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Masibambisane



Ensuring Access to Justice in GBV Cases

An overview of state actor roles and responsibilities towards victims of gender-based violence



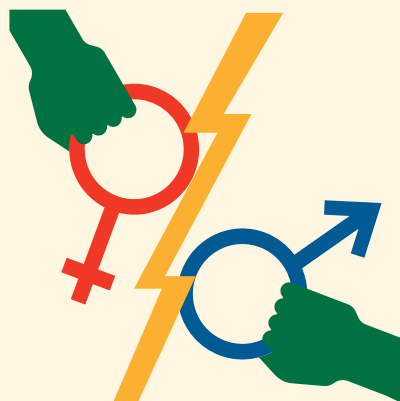
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Introduction

South Africa has some of the highest rates of gender-based violence (GBV) in the world. Despite progressive and victim-centric legislation, both victims and state actors face challenges in securing justice on behalf of the victim due to inadequate resourcing, poor collaboration and an incomplete understanding of the roles and responsibilities of each state actor playing a role in the criminal justice process. The purpose of this manual is to empower state actors and other stakeholders to provide an effective response to GBV in their respective communities through improved collaboration and an increased understanding of the roles and obligations of each state actor towards GBV victims throughout the criminal justice process.

This manual was developed under the Masibambisane project funded by the European Union being implemented in 18 communities in South Africa in 2022–2025. The Masibambisane model uses a multi-stakeholder, multi-sectoral and participatory approach to address high levels of GBV at community level. The model operates on the understanding that grassroots, bottom-up approaches are often highly effective to address social ills plaguing communities. Under this model, the lived realities of individuals living in communities and the knowledge and experiences of organisations and other stakeholders working in these communities inform the strategies, approaches and interventions used to address GBV.

The manual was developed by Lawyers against Abuse (LVA), a non-profit organisation founded in 2011 to ensure that GBV victims have meaningful access to justice by providing legal services and psychosocial support to victims, empowering communities and engaging state actors. Over the last ten years, LVA has provided direct legal assistance to over 1,800 GBV victims in the communities of Diepsloot, Orange Farm and Hillbrow including providing comprehensive support in over 500 criminal cases and assisting over 1,150 domestic violence victims with protection orders.

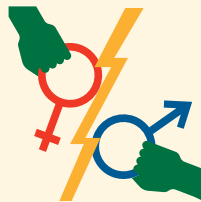
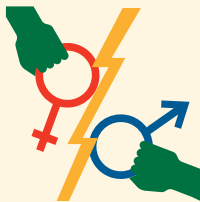
Gender-Based Violence

Gender-based violence consists of violence committed against another person based on their gender. It can be defined as “any harm that is perpetrated against a person’s will that has a negative impact on their physical or psychological health, development, and identity of the person, because of their gender”. This violence has its roots in the gendered power inequities that exploit distinctions between males and females, among males and among females. These gendered power inequities are usually tipped in favour of males.¹ GBV takes many different forms including sexual, physical, emotional, verbal and psychological abuse.

1. Patience Mpani and Nondumiso Nsibandwe, Understanding Gender Policy and Gender-Based Violence in South Africa: A Literature Review (for Soul City: Institute for Health & Development Communication) (2015) <http://www.soulcity.org.za/projects/advocacy/gbv/resources/understanding-gender-policyand-gender-based-violence-in-south-africa-a-literature-review>.

Sexual violence as a subset of GBV takes many forms including rape, sexual assault and sexual harassment. A critical component of all sexual offences is whether the victim consented to the relevant sexual activity. Consent is defined as “voluntary or uncoerced agreement,” meaning that the victim freely, willingly and deliberately agreed to the sexual act, with full understanding of what she was agreeing too. It is important to note that consent can be withdrawn at any point during a sexual encounter and that previous consent to sexual activity does not imply consent to a future sexual act. Further, the Sexual Offences Act identifies several situations in which consent is legally invalid:

- If the victim is forced, intimidated or threatened by the perpetrator or if the perpetrator threatens to damage property;
- If there is an abuse of power or authority; - If the victim is tricked into agreeing to a sexual act (e.g., doctor performing a “medical procedure”); or
- If the victim not able to think properly or understand the nature of the sexual act at the time because they are either: asleep, unconscious, under the influence of drugs or alcohol, a child below the age of 16, or a person with a mental disability.



GBV Legal Framework

South Africa has established several laws and regulations aimed at minimising the secondary victimisation that victims experience at various points in the criminal justice process. This section outlines the key instruments that detail the rights of GBV victims and corresponding duties and obligations of state actors towards victims throughout the criminal justice process.

The Constitution of the Republic of South Africa (1996)

The South African Constitution establishes a number of rights for all individuals, some of which are particularly relevant for GBV victims. The underlying ideals of Chapter 1 include human dignity, equality, the growth of human rights and liberties, non-racialism and non-sexism. Chapter 2 upholds the rights to equality, human dignity, life, liberty and personal safety. In particular, section 12 details that every person has the right to personal freedom and security, which includes the right to be free from all types of violence, whether from private or public sources, and that every person has the right to physical and psychological integrity, which includes the right to bodily security and control.

Key Legislation

Sexual Offences Act (The Criminal Law Sexual Offences and Related Matters Amendment Act 32 of 2007): This Act codified and broadened the definition of rape and other sexual offences and introduced new offences relating to GBV. Among other things, the Act also includes information on the provision of post-exposure prophylaxis (PEP) after a rape, the designation of health facilities specifically for the medical treatment and forensic examination of victims of sexual offences and the compulsory HIV testing of alleged perpetrators. The Act also provided for the implementation of the National Policy Framework to ensure the coordinated and uniform administration of the Act.

Criminal Procedure Act (Act 51 of 1977): This Act contains provisions that relate to the protection of witnesses (including victims/complainants), prohibit the introduction of any evidence pertaining to the victim's sexual history, and entitle the victim the right to be heard with respect to bail hearings, plea agreements, sentencing and parole hearings.

Criminal Law Amendment Act (Act 105 of 1997): This Act prescribes minimum sentences for various sexual offences including life imprisonment in rape cases where aggravating circumstances relating to the perpetrator exist or where the victim has particular vulnerabilities.

Policy Guidelines

While policy guidelines do not have the same status as a piece of legislation, state actors must follow them unless there is good reason not to do so.

SAPS National Policy Guidelines for Victims of Sexual Offences: details the police officers' duties when engaging victims of sexual violence and the level of professionalism with which they must be treated.

DOH National Policy Guidelines for Victims of Sexual Offences: details the protocols for the management of a survivor of rape or other sexual offences by a health care practitioner.

DOJ&CD National Guidelines for the Prosecution of Sexual Offences Cases: details responsibilities of various state actors involved in prosecuting sexual offences.

The National Policy Guidelines for Victim Empowerment (2009): establishes a regulatory framework for promoting and protecting the rights of victims of crime and violence to prevent re-victimisation within the criminal justice system and related systems. For example, the guidelines state that all victims must be treated fairly and with respect regardless of the situation, population group, gender, age, ability, sexual orientation or physical appearance.

National Instructions & Directives

National Instructions and Directives detail specific steps that various state actors must take when engaging with GBV victims during different points of the criminal justice process.

SAPS National Instruction 2/2012 – Victim Empowerment

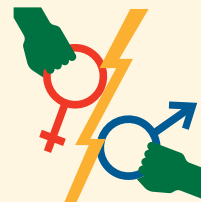
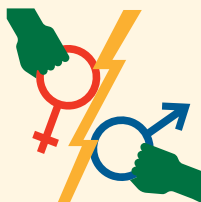
SAPS National Instruction 7/1999 – Domestic Violence

SAPS National Instruction 3/2008 – Sexual Offences

DOH National Instructions on conducting a forensic examination on survivors of sexual offences

DOH National Directives on conducting a forensic examination on survivors of sexual offences

DOJ&CD National Guidelines for the Prosecution of Sexual Offences Cases



The Service Charter for Victims of Crime

The Victim's Services Charter outlines the following seven rights to which all victims are entitled. The Minimum Services Standard for Victims of Crime, developed in 2004, details the minimum standards for the services provided by state actors in terms of these seven rights.

All state actors involved in the justice system must treat victims with fairness and with respect for their dignity and privacy to avoid secondary victimisation. As such, victims should be attended to promptly and steps should be taken to minimise inconvenience experienced by the victim throughout the process.

The right to receive information means that the victim must be informed of her role in the case and the approximate duration of the case. The victim may also request information about court dates, witness fees and the witness protection programme. The victim may also request to be informed of the status of the case, including whether the offender has been arrested, charged, granted bail, indicted, convicted and/or sentenced. In addition, she may request reasons for a decision that has been taken in her case on whether to prosecute or not.

The right to offer information means that the investigating officer, prosecutor and the person in charge of correctional services must take steps to ensure that any contribution the victim wants to make with respect to the investigation, prosecution or parole hearing is heard and considered when deciding whether to continue with the investigation, prosecution or parole hearing, respectively. It also means that the victim can take part in criminal justice proceedings by attending and giving a statement and/or evidence during bail, trial, sentencing and/or parole hearings. The victim must also be afforded the opportunity to make a further statement to the police if she realises that her first statement is incomplete.

A key component of the victim's right to assistance includes state actors facilitating access to social, health, psychological and legal services for the victim, as needed.

The right to protection includes that, in certain circumstances, the court may prohibit the publication of any information (including the victim's identity), or it may order that the trial be held behind closed doors (in camera). In addition, the victim has the right to be free from intimidation, harassment, fear, tampering, bribery, corruption and abuse. If the victim is a witness, she must report such threats to the police or senior public prosecutor. The victim may also request to be notified if the accused has escaped or been transferred to a different prison.

The victim has the right to compensation for the loss of or damage to property in connection with the crime that occurred. Therefore, the victim can request to be present at court on the date of sentencing of the accused and request that prosecutor apply for a compensation order.²

Lastly, if the victim has any complaints about any of the services she receives or if her rights are not being respected, she has the right to seek recourse from the following bodies:

- The Office of the Public Protector
- The South African Human Rights Commission
- The Commission on Gender Equality
- The Independent Complaints Directorate
- Metropolitan Police Offices
- The Health Professions Council of South Africa

Key State Actors



A multisectoral approach is required for the successful implementation of South Africa's survivor-centred legal framework in GBV cases. This section provides a concise summary of the various state actors involved in the criminal justice system.

2. Criminal Procedure Act 51 of 1977, sections 297 & 300.

South African Police Services

Section 205 of the Constitution charges the South African Police Service (SAPS) with “preventing, combating and investigating crime” and “upholding and enforcing the law”. SAPS is sub-divided into multiple divisions including: 1) visible policing (which aims to deter crime by providing a proactive and responsive policing service, reduce crime levels and instil community confidence in SAPS); 2) detective services (investigating officers responsible for investigating crimes); and 3) forensic services (provides technological analysis and evidentiary support to investigators). There are also specialised units within each division. For example, the Family Violence, Child Protection and Sexual Offence (FCS) Unit is a specialized unit within the Detective Service Division that handles cases related to sexual violence, child abuse and other related crimes.

Department of Health

The legislative mandate of the Department of Health (DOH) is derived from the constitution and several pieces of legislation including the National Health Act, 2003 which requires the department to provide a framework for a structured and uniform health system within South Africa. DOH has structured its functions as follows: 1) HIV and AIDS, TB and Maternal and Child Health; 2) Primary Health care; 3) Hospitals, Tertiary Health Services and Human Resource Development; and 4) Health Regulations and Compliance Management. There are also specialised units within each function. For example, Clinical Forensic Medical Services (CFMS) are responsible for providing health care for victims of sexual assault, domestic violence and other violent acts, including conducting the medical examinations discussed below.

National Prosecuting Authority

The National Prosecuting Authority (NPA) derives its mandate from section 179 of the Constitution and is the sole entity responsible for the institution of prosecutions on behalf of the State. Section 179(2) expressly provides the NPA with the power to, inter alia, institute and conduct criminal proceedings on behalf of the State, carry out any necessary functions incidental to instituting and conducting such criminal proceedings, and discontinue criminal proceedings. Furthermore, section 179(4) requires that the NPA must exercise its functions without fear, favour or prejudice.

The NPA’s Sexual Offences and Community Affairs (SOCA) Unit was established in 1999 with the primary objective of eradicating all forms of GBV, especially violence committed against women and children. The SOCA Unit oversees operations that cover four key responsibility areas: sexual offences, domestic violence, maintenance and child justice. The Thuthuzela Care Centre (TCC) model discussed below is also coordinated by the SOCA Unit.

Department of Justice and Constitutional Development

The Department of Justice and Constitutional Development (DOJ&CD) derives its mandate from the Constitution and is responsible for overseeing the administration of justice in the interests of a safer and more secure South Africa. The core functions of the department are: 1) ensuring equitable access to justice services; 2) protecting and promoting the rights of children, women, the aged and people with (physical and mental) disabilities; 3) improving the efficiency of the courts; developing legislation and promoting the Constitution; and 4) providing prosecution and legal aid services, providing legal advisory services, and protecting the organs of the state from damaging litigation.³

Reintroduced in 2013, sexual offences courts (SOC) are specialized courts that focus solely on criminal cases involving sexual offences. These courts are equipped with special facilities, such as separate waiting rooms for witnesses, and special evidence rooms and equipment for child witnesses. These courts often have specially trained judges, prosecutors and other court personnel and are supposed to resolve matters more quickly than a non-specialised Regional Court. These courts are intended to reduce levels of secondary victimisation experienced by victims when they testify at court.

The Department of Justice and Constitutional Development has several specific duties towards victims of sexual violence, including:

- Providing access to justice: The department is responsible for ensuring that victims of rape can access the justice system effectively. This includes ensuring that victims are provided with information about their rights, and that they have access to legal representation and support services.
- Protecting victims' rights: The department is responsible for protecting the rights of rape victims, including their right to privacy, dignity and safety. This includes ensuring that victims are not further traumatised by the justice process, and that they are treated with sensitivity and respect.
- Promoting prevention: The department is responsible for promoting awareness about rape and other forms of sexual violence, and for promoting prevention measures. This includes working with other government departments, civil society organisations and communities to develop strategies for preventing rape and for providing support to victims.
- Providing support services: The department is responsible for ensuring that rape victims have access to support services such as counselling and medical care. This includes working with other government departments and organisations to provide these services and ensuring that they are of a high standard.
- Ensuring accountability: The department is responsible for ensuring that perpetrators of rape are held accountable for their actions. This includes ensuring that the justice system is effective in prosecuting perpetrators and that they are given appropriate sentences.

Criminal Process: Sexual Violence



South Africa's legislative framework creates various rights and protections for victims of sexual violence to minimise vicarious trauma experienced during their participation in the criminal justice process. The following sections explore state actors' responsibilities to victims within the various stages of the criminal justice system process.

Initial Police Report

Reporting a sexual offence to the police is the first step in the criminal justice process. The specific assistance that the police must provide when engaging with the victim varies depending on the nature of the engagement: whether via a phone call, the officer is called out to the crime scene or the victim makes the report at the police station. See below for details:

Telephonic Report⁴

When a sexual offence is reported over the phone, the member receiving the complaint must send a police vehicle to the crime scene right away to assist the victim. The member must also reassure her that a police vehicle has been dispatched, provide the victim with appropriate advice while she waits for the vehicle to arrive, and make every effort to keep the victim on the line until the vehicle arrives.

Crime Scene⁵

When the police go to the crime scene, the first member on the scene must ask the victim whether the suspect might still be in the area and, if so, collect a description of the suspect which is then quickly disseminated to all police cars in the area.

In order to preserve any evidence that may exist at the crime scene, the member must ensure that the crime scene is guarded and protected from contamination until the investigating officer can take charge of the scene (i.e. nothing on the crime scene should be touched or moved). The member must also emphasise to the victim and all other persons present the importance of preserving any evidence of the sexual offence that may exist. For example:

- If the victim needs to use the bathroom, she must keep any toilet paper and other sanitary items, which will be air dried and packed in an envelope or brown paper packet and delivered to the Forensic Science Laboratory.

4. SAPS National Instruction 3/2008 at article 6.

5. SAPS National Instruction 3/2008 at articles 7 and 8.

- Where the victim was made to engage in an oral sex act, she must not consume any liquids because doing so could contaminate any evidence contained in her mouth. Note that this restriction only applies if the victim has not already rinsed her mouth or consumed any liquids. It is important that an oral swab be obtained from the victim as soon as possible following the incident.
- The victim should retain the clothes that she was wearing at the time of the sexual offence, since the clothing may be needed for forensic testing. If possible, the victim may arrange for additional underwear and clothing when she goes for the medical examination as her clothing will be kept as evidence.

At this point, the member should only obtain a brief explanation of the events that took place, which requires the member to take investigative notes and not a statement. As such, the member must avoid unnecessary or uncomfortable questions about the intimate details of the sexual offence. It is also important that the member explain to the victim that the exact details of the incident will only be disclosed to the necessary role players and that it will not be necessary for the victim to repeat intimate details multiple times. The member must later make a comprehensive statement concerning the interview and the investigative notes taken and file the notes under part A of the docket.

When engaging with the victim, the member must:

- avoid touching the victim as much as possible to prevent retraumatising her;
- listen to what the victim says, without interrupting her;
- reassure the victim that she is now safe and will be protected; and
- seek to put the victim at ease.

Reporting at the Charge Office⁶

When a victim reports a sexual offence to the charge office at the police station, the police may not turn a victim away because the sexual offence occurred a long time ago or in the station area of another police station. Instead, the member must immediately ask the victim to accompany him or her to an appropriate area in the community service centre away from the main duty desk and out of sight and hearing of others. If the victim requests that her statement be taken by a police officer of the same gender, all reasonable steps must be made to accommodate her request. In addition, the member must ask the victim if she wants another person to be present to support her throughout the interview, and if she does, the member must allow that person to be present. The member taking the statement must determine the victims' language and conduct the interview in that language. If this is not practicable, they must arrange for another member who can communicate in the victim's language or arrange for an interpreter. Once the statement has been completed, the member must read out the statement to the victim to ensure that everything she said has been captured correctly.

6. SAPS National Instruction 3/2008 at articles 4 and 5.

The member must also advise the victim of the processes that will follow after the case is opened and why they must be followed for the victim to understand the procedure and to instil confidence in the victim that the police will handle the matter professionally. Lastly, the member must inform the victim of additional services available to the victim.

Note that, if the victim is unable to make a coherent statement at the time for any reason, the member must open a skeleton docket, obtain statements from anyone accompanying the victim and give the victim time before requesting her to give a statement.⁷

Once the docket is opened, it will be allocated to an investigating officer from the Family Violence, Child Protection and Sexual Offences (FCS) Unit who will be responsible for investigating the case. The investigating officer is meant to be the victim's primary point of contact and is responsible for updating the victim regarding the status of the investigation and subsequent trial.

Medical Examination

The purpose of the medical examination is to establish whether there is any evidence relating to the sexual offence on or in the victim's body and to provide the victim with necessary medical treatment.

SAPS Duties⁸

The investigating officer is responsible for taking the victim for the medical examination as soon as possible, even if more than 72 hours has passed since the sexual offence was committed or the victim has already washed. Note that a male SAPS member may not be present during the medical exam of a female victim and vice versa, and that a SAPS member of the same gender may only be present with the victim's express consent.

The investigating officer must inform the victim:

- the importance of undergoing a medical examination and the purpose of obtaining the samples;
- the forms that must be completed: SAP308 form (provides for the victim's consent for the medical examination and indicates which samples must be collected) and J88 form (used to document the injuries sustained);
- that the examination will be conducted at the State's expense;
- that the health care professional will be able to answer questions relating to the impact of the sexual offence, the availability of medical treatment or services, if needed, and make necessary referrals;
- the availability of HIV testing and importance of PEP in possible cases of HIV exposure; and
- that the victim will be allowed to wash or bath once the medical exam is over.

7. SAPS National Instruction 3/2008 at article 5(7)

8. SAPS National Instruction 3/2008 at articles 10 and 11.

The investigating officer must also:

- complete a SAP308 form stating all the relevant details of the sexual offence;
- supply the health care professional with a J88 form and the evidence collection kit;
- record which medical samples are required and ensure they are taken and marked clearly;
- ensure the samples are forwarded to the Forensic Science Laboratory within seven days; and
- if it appears from the J88 that the victim had consensual sexual contact less than 72 hours prior to the commission of the sexual offence, the investigating officer must obtain samples from the sexual partners concerned.

Department of Health Duties

After reporting to the police, victims of sexual offences will be taken to a specialised clinical forensic medical unit located within a public hospital, clinic or a Thuthuzela Care Centre (TCC). Note that a TCC is designed to be a one-stop centre for GBV victims where they can obtain medical attention, receive psychosocial support and engage with police officials and prosecutors.

The health care professional should then complete the following steps:⁹

1) Statement on the alleged incident

The health care professional should take a detailed medical history on a patient record card and a verbal history of the alleged incident in order to focus the medical examination. It is important to note that any records taken do not purport to be a full account of what occurred so that the any missing information cannot be used against the victim at trial. Note that unauthorised people should not be able to view or hear any aspects of the consultation and alleged perpetrators must be kept separate from their victims.¹⁰

2) Explain nature and purpose of examination

The health care professional should explain that the purpose of the examination is to collect evidence for purposes of the criminal prosecution and the examination will involve a full body examination including the genital and anal areas, collection of samples, additional tests and the recording of detailed medical information.

3) Obtain consent

The health care professional should obtain written informed consent either on a SAP308 form or a DOH form (if the victim has not yet reported to police) for medical evidence to be collected and disclosed in court.

4) Medical examination

The health care professional will then conduct a full medical examination, take necessary samples and store samples in a Sexual Assault Evidence Collection Kit.¹¹

9. Department of Health ("DOH") Uniform National Guidelines for dealing with survivors of rape and other sexual offences at article 2.

10. Regulations regarding the rendering of clinical forensic services, 2012 at article 2(C).

11. DOH National Directives and Instructions, 2009 at article 19(a).

During the examination, only parts under examination should be exposed and then be re-covered before proceeding to the next part of the body. If the victim comes into the consultation in a highly emotional state, she should be calmed down through appropriate counselling techniques before conducting the physical examination. If necessary, the examination may need to be interrupted whilst the victim has an opportunity to regain her composure.¹²

5) Record findings

The health care professional will then record detailed findings from the examination on a J88 form (in duplicate) and addendum, if needed. A copy of the J88 should be kept for a period of three years in the event that the original is mislaid.¹³

6) Aftercare

After the examination, the health care professional should complete the following:

- Offer HIV testing (with counselling) and post-exposure prophylaxis (PEP) for HIV-negative victims presenting within 72 hours of a sexual offence where the victim came into contact with blood, semen or vaginal fluid of the offender.¹⁴
- Provide other prophylactic treatment against sexually transmitted diseases (STD) and post-coital contraception (with consent of victim).
- Schedule follow-up appointments at one week, three weeks and six months following the medical examination.¹⁵
- Give victim information about local support services available and make written referrals, as needed.
- Provide a medical certificate for school or work, if needed.¹⁶
- Inform the victim about available complaints mechanisms.

7) Transfer of Evidence

The J88 and Evidence Collection Kit must only be given to the investigating officer who must sign a register and the J88 to acknowledge receipt.¹⁷ If the investigating officer is not present, the forensic health care professional should clearly mark and register the forms and kit and keep them in a secure location until they can be given to the investigating officer.¹⁸ Until the point of trial, the information collected from the medical examination is restricted to the investigating officer and prosecutor. However, the information may be disclosed to the defence lawyer after obtaining a court order from the Magistrate.¹⁹

The health care professional should also report any information which occurs in the consultation which could be useful to the case including information on the physical condition and emotional and psychological state of the victim, the state of their clothes, evidence of rape as well as information provided verbally (and agreed by the victim to be used as evidence).²⁰

12. DOH National Directives and Instructions, 2009 at article 20(b).

13. DOH Uniform National Guidelines article 3(8).

14. DOH National Directives and Instructions, 2009 at articles 2, 3 and 4.

15. DOH National Directives and Instructions, 2009 at article 14.

16. DOH National Directives and Instructions, 2009 at article 13.

17. DOH Uniform National Guidelines at article 7(14).

18. DOH National Directives and Instructions, 2009 at article 28(d).

19. DOH National Directives and Instructions, 2009 at article 28 (b).

20. DOH Uniform National Guidelines at article 7(15).

Victim's Rights during the Medical Examination

The following rights must be respected during the medical examination:

- Rape victims should be brought to the front of a queue, while maintaining confidentiality, so that any forensic evidence can be captured as quickly as possible.²¹
- If possible the medical examination should be completed by a female health care professional. Where this is not possible, another woman should be present when a male health care professional examines the victim.²²
- The victim should be allowed to speak in the language of her choice. If the practitioner is not proficient in this language, a translator should be made available.²³
- The consultation should be conducted in an environment conducive to confidentiality, privacy and dignity.²⁴

Where a Criminal Case has not been Opened

In some cases, victims of sexual violence go to a health care facility immediately after the assault, instead of going to the police station. They may not be aware of the process to follow or may not wish to lay criminal charges. In such cases, the medical examination should be completed regardless.²⁵

In cases where a victim is uncertain about reporting the sexual violence, the health care professional should address the victim's fears and concerns to assist the victim make the decision about reporting. The patient must also be encouraged to allow the health care professional to collect non-degradable evidence in case she/he decides to report the case later.²⁶ The victim should also be given brief information about the legal process and her right to lay charges so that she can make an informed decision.²⁷ If the victim later indicates that she wishes to lay charges, the police should be called to the health care facility.²⁸

Note that there is no statutory obligation for the health care professional to report the sexual offence if the victim is an adult, unless the victim is an older person in need of care and protection in terms of the Older Persons Act, 2006, or a mentally ill person as defined in the Mental Health Care Act, 2002.²⁹

Bail Hearing

DOJ&CD

Duties After the perpetrator is arrested, the magistrate will decide whether or not to grant bail.

21. DOH Uniform National Guidelines at article 3(3).

22. DOH Uniform National Guidelines at article 3(5).

23. DOH Uniform National Guidelines at article 3(6).

24. DOH Uniform National Guidelines at article 3(9).

25. DOH Uniform National Guidelines at articles 1, 2 and 3.

26. DOH National Directives and Instructions, 2009 at article 18.

27. DOH Uniform National Guidelines at article 3(7).

28. DOH Uniform National Guidelines at article 7(12).

29. National Directives and Instructions on Conducting a Forensic Examination on Survivors of Sexual Offence Cases at article 18(a).

The magistrate must consider whether there is likelihood that the accused would attempt to endanger the safety of or attempt to influence or intimidate any witnesses, including the victim.³⁰ In addition, access to bail is restricted in cases where the accused is charged with rape (a Schedule 5 offence), unless the interests of justice require release, and is prohibited in cases involving a Schedule 6 offence such as rape with specific aggravating circumstances.³¹

If the magistrate decides to grant bail, he or she determines an amount that the accused must pay to the court to be released from prison while the trial is ongoing. If the perpetrator fails to appear for one of the trial hearings or violates a bail condition and bail is revoked, then the bail amount is forfeited, and the perpetrator must remain in jail until the conclusion of trial.

Investigating Phase

After the case is opened, the investigating officer is responsible for collecting additional evidence to prove the elements of the alleged offence.

SAPS Duties³²

During the investigation phase, the investigating officer must:

- Obtain an in-depth statement from the victim as soon as the victim has sufficiently recuperated (ideally within 24 - 36 hours, depending on the circumstances).
- Give the victim their contact information so that the victim can contact them with any questions or new information.
- Explain any police investigation procedures that involve the victim.
- Keep the victim informed of progress made with the investigation (identification parades, identification and/or arrest of the alleged suspect) and court procedures (prosecutor's decision to prosecute/not prosecute, first appearance of the accused, bail hearing, bail conditions, trial dates, postponements, date required to testify, pre-trial meeting with the prosecutor and outcome of the trial).
- Inform the victim that the accused will have access to the docket, including the victim's statement. If the victim has any specific reason for not wanting the accused to have this information, then the investigating officer must submit a request to the prosecutor to withhold the name and address of the victim.
- Prioritise the safety of victims and other witnesses during the investigation. For example, mechanisms should be put in place, if possible, to prevent the offender from identifying witnesses such as the use of a one-way mirror during an identification parade.
- Conclude the full investigation of a case as soon as possible.

30. Criminal Procedure Act, 51 of 1977, Section 60(4).

31. Criminal Procedure Act, 51 of 1977, Section 60(1).

32. SAPS National Instructions 3/2008 at article 9.

Discontinuation of Investigation³³

In cases involving a sexual offence, only an officer with the rank of Captain or higher, who is a Station Commissioner or oversees the detectives at a station or unit, may close a docket. Where the reason for closing the docket is because the suspect or complainant cannot be traced, the officer making the decision must satisfy himself or herself that the investigating officer has made every effort to trace the complainant or suspect. If they are not satisfied, he or she must give clear instructions to the investigating officer on the specific steps to take to trace the suspect or complainant and the date that the investigating officer must present the docket with the outcome of the steps taken.

Pre-Trial Hearing

After the investigating officer has completed their investigation, the case will go to the prosecutor to review the available evidence and decide whether it is sufficient to prosecute the case. The prosecutor may also decide that the case needs further investigation or additional evidence before a more informed decision can be made. If the police cannot find enough evidence, the prosecutor may decide not to prosecute.

If the prosecutor decides to proceed with the prosecution, a date will be set for a pretrial hearing. At a pre-trial hearing, the magistrate considers whether the prosecution and defence are ready to proceed to trial, whether the perpetrator has legal representation and that they have received copies of the docket, the number of witnesses being called by both sides, whether any intermediaries or interpreters are required and the estimated number of trial days required.

Pre-Trial Consultations

Pre-trial consultations are meetings that take place between the prosecutor and key people that will be involved in the trial process, such as the victim, other key witnesses and the investigating officer. The purpose of these meetings is for the prosecutor to review the individual's statement with him or her and to explain the relevant trial procedure.³⁴

SAPS Duties

The investigating officer must arrange for pre-trial consultations between the prosecutor, the investigating officer, the victim and key witnesses. The consultation between key witnesses must not be held in the presence of each other and/or the victim. The investigating officer must ensure that the docket is supplied to the prosecutor timeously to enable him or her to prepare both for these pre-trial consultations, as well as trial hearings.

33. SAPS National Instruction 3/2008 at article 23.

34. SAPS National Instruction 3/2008 at article 21

The court may order that the evidence of a victim of sexual offence be heard behind closed doors.³⁵ As such, during the consultation between the investigating officer and the prosecutor, the investigating officer must discuss the possibility of having the trial heard behind closed doors. Furthermore, the investigating officer must explain the provisions of this section to the victim and may request the prosecutor to assist her to explain the provisions and practicalities to the victim.

NPA Duties³⁶

As noted above, prosecutors must consult with the victim in all cases involving sexual offences. During this consultation, the prosecutor will review the victim's statement with her, should inform her of her rights and obligations related to the trial process, as well as provide an opportunity for her to ask any questions or express any concerns she has about the upcoming testimony.

The court preparation officer will also meet with the victim to prepare her for what to expect in court, including the court setting, the role players and their roles in court. The court preparation officer must also show the victim the various facilities at the court such as restrooms and intermediary rooms.

Trial Hearings³⁷

SAPS Duties

On the day of any trial hearings, the investigating officer must provide the victim copies of their statements to read through again to refresh their memory. The investigating officer must also explain the court proceedings and the possibility of postponements to the victim.

NPA Duties

South African judicial praxis is based on an adversarial legal framework which allows for both the prosecution and the defence to call their own witnesses to testify in court, including specialists. There are three components to a witness' testimony (including the victim): direct testimony, cross-examination, and re-direct. During direct testimony, the prosecutor asks the witness questions about what happened. Second, during cross-examination, the defence attorney asks the witness questions about their testimony. Lastly, during re-direct, the prosecutor has a final opportunity to ask any clarifying questions or to address anything that came up during the crossexamination. The procedure for the defence witnesses, including the accused, is identical to that for State witnesses.

35. Criminal Procedures Act, 51 of 1997, Section 153.

36. DOJ&CD National Guidelines for the Prosecution of Sexual Offences Cases.

37. SAPS National Instruction 3/2008 at article 22.

The only difference is that the defence attorney conducts the direct testimony, who are then cross-examined by the prosecutor, with re-direct by the defence attorney. Following the conclusion of the defence's case, both the prosecutor and the defence attorney are entitled to present closing arguments as to why the accused should or should not be convicted, respectively.

When giving evidence during trial, the victim can request a closed court during testimony (i.e. that unnecessary person not attend proceedings).³⁸ In addition, the magistrate, on its own initiative, or upon application by the prosecutor or a witness, can order that the witness testify by means of a closed circuit television or similar electronic media.³⁹ When considering whether to grant such an order, the magistrate should consider whether the order would prevent the likelihood that harm might result for the witness testifying during the proceeding. In addition, the defence attorney is prohibited from asking any questions regarding a victim's sexual history, unless the magistrate specifically permits such evidence to be introduced.⁴⁰ As such, it is the prosecutor's responsibility to object to any questions of this nature posed by the defence attorney.

If it appears that any witness (including the victim) who suffers from a physical, psychological, mental or emotional condition would experience undue psychological, mental or emotional stress, trauma or suffering if he or she testifies at a criminal proceeding, the magistrate can appoint an intermediary so that the witness can give his or her evidence through the intermediary. The request for an intermediary can also be made by the prosecutor or the witness themselves. If the magistrate refuses any application or request by the prosecutor or a witness for the appointment of an intermediary, the magistrate must immediately provide reasons for refusing the request which must be entered into the record of the proceeding.⁴¹

DOH Duties⁴²

The health care professional who carried out the forensic examination could be called to testify at trial as an expert witness. Note that the health care professional does not represent the State or the defence and should be regarded as independent. The health care professional must prepare their testimony by reviewing all records and notes, consulting with other non-involved experts and referring to relevant research related to their examination of the victim. Ideally, the health care professional should also consult with the prosecutor beforehand to explain the findings of the forensic examination, their relevance and the date of giving evidence in order to avoid delays and long periods of waiting in court.

38. Criminal Procedure Act, 51 of 1977, section 153(3).

39. Criminal Procedure Act, 51 of 1977, section 158(2).

40. Criminal Procedure Act, 51 of 1977, section 227.

41. Criminal Procedure Act, 51 of 1977, section 170A.

42. DOH National Directives and Instructions, 2009 at articles 29 - 31.

When testifying, it is important that the health care professional:

- distinguishes factual statements from opinions;
- limits their answer to information requested;
- be unbiased; and
- not venture beyond their field of expertise

Judgement and Sentencing

Once all the facts, evidence and supporting evidence have been presented to the Court, the Magistrate will make a decision, known as a "ruling" or "judgment," and either find the perpetrator guilty or not guilty. If the perpetrator is convicted, then the Magistrate will set a date for sentencing which may take place on the same day or be scheduled for a later date if the prosecutor wants to present aggravating circumstances (i.e., reasons why the sentence should be lengthier) or the defence attorney wants to present mitigating circumstances (i.e., reasons why the sentence should be more lenient).

Magistrates are required to impose minimum sentences for certain types of offences set in Criminal Law Amendment Act unless "substantial and compelling circumstances exist which justify the imposition of a lesser sentence than the sentence prescribed". For example, the minimum prescribe sentence for rape is 10 years for a first-time offender, 15-year for a second-time offender, 20-years for a third or subsequent-time offender and 25-years to life imprisonment in rape cases where there are aggravating circumstances or the victim has particular vulnerabilities (e.g., a minor or person with disabilities). Where there are multiple charges, the sentences can be concurrent (at the same time) or consecutively (one after the other). A sentence may also be partially or wholly suspended. If the prosecutor believes that the sentence awarded is too lenient, he or she may bring it to the attention of the relevant Director of Public Prosecutions who can choose to appeal the sentence.

SAPS Duties

The investigating officer should inform the victim when the judgment is going to be handed down so she can decide whether she wants to attend.

Victim Rights

The victim may make a Victim Impact Statement which is a written or spoken statement given to the court that allows the Magistrate to hear about the impact the crime has had on the victim's life. It includes how the incident has affected their life, relationships with loved ones, health and personality.

If the victim believes that the sentence is too lenient, she may discuss it with the Senior or Chief Prosecutor, who may decide to bring it to the attention of the relevant Director of Public Prosecutions for the purpose of appealing the sentence.

Plea Agreement

Another possibility is that the accused person pleads guilty and enters into a plea agreement with the prosecutor. In this instance, the victim has a right to be consulted and to make representations with respect to the plea agreement itself as well as the sentencing after the plea agreement is accepted by the magistrate.⁴³

Parole Hearings

In cases where the accused is convicted of rape, compelled rape, sexual assault, compelled sexual assault and/or compelled self-sexual assault, the court shall inform the victim that she has a right to attend any relevant meeting of the parole board and/or to make representations when the parole board is considering placing the prisoner on parole, day parole or under correctional supervision.⁴⁴

Criminal Process: Domestic Violence



The criminal procedure followed in criminal cases involving persons in a domestic relationship is largely the same as other types of criminal offences. However, the legislative framework in South Africa includes several specific rights and protections for victims of domestic violence to increase their levels of safety and minimise secondary trauma experienced during their participation in the criminal justice process. These rights and protections and the corresponding duties imposed on state actors are detailed below.

Possible Criminal Charges

Depending on the specific facts of the assault, there are several different criminal charges that can be laid:

- Common Assault: unlawfully and intentionally applying force to another person or inspiring a belief in another person that force is immediately to be applied to him or her (e.g., a slap, punch or kick)
- Assault with Intent to cause Grievous Bodily Harm ('assault GBH'): assault committed with the intention to do serious bodily injury (e.g., where more serious injuries are sustained by the victim or the perpetrator uses a weapon). Note that the victim does not need to have sustained serious injuries for this charge to be laid, rather it is the perpetrator's intent to cause serious injuries that determines whether this charge is applicable.

43. Criminal Procedure Act, 51 of 1977, sections 105A(i)(b) and 105A(7).

44. Criminal Procedure Act, 51 of 1977, section 299A.

- Attempted murder: commission of an unlawful act with the intention of killing another human being but which does not result in the death of that human being.
- Intimidation: includes threatening to kill, assault or injure another person.
- Malicious injury to property: unlawfully and intentionally damaging the property of another.
- Contravention of a protection order: violating a term(s) of a valid protection order.

Screening For Domestic Violence

In 2012, the Health Professions Council of South Africa (HPCSA) released domestic violence screening guidelines for emergency service providers, described below, however these guidelines do not constitute a legal mandate. The recently enacted Domestic Violence Amendment Act says the health department must develop guidelines for services to be offered to patients experiencing domestic violence, but these have not yet been promulgated.

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Under the HPCSA screening guidelines, health care professionals must be responsive to domestic violence by taking the following actions:

- Screening: Gently ask about any controlling and/or violent behaviour and believe the victim's response.
- Assess Risk: Conduct a risk assessment in all cases of domestic violence to identify imminent danger – especially where the patient still has contact with the perpetrator.
- Supportive Care: Provide supportive bio-psycho-social care.
- Document: Document any evidence of abuse on a domestic violence examination form.
- Inform: Inform patients of their rights, services and the legal remedies, including how to obtain a protection order under the Domestic Violence Act, and whether they want to report the case to the police. Explain the implications of domestic violence, including the risk of HIV and, in the case of a sexual offence, their right to get free HIV treatment under the Sexual Offences Act.
- Refer responsibly: Refer clients to appropriate resources and identify their support system.

When conducting a risk assessment in situations where the victim is uncertain about reporting continued domestic violence to the police, health care professionals should also establish the following in order to assist in developing a safety plan:

- Has the violence increased?
- Does the perpetrator use alcohol and/or drugs?
- Has the perpetrator threatened to kill the victim?
- Does the perpetrator have access to weapons?
- Is the victim afraid to go home?
- Has the victim or perpetrator thought about killing themselves?

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45. Domestic Violence Amendment Act, section 18B(1).

46. HPCSA Domestic Violence Screening Guidelines, section 5.3.

47. HPCSA Domestic Violence Screening Guidelines, section 5.4.

Initial Police Report

Reporting an incident of domestic violence to the police is the first step in the criminal justice process. The specific assistance that the police must provide when engaging with the victim varies depending on the nature of the engagement: whether via a phone call, the officer is called out to the crime scene, or the victim makes the report at the police station. See below for details:

Telephonic Report⁴⁸

When a domestic violence incident is reported telephonically, the member must ensure that a police vehicle is dispatched to the scene and that the officers responding are informed whether any violence or threatened violence has occurred.

Crime Scene

When attending a scene of domestic violence, the member must locate the victim and assess whether she is in immediate danger. If the victim is in immediate danger, the member must take the necessary steps to ensure the safety of the victim, including entering a private dwelling by force.⁴⁹

Once the scene is secure and the victim is not in immediate danger, the member must provide the following assistance to the victim:

- secure necessary medical treatment;
- find a suitable shelter;
- provide a notice in a language understood by the victim, which explains the victim's rights and legal remedies in terms of the Domestic Violence Act, and explain the contents of the notice; and
- assist with opening a criminal case, as needed.⁵⁰

Reporting at the Police Station

When a victim reports an incident of domestic violence at the Community Service Centre and requests to open a criminal case, the member must assist the victim to open a docket and have it registered for investigation. The member may not avoid doing so by directing the victim to other services.⁵¹ Where a criminal charge has been laid, the member must issue a J88 and SAPS 308 to the victim to be completed by a medical practitioner. Where possible, the member must arrange transport for the victim to the medical practitioner, including transporting the victim in a police vehicle as a last resort.⁵²

The member must also assist the victim to find suitable shelter and must, at a minimum, provide the victim with names, contact details and addresses of any organisation in the area which may be able to provide suitable shelter, relevant support and/or counselling services.

48. National Instructions 7/1999 at article 4(3).

49. National Instructions 7/1999 at article 6.

50. SAPS National Instructions 7/1999 at article 5(2).

51. SAPS National Instructions 7/1999 at article 7.

52. SAPS National Instructions 7/1999 at article 9(2)(c).

Moreover, at the request of the victim, the police should contact organisations on her behalf and assist in arranging transport to the organisation.⁵³ Lastly, the member must assist the victim to obtain medical treatment and must, at a minimum, ask the victim whether she requires medical treatment.⁵⁴

The police are also required to fully document their responses to every incident of domestic violence on a “Report of Domestic Violence Incident” form (SAPS 508(a)) regardless of whether or not a criminal offence has been committed. In addition, the police must record all domestic violence incidents reported to the police station in the Domestic Violence Register. It is the station commander’s responsibility that to ensure that accurate records are kept for all reported domestic violence incidents.⁵⁵

Perpetrator Arrest

A SAPS member may arrest an individual without a warrant if they reasonably suspect that individual of committing an offence containing an element of violence against the victim.⁵⁶ Similarly, the Criminal Procedure Act also allows the police to make an arrest without a warrant if the provided circumstances exist.⁵⁷

Bail Hearing

Granting a Bail Application

When deciding whether or not to grant a bail application, the magistrate must consider the victim’s view regarding his or her own safety should the accused be released on bail (i.e. the victim must be given an opportunity to provide evidence, either via statement or oral testimony).

The magistrate must also consider:

- the degree of violence towards others implicit in the charge against the accused;
 - any threats of violence made against the victim;
 - any resentment the accused is alleged to harbour against the victim;
 - the accused’s disposition to violence towards the victim or others based on previous conduct; and
 - whether the accused previously committed an offence against any person in a domestic relationship or has contravened an existing protection order when released on bail or on parole.⁵⁸

During bail proceedings, the defence attorney is required to inform the court whether a protection order was ever issued against the perpetrator upon application by the victim and, if so, whether that order is still in force.⁵⁹ Even when the prosecutor does not oppose bail, the magistrate must weigh the personal interests of the accused against the interests of justice, including the victim’s safety.⁶⁰

53. SAPS National Instructions 7/1999 at article 8.

54. SAPS National Instructions 7/1999 at article 9.

55. SAPS National Instructions 7/1999 at article 12.

56. Domestic Violence Act, 116 of 1998, section 3.

57. Criminal Procedure Act, 51 of 1977, section 40

58. Criminal Procedure Act, 51 of 1977, section 60(2A).

59. Criminal Procedure Act, 51 of 1977, section 60(11B)(a).

60. Criminal Procedure Act, 51 of 1977, section 60(10).

If the magistrate decides to release the accused on bail, he or she may make the bail subject to conditions which are in the interest of justice, including the victim's safety. If a protection order has not been issued against the accused, the magistrate must, after holding an enquiry, issue a protection order under the relevant provisions of the Domestic Violence Act.⁶¹

Cancellation of Bail

If the accused contravenes any term of the protection order issued against the accused or fails to disclose during the bail application that a protection order had been issued against them and whether that order is still in force, a magistrate may issue a warrant for the arrest of the accused and/or make an order that bail be cancelled and the accused be committed to prison until the conclusion of the relevant criminal proceedings.⁶²

Trial

Use of an Intermediary

If it appears that a witness who suffers from a physical, psychological, mental or emotional condition would experience undue psychological, mental or emotional stress, trauma or suffering if he or she testifies at a criminal proceeding, the magistrate can appoint an intermediary so that the witness can give his or her evidence through the intermediary. The request for an intermediary can also be made by the prosecutor or the witness themselves. If the magistrate refuses any application or request by the prosecutor or a witness for the appointment of an intermediary, the magistrate must immediately provide reasons for refusing the request which must be entered into the record of the proceeding.⁶³

Parole Hearings

In cases where the accused is convicted and sentenced to imprisonment for a period exceeding seven years, the court shall inform the victim that she has a right to attend any relevant meeting of the parole board and/or to make representations when the parole board is considering placing the prisoner on parole, on day parole or under correctional supervision.⁶⁴

61. Criminal Procedure Act, 51 of 1977, section 60(12).

62. Criminal Procedure Act, 51 of 1977, section 68.

63. Criminal Procedure Act, 51 of 1977, section 170A.

64. Criminal Procedure Act, 51 of 1977, section 299A.

Working with Victims of Trauma



Trauma and the Traumatic Stress Response

A traumatic event is one in which an individual's sense of safety is threatened (e.g. a car accident, a sexual assault or the sudden death of a loved one). When a traumatic event occurs, the human brain is activated in ways designed to keep the individual safe and to prevent the distressing event from recurring. The most common stress responses are known as fight, flight, freeze or fawn. These reactions happen automatically whenever our minds perceive a threat to our safety. For example, fight or flight are two well-known stress responses that describe when specific hormones flood your body to either fight the threat or to run away in order to escape from the threat. In contrast, the freeze response refers to situations in which people are unable to move due to shock, fright and/or the belief that an attempt to fight off an attacker or to flee would be unsuccessful. For example, victims of sexual violence often 'freeze' during an attack, explaining why many victims do not resist or shout for help. The freeze response may be confusing for some victims, who may blame themselves or be questioned by others for their behaviour. However, it is important to understand that the freeze response is just as "normal" a reaction to trauma as is the more commonly understood fight or flight responses. Lastly, the fawn response describes an individual's attempt to reduce the risk of violence by complying in order to appease the source of the threat. The fawn response is characterised by excessive agreement, an extremely helpful attitude and being primarily concerned with ensuring the happiness of another person (e.g. an abusive partner). An individual may resort to the fawn response after a failed attempt to fight, flee or freeze. In addition, people who were raised in abusive environments are more likely than others to exhibit the fawn response.

Vicarious Trauma and Compassion Fatigue

State actors who work directly with GBV victims are exposed to severely traumatic material on a regular basis and may therefore be at risk of experiencing secondary traumatic stress, also known as vicarious trauma, which may ultimately lead to compassion fatigue and/or burnout.

Vicarious trauma is a type of indirect trauma that an individual experiences through their exposure to the trauma that is directly experienced by another person. This work-related trauma exposure can occur from such experiences as listening to individual victims recount the violence they experienced, reviewing case files and hearing about or responding to the aftermath of violence and/or other traumatic events day after day. Although anyone working with victims of trauma is at risk of being negatively impacted by the various impacts of vicarious trauma, there are specific factors that may make some individuals more vulnerable such as prior traumatic experiences, social isolation, difficulty expressing feelings, constant and intense exposure to trauma with little or no variation in work tasks and the lack of an effective and supportive process for debriefing the traumatic content of one's work.⁶⁵

Professionals who work in roles that regularly expose them to other people's trauma, such as police officers, doctors, nurses and social workers, are susceptible to compassion fatigue.⁶⁶ Compassion fatigue is a term that describes the physical, emotional and psychological impact of helping others.⁶⁷ It might emerge because of an encounter with a single traumatic event or because of ongoing exposure to traumatic events over time. Signs or symptoms of compassion fatigue can be physical, behavioural, psychological or emotional. Some symptoms may be acute and can threaten a professional's bodily and mental wellbeing.⁶⁸ For example, physical symptoms may include irregular sleeping patterns, weakness or exhaustion, a lack of vitality, recurrent illness or a change in eating habits. Behavioural symptoms may include withdrawal, lack of connection or avoiding connection, rejecting others or feeling rejected. Examples of psychological and emotional states associated with compassion fatigue include sadness, emptiness, loneliness, numbness, agitation, despair or a loss of control. In order to cope with some of these symptoms, professionals experiencing compassion fatigue may secretly self-medicate with alcohol, drugs, food or gambling. Compassion fatigue can also result in a reduced ability or desire to endure the suffering of others and/or to feel empathy or compassion for others. This is especially important for state actors working directly with GBV victims as the level of empathy that victims perceive from the state actors they engage with has been linked to a victim's willingness to pursue their criminal case.

It is also important to recognise that, although the two conditions share some of the same symptoms, compassion fatigue is not the same as burnout. While compassion fatigue is a term that describes the impact of helping others, burnout is a term that describes the impact of a stressful workplace. Another key distinction is that it is possible to experience compassion fatigue after one's first exposure to traumatic content, while burnout emerges gradually over time. Lastly, compassion fatigue can have a quicker recovery time than burnout, if managed early.⁶⁹

65. Office for Victims of Crime, "What is Vicarious Trauma?", <https://ovc.ojp.gov/program/vtt/what-is-vicarioustrauma>.

66. American Counseling Association, Fact Sheet 9: Vicarious Trauma <http://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=2>

67. "Compassion Fatigue: Symptoms to Look For", <https://www.webmd.com/mental-health/signs-compassionfatigue>.

68. M Stephanie "What helps, hinders, and might help general duty police officers to cope with secondary traumatic stress" (2011) 41; Kirschman E. I love a cop: What police families need to know (New York: 2000) 139.

69. Grief Work Centre, "Compassion Fatigue vs Burnout",

REFLECTION ACTIVITY

Tick any symptoms experienced in the last three months.

Symptoms	Yes	No
Unmanageable physical and/or emotional fatigue		
Difficulty with providing support to victims		
Struggling with negative self-concept and self-image		
Struggling with procrastination (unable to meet deadlines)		
Negative perception of work and impact		
Indifferent about victim's suffering		
Feeling despondent about the system being able to restore safety for victims		
Discontinuation of interests which give you joy		
Prefer to spend time by yourself (work and home)		
Highly irritable		
Desire to leave work and or profession		
Increased number of sick-leave days		
Engaging in unhealthy coping mechanism (alcohol and drugs)		

It is essential that state actors who interact directly with trauma victims be equipped with a set of tools, skills, practises, attitudes or actions to help them deal with and manage compassion fatigue so that they can provide crucial support to victims.⁷⁰ Self-care strategies such as exercise, spiritual well-being and developing personal interests can be effective coping strategies for managing compassion fatigue. Communicating with family, colleagues and co-workers has also been shown to be beneficial. Lastly, counselling or regular debriefing has also been demonstrated to be an effective strategy for addressing compassion fatigue.⁷¹



70. CR Figley "Compassion fatigue: Psychotherapists' chronic lack of self-care" *Journal of Clinical Psychology*, 58(11), 1433–1441. <https://doi-org.proxy1.library.jhu.edu/10.1002/jclp.10090>

71. J Duarte & J Pinto-Gouveia, J. "The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms" *European Journal of Oncology Nursing*, 28, 114–121. <https://doi-org.proxy1.library.jhu.edu/10.1016/j.ejon.2017.04>

Annexure 1: Available Resources

Free Counselling Services

Lifeline offers free telephonic counselling to trauma victims

Website: <http://lifelinesa.co.za/contact-us/index.html>

Email: safetalking@lifeline.org.za

Phone: 0861 322 322

South African Depression and Anxiety Group (SADAG)

Mental Health Hotline: 011 234 4837

Suicide Crisis Line: 0800 567 567

TEARS Foundation maintains a national database for GBV service providers and can connect you with relevant service providers in your area

Website: <https://www.tears.co.za/>

Email: info@tears.co.za

Phone: 010 590 5920

Dial *134*7355# (will send you an SMS with contact details for service providers in your area)

Gender-based Violence (GBV) Command Centre

Phone: 0800 428 428

Dial *120*7867# from a cell phone

SMS 'help' to 3153

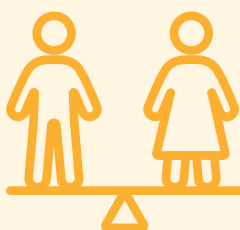
Shelter Placements

National Shelter Movement of South Africa assists in placing domestic violence victims in shelters nation-wide

Toll Free 24-hour Shelter Helpline: 0800 001 005

SMS, WhatsApp or Please Call Me to 082 057 8600 / 082 058 2215 / 072 230 7147

Email: infohelpline@womenscentre.co.za





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