there was no communication from the police".*
- *"The investigating officer did not provide feedback on our case".*
- *The investigating officer came only once. The case number was delayed. There was no feedback from the investigating officer".*
- *"The detective did not update me about the case. I had to go to the police station to follow-up".*

3.6.4. Protecting survivors

Respondents were asked whether 'the police took steps to make sure the survivor was safe from the perpetrator'. 46% (or 66 of the 145 survey respondents who answered this question) said yes. Respondents were also asked whether the police had arrested the perpetrator; 53% (81 of the 152 respondents who answered this question) said yes. The 53% figure should not be seen as an accurate indicator of poor police performance. As previously noted, there are many cases in which arrests are impossible, inappropriate, or necessarily delayed. These include cases where the perpetrators were young children, were unknown, were deceased, had fled and needed to be found etc. However, many perpetrators remain free or have been released on bail, while survivors (and their families) live in fear. Study participants cited ongoing threats from known perpetrators as the greatest challenge they face.

"I was afraid of the perpetrator because he threatened to kill all my family and he later came with a gun and pointed it at my mother".
"The perpetrator is at school with my child. The boy and his friends laugh at my child. They say my child wanted this. It is becoming difficult for her to attend school".
"The perpetrators are still free, and they laugh at her whenever they see her".
"The perpetrator's friends harass me and my family, and they tell me they are going to kill my family".

According to study respondents approximately 25 perpetrators (presumably of the 81 that had been arrested) were granted bail (this includes perpetrators from ongoing and finalized cases) and prosecutors opposed bail in only 8 cases.

In-depth interviews with survivors revealed that the issue of bail, and specifically, not knowing when or why perpetrators are released on bail is a major source of stress and unhappiness for survivors (as it was for the police).

"The biggest challenge for me was not knowing why the perpetrator was released from prison".
"I was not informed why the perpetrator was released from jail".

3.6.5. Why survivors choose not to report incidents of SGBV to the police or lay charges

To better understand survivors' reasons for not reporting incidents and for not laying charges, study participants were presented with a list of statements to which they could agree or disagree on a standard (Likert) scale. The following reflects the strongest responses:

- 76% of study participants agreed that SGBV is not reported because "people lack trust in the CJS". (However, when unprompted, not a single respondent mentioned this as a specific reason for not reporting – see below);

- 97% of study participants strongly agreed, or agreed, with the statement "if the family is supportive of the survivor, it is more likely that the survivor will report the incident";
- similarly, 86% of study participants strongly agreed, or agreed, that "if the family is not supportive of the survivor, the survivor is less likely to report the incident";
- 82% of study participants strongly agreed, or agreed, that the attitude of the community to the survivor of SGBV influences whether an incident is reported or not;
- 74% of study participants strongly agreed, or agreed, that in cases where perpetrators are known to survivors, and survivors (or their families) are economically dependent on the perpetrators, crimes are less likely to be reported;
- 67% agreed that if survivors had a better understanding of the CJS, more sexual crimes would be reported and pursued through the court process;
- 60% agreed that the traumatic nature of reporting or pursuing a case (particularly where children are concerned) prevented survivors or their caregivers from reporting the crimes;
- study participants were divided about the role the status of the perpetrator plays in the process. 59% said if the perpetrator is known to the survivor or the survivor's family it is less likely that the incident will be reported, while the other 41% thought it was more likely that an incident would be reported if the perpetrator was known.

Furthermore, the 20% of study participants who said that they did not report the incident to the police were asked (in an open-ended question) to share the reasons for their decision not to report the incident/lay charges. The number one reason for not reporting incidents/laying charges was a lack of support/active discouragement from families and communities (38%).[43]

Other reasons include relationships of love or obligation with perpetrators (13%); fear of perpetrators (7%); cases where the perpetrators themselves are children (8%); a lack understanding of rights and the CJS (17%); and a fear among caregivers that reporting the incidents would be too traumatic for the child survivors (15%). The statements below from adult survivors (18 and older) and the caregivers of child survivors illustrate these experiences.

Lack of support/active discouragement from families and communities:
"A big challenge for me was that I was being blamed by my family".
"My mother is not supportive".
"I did not get enough support from my family, and I need support because of all the bad dreams I am having".
"I wanted to go to court, but my family prevented me and also I was afraid that the perpetrator would hurt me".
"I blame my mother because she prevented me from reporting the case. If I had reported the case, I would not be like this, like I am today".
The biggest challenge was "the lack of support from my mother and my grandmother".
"The family wanted to handle the matter internally and for me not to go to the police because they know the perpetrator".
"My family said it was too late for me to go to the police".
"I told my teacher and my family that the principal raped me, but I did not get support from the school or from home. I was told that the principal has powers and there is nothing that can happen to him".
"The biggest challenge for me was that the community took the side of the perpetrator".

[43] 38% of the 20% who did not report cases to the police.

"*You find communities and families who do not assist victims. They assume the victims are lying and side with the perpetrators ... you find witnesses who do not want to testify for the victims ... as a police officer, working against these misconceptions in communities is very much devastating*".

Insufficient understanding of rights and the CJS:
"I did not know the names of the people who raped me, so I thought there was no point in reporting it".
"It happened a long time ago and I did not think anything could be done about it now".
"I thought that because it was my boyfriend who raped me, nobody would believe me".

Relationship with perpetrator:
"I first want to face the perpetrator and his mother when I go home in December, then I will lay charges".
The child asked that the incident not be reported because she does not want to destroy the offender's life".

Child perpetrators:
"I thought the perpetrator also needed help, he was young and also needed help, he was also a victim".
"The school requested that the case not be opened and that we rather get help for the offender as well".

Clearly families and communities play a pivotal role in the likelihood of a cases being reported or pursued. This suggests that the family and the community are important sites for targeted interventions to improve CJS outcomes for survivors.

3.6.6. Challenges faced by the SAPS

As noted, researchers interviewed the heads of nine Family Violence, Child Protection and Sexual Offences (FCS) units in Gauteng for this study (see section on methodology). The information shared by the SAPS professionals made it clear that attempts to improve CJS outcomes for survivors must include efforts to support and further capacitate SAPS in general, and FCS units specifically.

There was consensus among SAPS representatives in Gauteng that the main challenges they encounter in their attempts to serve adult and child survivors of SGBV include:

Regarding reporting and charges: police officers said that there are many instances where charges are withdrawn (often in cases of domestic or intimate partner violence), as well as instances where charges are "false" (i.e., cases where charges were brought against another party as a form of coercion or blackmail). These negatively affect morale in the police force and can cause skepticism.

"This is very demoralizing because a lot of resources go into these investigations, and when the case is withdrawn, or it turns out to be false, then all those resources, all that time and work has been wasted".
"When this keeps happening, there is a likelihood of developing tendencies of misjudging certain situations on the basis of previous experiences with similar facts".

Members of the FCS units are trained in interviewing children and in the processes to follow. Even so, there are a myriad of specific challenges when taking statements from, or investigating cases in which,

the survivors are children. Some of the challenges highlighted by respondents include: young children sometimes have difficulty expressing themselves verbally due to underdeveloped language skills; young children sometimes struggle with a sense of time and logical narration; when eye witnesses are children, their parents often refuse to give consent for them to be interviewed by investigating officers; when perpetrators are family members or friends, children often feel obliged to protect them; and often interviews are affected by parents trying to speak on behalf of their children.

Regarding investigations: police officers are not independent actors and depend on the various other role players in the CJS. Police officers are, for example, dependent on the laboratories that process DNA evidence. There are extensive delays in these processes.

> *"The DNA system is very slow. We often do not get the DNA results on time. This causes delays and prevents the dockets from being placed on the court roll by the prosecutor. The survivors then lose hope then withdraw their cases".*

Survivors frequently relocate or change their phone numbers or other contact details without informing investigating officers. This complicates and delays investigations and negatively affects communication between the police and the survivors they seek to serve.

Investigating officers are the CJS stakeholders most likely to interact with survivors and are therefore also the ones who are most likely to be blamed for inefficiencies and challenges in the process (even if matters fall outside their realm of their responsibilities).

> *"It is very challenging ... the investigating officers are the link between the survivor and all the other service providers. They must engage with all these professionals, gather all these reports so that they make sure that when the case goes to court, everything is ready. It is a challenge running around between these stakeholders, but with passion it does not look like a heavy job. When a service provider like a doctor does not do their part, the difficult part is that the investigating officer is always the one that gets blamed. But often the investigating officer tries, but the service providers will even avoid the investigating officer. Everything is demanded from the investigating officer, while on the other hand, the service provider, when they see you visiting [to get the documents] they disappear. And you are pressing this service provider who is important to the case, but they resist. That is very frustrating".*

Regarding the courts: police officers are dependent on prosecutors to pursue cases in court. They reported that prosecutors sometimes withdraw cases or refuse to take on cases that they are not certain to win, because prosecutors wish to achieve their own performance targets (i.e., number of cases prosecuted successfully). Subject experts interviewed during the exploratory interviews also referred to this phenomenon.

> *"Prosecutors often do not want to place dockets on court rolls when they think that chances of a successful conviction are low. They have targets to reach in terms of their conviction rates and are discouraged from taking these cases to court".*

The police are often not the stakeholders responsible for postponements and delays in court proceedings but are, nonetheless, negatively affected. The delays also contribute to low conviction rates.

"*Some victims withdraw their cases because of the long periods and the delays, and then all the work you've done on the investigation was for nothing".*
"Even if you have finalized an investigation, it can still take a very long time before a docket actually goes to court. This negatively affects the conviction rate because victims withdraw their cases".

Similarly, progress in court cases often depend on reports/assessments from social workers, probation officers, or psychologists. Extensive delays for these reports can result in survivors withdrawing cases, cases being dismissed, or cases being prosecuted without all the available evidence.

"Their expert opinion reflected in their reports are highly rated by the courts and this strengthens the cases of survivors for a possible conviction. But they delay the process. Securing a date for a psychological assessment and getting a report mostly takes too long, such that a case may be finalized without the report, due to the defence attorney raising the constitutional right of the accused to a speedy trial".

Defense attorneys use the same argument to get cases dismissed in the absence of long delayed DNA results. This is particularly problematic in cases where "*inexperienced prosecutors rely solely on the DNA evidence to prove their cases, while ignoring all the other evidence they could use".*

Police officers expressed concerns and frustrations about the release of perpetrators on bail. They argued that prosecutors often do not do enough to oppose bail and are often not a match for the defense attorneys.

"We often oppose it, but we can't stop it. It is a problem, because they disappear, or they go back and kill her [the survivor]".
"Bail is usually granted because prosecutors do not stand up effectively to defence lawyers".

Representatives of SAPS also pointed out that witnesses and survivors are often poorly prepared, or completely unprepared to appear in court. Defense attorneys then find it easy to dent their credibility, making a conviction very unlikely despite the existence of a case docket with solid evidence.

There are not enough prosecutors specialised in SGBV cases. There is also a shortage of sexual offences courts. As a result, many cases are *"distributed to non-specialist prosecutors and to any available court. Here survivors get weak service, and they end up withdrawing their cases, and when they don't the chances for conviction are lower".*

"Experience on its own is not enough. As you know, these cases require someone with passion, who is willing to go the extra mile no matter how difficult a survivor can be, because sometimes they are difficult because they want to run away from the trauma, not that they despise any individual, they are actually running from trauma so they need somebody with passion who is willing. In court this is quite a challenge, hence the large number of case withdrawals, we cannot say we have dedicated prosecutors who can deal with children and traumatized women".

Regarding communication and coordination between the various stakeholders in the CJS: SAPS representatives agreed that ineffective communication between the various stakeholders and role players in the CJS was one of the weakest aspects of the system.

"There have been noticeable improvements in the way victims have been treated in the last two years, and the CJS is working better, but the biggest remaining weakness is the poor communication between stakeholders".
"Lack of mutual understanding amongst stakeholders regarding the mandate, regulating policy of practice, authority, and limitation of legislation for each is a stumbling block for our efforts".
"Communication breakdowns between the different role players happens, and this has a way of causing damage to victims".
"The courts do not always effectively communicate with us. This frustrates the victims and adds to the belief that we are not doing our jobs or that there will never be justice".

Regarding psychosocial and safety support for survivors: there is a clear need to improve the level of support the police and survivors receive from the Department of Social Development and other psychosocial service providers.

Police officers said that there is a less than optimal relationship between the FCS Units and the Department of Social Development, which undermines the extent to which the police can assist survivors to access psychosocial and related support services. *"We struggle to get cooperation from the DSD".*

There are not enough places of safety for survivors of SGBV in Gauteng. Police officers often struggle to find shelters for adult survivors, or places of safety for children. Furthermore, police officers are often forced to separate families because shelters for adult survivors mostly do not accommodate older children. This can result in secondary trauma and further exposure to violence for survivors. It also reduces the police's already limited capacity.

"One of the big challenges we face is that we do not have enough places of safety to send children. It is very traumatic for children to be taken from pillar to post".
"If we don't find a place of safety for the victim soon, and the victim has no place to go, they go back to the perpetrator".
"There are many times when we struggle to place victims [in a place of safety] after a crime has been reported and also the time that we spend looking for a place delays the attention that we are able to pay to other reported cases".

There are not enough social workers and the relationship between SAPS and social workers is complex. According to the many of the SAPS representatives interviewed, social workers employed by the DSD tend to work office hours and are therefore often unavailable. "*DSD social workers also do not attend stakeholder forums where the latest trends and practices are shared"* thereby undermining the quality of services that survivors receive. Social workers employed by NGOs are available and committed but often do not have the resources required to effectively perform their duties.

Regarding resources: SAPS's work is negatively affected by human and other resource constraints. *"We have limited resources at our disposal, which makes it more difficult to attend to our duties. We have a shortage of members and a shortage of equipment".* Survivors and caregivers who participated in the survey also noticed these resource constraints. Six percent of survey participants said that the police

officer who assisted them did not have access to a car when it was needed, while 53% said the police officer in question did not have a computer to work on.[44]

One FCS unit in Gauteng reportedly serves between five and eight police stations (depending on the population density of an area). In terms of international policing standards, the case to officer ratio should be 21 to 1. In Gauteng, an investigating officer on average has 70 ongoing cases. There is a positive relationship between SAPS (general) and the FCS units, but this increases the burden on FCS officers who are called in for all traumatic cases. The lack of resources can be exacerbated in the case of FCS offices, which are situated apart from the main police stations to protect children and survivors of SGBV from exposure to "*cells or charge offices ... and the day-to-day activities of the police*".

There is an acute shortage of forensic social workers in the FCS units, with one forensic worker "*serving more than 20 police stations*". Excluding existing cases and daily walk-ins, on average a forensic social worker opens 40 new cases per month. These pressures result in high rates of resignation and traumatization. The shortage also means that many survivors cannot be assisted in their home language, or a language in which they are fluent. *"Another issue is that of languages ... one forensic social worker cannot cater for all the languages ... then the officer must transport the survivor to another area, like from Pretoria to the Vaal".*

Regarding systemic issues: the reasons for high rates of crime and violence in South Africa are systemic. These include the psychological, spatial, and economic legacies of apartheid; widespread poverty and deprivation; absent or deteriorating infrastructure; absent or poorly implemented urban planning; the prevalence of harmful patriarchal norms and practices; malnutrition; inter-generational violence; extremely high rates of unemployment; and substance abuse (see literature review). These are neither problems SAPS created, nor problems SAPS can solve. Nevertheless, there is often an expectation on the part of society (and the media) that SAPS/law enforcement should do so.

"People have lost hope and trust in the CJS and in the police because of the high crime rate".
"My biggest challenge is that we don't seem to make an impact, it doesn't matter how hard we work, and how successful we are in the work we do, the problem remains and seems to get more prevalent".

Covid-19 negatively affected all aspects of police work and the CJS overall. SAPS representatives found that court cases were delayed (leading to higher rates of despondency and more frequent withdrawal of cases); survivors were unable to report incidents immediately because they were trapped at home with perpetrators or because they were afraid to break curfew (leading to deterioration of evidence quality); and SGBV against adults and children increased.

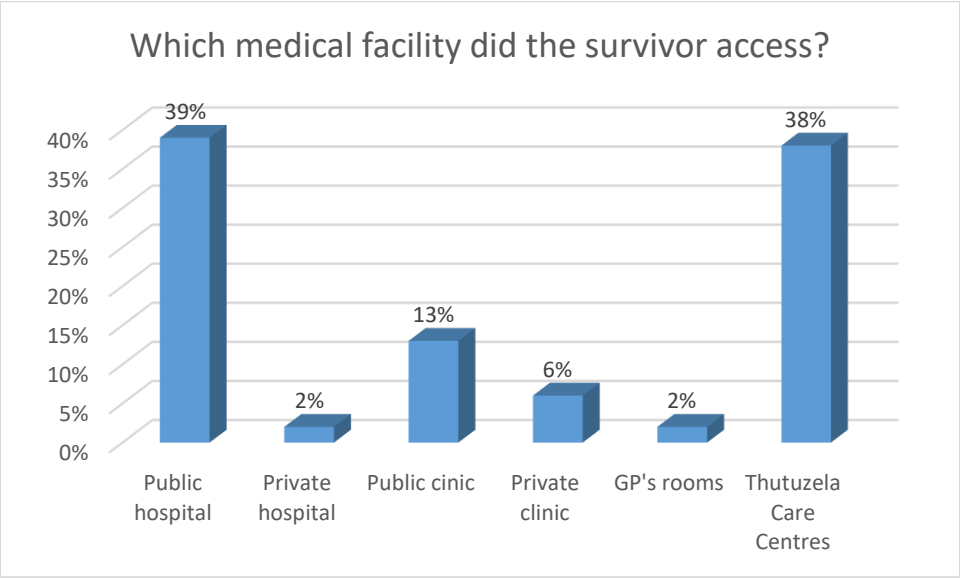
Regarding the mental and physical health of police officers: the many challenges summarized above negatively affect the mental and physical health of police officers working to serve survivors of SGBV.

"I struggle with negativity, because after the investigation has been completed, then the victims are just left to their own devices".
"There are high rates of burn-out among investigating officers".

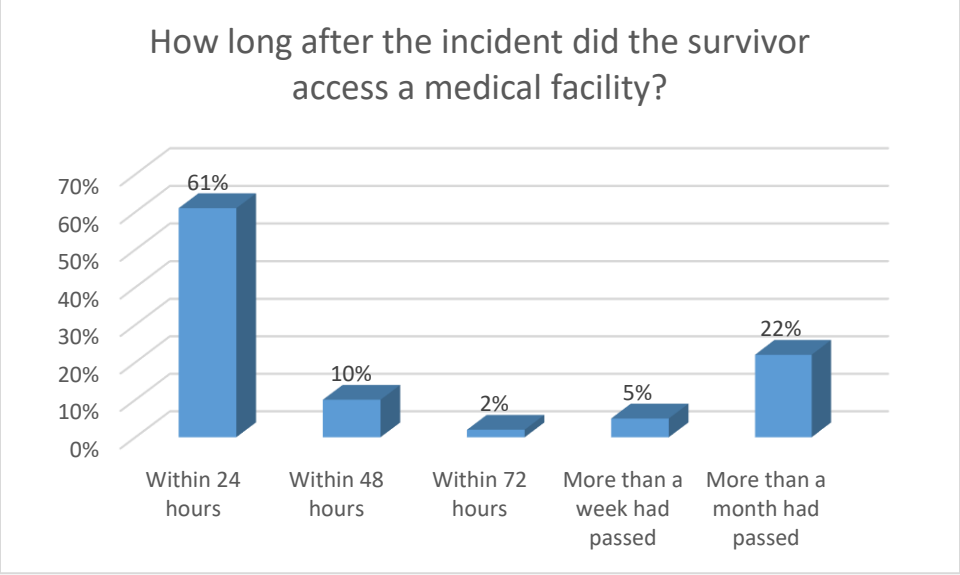
[44] For both these responses the calculation excluded don't know responses.

3.7. Medico-legal facilities

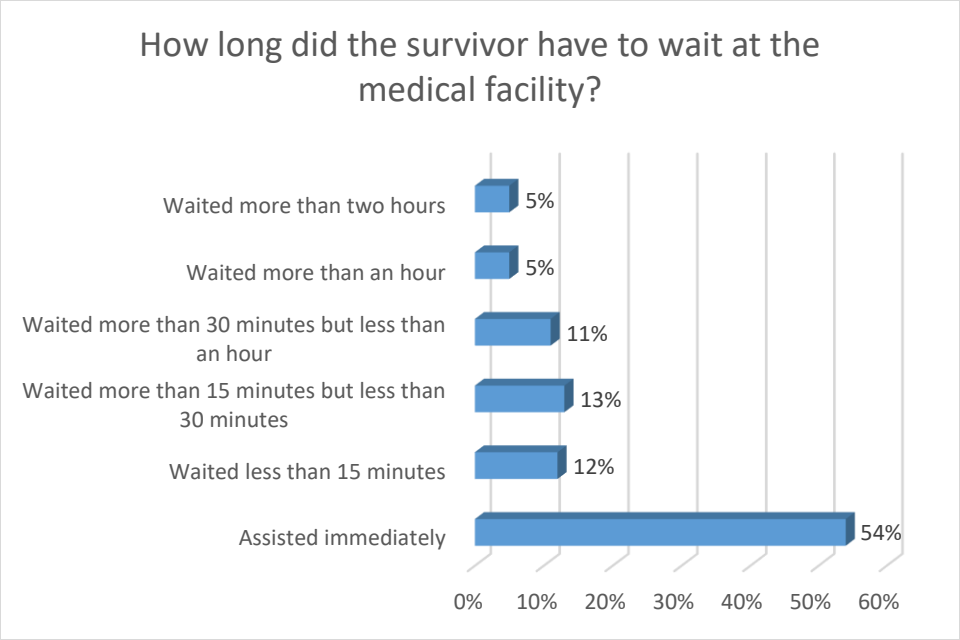
Approximately 82% of survivors went, or were taken to, medico-legal facilities. This demonstrates that the medical fraternity is key to ensuring that the CJS effectively supports survivors of SGBV. Survivors were most likely to go to, or be taken to, public hospitals (39%), Thuthuzela Care Centers (38%), and public clinics (13%). The analysis that follows, therefore, largely applies to public health facilities. These results reflect the socio-economic profile of Childline's clients.



Although most (61%) survivors accessed medical facilities within 24-hours of the incident of sexual violence, only approximately 73% of survivors reached the medical facilities within the critical 72-hour window during which the administration of Post-Exposure Prophylactics is most likely to be effective. A large grouping (27%) only accessed medical services a month or more after the incident.



Most study participants reported good service and positive experiences at medical facilities. For example, only 10% of survivors waited more than an hour to be helped, while 54% were assisted immediately, 12% were assisted within 15 minutes, and 13% waited more than 15 minutes, but less than 30 minutes.



P's experience: *"We first went to the Tembisa hospital on our own and we were then referred to the Thuthuzela to verify what the child was saying was the truth ... When we arrived at the Thuthuzela we sat for above five minutes and then she [the child] gave a statement, then they called in the child to check her. Afterwards, they called me in. I don't know if it was a nurse or sister or what. She then confirmed that the child had scratches inside and that she has been abused. Then they requested to take blood tests to check that she [the child] did not contract STDs and AIDS. After checking, the report came back confirming that the child did not have any diseases ... it was a positive experience [how they were treated], however, whilst they were checking her, she was crying and was saddened that she lost her virginity and that she has been abused. We both cried that day".*

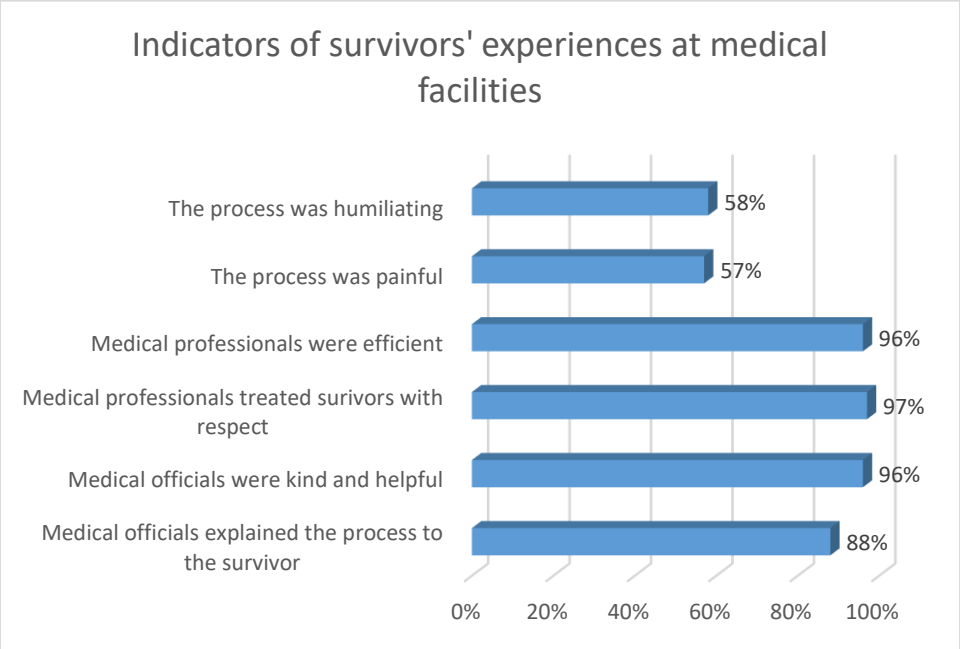
T's experience: *"The sister I found there [at Tembisa Hospital] was the right person, because she gently spoke and advised my child. She even asked my child what she wanted to be when she grew up. She said she wanted to become a social worker so that she can help children who went through the same pain she went through. The sister then said, 'if you want to be social worker my child, you must pull up your socks and study'."*

S's experience: *"My child was so scared sister N. He was crying and he did not understand what was going on. Especially on Monday when they took blood samples. They took five bottles of blood, and the procedure was very painful for him. He cried a lot. The way he cried reminded me of the day I took him to the school transport. He was crying and screaming and hitting the car windows. I was wondering why he reacted that way. I blame myself for forcing him to get into that car".*

Other indicators demonstrating survivor's positive assessment/experience of medical facilities include:

- 88% of study participants said that health officials explained what they were doing, and why, to the survivors (thereby reducing their fear and confusion);
- 96% said that health officials were kind and helpful;

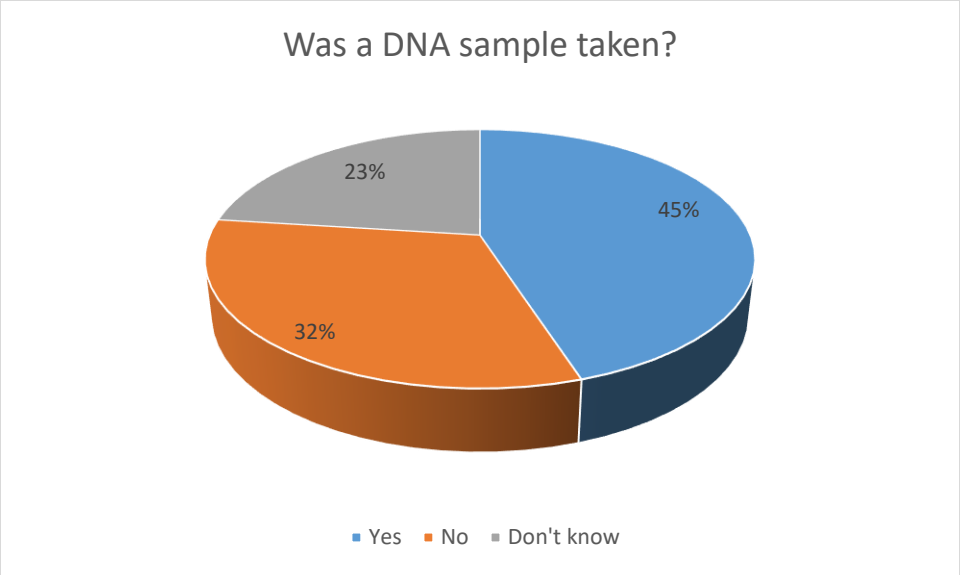
- Although more than half of the survivors found the procedures painful (57%) and humiliating (58%), 96% still reported that the procedures they underwent were quick and that the health professionals were efficient;
- Almost all (97%) of study participants said that survivors were treated with respect at health facilities.



Approximately 67% of survivors said that they were given post-exposure prophylactics, and/or medication to treat STDs and prevent pregnancy. It may be that for a variety of reasons (including cases of attempted rape, or incidents reported months or years after the fact) medication may not have been necessary, and that the percentage of survivors who required medication and received it was higher. Experts interviewed during the exploratory interviews cited examples where pharmacies or facilities in small towns were closed on weekends or overnight, making it impossible for survivors to access the necessary medication.

Only 45% of study participants could confirm that medical officials had completed a J88 form, but this finding could be misleading. It is possible that these forms were completed, but respondents were not aware of it.

Further, only 45% of study participants could confirm that a DNA sample was taken from survivors.

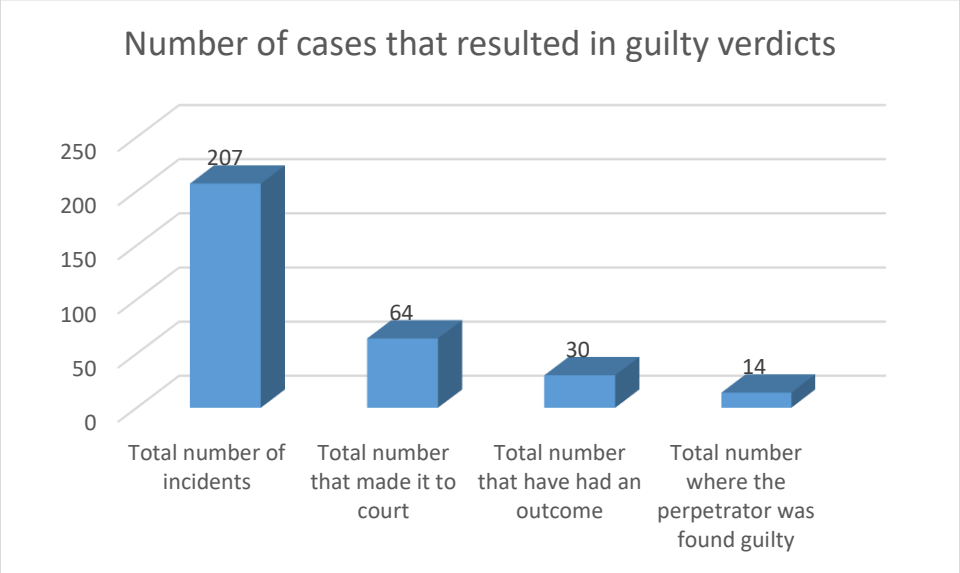


Only half of the survivors from whom DNA samples were taken had received the results from their DNA tests. Of these, 51% received their results within a week. However, 46% waited several months for their results, and 3% waited more than two years.

3.8. Courts

3.8.1. Outcomes

Only 64 of the cases covered in this study ever made it to court. Of these, 30 have had an outcome, while the other 34 are either ongoing, or study participants did not know the status of the case. Almost half (14) of the cases that had an outcome (14 of 30) resulted in a guilty verdict. This sample is too small for genuine inferences, but it does seem that once cases get to court, they have a chance of resulting in a conviction.



The results of this study suggest that many cases never make it to court. The data shows that case attrition takes place at each step of "the process". Firstly, only 164 of the 207 cases were reported to the police

(i.e., attrition of 42 cases at this early stage). There are multiple reasons for not reporting cases, but it has been shown that in most cases families choose not to report cases or prevent survivors from doing so (often to protect the known perpetrators).

The second point of attrition occurs when survivors or their caregivers choose not to lay charges. Only 157 survey respondents laid formal charges (i.e., attrition of a further 7 cases). This suggest that approximately 25% of cases (49 of 207) never make it to court because of decisions made at individual, family, or community level. It also suggests that intervention, education and psychosocial support is required at these levels.

Interviews with representatives of SAPS's FCS units have shown that a third point of attrition is when survivors or their caregivers drop charges mid-way because of the lengthiness and inefficiencies of the process. Unfortunately, the study did not collect data on how many cases were dropped, but the fact that 141 respondents said they have investigating officers; while 66 said that perpetrators were arrested, allows a speculation that charges were withdrawn in (at least) approximately 17 cases during the investigation process. With due notice of the fact that this is a very rough estimate, the data therefore suggests that a further 8% of attrition takes place during investigations.

This suggests (and this statement is made with utmost caution) that most attrition takes places during the legal aspects of "the process".

3.8.2. Court processes

As with other aspects of the CJS there is variability in responses and experiences, but it does seem that the legal aspects of the CJS are the most difficult for survivors and their families. A large part of the anxiety results from poor communication and repeated postponements (the reason for which are frequently not clearly explained to survivors and their families).

Almost two thirds (43 persons) of those who went to court said that there were "repeated delays and postponements". On average, cases were postponed 5.5 times. The period covered by this study includes the various Covid-19 lockdowns and subsequent court backlogs, which may have negatively skewed the findings about delays.

"The case was postponed ten times because the prosecutor was not ready".
"It was postponed so many times, I have lost count".
"It was postponed four times before COVID, and then for a whole other year because of COVID".
"There were lots of postponements, once it was because the hospital moved, and they lost the documents for the case".

Only approximately two thirds (38 people) said that they were given sufficient notice to prepare for their court appearance. This suggests that survivors are not receiving the information they require.

Similarly, only about two thirds of respondents (39 people) said that the court processes had been explained to the survivor. Responses from the approximately three-quarters (39) suggest that court preparation officers are playing an increasingly important role; court preparation officers explained the court process to 22 survivors, while a further 16 received support from an NGO/CBO. Only 3 had the process explained to them by a representative of the Department of Social Development. These samples are too small to draw inferences from, but the responses do echo the feedback the police officers provided about the lack of involvement from social workers from the Department of Social Development.

"When we arrived at the court, they did not explain why we were at court. They did not help us. We were only helped by the Teddy Bear [Clinic]. We waited in the court without being assisted until we left. We do not even know what transpired that day ... When we entered the court, we were placed in the wrong place with the convicts, not where we were supposed to be. Then the child started thinking that she might see the perpetrator ... [All day] we were sitting ... and nothing happened ... We only listened to other people's cases and we did not know what to do".

With the caveat that the sample is too small to draw definite conclusions, it appears that the relationship between prosecutors and survivors is a weak point in the CJS. Prosecutors had met with and explained the relevant processes to less than half (27) of the survivors who went to court, while the remainder had either never met the prosecutor (22 survivors), or had only ever seen the prosecutor during a hearing (4 survivors). Two study participants also shared what they experienced as professional neglect or abuse on the part of prosecutors.

Z's experience in court with a supportive prosecutor: *"I was scared, especially when they called [the perpetrator] into the witness box. To look at him, the person you trusted because you grew up with him ... When I looked at him, I was scared and I told myself that I had to be strong, because on that first day [in court] we did not talk. We just greeted the magistrate, who only asked our names, and then gave us a new date ... We did endure this case, and when we were about to get in, when they called me, and they asked me if I knew him, I said then that I did ... I told myself that I needed to be strong for my child, to enable her to be strong. Then when they [court officials] spoke to her [child survivor], she was brave. She spoke in the manner that even when her lawyer was asking questions about [the perpetrator, name deleted], she was able to answer, she was able to answer for herself. There was also a social worker who was a witness for the child ... There was a part when I was not inside, then my brother came and told me that Z [child survivor] was crying inside, that she was unable to talk. She was able to talk, but at the same time there was this sad thing. I even saw the Prosecutor leaving the courtroom to go where Z was, because we were only able to see her via television [in camera]. The prosecutor spoke to Z ... calming her down because she was crying strongly. Then we went out for lunch, and we sat briefly. We told Z that all will be well, that everything will be all right ... Even at the court, the prosecutor would call me and ask: 'how is the process with the doctors going?', and I would tell them that I have not found help ...*

We went there with a feeling that the case should be over, as we were tired. The saddest part was when the child was interrogated. At last, the prosecutor said that because the case was coming to an end, we did not have to come to court [anymore] if we did not want to come. If I wanted to come, I should, but there was no reason that I should come. That was the last time we went there because there was no reason to go there, we were done. After all, the child had given evidence ...

They would give us feedback. They were going to see us on the Tuesday, but due to COVID, most cases were interrupted. Then they contacted us giving us a new date. Then when the case was supposed to happen there was the looting happening, so it did not take place. Then I could not make it the following week, because I no longer knew the dates ... A social worker ... did remind me ... she treated me well ... but she called saying that she had forgotten to call me yesterday and the case was happening the next day ... so I told her I could not attend, but I asked my brother to attend. My brother went to that one, but the other one he could not go ...

Yes, then Sergeant [name deleted] said 'sister, we were unable to go to court', but he called the prosecutor to find out what happened. After five minutes he called back and said that the perpetrator had lost the case and had been sentenced 15 years ...

I was so happy. I do not want to lie – he has ruined my child. He has ruined my child in a big way. When she came back from school, I told her the news. She had such relief and said 'mother, the case is over". And I agreed with her."

Negative experiences with prosecutors:
"The prosecutor did not believe that the incident happened where the child said it did, and so eventually the family withdrew the charge, even though the prosecutor knew the incident did happen".
"The prosecutor was harsh to the child, and this confused her and so she could not give the same statement the second time".

Most of the survivors who went to court (64 cases) testified in court. Fifty-six (56) of these were child survivors. According to caregivers, only 25 of these children testified in camera, while 31 "testified, but not in camera". Caregivers also said that only sixteen (16) of the 56 children were prepared for their testimony by appropriate professionals. Furthermore, 15 of these children had to wait in the corridor or an area where they were/could be exposed to the perpetrator. This is especially concerning, because according to caregivers, 11 of these children/or their families were threatened by the perpetrators, and in 12 cases children/their families were offered bribes by perpetrators to drop the cases. This suggests that courts are not adhering to relevant legislation, policies and practices when children are involved, and that intervention is required.

S's experience: *"We went to court, but they told us it was only for preparing my child for the court date, which will be on the 10th of November... the child was prepared by the social worker from the Kids' Clinic before. She gave us a report that the child is not yet ready to testify, but at the court they questioned the child and asked him to demonstrate what happened to him using two dolls. After that, they reported the child was ready ... The demonstration part was traumatic for the child. He had to show them what the perpetrator did to him. Especially when he had to undress the doll and replay the whole scenario...".*
Other experiences:
"The child experienced serious challenges in court. She was supposed to point out the perpetrator on camera but was unable to recognize the perpetrator on camera. Then the magistrate said she must go and face these seven men without using the camera. It was a traumatic for the child, and she was crying, but in the end, she recognized the perpetrator".
"There is not enough ongoing support for children, that is the biggest challenge. These children lost contact with their biological mother who ran away when this happened to them. The children have been to court multiple times without family support, and it is traumatic for them".

The research conducted for the literature review (see attached), as well as interviews with subject experts and representatives of the SAPS seem to confirm these findings and that treatment of child survivors of SGBV in the courts is a critical weak point in the CJS. There are, however, some successful interventions (see case study on the approach taken by Lawyers against Abuse below) that could be replicated or scaled to improve the situation.

Lawyers against Abuse[45]: a best case example of integrated support provided by a legal NGO. Lawyers Against Abuse (LvA) is a legal-aid NGO that seeks to strengthen the CJS's response to gender-based violence by doing (inter alia) the following: (1) LvA provides legal services to survivors (this includes court preparation) (2) LvA provides psychosocial services and therapy to survivors. (3) LvA engages in

[45] https://www.lva.org.za

community education and empowerment initiatives. (4) LvA provides therapeutic and practical support to caregivers of survivors, and (5) LvA builds strong relationships with key stakeholders in the CJS, most notably the police and courts. LvA statistics suggest that this approach leads to better CJS outcomes for survivors. The appropriateness of the LVA approach is also reflected in the lessons and recommendations that emerged from this Childline Gauteng study.

As LvA explains, "by providing integrated legal and psychological support, LvA ensures that their clients' legal, emotional, and psychological needs are met. Through ongoing counselling, therapy, court preparation and debriefing, LvA's therapists support their clients' healing processes and minimize the secondary trauma experienced" in the criminal justice process. The court preparation and debriefing services provided are extensive. As results from this study have demonstrated, the courtroom experience and protracted legal processes cause severe stress and anxiety for survivors and their families. Under LvA's integrated services model, therapists work alongside attorneys to prepare clients emotionally before each court hearing, and to debrief them after the event.

LvA engages in community workshops and outreach activities to educate and empower individuals to challenge and change the attitudes and behaviours that lead to violence.

LvA's community work also includes caregiver workshops. As the results from this study show, caregivers are most likely to be the primary support for survivors. At the same time, they often lack the necessary knowledge and experience to provide appropriate support, and they also experience trauma. This trauma manifests (as participants shared) as guilt, shame, fear, and insecurities about their parenting ability. LvA's workshops serve to educate caregivers on the impact of trauma on children, and to equip them with practical skills to support their children.

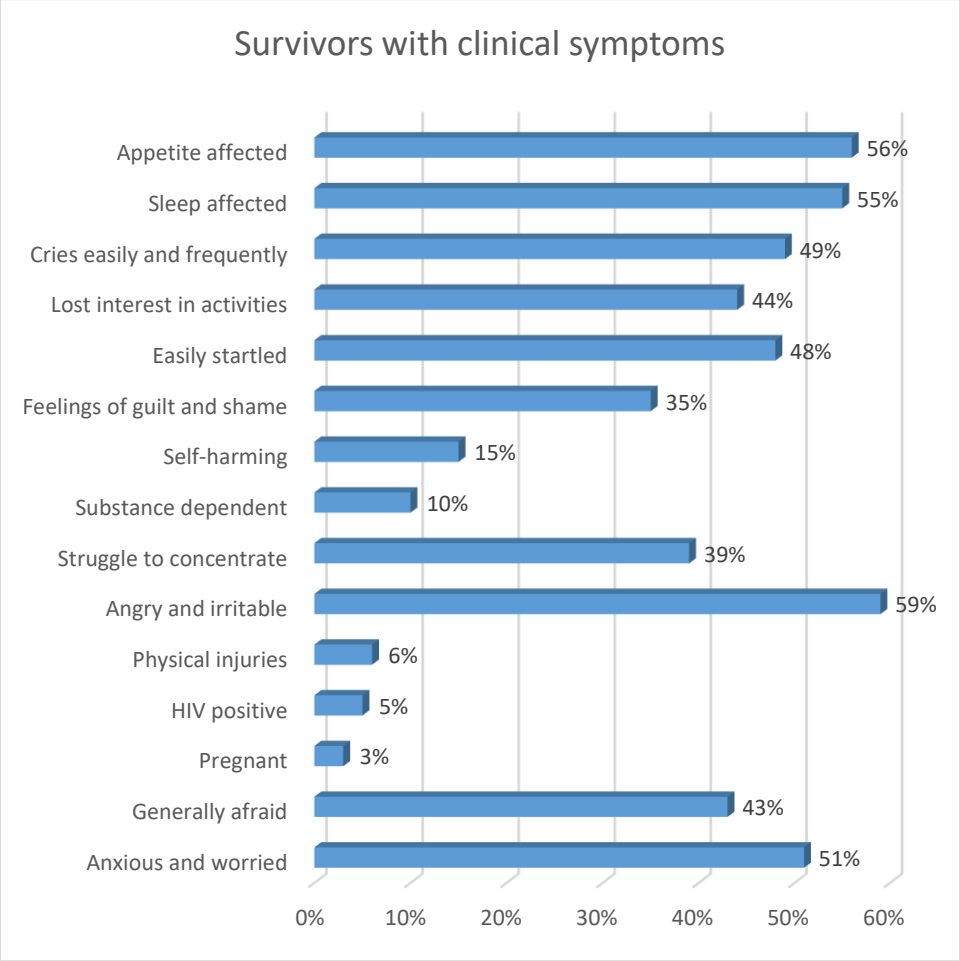
3.9. Social support

3.9.1. Consequences of trauma

Survivors are physically and psychologically hurt by these experiences. By utilizing some standard indicators for post-traumatic stress disorder, depression and anxiety in the research questionnaire, the researchers show that most survivors are experiencing some clinical symptoms of the aforementioned conditions. It should be noted that the study participants are all persons who are already receiving psychosocial support. Symptoms may be more prevalent among those who are not receiving/have not received such support. There clearly is widespread need for short- and long-term counselling and psychosocial support among survivors:

- in 56% of cases, the survivors' appetite is affected (i.e., they eat excessively, have developed eating disorders, or struggle to eat enough);
- in 55% of cases the survivors' sleep is affected (i.e., suffering from insomnia, or frequent nightmares, or sleeping excessively);
- in 49% of cases, survivors cry easily and frequently (and more than before the incident);
- in 44% of cases, survivors have lost interest in activities they previously enjoyed;
- in 57% of cases survivors feel anxious and worried all the time;
- in 48% of cases, survivors are very easily startled after the incident;
- in 43% of cases, survivors are generally very afraid;
- in 35% of cases, survivors feel guilt or shame about what happened;
- in 15% of cases, survivors are engaging in self-harming behavior;
- in 10% of cases, survivors have become dependent on substances;

- in 39% of cases, survivors struggle to concentrate and performance at school or work is negatively affected;
- in 59% of cases, survivors are chronically angry and irritable;
- 10% of survivors have permanent physical injuries following the incident;
- 6% of survivors contracted STDs;
- 5% of survivors contracted HIV;
- 3% of survivors are/were pregnant because of the incident(s).



T's experience: *"Her behaviour changed [after the rape]. She harasses other children and beats them ... She will beat them, and I will ask her why, and she will say she is only playing with them. I will tell her that she is hurting them, and she will just keep saying she is playing with them. There was this day that I spoke to her and asked her what her problem was. She said she was all right. I probed further and I said I don't recognize her with all this anger, and she said she was all right. She told me that normal people angered her, and that she wished she was a police person, then she will shoot them. I am now afraid. I have also prevented her from playing outside in the street or from holding dangerous things ... She is always angry. I sit with her and ask her not to allow this thing. She should control her anger and not allow it to consume her. I tell her that she should come and talk to me as her mother. If there is something that saddens her and tell me about the problem so that we can fix it".*

More shared experiences demonstrating the longer-term consequences of trauma:

"The child was affected extremely badly. Her menstruation has become abnormal. She suffers from headaches. Many things about her have changed. She wakes up every night. She thinks a lot. Her schoolwork has been affected and I am called to school about this ... She gets angry quickly and she is triggered by events on TV related to rape incidents. She starts crying ... she is unable to play with her friends. She isolates herself".
"I am now in treatment for depression. After the rape, I tried to commit suicide three times".
"He does not trust anyone anymore. He does not even want to be with his uncles".
"It has affected my self-esteem so much."
"I can't have a sex-life with my husband anymore".
"I blame myself for what happened. It happened because of my behaviour, it happened because I walked in the street at night".
"Long after everything, the child still needed support and help, because I realized that long after, she was still too afraid to interact with other children".
"I had to move to a different province".
"I lost my job".
"There is still a discharge coming from the child's private parts".
"The child is not herself after the incident. She does not trust people and she will not play outside".
"She has changed a lot. The change is 100% to her personality and she has become rough towards her younger sister".
"I feel like I don't trust people like I used to. I am always paranoid. I am afraid to go on dates and I am afraid to be alone with men."

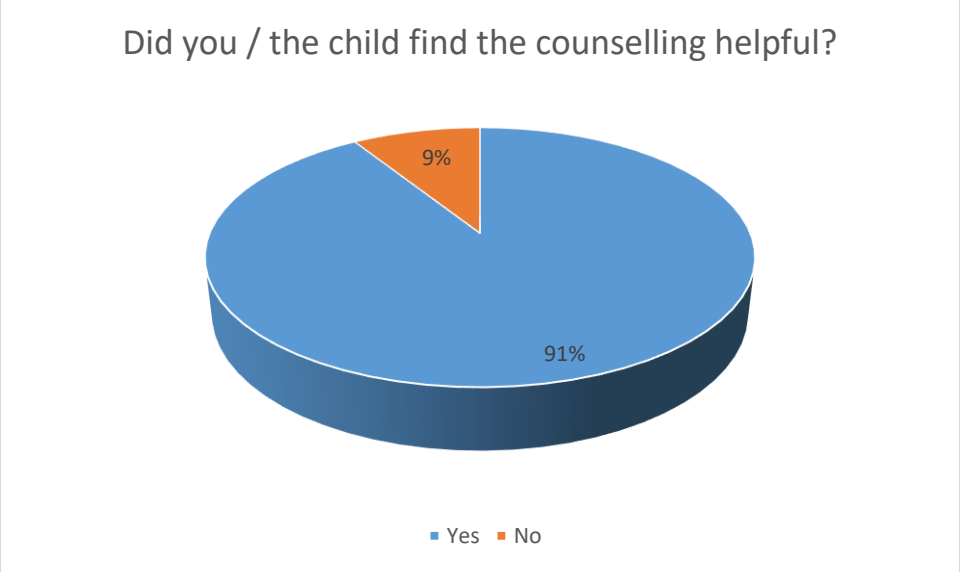
Caregivers and families of survivors are also traumatised. Many caregivers want to, but struggle to, provide appropriate support because they do not have the required knowledge or expertise. Caregivers said they struggle with feelings of guilt and helplessness; they struggle to support children who are extremely angry, fearful, or who self-harm; they question their own parenting abilities and blame themselves; they experience anxiety and fear for the safety of their children; they struggle financially (i.e., medical and transport costs, missing days at work to support survivors or attend court cases, losing jobs, having to relocate to get away from a perpetrator); and mothers and female caregivers struggle with the additional burden of unpaid care work this brings about.

"As a mother, it affected me enormously. It affected me so much that I could not carry on being a teacher, because every time I see a child, I see that picture ... now I work as a cleaner".
"As much as my child was injured, I was also injured by this experience. I do not wish this on anyone. I do not want to watch news reports on rape. I am so disgusted, absolutely disgusted by them. It is something that really shocked me, and it will take a while before my heart heals. It will take even more time for my daughter to heal. I can see how she has changed ... she is unlike the child I knew before. Although she is improving little by little, the fact remains that she is not the same. I wish I could brainwash her, so she does not have to relive it. I am anxious when we watch the news. Each time there is news report on rape, I watch for her reaction ... I wish I could take that pain from her, so I could have it and she could be free of it. But I cannot take that pain away. The best I can do is be there for her. Sometimes I feel as though, I don't know, like I am not doing enough because I feel like I was wrong. Perhaps I should not have allowed her to go there [to family members].
"Parents also need counselling so that we can get the skills to help our children".

3.9.2. Accessing counselling

Almost all the study participants received or had psychosocial support, but this is because the sampling universe was Childline's client database and certainly does not reflect the reality for survivors of SGBV in general.

What the study does show, however, is that accessing psychosocial support and counselling is of paramount importance for the well-being of survivors and their families, and to stopping the inter-generational cycles of trauma and violence that otherwise tend to ensue. Most (91%) of the study participants said that the psychosocial support provided was "helpful" or "very helpful" to survivors.



A's experience: A's father came into her bedroom one night after he had had a fight with A's stepmother. Her stepmother had run away after the fight. He raped her and threatened to kick her out of the house and ensure that she would be homeless if she told anyone. A few days later, A's father and two of his friends took her to an isolated area "on the road that goes to Iscor". Her father left her to be raped by his two friends. A few days later, these same men came to her house and raped her again while her father was away. They came again a few days later. This time they tied her to a chair. They left her there to fetch a knife. A managed to untie herself and run to her neighbours for help. That night, A's father tried to kill her. He tried to hang her. She fought and managed to escape through the window. She ran to the neighbour's house. The father then also attacked the neighbour. The neighbour took the child to the police. After taking A's statement, the police immediately arrested her father. Two days later, they arrested his two friends. The three remain in custody. A has been receiving counselling from Childline. Her caregiver says that the counselling and the fact that she now has a safe place to live has brought about healing and positive change. *"When they went to the police station ... the child was just emotionally dead ... she did not show any feelings ... The police brought her to me and they came to ask me to take good care of her because she had been hurt badly, internally, and externally. They asked me to take care of her because they could see that the child was not OK. And they were right ... Coming to Childline had a positive outcome because she is now getting better, and she is now getting more comfortable with expressing her feelings ... She always wanted to be alone, and she was not coping at school. She was a lonely child. After counselling, she can speak about her feelings. She is learning well, and she feels comfortable playing with other children. She is almost like a normal child*

should be ... Before she would sometimes go four days without eating when she was living with her dad ... she would eat from the dumpster ... but now she eats regular meals. She also has activities that she does now, and they seem to bring her joy ... She is healthy, she has gained weight and she is taking her medication ... she is clean, and her self-esteem is getting better by the day ... She could not even read, before, if you gave her a book, she could not understand anything she was looking at but ... she is improving ... ".

Other shared experiences:

"My child got counselling from Childline. It helped him a lot ... After the incident he used to fight. He would take two knives and threaten to stab his brother. But the social worker at Childline helped him a lot, and he is no longer so aggressive".

"The social workers helped my child to be a child again".

3.10. Transport, an overarching challenge

Many study participants identified transport as a factor that undermined their ability to access the CJS. This includes the lack of availability of public transport at night, the prohibitive costs of public transport (30% of study participants said that transport costs made it difficult to attend hearings or go for counselling), and the trauma of having to use public transport to access a police station or medical facility after an incident.

"Having to catch a taxi when I was in that state [after the rape] was very difficult, but I tried to be strong".

"There was no public transport at night, which was when the incident happened, so I could only get medical help the next day".

4. Recommendations

4.1. Study participants' suggestions for improving the outcomes of the Criminal Justice System for survivors

In conducting this research and writing this report, Childline wanted to create a platform for the survivors of SGBV to share not only their experiences, but also to share their needs and suggestions for improvements to the CJS based on their lived reality.

4.1.1. What survivors found most helpful

Study participants were asked what survivors of SGBV found most helpful. The majority (86%) said that counselling was the most beneficial.[46] The second largest grouping (6%) cited the police as the most helpful and making the most beneficial difference in their lives.

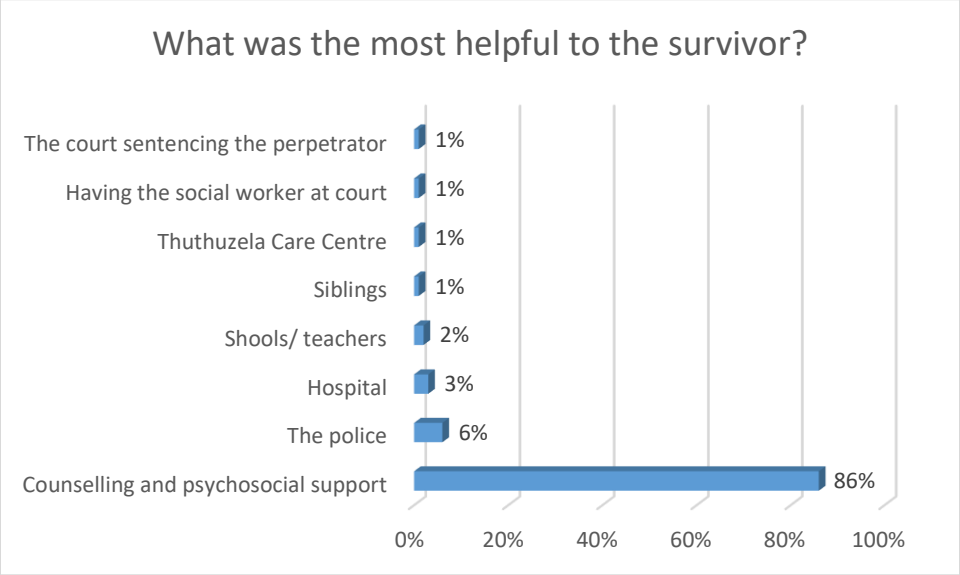
"The police were the most helpful, because the case took long, but they did a good investigation, and he was sentenced in court because they did a good job".

"With counselling I got to know my rights, and I learned not to live with secrets, to ask for help. It helped me a lot and Childline helped me a lot, because they also referred me to a psychologist and a dietician who helped me because I was having eating issues".

"The play therapy, because the child stopped acting out sexually".

[46] The biases in the study sample should be kept in mind when interpreting this result

"What helped the most were those games the councillors played because they helped her to socialize again with other children".
"After the incident, she was withdrawn, shy, and not coping with school. After Childline provided counselling, she is now free and is playing well with other children".
"Childline was supportive in providing counselling to the child. She was a different person after receiving counselling".
"Because of the counselling she was able to sleep at night and play with other children".



4.1.2. What survivors say they need most

Study participants were also asked what interventions or actions would have helped them most; what could have been done to better support them; and what recommendations they would make to support other survivors. Their recommendations were as follows:

- provide more counselling to survivors, provide counselling to survivors over the long term, and provide more regular counselling to survivors. Conduct follow-up calls and sessions once counselling has been completed to ensure survivors have not regressed due to new or recurring traumas;
- expand social services for survivors. Ensure that social workers or counselors are present at all police stations. If this is not possible, build stronger relationships between the organizations that provide psychosocial services in an area and the relevant police station. Also ensure that there are social workers at all courts dealing with SGBV and if possible, have organizations that provide psychosocial services open satellite offices at these courts;
- extend counselling and psychosocial support to the families and caregivers of survivors so that they can provide better support to the survivors. Also equip them with the necessary process knowledge so that they can assist survivors to navigate the CJS;
- establish support groups for survivors and for their families and caregivers;

- build stronger relationships between legal aid clinics and legal professionals who provide services to victims of SGBV and the police, so that survivors get the information and assistance they require;
- develop and distribute a pamphlet describing the entire process to survivors of SGBV so that they know which stakeholders to engage, what each stakeholder is responsible for doing, and what steps to follow;
- introduce a public transport fee exception for survivors of SGBV who are going to the police, a medical facility, a court, or a counselling session;
- work to build a better relationship between the police and prosecutors, and between the police and the courts in general, to increase the number of cases that result in convictions;
- do more to ensure the physical and mental safety of survivors, especially child survivors who remain in contact with perpetrators. Find ways to protect survivors from perpetrators who are out on bail, or from child perpetrators who are never arrested;
- provide counselling and support for child perpetrators who are also traumatised children;
- improve communication between the police/investigating officers and survivors. Regularly update survivors on the status of their case.

4.2. SAPS' suggestions for improving the outcomes of the Criminal Justice System for survivors

This research presented an opportunity for Childline to create a platform for SAPS (and particularly FCS Units in Gauteng) to share not only their experiences, but also their needs and suggestions for improvements to the CJS. Their recommendations are listed below:

- government should make more places of safety for adult and child survivors available. Civil society organizations should advocate and lobby government to do so;
- the Department of Social Development should make more social workers available. There is an acute shortage of counselling and forensic social workers;
- although the National Prosecuting Authority is making commendable efforts to improve DNA processing procedures, but should address the current backlog in the system and keep and continually limit any backlog;
- the media should be trained or educated on the roles of the various stakeholders in the CJS. In this way they can hold appropriate stakeholders accountable (e.g., psychosocial service providers, probation officers and medical professionals for submitting the relevant reports and assessments on time and arriving to testify in court; for prosecutors to improve their performance rather than avoiding challenging cases etc.);
- increase the number of specially trained prosecutors to deal with SGBV cases (especially child survivors) who require specialized skills and sensitivities;
- increase the number of Sexual Offences Courts;
- increase the number of officers at FCS Units, or the number of FCS units. Also, increase the number of forensic social workers at FCS Units;
- once there are enough FCS officers and social workers, ensure that all cases of SGBV are attended by these specialized and qualified officers and not by ordinary members of SAPS who are best qualified for other types of work;
- improve communication between the various stakeholders in the CJS system;

- increase the number of Thuthuzela Care Centers and provide more support and resources for these centers;
- medical officials at public hospitals, clinics and TCCs are committed and hard-working, but often lack the human resources and the technology required to deliver effective, efficient, and pain-free services. More human and financial resources should be directed at these institutions;
- medical officials in the private sector should be held accountable. Although these professionals generally provide very good quality services, using technology that is less painful and invasive, and have quick turnaround times for test results, they sometimes lack appropriate process knowledge and are reluctant to take on cases of SGBV because they want to avoid testifying in court. Government should engage with these private sector medical professionals to encourage them to commit, or to understand what (besides a profit motive) the barriers to their participation are;
- court preparation officers and social workers from the Department of Social Development and NGO's should improve the frequency and quality of court preparation they provide for survivors of SGBV, and particularly for children;
- the court process is intimidating and unnecessarily complex. The process must be simplified, and survivors require more support throughout this process;
- if perpetrators are released on bail, there should first be systems in place to guarantee the safety of the survivors and their families;
- educate the public about the CJS process. This should focus on their rights, how to bring charges and open cases, and how to navigate the court process. *"There is a general lack of information for women, and that prevents access to justice. The low conviction rate is just the tip of the iceberg, because so many women are not even able to access the first step in the process. They do not have the knowledge of what to do, or where to go, or what to expect";*
- SAPS representatives are often excluded from research on SGBV. This reduces the accuracy of the results, and the relevancy of recommendations. It also results in recommendations that are not implementable. Research should include the experiences of all stakeholders in the criminal justice sector, and studies focusing specifically on the police and the development of strategies to support them are necessary;
- This research report should be disseminated at a large workshop attended by representatives of all role-players in the CJS to facilitate learning, sharing, the development of a common understanding and a more supportive relationship. A more supportive relationship among the stakeholders in the CJS will result in better CJS outcomes for survivors of SGBV;
- build strong networks among all civil society organizations involved in the sector to lobby for continued improvements in the CJS and make a real difference in improving CJS outcomes for survivors.

4.3. Research Recommendations

The results from the research suggest that the quality and efficacy of the services provided to survivors by the CJS have improved over the preceding five years (at least as far as children are concerned). This is encouraging, but there is still room for improvement. The following are thematic recommendations, followed by action items that derive from the findings of this study.

Recommendation 1: Improve Criminal Justice System Infrastructure
Below is a list of actions required to improve CJS infrastructure

Actions	Responsible/contributing stakeholders
Clear the DNA testing backlog (173 000 in March 2021); improve the system of data processing and management; improve procurement and supply chain management processes; rapidly implement and monitor the performance of the new Forensic Exhibit Management System; conduct a systems analysis and related research to find further ways for improving the system; and address any human resource capacity gaps in the system.	South African Police Services (SAPS). State Information Technology Agency. Donors and development partners could provide technical assistance. Researchers (academic, CSO or private).
Increase the number of Sexual Offences Courts and specially trained prosecutors to work with child and adult survivors.	Department of Justice. Donors and development partners could provide technical assistance or funding. NGOs and WROs can engage in lobbying and advocacy to pressure government to deliver. Department of Women, Youth and Persons with Disabilities to play a monitoring role
Increase the number of Thuthuzela Care Centres (TCCs) and provide more resources and support to these centres. Hold case conferences for all cases, with all stakeholders including caregivers.	National Prosecuting Authority. Department of Social Development. Department of Health. SAPS. Donors and development partners could provide technical assistance or funding. NGOs that provide psychosocial services, or legal aid can improve their relationships with TCCs and provide support or serve as referrals when required.
Ensure that all police stations have Victim Empowerment Centres and access to a FCS units.	SAPS
Government to report the delivery of the President's commitment to spend R1.6 billion to inter alia, establish 11 more sexual offences courts and clearing the backlog of cases; establish three more TCCs; increase FCS officers and increase the number of shelters.	Civil society organizations. Media. Political parties. Parliament. Chapter 9 institutions
Ensure that all public health facilities have PEPs and medication to prevent pregnancy available 24 hours a day, and that all survivors who access these facilities within the 72-hour window receive this medication.	Department of Health. NGOs can lobby for this and expose institutions who fail to do so.
Recommendation 2: Increase the Human Resources Available to the Criminal Justice System *What follows is a list of actions necessary to increase the human resources available to the CJS*	
Actions	**Responsible/contributing stakeholders**
Make more SGBV specialised, trained personnel available to serve at the courts (magistrates, prosecutors, intermediaries and	All CJS stakeholders. NGOs that provide psychosocial services.

court preparation officers), TCCs, police stations (VEP counsellors and FCS officers) and NGOs (social workers to provide long-term counselling to survivors and their families).	Donors and development partners to provide funding.
Increase the number of forensic social workers in FCS units.	SAPS. Department of Social Development. Donors and development partners could provide technical assistance and funding.
Increase the number of FCS Units (preferably one for every police station) and the number of officers employed at FCS units.	SAPS.
Increase the number of staff members at TCCs and public medical facilities.	Department of Health. Donors and development partners could provide funding. CSOs could provide support.
Recommendation 3: Embark on Information Dissemination and Educational Campaigns to Improve Criminal Justice System Outcomes for Survivors *Below is a list of actions that are necessary for successful information dissemination and educational campaigns to improve CJS outcomes for survivors*	
Actions	**Responsible/contributing stakeholders**
Provide information packs with relevant information regarding services/policies/legislation pertaining to the police, medical centres and the courts and distribute to survivors in each facility.	All CJS stakeholders. NGOs, CSOs, WROs. Media houses.
Develop press releases or workshops for media representatives that inter alia clarify the role of the various stakeholders in the CJS; encourage the media to hold these stakeholders accountable; and address responsible reporting. Sensationalist reporting may be effective in attracting attention, but as survivors have shared, it can also cause secondary traumatisation	All CJS stakeholders. NGOs, CSOs, WROs. Media houses.
Conduct well designed, evidence-based information packs and distribute nationally and locally in conjunction with public education campaigns focussing on the CJS process including survivors' rights; the process of laying charges (emphasizing that there is no statute of limitations); the why's and how's of evidence preservation; the responsibilities of the various actors in the CJS; how to navigate the court process; and where to get support. The fact that most survivors of SGBV in this study reported the incidents to their families, teacher or members of their communities, highlights the importance of disseminating	Department of Health. Department of Justice. Department of Health. SAPS. NGOs, CSOs, WROs. Donors and development partners could fund these education campaigns. Research institutions.

appropriate information to these important gatekeepers and agents for facilitating access to the CJS and assisting survivors to navigate the process. The legal duty to report child abuse should be highlighted to ensure everyone knows of their legal obligation to report child abuse.	
Departments, institutions and organisations who engage in advocacy or information campaigns should formulate and implement these to have maximum impact without causing secondary traumatisation for survivors of SGBV. Campaigns should be supported by training of strategic partners to provide services, advise and support survivors through the CJS processes.	Department of Social Development. Department of Justice. Department of Health. SAPS. NGOs, CSOs, WROs. Donors and development partners could fund these education campaigns. Research institutions.
The study found that in 18% of cases children endured ongoing sexual abuse for many years. Early intervention programs in schools that promote disclose or SGBV (explain to children what their rights are; what abuse is; what help is available; what they can do; how to keep themselves safe; and where to get support) are recommended. It is further recommended that the successful school education programs that Childline Gauteng are already running be expanded to more schools in the province. (see recommendations on prevention of SGBV).	Department of Basic Education. Department of Justice. Department of Health. Childline Gauteng and NGOs, CSOs, WROs. Donors and development partners to provide funding for NGOs.
Recommendation 4: Improve Communication Between the Various Stakeholders in the CJS, and between Stakeholders and Survivors. *A list of actions necessary to improve the communication between the various stakeholders in the CJS are between stakeholders and survivors follows.*	
Actions	**Responsible/contributing stakeholders**
Develop a formal document outlining the roles and responsibilities of each stakeholder in the CJS and ensure accountability of each stakeholder to implement their role professionally. Create platforms and host events where various stakeholders and role-players can interact, share experiences and knowledge, establish supportive partnerships, and build cooperative relationships in every region.	All government department in the CJS. CSOs, NGOs, WROs.
Disseminate this research report at a workshop attended by representatives of all role-players in the CJS to facilitate learning, sharing, the development of common understanding and	Childline Gauteng. Donors to fund the event.

more supportive relationships. More supportive relationships among the stakeholders of the CJS (especially SAPS and prosecutors) will result in better CJS outcomes for survivors of SGBV.	
Build better relationships between SAPS and prosecutors, and SAPS and court officials in general to increase the number of convictions. Implement case conferences at TCC's which will hold role player accountable for implementation of their responsibilities professionally.	NPA. SAPS. TCCs. CSOs, NGOs, WROs
Build strong relationships among the SGBV civil society organisations involved in the CJS in Gauteng and all stakeholders in the CJS to share experiences and resources and advocate for CJS services for survivors of SGBV, both individually and provincially to improve CJS outcomes for survivors.	Civil society organisations. All CJS stakeholders.
Improve communication (regularity and quality) between investigating officers and survivors and their caregivers	SAPS.
Legal organisations to build relationships with communities, the police, survivors, and the providers of psychosocial services to provide legal support to survivors within the CJS. The LvA model is presented as a best case for consideration (see main body of report).	Donors to fund scaling of LvA model. SAPS. Department of Justice. CSOs, NGOs, WROs. The Legal Aid Board.
Recommendation 5: Develop Data Collection Systems on all GBV Cases for all CJS Stakeholders and Conduct Targeted Research to Respond to Knowledge Gaps and Address Biases in the Data Available on the Criminal Justice System with the Aim to Improve CJS Outcomes for Survivors of SGBV. *What follows is a list of actions necessary to conduct targeted research to respond to knowledge gaps and address biases in the data available on the CJS and to ultimately improve outcomes for SGBV survivors*	
Action	**Responsible/contributing stakeholders**
Data collection systems to be developed to include all cases of SGBV reported to SAPS, medico-legal services received, referrals for prosecution and outcomes. This combined data collected at each point of service will facilitate the monitoring of the processes and the outcomes of all cases opened on a local, provincial and national level allowing for targeted interventions to improve services and collaboration between all role players.	All CJS stakeholders. Donors and development partners could provide funding. Data collection experts.
Research on the CJS should include accurate information and understanding of the experiences of all key stakeholders in the	Researchers/research agencies. CSOs, NGOs, WROs.

sector and the outcomes of SGBV cases. Research studies focussing respectively on SAPS, the medico-legal fraternity, the courts, and psychosocial service providers should be conducted.	Donors and development partners could provide funding.
The information shared by SAPS representatives in this study make it clear that attempts to improve CJS outcomes for survivors of SGBV must include attempts to support and further capacitate SAPS in general, and FCS units specifically. Conduct research to inform the development of strategies to support the SAPS, and particularly FCS Units.	SAPS. Research agencies. Donor and development partners could provide funding.
The database from this research study is comprehensive and the sample large enough to run (weighted) cross-tabulations and significance testing across data subsets. Further exploration of this data and the publication of relevant articles are recommended.	Childline Gauteng. Financial support required from donors.
More research from the perspective of survivors, completed by service providers is recommended to bridge the gap between academic research and the realities on the ground. Ultimately this should result in more implementable recommendations and change. This research should be participatory, empowering and tied to counselling and psychosocial support (as was modelled by Childline Gauteng in this study).	Independent Researchers. CSOs, NGOs, WROs. Childline Gauteng Donors and development partners could provide funding.
Conduct research on the reported differences in the quality of services provided by the public vs. the private health sector as it pertains to CJS outcomes for survivors of SGBV and increase oversight over the private sector to provide SGBV services and evidence.	Researchers/research agencies. Department of Health and private medical facilities. CSOs, NGOs, WROs. Donors and development partners could provide funding.
Recommendation 6: Improve the Services Survivors of SGBV Receive at Courts *The actions below are necessary for the improvement of court services for survivors of SGBV*	
Actions	**Responsible/contributing stakeholders**
Specialised sexual offences court officials (magistrates, prosecutors, intermediaries, forensic social workers and court preparation officials) receive gender sensitivity training on GBV and SGBV, especially needs and developmental stages of children, on what line of questioning is permissible from the defence to ensure that secondary traumatisation does not occur. Special courts that are sensitive to	Department of Justice. NPA. Donor agencies.

the needs of children is recommended. DOJ and NPA to develop standard operating procedures for court processes for SGBV to minimize the secondary traumatisation of survivors specifically children.	
Ensure that all courts have intermediaries and CCTV available and that children and traumatized survivors testify in camera.	Department of Justice.
Court preparation officers to expand and improve the frequency and quality of the court preparation they provide to survivors of SGBV (especially children).	Department of Justice. NPA. Civil Society.
Separate waiting rooms for survivors to be mandatory and monitored by court officials to ensure the complainants are not intimidated by allege offenders and their family or friends. reduce secondary traumatisation	Department of Justice.
Courts should apply more stringent conditions for granting bail. Bail should only be granted if survivors have been prepared for it; if systems are in place to guarantee the safety of the survivors and their families; and if the interests of the child are paramount in the decision. Offenders who threaten survivors to have their bail revoked immediately with no possibility of bail being reinstated.	Department of Justice. Civil Society and legal NGOs.
Recommendation 7: Provide More and Longer-term Psychosocial Support and Shelters for Survivors of SGBV. *Some of the actions necessary for improved and more sustained psychosocial services to survivors and their caregivers are listed below*	
Actions	**Responsible/contributing stakeholders**
Ensure that all survivors and their families have access to free, affordable, immediate, (and long-term counselling) and psychosocial and therapeutic/education group support. Follow up sessions with clients who no longer attend counselling to ensure they have not regressed due to new or recurring traumas.	TCCs. Department of Social Development. Childline Gauteng and relevant civil society organisations.
Expand counselling and psychosocial support (including counselling/information groups) to the families and caregivers of survivors so they can better provide support to survivors.	TCCs. Department of Social Development. Childline Gauteng and relevant civil society organisations.
Develop and implement programs that aim to reform and support child offenders and provide counselling and support for child perpetrators who are also often traumatised children.	Childline Gauteng relevant civil society organisations. Department of Social Development.

Provide protection services to ensure the safety of survivors (31%) who continue to live in the same home as the perpetrator, even when they are not economically dependent on the perpetrator (including counselling interventions that address issues such as emotional dependence on perpetrator) and putting up with harmful social, gender and cultural norms.	Department of Social Development and relevant statutory civil society organisations.
Develop and implement programmes within the CJS/prisons that aim to reform perpetrators particularly young offenders.	Department of Justice.
Fund organisations like Childline who engage in early-life-stage interventions to stop the inter-generational or life-long continuation of GBV. Failure to address the matter at this early level will ensure a continued escalation in SGBV.	Donors and development partners.
Recommendation 8: Respond to Systemic and Contextual Factors that Serve as Barriers to Access to Justice and Fuel the Prevalence of SGBV.	
Actions	**Responsible/contributing stakeholders**
Develop innovative ways to provide for transport costs and overcome barriers that prevent access to justice. For example: Introduce a public transport subsidy/exemption and provide economic support in the short term for survivors of SGBV.	SASSA. Private sector CSI.
Reduce survivors' economic dependence on perpetrators. Create economic empowerment initiatives for women especially adult survivors, for entrepreneurial and employment readiness interventions.	Department of Trade and Industry in collaboration with the Department of Women, Children and Persons Living with Disability. Relevant civil society organisations. Private sector CSI initiatives.
Recommendation 9: Prevention of SGBV	
17% of survivors of sexual violence were attacked and dragged to isolated places including into bushes, parks, public toilets, graveyards, abandoned buildings, vacant lots, alleys and dumping sites. Local governments can contribute to a reduction in opportunistic incidents of SGBV by, inter alia, maintaining public spaces (i.e., keeping grass short, ensuring streetlights are working, fencing off abandoned buildings, employing security services at dumping sites and graveyards) and increasing police visibility in these areas.	Local government. SAPS.
Provide information packs with relevant information regarding SGBV and CJS services for distribution at community events and the media.	All CJS stakeholders. NGOs.

Support programs and organisations that target boys and provide psychosocial support to boys, especially those who are subject to violence or abuse, or who witness violence or abuse. This is necessary given the inter-generational lifecycle of trauma that underpins the likelihood of becoming a victim or a perpetrator.	Childline Gauteng and relevant civil society organisations. Department of Social Development. Donors.
Expand the Childline Awareness and Prevention Programme (CAPP) in schools and communities to explain to families and children what their rights are; what abuse is; what help is available; what they can do; how to keep themselves safe; and where to get support).	Childline Gauteng and relevant civil society organisations.

Annexure 1: Literature Review and Situational Analysis

Survivors Perceptions of the Efficacy of the Criminal Justice System (CJS) in South Africa for Adults and Children Affected by Sexual and Gender Based Violence.

By Lynne Cawood

1. Childline Gauteng

Childline Gauteng, a Not-for-Profit Company, established in 1987, has a 34-year proven track record of providing psycho-social services dealing with violence against children and women and promoting resilient children, families and communities advocating for respectful relationships, building positive family values and systemic changes focused on the eradication of all forms of violence, which is essential to healthy societies and peaceful relations.

Childline is uniquely able to conduct this research as our social workers have trusted relationships with survivors of violence. This minimizes the chances of the survivor remaining in violent circumstances and secondary trauma that may result from participation in research studies of this nature.

Our services operate within a multi-sectoral approach, engaging with all role players to ensure **early intervention** in family problems through counselling services; **prevention** of human rights violations through youth empowerment, community events and information dissemination; the protection of women and children through advocacy with the CJS for clients whose gender-based rights have been violated.

As a designated Child Protection Organisation, Childline's role when cases of gender-based violence are reported to us, is to ensure the immediate safety of the client; refer to the statutory services for investigation by the social worker; assist the client to open a criminal case; and, to follow up to ensure the continued safety and well-being of the survivor.

Our social work best practice models includes holistic, integrated professional services, namely: 24/7 – 365 **Toll Free Help Line** (246 231 calls); **Counselling and Support** services in Johannesburg Inner City, Soweto, Sebokeng, Orange Farm, Katorus, Tembisa and Diepsloot (1 657 clients); Community **Awareness and Prevention** in schools and communities (reaching 70 557 youth in 2019/20); **Training** of teachers, parents, practitioners and lay persons (7 893); and the **Sunlight Safe House** which offers emergency night time shelter to children in life threatening circumstances (81 children) and foster care (90 children).

These services are essential for survivors, providing psycho-social counselling; advocacy for justice in CJS matters; and, addressing the structural drivers of violence to ultimately overcome gender-based violence and secure a positive future for all. The National Development Plan and SA Constitution and Bill of Rights provide a guide to the restoration of our national values and the claiming of our hard-won democracy through the principles of equality, dignity and life.

The Childline Gauteng mission seeks to implement section 28 of the Bill of Rights for all children and their families. We have a collective long-term strategy to transition to democratic human rights-based

communities and peaceful coexistence, based on the Inspire Seven Strategies to End Violence against Children (World Health Organisation, 2016). They confirm, through international research, that the above services are all key to promoting peaceful relations for youth:

- implementation and enforcement of laws - South Africa has outstanding legislation and policy pertaining to children and their right to justice, although this is often extremely problematic in practice. We advocate for the right to protection and legal services for each individual client survivor of crime through the CJS;
- norms and values - through our community activations, training and counselling services we promote positive cultural values of African Humanism and child rearing practices. Providing information and alternatives to the harmful practices of all forms of abuse; Ukuthwala (child marriages); corporal punishment; gender-based violence; illegal initiation schools; etc., promoting knowledge and empowerment as well as prevention and restitution for survivors;
- safe environments – safety plans for caregivers and children and public calls for communities to be aware of vulnerable youth and to aid in the co-creation of safer environments;
- parent and caregiver support - we offer comprehensive positive parenting workshops, training and public talks at clinics, schools and within communities as well as individual telephone and face to face counselling sessions;
- income and economic strengthening is promoted by the sharing of information and referrals for social grants and identification documents;
- response and support services - face to face and telephone counselling, foster care services and overnight emergency care for those in life threatening circumstance promote healing for children and families; and,
- education and life skills - provided in school communities.

Childline's expertise, having implemented all seven strategies for the past 34 years is well established.

A comparison of our Childline Help Line statistics for 2019/2020 and 2020/2021 indicates a 26% increase in callers reporting all forms of abuse: emotional abuse increased by 52.7%; rape by 16.3%; sexual assault by 17.7%; and, physical abuse down by 1.7%. Please see Appendix 3 – Table of all Help Line Statistics.

Our SA Constitution and Bill of Rights provide a guide to the restoration of our values and the reclaiming of our hard-won democracy through the principles of equality, dignity and life. The Childline Gauteng mission seeks to implement this Bill of Rights, especially the children's section 28.

2. Introduction and contextual analysis of violence against women (VAW) and children

Violence against women and children has been a factor of our existence from time immemorial, dating back to biblical times. According to the UNICEF international report: Hidden in Plain Sight, "violence against children continues to affect every country, every culture and every community across the world, with devastating impact." (Optimus Study, 2016 – 10).

The South African National Development Plan (NDP) 2030 states that South Africans should have no fear of crime, especially women and children and those who are vulnerable should feel protected. This aligns with the UN Global Goals for Sustainable Development 2030, which speaks to the need for gender equality and ending all forms of violence against women and girls in the public and private space according to the South African Human Rights Commission (2017).

The Department of Women, Children and Persons Living with Disability, based in the Presidency, has the mandate to champion the advancement of women's socio-economic empowerment and the promotion of gender equality. However, the South African Human Rights Commission (2018) is critical of this department saying it has consistently failed to meet targets and is ineffective. However, the department is due to receive R15 million according to the 2021 national budget and it is hoped that these resources will improve their capacity according to the Mail and Guardian (2021).

The democratic government has made great progress in policy and legislative development, as well as the signing of international treaties. South Africa has developed very progressive legislation and policies (see addendum 1) to deal with the scourge of violence against the most vulnerable of our people, yet GBV continues unabated. In South Africa, violations of women and children's rights is endemic, impacting on survivors, their families and the broader society, threatening to undermine the very fabric of our society and jeopardizing our democracy through the disrespecting of the law and violation of human rights outlined in the Bill of Rights and Constitution (1996).

Violence against children and women as defined by the National Gender Based Violence and Femicide Strategic Plan (NGBVFSP) (2019) includes physical, sexual, psychological and economic abuse that may result in death (femicide by intimate or non-intimate partner or infanticide); trafficking for sex; deprivation of liberty and it is exacerbated by cultural, ideological, political, religious and social factors. Minority groups such as the LGBTQIA, migrants, people living with HIV and the disabled are often particularly vulnerable due to discriminatory attitudes, often with violent or fatal results.

One out of every three women and children experience violence as a direct result of their gender or age at some point in their lives: The NGBVFSP (2019) quotes Dunkle et al (2018) indicating that 35.6% of women over the age of 15 have experienced physical or sexual violence from either a partner or non-partner; and, the Optimus Study (2016) indicates that 35.4% of both boys and girls experience sexual violence at some stage (some of them multiple times); 34.8% physical abuse; 26.1% emotional abuse; and, 82% reported some form of victimization, such as criminal or exposure to domestic/community violence.

Whilst violence against women and children has mostly been subjected to artificial separation, there is growing evidence that this needs to be considered in a more integrated manner. The NGBVFSP (2019, page 17) suggests there are "shared risk factors, common social norms, co-occurrence and the intergenerational cycle of abuse. VAW and VAC intersect at various stages of the life cycle course, such as adolescence. For example, child marriage, female genital mutilation (FGM) and exposure to IPV in dating relationships."

Violence against women is estimated to cost between R24 – 42 billion (KPMG, 2015) per annum and for children R238 billion according to Save the Children SA (2016).

South African demographics indicate that females make up approximately 51.1% (30.5 million) of the total South African population of 59.62 million as at mid-2020 and children comprise 20.4 million (Stats SA, 2020). The 2018 Household Survey indicate a burgeoning youth population of 34% with a marked disintegration of families, with 43.1% of children living with their mothers; 3.3% living with their fathers, only 33.8% living with both parents and the balance of 19.8% not living with either parent.

Gender specific violence needs to be seen in the context of all forms of violence and escalating levels of crime in our society. According to the Global Peace Index (2018), South Africa ranks 125 out of 163

countries and is one of the most violent countries in the world which is reputed to be due to the legacy of apartheid (poverty, marginalization and militarization) which resulted in communities adopting violence as a norm; drug and alcohol abuse; disintegration of families with absent parents, especially fathers; poverty; and unemployment. South African Police Service Stats (2018) indicate that 1.6 million crimes occurred nationally: 50 108 sexual offences; 43 540 crimes against children; and 17 394 domestic crimes. Whilst children are not always the direct victims of these crimes, they are exposed to, what Bekhi Cele, our National Police Minister, suggests is a war zone, resulting in an increase of orphans who are made vulnerable by the loss of loved ones and increased economic vulnerability.

Crime impacts on our physical, emotional and academic/work functioning, leading to a fear of annihilation for ourselves and loved ones; learned aggression as a survival tactic rather than positive values; the adoption of a "victim" worldview; inability to develop trust; greater sense of fear impacting on the freedom to play, study, become independent, grow in self-esteem and confidence; and ultimately, limits hope for a brighter future.

There appears to be an urban bias with more reported cases of all forms of abuse of children in the densely populated provinces in South Africa at 34.9%, compared to 26.7% in rural provinces, according to the Optimus Study (2016). Children's vulnerability in big cities is increasing with the high numbers of children moving to urban areas (Gauteng, Western Cape and North-West). The most densely populated province is Gauteng with 4.1 million or 29% of households and 4.1 million youth (21%) which has had a 42% increase in the youth population from 2002 to 2018, according to the Children's Institute (2020). These high levels of migration to urban areas, which include rural South Africans and foreign nationals, makes it difficult to keep up with infrastructure development to serve the needs of an increasing population.

The 2018 Total Shutdown and Presidential Summit resulted in the NGBVFSP, (2019), which has provided a cohesive strategy to provide an integrated response to GBV and has identified six themes to overcome the crisis: effective CJS; early intervention to prevent crime and violence; victim support; effective and integrated service delivery for safety and crime prevention; safety environmental design; and, active public and community participation. These themes align with the goals with the NDP (2020 – 2030) of reducing poverty, harnessing opportunities, active citizenry and effective government to transform our society to one which is equitable, safe, healed and peaceful, resting on the foundation of respect for all through human dignity, especially for women and children.

The NGBVFSP (2019) says that violence against children is never justifiable and is preventable with sufficient commitment to addressing the root causes of violence; toxic masculinity; poverty; and; adversity, through a human rights approach by all stakeholders: government, civil society, and local community stakeholders with child participation. It is vital that we address GBV within the context of all forms of violence, with a view to promoting the SA Bill of Rights (1996) and a culture of respect for all.

3. Definitions of violence against women and children

Violence against women and children, GBV, domestic violence, child abuse are terms that are used interchangeably and are defined hereunder:

Gender-based Violence, as defined by the South African Human Rights Commission (2018), is "… the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, as well as the unequal power relationships between the genders within the context of a specific society and can refer to women and girls, as well as men and boys, as victims."

Domestic violence, as outlined in the Domestic Violence Act (1998) (DVA), currently being amended, includes the following forms of gender-based violence: physical, sexual, verbal, emotional, psychological, and economic abuse, intimidation, harassment and elder abuse. The proposed amendment bill (2020) extends the definition to incorporate coercion; controlling behaviour aimed at isolation or exploitation; damage to property; and, exposing or subjecting children to the above forms of abuse.

According to the Criminal Law (Sexual Offences and Related Matters) Amendment Act, (2007) (SOA) **rape** is penetration by any body part (finger/s, tongue, and penis) or object, of any orifice (mouth, vagina, and anus) without consent. It is a form of contact sexual abuse. The Act also defines compelled rape where a third person is forced against their will to commit the act of rape; sexual assault, compelled sexual assault and compelled self-sexual assault; compelled witnessing of a sexual offence or masturbation; display of genitals, anus or breasts (flashing).

Femicide has been defined as the intentional murder of a female because she is a woman. It is generally perpetrated by partners or ex partners but may also include others.

Child abuse is the intentional maltreatment of a child with the purpose of inflicting injury or harm. The nature of maltreatment can be physical abuse, emotional abuse, sexual abuse or willful neglect (failure on the part of the person/s responsible for the well-being of the child, to meet that child's physical and emotional needs). Different types of abuse can occur concurrently.

The Children's Act (2005) defines **physical abuse** as any form of harm or ill-treatment deliberately inflicted on a child – assault or any form of deliberate injury to a child. This is any non-accidental injury or other physical harm inflicted on the child, or sustained by the child through an adult's intentional neglect to protect the child from physical harm/injury.

The Children's Act (2005) defines **sexual abuse** as "sexually molesting or allowing for the molestation or assault; allowing the child to be used for the sexual gratification of others; using the child or exposing a child to sexual activities or pornography; assisting in the commercial sexual exploitation of a child (for financial gain or trafficking purposes); and exploitation of a child for the sexual pleasure of an adult including

a) contact (e.g. fondling, touching over and under clothes, rubbing against a child, French-kissing, masturbation, oral sex, rape); and,
b) non-contact (inappropriate remarks, exposing the child to sexual behaviour or pornography, exhibitionism, cybersex, voyeurism).

The Criminal Law (Sexual Offences and Related Matters) Amendment Act (2007) defines **incest** as sexual abuse perpetrated by a person related to the victim on account of consanguinity, affinity or adoption.

The Act also defines **sexual exploitation of children** as when a person who engages the services of a child for financial (or other) reward for sexual purposes, whether or not that sexual act is committed; the offering of a child for sexual engagement to a third person or allowing such a sexual act to be committed by third person; **sexual grooming of children or** the production, possession, distribution or manufacture of material which is intended to facilitate sexual activity with a child; describing a sexual act to a child with the intention to encourage or reduce resistance on the part of the child to perform a sexual act, self-masturbation or exposure of a child to pornography, using a child for the making of pornographic material,

or to expose his/her body in a manner which violate the sexual integrity or dignity of the child; and, causing a child to witness sexual acts or displays of sexual body parts (flashing).

The Act also defines **statutory rape** as acts of sexual penetration with certain children despite the "consent" of the child. A child under the age of 12 is incapable of consenting to any sexual activity (penetrative or non-penetrative) which is considered rape. The Criminal Law Amendment Act regards children between the age of 12 and 16 as not mature enough to consent to sex and penetrative or non-penetrative sexual acts are considered a crime (unless both parties are under the age of 16).

The Children's Act (2005) defines **emotional abuse** as exposing or subjecting the child to any behaviour that may harm the child psychologically or emotionally. This refers to a chronic attitude or acts which interfere with the psychological or social development of a child. Emotional abuse is consistent and chronic (ongoing, long-term) behaviour. It usually is related to a constellation of interactions and is cumulative. It is the serious mistreatment of another person's feelings or emotional needs (e.g. verbal abuse, excessive and unreasonable criticism, belittling and insulting the child, rejection and the withdrawal of love, support and guidance).

Neglect is any act or omission by a parent or caregiver which results in the failure to provide a child with the basic necessities of life. Unlike other forms of abuse, neglect is more what a caregiver does not do, rather than what she/he does.

Trafficking of women and children in South Africa is defined by the Prevention and Combatting of Trafficking in Persons Act (2013) as any person who delivers, recruits, transports, transfers, harbours, sells, exchanges, leases or receives another person within or across the borders of the Republic by means of threat of harm; use of force or coercion; abuse of vulnerability; fraud; deception; abducting; kidnapping; abuse of power; direct or indirect payment for the purposes of any manner of exploitation. It also includes persons who adopt a child through illegal means or concludes a forced marriage.

AfriForum (2020) state that **ukuthwala** as described by the Department of Justice's paper, "Let's Stop Stolen Childhoods", as "a form of abduction that involved kidnapping a girl or young woman by a man and his friends or peers with the intention of compelling the girl or young woman's family to endorse marriage negotiations." This age-old practice is now characterised by rape and human trafficking and is illegal.

Child pornography is defined by the Criminal Law (Sexual Offences and Related Matters) amended (2007), as any image of a child, however created, or any description of a person real or simulated who is or who is depicted or described as under 18 years of age of an explicit sexual nature, such as a sexual offence; sexual penetration; sexual violation; self-masturbation; displaying genital organs or anus; stimulation of a sexual nature; sexually suggestive/lewd acts; sadistic or masochistic acts violating the sexual integrity and dignity of a person under the age of 18.

4. Incidence of gender-based violence

The Optimus Study of 2016 reveals that 35% of our children (girls and boys) experience **sexual violence** at some stage in their lives. This translates into 6 852 650 children, estimated according to the 2017 child population figures of 19 579 000, quoted in South African Child Gauge (2018). The SAPS 2018 reported sexual offences against children were only 23 488. In the past it has been estimated at either only one in nine or one in thirteen cases are reported.

Whilst the Optimus research indicates that a once off experience is most likely, especially with unknown assailants, 40% of children in the study indicated it occurred more than once (with a known offender), with 30% occurring two to three times and 10% indicating at least 10 times.

Child sexual abuse is known to occur concurrently with a range of other forms of abuse. The Optimus study (2016) indicates that their sample of sexually abused children reported experiencing the following abuse as well: 12% neglect; 34% physical abuse; 31% family violence; and 65% experienced other forms of direct victimization such as community crime.

An analysis of the 73 656 cases opened on the Childline Gauteng Help Line for year 2019/2020 are as follows: neglect – 10.5%; physical abuse 10.4%; emotional abuse 9.6%; and sexual abuse 5.4%.

Statistics of violence against women are limited and we require a national survey to assess the extent of the problem. However, NGBVFSP (2019) indicates that one in three or 35.6% women in South Africa above the age of 15 have experienced physical and/or sexual abuse.

Stats SA (2020) indicates: that the majority or 49.8% of assaults are committed by persons known to the victim (friend 22%, partner 15.2% and relative12.6%); 28.8% by strangers; other 10.6%; a mob 9.4%; and that one in five or 21% of partnered women experienced physical violence by a partner.

The NGBVFSP indicated that the National Femicide Study (2009) found that 56% of murdered women in the study or 1 024 were murdered by an intimate partner and a further 768 females were killed by a non-partner. The same study found rape was identified in every 1 in 5 women killed (19.8%).

Police Stats (2018) indicates that crimes against children include: 985 murders; 1 059 attempted murders; 7 562 grievous bodily harm cases; 10 446 common assault crimes; and 23 488 sexual offences.

5. Causes of gender-based violence

Crimes against women and children are contextualized in relation to the following: family related risk factors including family fragmentation; social norms and standards pertaining to patriarchy; cultural and religious issues; socio political and historical factors; racism, inequality and poverty; all forms of violence and high crime rates; and urbanization of our population. The historical inheritance of the institutionalisation of racism, militarisation, exclusion and structural violence of the past have continued to haunt human relations in the present time where violence is normative; family disintegration due to migrant labour systems continues; and substance abuse is rife resulting in violence against women and children being endemic.

The Optimus Study (2016) includes the following causes of violence against children: gender discrimination; harmful social norms; culture of toxic masculinity; poverty; parental substance abuse; and, absent parents (even for a short period of time).

There are many theories as to why the incidence of child abuse is so rampant in our society. Among these theories, the psychopathology of the perpetrator and the dysfunctional family are perhaps dominant. However, it is insufficient to only look to these causes to understand this devastating phenomenon. It is also essential that we understand the structure of our society, including social norms, culture and religion and socio-political factors of power dynamics which adds to the continuation of abuse.

5.1. Family related risk factors for sexual abuse

Children at high risk for sexual abuse include those living apart from one or both of their biological parents; substance abuse in the family; harsh parenting; intimate partner violence in the home; child's disability; and, small living spaces. The Optimus Study (2016) quotes other risk factors which most often occurs within the family (Collings, 2005) as the presence of a step parent; intimate partner violence (Madu, 2003); and the intoxication of youth (Ferguson and Lynskey, 1996). Research by the Children's Institute (2020) indicates the high level of fragmentation of our families. One third, or 33.8% of children in South Africa live with both parents; 43.1% with their mothers; 3.3% with their fathers; and 19.8% with neither parent. The breakdown of the family structure, often attributed to the migrant labour system in the years of apartheid, leaves women and children, both girls and boys, vulnerable to sexual violence.

Sonke Gender Justice and Human Sciences Research Council (2018) research findings were that the majority of children in South Africa grow up without a father figure in their lives. Langa (2020), in a twelve year longitudinal study of adolescent boys living in Alexandra, considers the impact of absent fathers on the majority of his participants who grew up without, or with very limited contact, with their biological fathers and only a few with what he terms social fathers such as grandfathers or uncles. These young boys detailed their individual responses to not knowing their fathers as painful, feeling rejected, angry, shameful and embarrassing and being "born by mistake". This impacted on their sense of an individual and masculine identity, especially in the absence of positive male role models and the difficulty in talking about their feelings due to being fearful of being seen as "sissies". However, the majority of the participants reported having a positive and caring relationship with their mothers who were able to help them develop a sense of safety and masculine identity.

Overcrowded households and small living spaces may contribute to sexual violence. Research by the Children's Institute (2020) indicates that in 2018, of the 19.7 million (34%) children living in South Africa, 3.5 million of them lived in overcrowded households, including 1.7 million living in informal settlements; and 1.7 million living in traditional homes.

Families who experience some form of mental illness in the form of depression, anxiety, psychotic conditions or personality disorders are more vulnerable to child abuse and domestic violence.

Factors mitigating against sexual violence include caring family relations, especially with parents who provide oversight of who children spend time with and where they go according to the Optimus research (2016).

5.2. Social Norms and standards

Inspire (2016) suggests that social norms is a crucial factor in the violation of human rights. Violence does not occur in a vacuum and is coupled with the disempowerment of children and women which creates fertile ground for all types of abuse to flourish. We need to understand how the socially constructed elements of gender differences in males and females, racism, poverty and the culture of violence intersect to create a society in which abuse of children is rife.

According to Dunkle et al (1996) gender must be differentiated from sex. Sex refers to biological differences between men and women whilst gender refers to the social construction of masculine and feminine identity on the basis of sex differences. One's sex denotes biologically determined characteristics whilst gender describes society's expectations of boys and girls. The Oxfam Training Manual, as quoted by Dunkle (1996), suggests, "People are born female or male, but learn to be girls and boys who grow up into women or men. They are taught what the appropriate behaviour and attitudes, roles and activities

are for them, and how they should relate to other people. This learned behaviour is what makes up gender identity and determines gender roles."

Gender roles are created as a norm. This influences how we think of ourselves as either male or female. Socialisation is neither value free nor neutral. Boys are taught to be in control, unemotional, protectors, powerful, independent, strong and aggressive or competitive and sexually assertive. Men are portrayed as powerful, smarter and as having sexual prowess. The girl child, on the other hand, is taught that she is in need of protection, dependent, weak or passive, should be emotionally supportive or caring and ultimately subservient to men.

Religion plays a major role in the creation and perpetration of gender norms and inequality. According to Motsei (2007) there are multiple examples of discrimination of women in the Old Testament which continue to impact on female status. Women are blamed for the expulsion from the Garden of Eden and Eve was created from Adam's rib and was created for his pleasure. Furthermore, she cites multiple biblical incidences of rape giving credence to male power over female children. In Genesis 19, Lot offers his virgin daughters to protect his men from being sodomised and in Judges 19, a father offers his daughters and concubine to a mob to prevent their attacking him. Thereafter, her body was cut into 12 pieces to send throughout the territory of Israel.

Socialisation that advances strict adherence to rigidly prescribed social roles perpetuate the system of patriarchy and the continued disempowerment of women and children. This myth of male superiority lends itself to a culture of violence where woman and children are viewed as possessions of the male head of the household, to be abused at will.

Child abuse reinforces the concept of male power. According to Lewis (1999) it is difficult to live up to the masculine ideal of being strong and powerful at all times. Men reinforce their sense of power and control when they engage in acts of violence against children and women.

In his seminal longitudinal study of developing masculine identities in township youth, Langa (2020) investigated their understanding of what it meant to be a "real man", if this is static or fluid and the factors that influence this identity formation. He cites the construction of hegemonic or dominant masculine identity as being associated with risk taking and gender-based violence but found that young men are able to adopt different kinds of masculine ideals and identities and reject peer pressure to be a "Real Man".

Langa (2020) goes on to summarise the dominant discourse on masculine identity as being influenced by social pressure to engage in risk taking behaviour such as alcohol and substance abuse; to demonstrate fearlessness, often leading to aggression; school and gang initiation ceremonies which promote criminality; having multiple sexual partners with whom they feel they have the right to full penetrative sexual intercourse, whilst girls are expected to be submissive. This social construct of dominant masculinity is tied to economic means and the ability to provide the three C's cars, cash and cellphones or to be a "Sugar Daddy". Boys who resist this peer pressure and do not fit the stereotype are often disparaged and may be victims of violence themselves.

The promotion of the narrative of an alternative, democratic and egalitarian male identity is complex and according to Langa (2020) calls for positive male role models, addressing the pain of absent or cruel fathers; men and women together addressing the problems of hegemonic masculinity to challenge traditional gender relations; and, for initiatives with young boys to begin at an early age before these toxic ideas are entrenched once they are men.

The research participants expressed their wish for the men in their families to be more open to discussing sexual and intimate matters with them; rejection of the social media campaign, #menaretrash; acknowledged GBV as a serious problem; and, advised social dialogues amongst men to address this social pandemic.

5.3. Cultural and religious factors

The cause of the prevailing high rate of child abuse can also be sought in the practices of all religious and cultural groups. The third commandment of the Christian religion which states, "Honour thy mother and father", is common to many different religions and at times contains the seeds for continued child abuse. There are also many biblical references to potentially abusive practices such as spare the rod and spoil the child.

Roman law allowed for the father to sell, present for sacrifice, murder or otherwise dispose of his own child. (Struve 1990). In 16th century England the legal age of sexual consent for females was 6 years of age and in Victorian times is was 12 years of age.

In South Africa, cultural practices which are patriarchal in nature can contribute to the exploitation of children. Many practices which were not intended to impact negatively on women or children, have been distorted to ensure the continuation of patriarchy. Under customary law African women were legally considered to be minors until very recently.

The payment of lobola, whilst traditionally a ritual which united two families in marriage to thank the bride's family for allowing their child to enter into her marital home, has been extended to symbolize the ownership of the wife and children by her husband. In Muslim tradition, the opposite of lobola where the bride's family provides the dowry, resulted in the killing of women for the express purpose of receiving another gift from the next wife.

The custom of sending adolescent boy children to Bush School and their subsequent circumcision is abusive, if not done according to the law and medical best practice. Many young boys die annually from this ritual. A mother may not discipline her boy child once he has been through the initiation ceremony as he is an adult and she is considered a minor. This can make it extremely difficult for the female-headed household. The traditional testing for virginity can be traumatic for the young adolescent, especially if she has been sexually abused.

5.4. Historical and socio-political factors

Lewis (1999) notes the correlation between our history of state sanctioned and perpetrated violence of the apartheid era and the current high levels of crime, including gender-based violence, committed in post-apartheid times. The Truth and Reconciliation Commission (1998) takes note of the link between social unrest and domestic violence perpetrated against woman and children.

Prior to our democracy patriarchal social constructs dominated all aspects of political, economic, military and family structures. Struve (1990) says that patriarchy is the manifestation and institutionalization of male power and the extension of male dominance over women and children in the family and in society in general. Men control the major institutions in our society, the church, military, legal, economic and political institutions. This differentiation of power that arises through the process of socialization on the basis of sex differences creates subservience in woman and children and the potential for them to be used and abused.

Langa (2020) speaks of how the apartheid regime encouraged the militarization of young men who joined the anti-apartheid struggle to defend their communities. Whilst these "comrades" were heroes, this contributed to the escalation of violence amongst township youth in South Africa against the repressive regime. The movement encouraged "comrades" to be disciplined defenders of morality and encouraged them to punish criminals (tsotsis), informers and gang members who participated in, amongst other crimes, Jackrolling or gang rape. Both sides of this political divide promoted a militarized form of masculinity that has continued into the post-apartheid democracy.

Children played an active role in the struggle for democracy and many child activists died brutally at the hands of the security forces. These child activists, including Hector Pietersen who was killed in June 1976, have, rightly, been idealized as heroes. Violence was adopted as a legitimate response to state brutality and this method of dealing with problems continues, despite democracy having been achieved. South African society carries the scars of this civil war in the form of continuing crime of all kinds and as a nation we have continued to adopt violent means of resolving our differences. Violence as a method of dealing with conflict is generalised to dealing with children who do not have the power to retaliate. It is unfortunate that a percentage of those children whose rights are currently being violated will grow up to deal with issues in the same aggressive manner and the cycle of violence will continue into the next generation.

In post-apartheid times, the politics of this cycle of violence, played out against women's bodies in many cases of rape and femicide, is clearly seen in the circumstances surrounding the rape trial of ex-president Jacob Zuma, in 2007, when he held the position of Deputy President of the African National Congress and the Republic of South Africa. According to healer and feminist writer, Mmatshilo Motsei (2007, pg 90), "…his deeds gave the nation an opportunity to look at its image reflected in his (Zuma) mirror". This highly publicised trial with the complainant "Kwezi", a young lesbian-identified woman who regarded ex-president Zuma as her "Malume" or uncle as a result of his relationship with her father in exile, a Mhonto we Sizwe struggle hero. Who can forget the images of thousands of Zuma supporters, both men and women, outside the High Court in Johannesburg chanting "Burn the Bitch" with members of the ANC Youth League in attendance.

5.5. Racial and economic inequality

A gendered analysis of inequality is pertinent to the understanding of violence against women and children as poverty and limited economic opportunities for women increase their vulnerability to abuse, as well as compromises their children in female headed households.

Racial discrimination and inequality contribute to the triple oppression in respect of black women and by implication their children which has been suggested by Carolus in Sutner et al, (1986:57). She notes "the triple oppression of black women oppressed by capitalism, oppressed by racism and oppressed by sexism." Cock (1989) suggests that gender is not the most significant social relation which shapes women's experiences and that one should not overlook the importance of race and class. The imbalance of power between men and women or girls and boys is significant. The black child is disadvantaged by virtue of race, increased likelihood of poverty and, for girls, sexism as well.

According to Stats SA (2020) physical violence is more prevalent against women with limited education. The official unemployment rate of 7.1 million people or 30.1% is higher for women at 32.4% of which 36.5% are black women and, 55.5% of the population (more women than men) live on or below the Upper-Bound Poverty Line of R1 227 per person.

Research by the Children's Institute (2020) indicates that in 2018, of the 19.7 million (34%) children living in South Africa, 11 615 (58.8%) million live below the upper bound poverty line which is defined as a household per capital income of less than R1 183 per month. The Child Support Grant (CSG) of R440 per month supported 12.7 million. However, over 2 million children lived in households where there was reported child hunger.

Not only does racism impact on the child, but also on the perpetrator. Lewis (1999) suggests that any person who experiences racism feels powerless and angry. He may try to overcome his feelings of frustration and loss of control by dominating those who are more vulnerable.

5.6. Developmental stages of children and vulnerability to sexual abuse

Children's vulnerability is largely due to their limited capacities resulting from their immature developmental processes. Abused women who are mothers of young children are vulnerable to remaining in abusive relationships, especially if they are economically dependent on the offender.

According to Mussen et al (1969) children's physical growth, emotional, moral, sexual, language abilities, cognitive or intellectual and social development are all in a process of ongoing maturation. When compared to the adult perpetrator whose growth has generally reached its peak, children are at a considerable disadvantage. This difference in development creates a power imbalance which renders the child almost helpless unless there is another adult or a society which is willing to protect the child.

It is beyond the scope of this report to comment on the stages of development of the individual child, suffice to say that the particular stage of development when the abuse occurs is severely hampered. The child may also regress to a previous stage of learning, losing the skills acquired because of the trauma experienced as a result of the abuse. This impacts on all future growth as development is sequential and often based on skills learned during earlier stages, which have either been lost due to the trauma or not fully incorporated into the personality because of lost opportunities.

Of particular importance is the intellectual ability of the child. The child who has been traumatised by the abuse, which they often feel is life threatening, expends his/her energy dealing with this terrifying experience rather than learning and growing to his or her full potential. Children develop learning problems which are often associated with conduct disorders or the acting out of internalised anger and aggression. In our competitive academic system the child internalises a sense of intellectual inferiority which is added to the shame and guilt felt as a result of the abuse. The young person may find it very difficult to ever replace this sense of inadequacy with feelings of confidence and self-worth.

The natural unfolding of the child's sexuality, which is a process that begins at conception, is severely compromised by the premature sexualisation of the child. This may result in excessive sexual feelings or a fear of one's sexuality.

The physical development of the young person is hampered by abuse as the location of that abuse is within the child's body. This leads children to feel uncomfortable about their bodies. The incidence of eating disorders, which includes distorted body images, is highly correlated with early physical, sexual and emotional abuse.

Moral development is severely compromised by the exposure to an adult who behaves outside socially acceptable norms. The survivor either internalises the shame and guilt rightly belonging with the

perpetrator, leaving them feeling immoral or act out what was done to him/her on other children. Children are then unable to understand why they get punished for doing what was taught to them by those they look up to for moral guidance.

Emotional development is restricted by the abusive experience as it is difficult to understand why someone who loves you would want to deliberately inflict pain and suffering. The internal damage that this creates continues well into adulthood without the benefit of counselling.

Abuse of children is essentially an issue of power and control and not of love and intimacy. Children being one of the most marginalised and powerless groups in our society fall prey to many forms of abuse and are not in a position to defend themselves.

6. Gender breakdown of survivors of violence

The Optimus Study (2016) indicates that boys are more exposed to sexual abuse compared to girls: 33.9% of girls report sexual abuse mostly in the form of contact crimes (touching of their genitals, forced masturbation, oral, digital, virginal or anal penetration), whilst 36.8% of boys report experiencing sexual abuse, mostly non-contact (exhibitionism, forced masturbation, voyeurism, verbal or exposure to pornography).

Being forced to touch or being touched by an adult was slightly higher for girls (12%) than boys (11.5%). Being forced to do sexual things against their will by peers was higher for boys (10.9%) than girls (7.8%) whilst more girls were forced to have sex at 14.5% than boys at 9.1%.

Girls were more likely to report being physically (often with a weapon) and verbally threatened than boys, whilst an almost equal number of girls and boys were promised something in return for the act by adult perpetrators.

Girls are more likely to be sexually violated by a person known to them. Boys are more frequently violated by a stranger, according to the Optimus Study (2016).

Ciet Africa's research suggests that male survivors of sexual abuse are 4 – 6% more likely to become perpetrators of violence (sexual, bullying or aggressive behaviour) themselves. Whilst sexual violations of boys does not cause them to sexually offend (many abused males do not abuse others), this is a risk factor as it may result in a learned expression of inappropriate sexualized behaviour. Males are more likely to identify with the aggressor whilst girls typically engage in self harming behaviour such as promiscuity and substance abuse with a propensity to engage in abusive relationships in later life if not afforded counselling services, according to Butterworth as quoted by the Optimus Study (2016).

Whilst crime impacts both boys and girls, males are at greater risk of being victims of violence. SAPS stats (2018) indicate 77 boys were murdered compared to 31 girls who were killed in Gauteng. Childline clients tell us that our boys' exposure to physical violence is extreme and more men than women are murdered. This, coupled with the unintended consequence of a sense of discrimination against boys generated by the girl child campaigns, leaves boys feeling like marginalized, as well as traumatized citizens.

7. Geographical breakdown of gender-based violence

There is a geographical and spatial bias in levels of abuse with higher reported cases of sexual violence in urban areas and informal settlements. The Optimus Study (2016) notes that more urban dwellers report experiences of sexual maltreatment:

- 34.9% compared to rural children at 26.9% across all forms of abuse;
- Forced sex activities for 12.9% of females in urban areas compared to 8.6% in rural regions; and,
- Sexual abuse by a teen is 14.2% urban dwellers and 9.5% in rural areas.

According to the South African Child Gauge (2020) there is a marked increase in the number of children moving to urban areas (Gauteng, Western Cape and North West) and a reduction in the number of rural children, especially in the Eastern Cape and Limpopo. The highest number of households, 4.1 million (29%) of the national households and 4.1 million youth (21%) live in the urban province of Gauteng, which has had a 42% increase in the youth population from 2002 to 2018, thus increasing child vulnerability to sexual violence.

Children from the Gauteng and Eastern Cape appear to be the most at risk (or are more likely to report abuse) with 18.1% and 16.1% reporting sexual abuse, respectively, whilst Limpopo (12.8%), KwaZulu Natal (12.4%), North West (11.9%), Mpumalanga (11.8%), Western Cape (11.5%) all appear similar. Northern Cape (2%) and Free State (3.5%) rates of reported sexual abuse appear to be the lowest.

Historically, the Group Areas Act of 1950 continues to impact on people's lives according to the Daily Maverick article, Spatial Injustice (31.7.2021). Where one is born, one's birth family and economic and social circumstances of birth have a profound impact on one's life. Although post 1994, this heinous Act was scrapped and in theory one may live anywhere one pleases, these historical injustices continue to disadvantage those from informal settlements and previous homeland or rural areas. Race and economic class divisions continue with limited access to services, education and employment, with negative consequences for the community's mental and physical health. The need to travel long distances to places of employment, leaving children unattended, compromise the safety of both children and women, whilst inaccessibility to police and health services impact negatively on gender security and the reporting of GBV as well as subsequent outcomes in the CJS processes.

Langa (2020) considers the impact of living in a township environment, such as Alexandra which neighbours Sandton, the richest suburb in Africa, on the development of young boys. Alexandra, with high unemployment, poverty, crime, inadequate services and housing and resultant non-optimal circumstances, is likely to have a difficult impact on developing a sense of positive masculinity as young boys negotiate the pressure from their peers and socially constructed definitions of homogeneous masculinity to find their own values and beliefs.

8. Age of survivors

According to the Optimus Study (2016) the mean age for the first sexual violation experience of girls is 14, whilst boys report this to be aged 15. Girls appear to be younger than boys with respect to their first experience of sexual abuse by:

- a known adult at the age of four for girls and boys at the age of six;
- an unknown adult at aged eight for girls and 16 for boys; and
- another child/teen at aged seven for girls and 11 for boys.

The average age of the first experience of sexual violations for sexual exposure is 10 years of age, sexual harassment at age 12 and abusive sexual experience with an adult at age 11, are similar for boys and girls.

9. Racial breakdown of survivors

Whilst the Optimus Study (2016) indicates that prevalence rates across all race groups are fairly similar, there are some differences, with black and coloured children more vulnerable, notably:

- 25% (one in four) Indian children reported sexual abuse and 1.9% experienced sexual exposure of the genitals (flashing), masturbation and pornography;
- 27.1% (one in four) white children reported sexual abuse and a higher percentage experienced sexual exposure at 4.8%;
- 35.5% (one in three) coloured children reported sexual abuse and they are more vulnerable to forced penetration and to abuse by a known and an unknown adult than the other population groups, whilst less vulnerable to sexual exposure at 2.4%; and,
- 35.7% (one in three) of black children reported all forms of sexual abuse, were more vulnerable to sexual violations by a child or teen and 4.3% experienced sexual exposure.

These findings confirm that racial and economic inequality create a triple burden for women and children of colour, based on their race, income and their greater vulnerability to gender-based violence.

10. Offenders

Sigsworth (2009) summarises various single factor theories pertaining to sexual offenders, including a biological predisposition based on brain abnormalities and hormonal imbalances resulting in highly sexualized aggression; attachment theory which posits that dysfunctional infant bonding results in deficits of relational and intimacy skills; socio-cultural theories that emphasise cultural norms and structures condoning violence and portrayal of women and children as sexual objects; and, learned behaviour from experiences of early sexual abuse, domestic violence and family dysfunction.

AfriForum (2020) quote research into 1 737 men in the Eastern Cape and KwaZulu Natal which identified seven motivations for rape: sexual entitlement; anger; boredom; alcohol; fun; peer pressure; and, cleansing.

It is, however, more useful to consider multiple factors in understanding sexually inappropriate behaviour, including all the above factors which can result in vulnerability in dealing with the emergence of sexuality during adolescence and limited opportunity to learn healthy functioning. There are multiple pathways to deviant sexual beliefs, influenced by complex factors such as anger problems, poor social skills, limited empathy and emotional containment, personality disorders (psychopathy) and substance abuse. These factors can result in: cognitive distortions justifying violence and abuse; low self-esteem and deviant fantasies leading to the acting out of sexual violations, either with strangers or within patriarchally sanctioned relationships where women (and children) are expected to be submissive to male sexual needs.

Sigworth (2009) outlines the following typologies of rapists as identified by Raymond Knight: opportunistic; sexual but non-sadistic; vindictive; pervasively angry; and, sadistic. They summarise various small scale research projects which indicate that male rapists were more likely to have raped more than one women (ranging from two to more than 10 women or girls); be in the age group of 20 – 40; had engaged in a range of other risky sexual behaviour with more than 20 partners; transactional sex; substance misuse; delinquent and criminal behaviour; been both bullied and were themselves bullied; and had some form of education but no tertiary training.

The Optimus School survey indicates the following findings regarding the perpetrators:

- the majority of sexual offences is perpetrated by a known family member - 9.4% being a child or teen and 15.7% were adults;
- step parents or live-in partners were reported as offenders by 9.6% of the children in the study;
- the highest category of all sexual offences were reported to be perpetrated by known persons – neighbour, friend or school mate.

The gender of the offender was identified by the majority of girls as being boys and men, whilst boys indicated forced intercourse was perpetrated by females and sexual abuse by an adult was perpetrated by slightly more men than women.

Sexual offenders of girls were generally older and more likely to be older men, than offenders of boys who are more likely under 18, especially for sexual harassment and sexual exposure.

A percentage of victims reported that the offenders (both male and female) were under the influence of alcohol or illegal substances at the time of the abuse.

The American Psychiatric Association, Diagnostic and Statistical Manual, DSM (IV) defines a pedophile as someone who;

a) over a period of six months has recurrent, intense sexually arousing fantasies, sexual urges or behaviours involving sexual activity with a pre-pubescent child or children;
b) these fantasies, sexual urges, or behaviours cause clinically significantly stress or impairment in social, occupational, or other functioning; and,
c) is at least 16 years of age and at least five years older than the child or children.

This definition does not include an adolescent in an ongoing sexual relationship with a 12 or 13 year old. The DSM (IV) distinguishes between the pedophile who is attracted to boys, girls or both and recognises that this condition can be exclusive or non-exclusive to children and within or outside of the family.

11. Impact of gender-based violence

Sexual, physical and emotional abuse has a profound short and long term effect on the survivor. In addition to physical symptoms, those who have been abused may display a range of emotional and behavioural reactions/symptoms. According to the WHO (2006) the following behaviours are some of the indicators that may suggest abuse in the short term: being nervous of physical contact with adults; crying when it is time to leave a protected environment; increase in nightmares and/or other sleeping difficulties; withdrawn behaviour; angry outbursts; anxiety; depression; not wanting to be left alone with a particular individual(s); lying and stealing; sexual knowledge, language, and/or behaviour that is inappropriate for the child's age; and, absence from school.

The Optimus Study (2016) indicated the following findings for those experiencing sexual abuse. They are:

- twice as likely to experience anxiety and depressions (6.4%) than those not experiencing sexual abuse and three times more likely to report post-traumatic stress disorder symptoms (change in eating and sleeping patterns, poor concentration, outbursts of anger, flashbacks, startled responses, etc.);
- more likely to miss school as a result of being injured, need medical attention and have problems with homework;
- engage in high risk sexual behaviour (37.4%); and,

- engage in substance abuse (43.2%).

James (1989) suggests that the trauma that occurs when one has been sexually abused is an emotional shock that creates substantial, lasting damage to an individual's psychological development. Trauma is an overwhelming, uncontrollable experience that psychologically impacts on victims by creating feelings of helplessness, vulnerability, loss of safety and loss of control. Each person will respond to trauma in their own idiosyncratic manner. The client's constitution, temperament, strengths, sensitivities, developmental phase, attachments, insight, abilities, the reaction of his/her loved ones and the support and resources available all contribute to how the trauma is experienced and overcome or not.

Research by Meuller and Tronik (2019) on the impact of children's exposure to domestic violence indicates that this has both physical and psycho-social consequences. Damage to the brain development of children through prolonged heightened fear and anxiety has been confirmed and, the younger the child, the more vulnerable the child is to this impact (Perry 2002).

Finkelhor (1986) suggests that the four major results of early sexual abuse are:

- traumatic sexualisation whereby the child's sexual feelings and attitudes are shaped by the abuse;
- he/she may show highly sexualised behaviour or, conversely be very afraid of any sexual activity;
- a sense of being betrayed by the abuser who is often a family member;
- powerlessness as a result of the realisation that any attempt to prevent the abuse are useless; and,
- the stigmatisation and prejudice which society imposes on children with premature sexual experience is often incorporated into the formation of the child's self-image, resulting in shame and guilt.

The male survivor has significantly different issues. It is difficult to understand the prevalence of sexual violence against boy children as they tend not to report it because of male subscription to prevailing patriarchal values. It is critical that practitioners in the field of violence against children understand the unique impact that sexual abuse has on the male child and that we dispel the myth that this is only a female problem. Whilst the boy child is subject to similar effects as the girl child, as aforementioned, sexual abuse impacts differently as a result of his conception of masculinity and the prevailing patriarchal norms in our society. Patriarchy has a profound impact on both males and females and it imprisons all who live under its influence. There is a great deal of pressure on males to maintain the patriarchal status quo by a society which views any form of what is traditionally considered feminine as a sign of weakness in men. Male children respond to rape in a manner that is in keeping with the patriarchal values by which they are socialised. There is considerable dissonance in being labelled a victim as this is the antithesis of machismo culture. It is generally easier to remain silent, deny traumatic impact or identify with the aggressor. In the latter case the child acts out the sexually abusive behaviour done to him, thereby reinforcing the system of male dominance.

Struve (1990) suggests that the prevailing socio-political climate of patriarchy can result in the following difficulties: maintaining the silence which precludes the possibility of treatment and support; minimising the experience of victimisation in order to maintain a sense of machismo; feelings of shame and guilt at not being able to protect himself; exaggerated efforts to reassert his masculine identity resulting in behaviour patterns of power and control; homophobia if the perpetrator was male; fear of feeling weak or vulnerable which makes intimacy difficult; sexual identity confusion in that natural feelings of sexual arousal during the abuse may lead to a fear of being homosexual; and, sexual abuse perpetrated by

women results in ambivalence about defining this as abuse, as the myth that a woman cannot rape a male is all-pervasive.

The radical feminist movement has discouraged the open debate of male sexual victimisation. In utilising this framework it has been politically correct to assume that this was predominantly a female problem perpetrated by males. The reality of child male victims and female perpetrators has not been significantly acknowledged.

Trafficking of persons for the purpose of sexual exploitation has extremely serious implications for the victim. Molo Songololo (2000) has done extensive research into the trafficking of children which results in the commercial sexual exploitation of children in the sex industry. The research in the Western Cape indicates that: abductions usually occur at gun point; rape and physical violence are used to ensure control and enforce the authority of the gang leader; forced marriage, abortion and pregnancy are common; children born to the sexually exploited child are often removed under the threat of violence; murder of customers, gang members and the girls themselves is common; contact with family members is forbidden; and, any resistance or attempt to abscond is met with severe violence.

All the girls in the research indicated that the dominant culture of the gang was patriarchal and that the girls were used to enhance the gang members' macho image; the gang leaders when in the role of pimps, take all of the money earned by child prostitutes; children are introduced to drugs with a view to making them dependent on the substances; money is given to parents in poor communities in exchange for the children; young girls are lured by female gang members and are held captive until they submit to the gang leaders.

Meissner (2000) quotes Itzin who suggests that links have been established between **pornography** and child sexual abuse. The related harm caused by pornography includes sexual murder, rape, sexual assault, child sex abuse, sexual harassment, coercion in the making of pornography and sexual objectification of woman and children. It contributes to women's inferior status. The victimisation of children through the production of child pornography takes place where children are shown pictures of other children in pornographic scenarios, to desensitise them and manipulate them into participating in sexual activities;. The use of children in the production of child pornography (the creation of sexual abuse images) impacts on their entire lives. Not only are they abused, often in extremely violent and demeaning ways, but they are likely to be haunted by the fact that images of their childhood sexual abuse is reproduced and distributed over and over again and used to abuse other children.

Pornographic material includes records of the offender's own sexual abuse of the child which is then distributed. Children often don't even know that photos or videos have been taken of them and then distributed. The victims of pornography are often young and vulnerable boys and girls who are initially sexually exploited by relatives or unrelated others and sometimes, subsequently sold into the sex industry. Children rarely report exploitation by the pornographic industry as a result of their shame related to this issue. Discovery of such material is often accidental.

New technology such as the internet and social media increases the risk of sexual violence through the grooming of victims with a view to committing sexual violations and offers a wide range of different avenues such as articles, chat rooms and other Internet sites, photographs and films or videos.

12. Link between violence against women and violence against children

The separation of violence against women from violation of children is artificial and unhelpful as they both stem from the same causes, have a similar impact on the victim and are totally interlinked.

Numerous studies have identified experiences of early sexual abuse as being correlated with a tendency towards sexual violence in later life. CIET Africa (2002) found that 66% of male and 71% of female abusers had been forced to have sex themselves. Research also indicates that children exposed to domestic violence may themselves either become abusive or have a victim world view often resulting in them being more highly exposed to sexual violation.

Women who have experienced domestic violence, which is often prevalent during pregnancy as indicated by case studies, may suffer from post-traumatic stress disorder and postpartum depression, resulting in poor maternal bonding with the infant which will have a long term negative impact on the developing youth and is a possible precursor to offending behaviour.

Sigsworth (2002) found that rape was associated with a significant degree of exposure to trauma in childhood; parental absence; and the emotional relationship with both parents was perceived to be unkind by the rapist.

The mother's response to sexual abuse has a critical impact on the survivor. A warm relationship between mother and daughter where the child's disclosure of abuse is taken seriously limits the psychological damage to the child. Sadly, the mother who denies the abuse or reacts with rage or blame towards her daughter does significant harm to the child. Cook (1993) in an unpublished paper entitled, "Maternal Reaction to Father-Daughter Incest and its Traumatic Implications for Daughters", indicated that the majority of mothers experience a range of problems which included a lack of social security provision which could result in homelessness and destitution for themselves and their children; feelings of guilt and self-recrimination; fear of the economic ramifications for those who were unable to support their children financially and were dependent on the abuser for the financial viability of the family; fear of physical retaliation by the abuser; fear of possible court proceedings; and, fear of social stigmatisation and loss of social status. However, despite their anxiety, 80% of the mothers took some form of protective action after discovering the abuse.

Prevailing gender misconceptions held by men and women have a powerful influence on the socialization of their children and can result in the continuation of violence throughout one's life span. Patriarchal norms promote male control over women and the concept of ownership of women and children. The exposing of children to male sexual entitlement is a powerful learning for both the girl (who may identify herself as needing to be submissive to male sexual needs) and the boy child who learns to identify with aggressive masculine norms. CIET Africa (2002) found being exposed to forced sex resulted in misconceptions about sexual violence that fuel the intergenerational vulnerability to becoming violent oneself.

Gender inequality coupled with the ideology of sexual entitlement impacts relations within the home, even when lip service is paid to human rights, where men are reluctant to give up the traditional role of being the head of the household. Fathers thus command more respect, power and control than mothers, resorting to violence to retain the status quo. Children in abusive households are socialised into the continuation of abusive practices in adulthood.

13. Reporting of abuse to the criminal justice system

Historically, reporting of gender-based violence has been fraught with difficulties in all sectors of the CJS - the South African Police Service, the medico-legal services and the court systems. The Human Rights Commission (2018) states: "The high rates of violence against women, along with the systemic failures of the South African CJS to hold perpetrators accountable, suggests that in South Africa unequal power relationships and patriarchy continue to operate and maintain gender hierarchies."

Whilst the passing of various legislation and policies, the implementation of Thuthuzela one stop centres, Victim Empowerment Centres at police stations, the sexual offences courts and improvements in the intermediary system has been positive, the survivors of such violations continue to experience difficulties within each sector and it is exacerbated by the various systems not operating in an integrated manner.

13.1. The role of the South African Police Service (SAPS) and Family, Sexual Offences and Children's Unit (FCS)

The SAPS officials are mandated to comply with all prevailing legislation as well as the National Police Instructions pertaining to GBV. In terms of the Domestic Violence Act (DVA) their role is to investigate the complaint, assist the victim to obtain medical attention, refer to a shelter, remove firearms or dangerous weapons from the alleged offender, advise the complainant that they may lay a criminal complaint, provide information regarding the application of a protection order and arrest the alleged offender. If the complainant is a victim of human trafficking in terms of the Prevention and Combatting of Human Trafficking Act (2013) (PCHTA), the officials are, in addition to the above, permitted to take the victim into protective custody, refer them to safe care or an accredited organisation and inform them they may apply for a visitor's visa to remain in the Republic if they are from a foreign country.

According to international child protection expert Joan van Niekerk, the Criminal Law (Sexual Offences and Related Matters) Amendment Act (2007) (SOA) requires that every person who "*has knowledge, reasonable belief or suspicion*" of a sexual offence against a child must report that knowledge to the police immediately. Failure to do so is a crime. The same applies to persons who are aware of or suspicious of sexual crimes against a mentally disabled person. Children are exempted from prosecution if they fail to report that knowledge.

The National Instructions for the Police on their responsibilities relating to the implementation of the SOA state very clearly that the police may not turn any person reporting a sexual offence away. There must be a level of investigation and consultation with the station commander before there is a decision not to open a docket. Even in this instance, the police must make a "comprehensive" entry into the Occurrence Book at the station, recording all details of the allegation in case of further reports. The National Police Instructions include a number of further responsibilities and how to implement these including how to accept telephonic reports; how to interview a child/victim; and, the investigation of the crime scene.

The station commander of police service centres must also ensure that the SOA, DVA and the National Police Instructions pertaining to the implementation of the legislation are available to all at the police service centre to ensure compliance and implementation. Both Acts require that police responding to allegations of sexual abuse and domestic violence are trained on the legislation and the National Instructions and that training courses be submitted to Parliament for review. One of the serious deficits in the National Instructions for police in responding to domestic violence cases is the lack of attention to child witnesses of domestic violence and the need to secure their safety. In the past decade research on the impact of children's exposure to domestic violence indicates that this has both physical and psycho-

social consequences. Damage to the brain development of children through prolonged heightened fear and anxiety has been confirmed and, the younger the child, the more vulnerable the child is to this impact (Meuller and Tronik 2019, Perry 2002). The failure to include children in services for domestic violence survivors has long term consequences for the well-being of children.

It must be noted that amendments to the DVA recommends the inclusion of children in a number of protective provisions. This is presently being debated in the Council of Provinces and National Parliament and may be finalised within 2021.

It is clear that the majority of survivors do not **report GBV** violations to **SAPS**. The Optimus Study (2016) found that only 31% of girls reported sexual violations by a known adult and zero reports were received by boys who are reluctant to report any forms of abuse. Whilst it is mandatory for adults to report sexual abuse, the Optimus Study (2016) found males are less likely to report it than females. Both males and females said they are more likely to report to their parents, teachers, police and social service workers (in that order). The reasons given for not reporting was that the person was known to them as well as that the person was not known to them, being scared and the fear of not being believed.

Lack of knowledge and co-operation from the victim compromises the management of GBV cases. Vetten (2008) found that 15% of women and 18% of children did withdraw their cases due to a variety of factors of being intimidated by the offender, especially if known to her or him; fear of unsupportive partners or family members; police persuasion due to limited evidence; or, possibly, a false accusation. In addition, many families are not supportive of children's disclosures of sexual abuse, do not believe them and are not supportive in laying criminal charges, resulting in children being removed from their families to alternative care instead of the offender being arrested.

Many complainants, especially children, delay reporting because of the shame and trauma. This delay results in loss of medical and other evidence and unfair skepticism as to whether the abuse has in fact occurred. However, delays in reporting may not negate the possibility of reporting and the prosecution of the alleged offender (S59 of the SOA). Furthermore, the prescription relating to the timeframe within which a sexual offence has to be reported has been removed from the sexual offences via the 2019 amendments to the Prescription Act 1969.

The South African Human Rights Commission (2018) suggest that SAPS are slow to implement the regulations pertaining to the DVA and the SOA, to help the victims access shelter; obtain medical treatment; serve notice on the abuser to appear in court; arrest an abuser who has breached a protection order; and, remove weapons. SAPS are often accused of not pursuing complaints. There is generally a delay in processing the investigation, dockets are known to go missing and allegations of bribery are unproven but frequent.

Research into the implementation of the DVA and SOA done by Weideman (2014) indicate the following: the police, Victim Empowerment Centers and medical sectors personnel interviewed lacked the knowledge and training to implement the DVA and SOA; less than 10% received training and were likely to have a distorted view influenced by personal values; their key mandate to assist in the application of protection orders for the victim are not being complied with; mostly offenders are not arrested for breach of protection orders; and, were unclear about the post exposure prophylactics period of efficacy.

The SAPS has faced major challenges, both before and post their transformation from the apartheid South African Police. This is evident by no national police commission completing their term of office

uninterrupted, including most recently National Commissioner Sithole who is currently providing evidence to the President as to why he should not be recalled. The reporting and investigations into sexual offences and child abuse was undermined by previous SAPS Commissioner, the late Jacqui Selebi, disbanding the FCS Unit unilaterally when he instructed all units to return to work at police stations within 72 hours. Many highly specialized officers were lost to the sector and the reinstatement of the FCS Unit a few years later required rebuilding the units from scratch.

Andrew Faull of the Institute for Security Studies (Daily Maverick, July 2021) indicates that the SAPS has been in crisis since before the dawn of democracy and suggests that "the police management must face their shadows." He quotes Major General Vearey, who was jailed on Robben Island for being a member of uMkhonto we Sizwe, went on to join SAPS post 1994, was demoted in 2016 (he believes on spurious charges) for his role in convicting Col Christiaan Prinsloo for selling guns to gangsters (notorious GBV proponents) and fired in 2021 for posting disrespectful social media messages (his dismissal was subsequently overturned by the Labour Court). Faull (2021) quotes Vearey who says "victims are devalued and reduced to mere metrics" and "officers struggle to live with toxic masculinity of unresolved pasts." This raises serious questions about the integrity of police management and the negative impact on officers on the ground dealing with crime and GBV.

It is commendable that there are dedicated SAPS officers who are committed to investigating sexual offences and ensuring offenders are incarcerated. A notable example is the successful capture of and sentence to 1 088 years of serial rapist Sello Mapunya for the rape of 56 women, after a five year investigation by Sgt Catherine Tladi and her team, who said "getting justice for women and children who are his victims is what drives me every day to go out and do my work." (Sunday Times, 30 May 2021).

13.2. The role of the Department of Health and medico-legal services in collaboration with the National Prosecuting Authority (NPA)

The Department of Health is responsible for the provision of **medico-legal services** and has collaborated with the NPA who have established many Thuthuzela Care Centres (TCCs) throughout the country. These are best practice one stop centres for victims who are able to report the crime, receive counselling and a medical examination (with a J88 medico-legal document to be made available to the investigating officer and the court), PEP for HIV/Aids and pregnancy prevention pills which need to be provided within 72 hours of the sexual offence to be effective.

Weideman (2014) found that the **medico-legal personnel** complied with the tenets of the DVA and the SOA but they lacked an understanding of the key components of the SOA which compromises the evidence, especially as it is known that medical evidence is often non-existent or inconclusive and may not link the crime to a specific offender. Victims, especially children, often experience the medical examination as traumatic and an invasion of their bodies, similar to the sexual abuse already suffered. Sigsworth (2002) suggests that victims are likely to experience insensitivity and outright dissuasion in laying of a charge, and long waiting periods in referral for medical examination.

It is of grave concern that the processing of DNA medical evidence is delayed due to shortages of consumables needed for analysis, equipment not being maintained and the rotation of staff at the national labs. Currently there are 208 000 backlogged cases of which 77 000 pertain to GBV according to the Sunday Times (20 June 2021). This state of affairs results in court postponements or cases being heard without the medical evidence. A case of a fourteen year old who was allegedly repeatedly gang raped, fell pregnant and had to have an abortion, has been delayed since October 2019, awaiting DNA evidence.

13.3. The role of the Department of Justice and Constitutional Development and the National Prosecuting Authority (NPA)

It is common knowledge that the NPA as well as all arms of the state security systems have been "captured". High ranking leaders such as Vusi Pikoli and Bulelani Ngcuke were removed under dubious circumstance to ensure high level political figures were not prosecuted. Whilst this impacted predominantly on crimes of corruption, the impact on prosecutors and court officials is likely to have been negative, especially in terms of their levels of motivation and failure to appoint prosecutorial staff. The appointment of Shamila Batohi, the first female National Director of the Department of Public Prosecutions, bodes well for the department and hopefully for the effective prosecution of GBV crimes.

Weideman (2016) found that prosecutors had unilateral power to not prosecute perpetrators in violation of the DVA; many made misogynistic statements; lacked training and sensitivity to victims. Sigsworth (2002) suggests that excessive delays in the trial; poor communication and information sharing regarding the case; biased attitudes; degrading cross-examination from defense counsel; and, poor conviction rates increase the secondary trauma in the CJS and ultimately a failure of justice for the survivor.

Despite the Criminal Procedure Act as Amended requiring that unless there are exceptional circumstances alleged sexual offenders charged with rape should not be granted bail, the alleged offender is often released on bail, which may place the victim's life in jeopardy. AfriForum (2020) collected data on repeated rapes when offenders were out on bail, parole or had escaped and noted that from the 536 offenders analysed 59 raped again after release or escape; a total of 223 rapes were committed by these 59 offenders; and, four murders were committed. From this information, it is clear that the greatest preventative measure against sexual violence is to ensure the offenders remain incarcerated for their full terms and receive rehabilitation in prison. The SAPS is mandated by the Criminal Procedure Act as Amended, to inform victims of the bail hearing and to assist the prosecutor in opposing bail, but many offenders do escape incarceration which leaves the survivor very vulnerable to further abuse, intimidation and possibly murder. Protective bail conditions can be put in place and a failure to comply with these on the part of the alleged offender in theory should result in the alleged offender being recalled to court and bail revoked. However, victims and caregivers of child victims often complain that they were not informed or received a sms notification on the day of the bail hearing and were excluded from the processes involved in opposing bail.

The court procedure is often experienced as being traumatic due to the justice system being adversarial; cross-examination by the defense team (and the perpetrator him/herself) is hurtful and intimidating; the State's case often rests on the evidence of the victim who is generally traumatised and often accused of fabricating the evidence by the defense; and, the first person to whom the survivor first discloses the abuse plays an important role in the process and this person is often cross-examined in such a manner that discredits the victim's testimony.

Although sexual history is not admissible evidence, the complainant is often accused of consenting to sexual intercourse and has to negate this defense. The complainant's reputation is not relevant to the issue of consent and evidence of prior sexual activity is often given to suggest that the victim consented to the abuse. This places the survivor at risk of being blamed for the sexual violence committed against him/her. Even children below the age of consent may be accused of "consent" and this may influence the outcome of the case and the sentence imposed.

According to Motsei (2007) the many high profile cases of rape where the complainant is castigated in the court and public, does not create an atmosphere conducive to reporting rape. For example, "Kwezi", the

complainant in the rape trial of the then Deputy President of South Africa, Jacob Zuma, had her previous sexual history of being raped repeatedly as a child in exile, her sexual history, as well as her personal manuscript (obtained by dubious means) allowed to be submitted as evidence. Inferences were drawn that she was a sexual temptress seeking to destroy the political career of the alleged offender and an unreliable witness. In addition, expert evidence by forensic psychologist Dr. Olivier, testifying for the defense, pathologised the survivor as a possible borderline personality disordered person with the tendency towards an organic hallucinations or encapsulated delusions. Judge van der Merwe eventually acquitted Jacob Zuma, but indicated that the evidence of Commissioner Taioe, who assisted the SAPS investigating officer Superintendent Linda, was inadmissible as he did not warn the accused of his rights at their second meeting, despite the defense attorney being present; he asked the accused to point out the crime scene when he should have known this occurred in the main bedroom (not the guest room) setting a trap for the accused; and, was a breach of the accused's constitutional rights. Thlabi (2017) quotes Zak Yacoob, former Constitutional Court judge who said "I have a serious problem with the Zuma judgement" and "there's an element of the subjective in a judge's decision making process (…) I may have found differently".

The intermediary system, provided via amendments to the Criminal Procedure Act (S170) has provided children with the possibility of giving evidence in a room separate to the court, through an intermediary who has competence and experience in interacting with children. This has reduced the deleterious impact on children of testifying in the courtroom in the presence of all the court officials, the accused and his/her representative. However, this is to a large extent discretionary on the presiding officer in the court, who may dispense with the use of the intermediary for children between 14 and 17 without reasons and for a child under 14 with reasons entered into the court record. This system was also extended to include mentally disabled adults over the age of 18 years with a mental age of under 18 years. The in camera system needs to be made compulsory for all children unless the child elects to testify in the courtroom. This will provide the same protection to all children.

The evidence of a single witness and a child witness is often treated with caution in court unless there is corroborating evidence. This impacts on the conviction rates and leaves the survivor feeling that he/she is accused of lying about the sexual violence perpetrated against him/her.

In addition, the survivor has to repeat his/her story to numerous people and inconsistencies creep in, which is used to discredit their original statement to the police. This is especially true for children who tend to recall further elements of the offence over time and this may appear (to insensitive role players) that the child is constructing the story of abuse. Many role players are insufficiently trained to interview children or mentally disabled witnesses. The South African Human Rights Commission (2018) indicates that inadequate resources result in insufficient prosecutors, intermediaries and court preparation officers; limited space for consultation; and, limited training of personnel in the judicial processes which often results in the secondary traumatisation of the complainant and a reduced conviction rate. Each investigation is subject to delays of up to two years and longer for a single case to reach finalisation. There is no provision for independent legal representation for victims, who are served by an overworked state prosecutor.

It is often the victim and family who bear the brunt of inefficacies in the system. For example, the DVA and the Children's Act allows for an order to be issued against the alleged offender, requiring him/her to vacate the home, rather than removing the victim. The Children's Court may also issue protective interdicts and non-compliance will result in a charge of contempt of court. These provisions in the Acts are, however, very seldom used, resulting in the removal of the victim to a shelter or, if a child, removal

via the Children's Court to alternative care, placing them at risk of further trauma. The Children's Court enquiry process also involves numerous problems. For example children are often kept in places of safety for long periods during the investigation, they often do not get an opportunity to present their own circumstances and legal representation is discretionary and depends on the availability of funds or on legal aid practitioners who are prepared to act pro bono.

Sigsworth (2002) suggests that a poor criminal justice response to gender-based violence creates a culture of impunity where offenders know there is a limited chance they will be convicted and continue their behaviour unhindered. Despite the fact that South Africa has exceptionally progressive legislation and policy frameworks, these need to be costed and implemented to be effectively used.

Although the figures are dated, the SA Law Reform Commission (2000) found that 68% of adult cases and 58% of children's cases reported to the SAPS did not make it to court and 5% of adult rape cases and 9% of children's cases resulted in convictions. Vetten (2008) found in Gauteng only 50% of adult rape cases resulted in arrests; 17.3% of the cases went to trial; 4.1% secured a conviction; with, only 15.6% sentenced to the 10 year minimum sentence. AfriForum (2020) quote the Medical Research Council study of rape cases reported in 2012, indicating 94% of victims were female; 46% were children; 8.6% resulted in a guilty verdict; and, only 6.2% of reported cases received a prison sentence. They also quoted individual cases where magistrates and judges deviated from the minimum sentence for rape for spurious reasons.

Despite all legislation making it mandatory to report violence against children, the secondary traumatization of the child and adult victim and poor outcomes often result in witnesses being unwilling to engage the CJS. This understandable reluctance to report or to withdraw the case results in the levels of violence continuing and offenders being free to violate other victims and perpetuates the problem of gender-based violence in South Africa. Motsei (2007 pg 34) states, " It is clear from the Jacob Zuma rape trial that in the 21st Century a woman who decides to lay a charge of rape still has to face insurmountable challenges… It is also clear from the reportage on the trial that a female rape victim who doesn't fight back is perceived as a willing participant. If she fights back, however, she runs the risk of injury or death. If she chooses not to speak out, she will die inside. If she speaks out, she is a devil and deserves to burn in hell".

Andy Kawa, a successful business women who experienced the trauma of a 15 hour gang rape ordeal, records her experiences with the CJS in her book, Kwanele, Enough! She outlines her terrifying experience with one of her rapists who had been released after serving 15 years of his sentence for the rape and murder of his own wife. Andy was interviewed by an FCS officer (in a private consultation room) which she found difficult due to the extreme trauma she felt. The process took a very long time before she was taken to the district surgeon for a medical examination and the need to take ARVs within the time period of efficacy was a great stress for this brave survivor. She went to the crime scene with SAPS officials before receiving medical attention to assist in pointing it out and finding evidence (a towel and newspaper for testing). Andy was then taken to the Thuthuzela Centre for counselling, ARVs and legal advice. SAPS did not interview the first witness, there were gross inaccuracies in the investigating officer's case docket and a discrepancy regarding her clothes as evidence. SAPS held an identity parade in the car park on the beach to identify the offenders and they did not check all the video footage which may have identified the attackers. They did not investigate the prison records where the offender had stated he was in prison for the rape and murder of his wife. The investigating officer managed queries very insensitively and was defensive, with very limited communication usually via "please call me" messages. Andy was summoned to court on the day she was required to testify without any prior warning and as a result the case was

withdrawn only to be reopened after a citizen's arrest was effected. This resulted in a five year suspended sentence where the offender was immediately released.

Andy was diagnosed with rape trauma syndrome with anxiety, depressed mood, low self-esteem, agitation, memory and concentration difficulties, shame and guilt, terrible fear, anger and a feeling of loss of control of her life having lost her sense of safety in the world. These symptoms were exacerbated by her dealing with "police ineptitude". Justice Edwin Cameron notes in the forward to her book says, "This important and moving story calls us all to account: judges, lawyers, police personnel, humans. … Andy's take rebukes us – but it also inspires us to remember, to recall, to reapply, the energies and dedication that – if we apply them – can secure dignity and protection for those demanding it".

The Sexual Offences Project Committee of the South African Law Commission (1997) suggests that the solution lies in effective service co-ordination by the police, social services, health services, education authorities, the judiciary and correctional services. Specialised staff, extensive training and establishment of protocols for joint investigation will alleviate the problems.

It is clear that the South African Government is committed to establishing a culture of human rights for women and children through the implementation of progressive policies and legislation, signing of international treaties, establishment of the Thuthuzela Centres and Specialised Sexual Offences Courts and increased resources. However, these far-reaching reforms need to be adequately costed and personnel well trained and monitored. Data should be collected systematically in order to understand and improve the services according to the needs of the survivors. It is critical that the systemic issues are addressed and resolved and that education and empowerment to ensure prevention of GBV is rolled out nationally. These positive changes will facilitate an ethos where violence is prevented as far as possible, the guilty are incarcerated, survivors receive the services they require to heal from their ordeal and justice is served.

Andy Kawa (2020, page 1) quotes Martin Luther King's letter from Birmingham Jail, "Justice too long delayed is justice denied. There comes a times when the cup of endurance runs over, and men are no longer willing to be plunged into the abyss of injustice where they experience the bleakness of corroding despair.

14. Conclusion and summary

This brief literature review presents a bleak picture of the experiences of sexually abused women and children's trauma and journey through the CJS. Sexual violence, a crime against humanity, has been in existence since time immemorial, impacting on gender relations and the right to life, equality and the dignity, as per the SA Bill of Rights (1996). Society requires that the victims of these heinous crimes are supported and assisted to find justice within a caring environment and offenders are incarcerated and treated in order to protect the innocent.

In summary, research by the Optimus Foundation (2016) reveals that more than one third of children or 35% (both girls and boys) are sexually violated and sexual violence of children occurs in conjunction with all forms of abuse – physical, emotional and financial. Girls are more likely to have experienced penetrative rape, whilst the majority of boys revealed non-contact violations. Girls experience sexual violence at a younger age than boys with the average age of girls being 14 and for boys 15. Black and Coloured children are at higher risk, at 35.7% and 35.5%, respectively, than their White (27.1%) and Indian

(25%) peers. Urban children are thought to be at higher risk at 34.9% than their rural counterparts at 26.9%.

NGBVFSP (2019) reveal that it is estimated that 35.6% of women above the age of 15 experience physical or sexual violence. In 49.8% of cases this is perpetrated by men that are known to the victim. The Intimate Femicide Study in 2006 found that 56% of women in the study were murdered by an intimate partner. Marginalised and minority groups such as disabled persons and those identifying with the LGBTQIA sector are thought to be at higher risk for all forms of violence, femicide and infanticide.

Factors promoting the high incidence of sexual violence in South Africa include, gender inequality and patriarchial values, resulting in dysfunctional norms and standards; fractured families with children being separated from their biological parents (43.1% with mother, 3.3% with father and 19.8% with neither parent), resulting in absent fathers or the presence of a step parent; dysfunctional families with high levels of substance abuse and intimate partner violence; poverty and overcrowded households which increases the vulnerability to violence; and, our history of legalised racism and militarization.

Offenders of sexual violence is most often men, although there are incidences of women who sexually offend. The theory posits multiple pathways to sexually deviant behaviour including a biological predisposition to sexualized aggression; dysfunctional dynamics in the family of origin, including GBV and early sexual violations of the offender; personality and psychiatric disorders; and, substance abuse.

The survivor's journey through the CJS is fraught with the victim's own emotional trauma and fear; the highly regulated and complex processes the legal systems are obliged to comply with; lack of resources; and, at times the prevailing attitudinal problems that are reflective of our patriarchal society. A number of cases are not reported to the SAPS and those that are reported may not be accepted for prosecution for a myriad of reasons.

The traumatic impact of GBV and child abuse on over one third of women and children in South Africa increases the likelihood of shame and guilt; difficulties in intimate relationships; high risk sexual behaviour; inability to form trusting relations; anxiety; depression; post-traumatic stress disorder symptoms; psychiatric and personality disorders; substance abuse; physical symptoms including damaged brain development; poor academic performance; inability to function optimally at work; and, a distorted world view. All of these symptoms impact negatively on the achievement of one's potential and actualisation of one's dreams and aspirations.

The estimated cost of VAC stands at R238 billion according to Save the Children SA (2016) and VAW between R24 and R42 billion (KPMG, 2015).

It is morally and legally imperative that all sectors of our society, including civil society, SAPS, the NPA, Departments of Health, Social Development and Education work together to address this epidemic and end all forms of violence urgently. In the words of Father Thabo Makgoba, the Archbishop of Cape Town and successor to our Patron, Desmond Tutu: "In South Africa today we face a New Struggle, a struggle about values and institutions… we need to build strong systems… that work to improve the lives of all our people, especially those of the poorest of the poor."

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INTERNATIONAL CONVENTIONS AND LEGISLATION

In addition to enshrining child rights within the South African Constitution (1996), the South African Government has reviewed and continues to review their legislation and policies which affect children, in order to align them with its child rights commitments in terms of the Constitution and various international conventions.

INTERNATIONAL CONVENTIONS

The following international conventions have been ratified to promote South Africa's commitment to the rights of children

- The United Nations Convention on the Rights of the Child (ratified by South Africa in June 1995). The Office on The Status of the Child, situated in the Presidency, is responsible for the National Programme of Action for South African Children, which is a practical guide for the implementation of the Convention.
- The United Nations Convention on the Elimination of All Forms of Racial Discrimination (1997).
- The United Nations Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (1997).
- The Hague Convention on the Civil Aspects of International Child Abduction Act (1997) restricts the wrongful removal of children across international boundaries and establishes a procedure to restore children to their rightful custody as soon as possible.

LEGISLATION

- The Domestic Violence Amendment Bill (2020)
- The Prevention and Combating of Trafficking in Person Act 7 (2013)
- The Films and Publications Amendment Act (2019)
- The Schools Act (1996)
- The Child Care Act (2005)
- The Abolition of Corporal Punishment Act (1997)
- The Natural Fathers of Children Born out of Wedlock Act (1997)
- The Termination of Pregnancy (1996)
- The Basic Conditions of Employment Act (1997)
- Criminal Law (Sexual Offences and Related Matters) Amendment Act (2007)
- The Child Justice Act

Annexure 2: Childline Gauteng Help Line Statistics 2020 & 2021

CATEGORY AND SUB-CATEGORY	2019-2020	2020-2021	Increase	% Change
ABUSE:	4,041	5,091	1,050	26.0%
Abduction:	70	58	(12)	-17.1%
Emotional Abuse:	1,430	2,184	754	52.7%
Exposure to Criminal Violence:	34	35	1	2.9%
Exposure to Domestic Violence:	186	324	138	74.2%
Exposure to Porn/Child Abuse Images:	26	46	20	76.9%
Harassment:	124	188	64	51.6%
Inappropriate Sex Talk:	44	58	14	31.8%
Physical Abuse:	1,551	1,524	(27)	-1.7%
Rape:	294	342	48	16.3%
Sexual Assault/Abuse:	282	332	50	17.7%
ALTERNATIVE CARE:	60	52	(8)	-13.3%
Problems with Adoption:	21	9	(12)	-57.1%
Problems with Foster Care:	23	24	1	4.3%
Problems with Informal Boarding:	2	5	3	150.0%
Problems with Institutional Care:	14	14	-	0.0%
BEHAVIOUR PROBLEMS:	702	943	241	34.3%
Aggressive Child:	151	198	47	31.1%
Child Runaway:	68	78	10	14.7%
Criminal Activity:	55	47	(8)	-14.5%
Discipline Problems:	171	306	135	78.9%
Hyperactivity/Attention Deficit:	18	14	(4)	-22.2%
Uncontrollable child:	239	300	61	25.5%
COMMERCIAL EXPLOITATION:	79	41	(38)	-48.1%
Child Begging:	9	11	2	22.2%
Child Prostitution:	9	6	(3)	-33.3%
Child Trafficking:	9	2	(7)	-77.8%
Child used by adults in crime:	10	3	(7)	-70.0%
Child used in a criminal act:	3	5	2	66.7%
Child Vendors:	4		(4)	-100.0%
Domestic Child Labour:	16	8	(8)	-50.0%
Farm Child Labour:	2		(2)	-100.0%
General Child Labour:	6	4	(2)	-33.3%
Involved in Child Pornography:	11	2	(9)	-81.8%
DISABILITY:	76	80	4	5.3%
Child Mentally Disabled:	23	29	6	26.1%
Child Physically Disabled:	38	37	(1)	-2.6%
Family Disabled:	6	11	5	83.3%
Gender:2	9	3	(6)	-66.7%
DISCRIMINATION:	22	12	(10)	-45.5%
Access to School:	8	1	(7)	-87.5%
Racial:	4	2	(2)	-50.0%
Religion:	4	4	-	0.0%
Sexual Orientation:	6	5	(1)	-16.7%
FAMILY REL PROB:	1,381	2,782	1,401	101.4%
Child Missing /Lost:	41	46	5	12.2%

Child Not in Family Care:	35	59	24	68.6%
Conflict between Parent & child:	448	960	512	114.3%
Conflict between Parents/Caregiver:	241	563	322	133.6%
Death & Bereavement:	112	239	127	113.4%
Divorce:	60	88	28	46.7%
Mental Illness of Parent:	13	24	11	84.6%
Parent/s working away:	11	10	(1)	-9.1%
Problems with Siblings:	74	156	82	110.8%
Separation:	136	289	153	112.5%
Single parent:	69	92	23	33.3%
Step Family Relationship problem:	141	256	115	81.6%
HIV/AIDS:	123	86	(37)	-30.1%
Bereavement:	2	1	(1)	-50.0%
Both Parents Deceased:	5	2	(3)	-60.0%
Child Headed Household:	29	22	(7)	-24.1%
Child Infected:	24	16	(8)	-33.3%
Child Receiving Treatment for HIV:	13	9	(4)	-30.8%
Father Deceased:	3	1	(2)	-66.7%
Father Ill:	4	2	(2)	-50.0%
Information re HIV:	7	5	(2)	-28.6%
Mother Deceased:	8	5	(3)	-37.5%
Mother Ill:	8	15	7	87.5%
Other Family Member Ill:	6	2	(4)	-66.7%
Pre/Post Test Counselling:	4		(4)	-100.0%
Vulnerable due to HIV:	10	6	(4)	-40.0%
HOMELESSNES:	67	91	24	35.8%
Family Without Shelter:	45	61	16	35.6%
Street Child:	22	30	8	36.4%
LEGAL ISSUES:	569	920	351	61.7%
Access/Contact:	154	237	83	53.9%
Adoption:	49	53	4	8.2%
Child in Police Cells:	3	5	2	66.7%
Child Offender:	7	11	4	57.1%
Child witness:	2	1	(1)	-50.0%
Custody / Care:	131	212	81	61.8%
Lack of Birth Documents:	93	187	94	101.1%
Maintenance:	130	214	84	64.6%
NEGLECT:	1,708	2,118	410	24.0%
Child abandoned:	143	103	(40)	-28.0%
Circumstantial Emotional Neglect:	93	136	43	46.2%
Circumstantial Physical Neglect:	85	148	63	74.1%
Deliberate Emotional Neglect:	548	737	189	34.5%
Deliberate Physical Neglect:	839	994	155	18.5%
PEER RELATIONSHIPS:	74	245	171	231.1%
Bullying (Out of School):	19	85	66	347.4%
Relationship Problem:	55	160	105	190.9%
PHYSICAL HEALTH & COVID	211	44,281	44,070	20886.3%
Body Image:	7	467	460	6571.4%
COVID / Health Info:	87	41,667	41,580	47793.1%
Health Problems:	39	1,896	1,857	4761.5%

Needs Medical Care:	78	251	173	221.8%
POVERTY:	370	964	594	160.5%
Child Starving:	123	252	129	104.9%
Insufficient / No Income:	86	325	239	277.9%
Lacks Clothing:	61	95	34	55.7%
Problems with Grants:	100	292	192	192.0%
PSYCHOLOGICAL HEALTH:	327	563	236	72.2%
Anorexia:	5	3	(2)	-40.0%
Anxiety:	22	68	46	209.1%
Bereavement -Peer:	9	8	(1)	-11.1%
Bulimia:	3	2	(1)	-33.3%
Child has difficulty communicating:	16	23	7	43.8%
Depression:	54	122	68	125.9%
Lack of Confidence:	13	13	-	0.0%
Lack of Life Purpose:	8	21	13	162.5%
Loneliness:	13	37	24	184.6%
Mental Illness Child:	16	25	9	56.3%
Self Harm:	18	20	2	11.1%
Sleep disorder:	7	7	-	0.0%
Suicidal Feelings:	62	89	27	43.5%
Suicide attempt:	36	60	24	66.7%
Suicide of a Family Member:	3	4	1	33.3%
Suicide of a Friend:	3	4	1	33.3%
Unmanageable Anger & Frustration:	39	57	18	46.2%
REFUGEE CHILD:	24	23	(1)	-4.2%
Fear of Repatriation:	3	3	-	0.0%
Lack of Documents:	14	16	2	14.3%
Wanting to Return Home:	3	4	1	33.3%
Xenophobia:	4		(4)	-100.0%
SCHOOL PROBLEMS:	1,342	1,039	(303)	-22.6%
Bullying:	321	212	(109)	-34.0%
Physical:	195	91	(104)	-53.3%
Emotional:	167	139	(28)	-16.8%
Cyber:	13	17	4	30.8%
Child Not Attending School:	192	146	(46)	-24.0%
Child Truanting School:	26	4	(22)	-84.6%
Corporal Punishment:	48	9	(39)	-81.3%
Homework:	28	49	21	75.0%
Lack of Money for Fees:	16	15	(1)	-6.3%
Learning Problems:	59	80	21	35.6%
Parents Refusing School Attendance:	35	32	(3)	-8.6%
Performance Anxiety/Exam Stress:	36	65	29	80.6%
Problems with Educators:	79	24	(55)	-69.6%
Problems with Learner:	34	28	(6)	-17.6%
Study Tips:	6	79	73	1216.7%
Gangsterism:	6		(6)	-100.0%
Harmful religious practices:	3	2	(1)	-33.3%
Trauma:	57	42	(15)	-26.3%
Suspension / Expulsion:	21	5	(16)	-76.2%
SERVICES:	4,247	26,755	22,508	530.0%

Complaints about service:	36	49	13	36.1%
Abuse to Counsellor:	878	1,607	729	83.0%
Harassment by adults:	47	166	119	253.2%
Request for Information:	2,291	7,875	5,584	243.7%
Thanks for CL Service/Happy Child:	995	17,058	16,063	1614.4%
SEXUAL:	130	134	4	3.1%
Abortion/ Termination of Pregnancy:	7	10	3	42.9%
Contraception:	4	12	8	200.0%
Information Regarding Sex:	3	6	3	100.0%
Pregnancy:	31	31	-	0.0%
Saying No To Sex:	5	4	(1)	-20.0%
Sexual Identity:	7	8	1	14.3%
Sexual Problem:	7		(7)	-100.0%
Sexualised Behaviour:	32	37	5	15.6%
Sexually Exploitive Behaviour:	29	21	(8)	-27.6%
Sexually Transmitted Diseases:	5	5	-	0.0%
SUBSTANCE ABUSE:	635	740	105	16.5%
Child Alcohol Abuse:	49	54	5	10.2%
Child Drug Abuse:	142	170	28	19.7%
Drug Dealing:	15	12	(3)	-20.0%
Information on Alcohol & Drugs:	19	37	18	94.7%
Parent /Caregiver alcohol abuse:	291	307	16	5.5%
Parent /Caregiver Drug abuse:	119	160	41	34.5%
UNDEFINED / OTHER:	4,407	3,510	(897)	-20.4%
Welfare:	180	432	252	140.0%
SAPS:	234	314	80	34.2%
Other:	189	579	390	206.3%
DOE:	3,766	2,181	(1,585)	-42.1%
FPB:	35	2	(33)	-94.3%
Selection:	3	2	(1)	-33.3%