



FOUNDATION FOR PROFESSIONAL DEVELOPMENT

**Client experience of rape victims
accessing governmental post-rape
services in Tshwane district, Gauteng
province, South Africa**

Suzanne Johnson & Nomsa Mahlalela

Table of Contents

- Background
- Methodology
- Findings from research project
- Questions & answers

Table of Contents

- **Background**
- Methodology
- Findings from research project
- Questions & answers

Note on terminology: victim v. survivor

- **Connotation:**
 - harm and violence done to the individual
 - service providers' responsibility to mitigate further harm and victimisation¹
- **Timing of research:**
 - *first* engagement with governmental post-rape service providers
- **Target audience for research:**
 - service providers providing services to individuals who had been raped

¹Maier 2014

Background:

- **Profile of rape in South Africa:**
 - high rate of rape¹,
 - disproportionately low rate of rape reporting², and
 - even lower rate of criminal conviction for rape³
- **State of South African response to rape:**
 - Substantial progress
 - Substantial gaps in post-rape services⁴
- **Responsiveness of State:**
 - Limited feedback mechanisms for rape victims to hold government accountable for the quality of post-rape services

¹South African Police Service 2015, ²Jewkes and Abrahams 2002, ³Vetten, Jewkes, Fuller, Christofides, Loots and Dunseith 2008, ⁴SANAC 2015.

FPD received Innovations funding from Making All Voices Count (MAVC)

Client Experience App



Proposed innovation

to develop and test an application (“App”) on a near-zero-cost feature-phone accessible platform

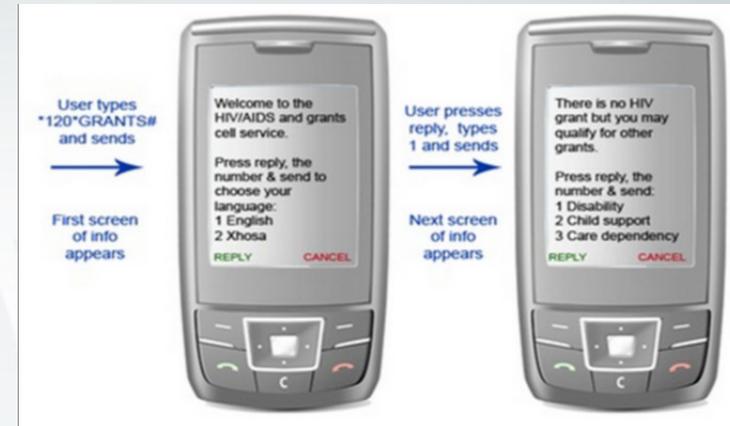
Purpose of App

To strengthen governance and accountability of post-rape service providers and drive improvement in overall quality of care.

The Innovation comprised of a feature-phone accessible Client Experience application



Rate satisfaction on a scale of 1 to 5
Services
Staff
Information & advice
Rooms & physical environment



Free Text Comments:

Table of Contents

- Background
- **Methodology**
- Findings from research project
- Questions & answers

FPD received Research funding from Making All Voices Count (MAVC) to inform app development

- **Aim:** to better understand the experiences of rape victims accessing governmental post-rape services in South Africa
 - Drivers of satisfaction & dissatisfaction with post-rape service delivery
- **Study design:** Cross-sectional study
- **Study setting:** TCC and RCC in Tshwane District
- **Data Collection: Mixed-methods technique**
 - Paper-based client experience survey
 - Paper-based survey of rape victims' mobile phone capacity
 - **Focus Group Discussions** with rape victims (recorded & transcribed)
- **Study population (FGD):** female, follow-up clients, >18 years, conversant in English, consenting to participate
- **Data analysis (FGD):** qualitative methods using a thematic analysis approach and coded transcripts for themes by using an immersion and crystallization process

Table of Contents

- Background
- Methodology
- **Findings from research project**
- Questions & answers

Overview of FGD

September-October 2015

- Conducted 3 Focus Group Discussions (FGDs)
- 21 participants (avg. 7 per group)

July 2016

- 1 qualitative analysis validation workshop with FGD participants
- 9 participants

Focus Group Discussion: Themes

1. entry pathways into TCC and RCC services;
and
2. client experience of post-rape services and
service providers

Focus Group Discussion: Themes

- 1. entry pathways into TCC and RCC services;
and**
2. client experience of post-rape services and service providers

entry pathways into TCC and RCC services (1/3)

Three (3) entry pathways:

- police station (most common),
- from a clinic or hospital setting,
- directly to the Centre (only 1).

Reasons for entry via police:

- Being scared & not knowing where else to go
- Misconception that rape victims cannot access medical care without first opening a case
 - reinforced by both police & health care workers

*At first it was bad because we first went to Stanza Bopape Hospital. **They told us to go to the police station to open a case.** I was beaten up, bleeding and in too much pain. It felt really bad to me because I need them to assist me but all they could say to me is to tell me that I should open a case. [Female FGD participant, Mamelodi]*

entry pathways into TCC and RCC services (2/3)

Positive entry experiences:

- quick waiting times,
- efficient progression throughout the steps, and
- good coordination between the police and the Centre

Negative entry experiences:

- feeling of physical discomfort (pain, fatigue, hunger, no bath).
- waiting;
- multi-step, indirect referral routes;
- frustration process to open a case *before* going to the centre;

*I remember I went to the police station at around 7am ... I waited until late and I came here at 2pm and that was the only time they were able to bring me here. So when I got here I waited and **the only time I went home it was like 5pm and I have not eaten anything ever since and I have not rested and so from 7am until 5pm I have not bath as well. I was really tired and I just wanted to sleep. Because it was the night after the incident happened, it happened overnight, so the next morning I did not have any sleep**". [Jubilee 1]*

Focus Group Discussion: Themes

1. entry pathways into TCC and RCC services;
and
- 2. client experience of post-rape services and
service providers**

client experience of post-rape services and service providers

Rooms & physical environment

- “private”
- “confidential”
- “safe”
- Access concerns:
 - distance (& related costs)
 - difficulty finding the centre in the hospital
 - no clear signage
 - confusing name “medico centre”

We don't feel free to talk with someone and tell that I have been raped. [Female FGD 2 participant, Jubilee]

Me-di-co ?!?
[Female data validation workshop participant, Jubilee]

client experience of post-rape services and service providers

staff at centres, incl. healthcare workers & psycho-social support

- welcoming & friendly,
- professional,
- patient,
- empathetic & non-judgemental and
- easy to talk to.



*They (Centre staff) just treat you like in a good manner and **they make you realize that what ever happened to you it was not your fault and that you can get proper help and they do give you proper help.** [Female FGD 1 participant, Jubilee]*

*they (Centre staff) would **listen** to the story **without judging** you. [Female FGD participant, Mamelodi]*

client experience of post-rape services and service providers

Police:

- ambivalent,
- aggressive & outright threatening,
- blaming,
- judgemental & lacking empathy,
- actively discouraging the victim from opening the case



*The police in charge of my case was an older male police. He was ok but then he was asking me one question for too long [Participants laugh]. He was telling me that I am not telling the truth and I am lying and I kept insisting that I am telling the truth. **He told me that he wanted to give me a female police officer so that she can beat so that I can tell the truth.** [Female FGD 1 participant, Jubilee]*

Lyoh.....the police are very difficult [Other participants laugh] [Female FGD 1 participant, Jubilee]

client experience of post-rape services and service providers

Police & questioning

- aggressive manner of questioning
- repetition of questioning,
- insinuation/accusations that the victims were “lying”,
- difficulty in answering the police’s questions
- secondary trauma of recounting details of the assault



*Like even when you make the statement, they (Police) tell you that you have to talk about every detail. It's like I am going back to that situation again. I know they have to do that but just in a nicer way. **They are just too serious and too difficult and you ended up feeling like you wanted this thing to happen and they do not trust you.** The cases they do not take them too serious, like if you do not make follow-ups, they do not even care that they catch the suspect or something.*

[Female FGD 1 participant, Jubilee]

client experience of post-rape services and service providers

Information & advice & follow up:

- inadequate communication and information,
- delays in progress of case and
- lack of follow up

*But me **I was not told about the side effects**, they just gave me the pills and they only told me that when I should take them and when are they going to last and I should take them until they finish and that is what they told me. [Female FGD 2 participant, Jubilee 2]*

*I was disappointed by the police service, because the day I arrive at the TCC I spoke to one of the police man he even accompanied me to my place, and he told me that he will pick me up the following day so that I can show him where this boys are staying. But he never came till today. **He said to me 'Tomorrow, this time I will come and pick you up to show me where this boys are staying.'** But **he never came.** [Responding in SeSotho] [Female FGD participant, Mamelodi]*

Summary of findings

- **Large variation in reported client experiences:**
 - positive, negative and mixed experiences
 - between service providers (healthcare, police, court)
- **Numerous barriers to entry to post-rape care:**
 - low levels of awareness, indirect referrals, long process, police attitude
- **Main sources of frustration:**
 - long wait times, poor communication and quality of information, police attitude, inadequate follow-up, delays in progress of cases,
- **Implications for e-governance app development:**
 - **Usefulness:** ability and willingness to report positive, negative and mixed experiences & propose constructive recommendations
 - **Acceptability:** *if* can improve service quality for future victims
 - **Appropriateness:** design & content of app (domains & ability to select service provider)

A special thanks to:

- NPA SOCA unit for their support and guidance throughout the entire research and pilot process
- The support and leadership of Dr. Phoshoko & her team in Tshwane District DOH
- The dedicated staff at the Tshwane TCC and RCCs and their support for the research & pilot project & the service that they provide every day
- All the ladies who took their time to participate in our research and test our application
- And the support and guidance of our donor, MAVC and HIVOS and the supervision of Dr. Beth Mills from IDS

Thank you!



We would like to acknowledge and thank our donor

This project is made possible by the generous support of Making All Voice Count (MAVC), HiVOS, Institute of Development Studies (IDS) and Ushahidi.



The contents are the responsibility of FPD and do not necessarily reflect the views of MAVC

Full research report available at:

Johnson, S. and Mahlalela, N.B. (2017) *Client experience of rape victims accessing governmental post-rape services in South Africa*, Making All Voices Count Research Report, Brighton: IDS



References

- Jewkes, R. and Abrahams, N. (2002) 'The Epidemiology of Rape and Sexual Coercion in South Africa: An Overview', *Social Science & Medicine* 55.7: 1231–44
- Maier, S. (2014) *Rape, Victims, and Investigations. Experiences and Perceptions of Law Enforcement Officers Responding to Reported Rapes*, Abingdon, UK: Routledge
- SANAC (2015) 'National Standards to Improve Trauma Care for Rape Survivors', Century City: South African National AIDS Council Women's Sector, <http://sanacws.org.za/national-standards-to-improve-trauma-care-for-rape-survivors/> (accessed 10 January 2017)
- South African Police Service (2015) *Crime Statistics 2013/2014*, South African Police Service
- Vetten, L.; Jewkes, R.; Fuller, R.; Christofides, N.; Loots, L. and Dunseith, O. (2008) *Tracking Justice: The Attrition of Rape Cases through the Criminal Justice System in Gauteng*, Johannesburg: Tshwaranang Legal Advocacy Centre, South African Medical Research Council and the Centre for the Study of Violence and Reconciliation, www.csvr.org.za/index.php/publications/1579-tracking-justice-the-attrition-of-rape-cases-through-the-criminal-justice-system-in-gauteng-.html (accessed 10 January 2017)