

VICTIM ADVOCATE TRAINING MANUAL

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Section 1: Introduction

1.1 TVEP

ABOUT TVEP

As part of the National Crime Prevention Strategy, the Thohoyandou Community Policing Forum, together with SAPS and other stakeholders, established a Victim Empowerment Committee in 1997 with the objective of providing support to survivors of domestic violence and sexual assault.

Our Trauma Centre

With funds from SAPS, the Department of Health, Department of Social Development and the Venda Sun Hotel, our first one-stop 24/7/365 Trauma Centre was opened in September 2001 in Tshilidzini Hospital. The organization has since opened another Trauma Centre at Donald Fraser hospital.

Our Empowerment Cluster

Realizing that it is not enough simply to provide support for survivors, the Programme was soon expanded to include an Empowerment Cluster, responsible for campaigning designed to empower all sectors of our community - men, women, and children - to speak out against all forms of abuse.

Our Organization

In order to obtain funds to support our services and the advocacy needed, the Committee was restructured in January 2002 and registered independently as a non-profit trust with a range of stakeholders as trustees. The organization is currently staffed by a team of 26 paid employees, 35 South African volunteers, and foreign volunteers on contract from the United States Peace Corps and Voluntary Services Overseas.

1.2. Target group

- Newly appointed Victim Advocates
- Those VAs who want to enhance their knowledge on how to carry out their day-to-day duties as a Victim Advocate.

1.3. Objectives of the manual

1. Induction for newly appointed VAs – This manual will be a benchmark to be used by all newly appointed Victim Advocates to familiarize themselves with all the duties that they will be expected to execute while working with victims of Gender-based violence.
2. Consulting document – The current Victim Advocates can always consult the manual if they want to get more information on certain aspects of their jobs.

1.4. Impact of the manual

- Newly appointed VAs will learn to carry out their duties as quickly as possible
- Increased efficiency amongst the current crop of VAs
- Enhance the Victim Advocates' knowledge on how to carry out their duties
- Enhance the Victim Advocates' knowledge about the codes of conduct that they are expected to uphold
- To provide better service to the survivors

Section 2: Code of conduct

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 2. List of Code of Conduct
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2.1. Introduction

Clients must be able to trust health care providers, including Victim Advocates (VAs), with their lives and wellbeing. To justify trust, VAs have a duty to maintain a good standard of practice and care and to show respect for human life.

A survivor of sexual assault or domestic violence is turning to the VA during a time of great need. It is vital that the VA recognizes the vulnerability of the client during this time and empowers the client rather than causing secondary traumatization. For these reasons, TVEP has developed a Code of Conduct and protocols for handling clients. These standards are listed in this manual.

2.2. List of Code of Conduct

These regulations have been devised to ensure that the survivor comes first. Remember also that sharing of skills and teamwork is essential to the successful operation of the Programme.

- Care of the client is the VA's first concern;
- Treat every patient politely and considerately;
- Respect patients' dignity and privacy;
- Listen to patients and respect their views;
- Give patients information in a way they can understand;
- Respect the rights of patients to be fully involved in decisions about their own care;
- Keep your knowledge and skills up to date;
- Recognize the limits of your capabilities and competencies;

- Be honest and trustworthy;
- Respect and protect confidential information;
- Make sure that your personal beliefs do not prejudice your client's care;
- Act quickly to protect clients from risk (e.g. HIV/AIDS);
- Work with colleagues in a way that best serves the clients' interests;
- Treat the client with absolute dignity and respect and regard everything said by the client as strictly confidential;
- No VA/General Assistant shall enter into a relationship of any kind with a client at any time;
- If an VA is related to a client then s/he should disqualify her/himself as the VA for that client;
- While on duty at the Trauma Centers, VAs should be in full uniform and wear a name tag for identification purposes;
- Each VA should meet with their Trauma Centre manager, Supervising Legal Officer and the Sector Manager: AtJ and Trauma Services and a monthly report must be submitted;
- Any problems arising from a case should be reported to the Legal Officer/Trauma centre administrator as soon as possible. Bookings for the Trauma Counsellor may be arranged for counselling after the one of the two has been informed;
- An VA should not give her/his personal physical address to a client;
- If an VA is unable to perform a duty shift for any reason, s/he should notify the Head of Support as soon as possible;
- If an VA feels that a client is not comfortable with her/him, the situation should be verified by asking the client. The Head of Support should be notified as soon as possible;
- If an VA is not comfortable with a case or is finding it too complicated, the Sector Manager: TS & AtJ should be informed immediately;
- VAs should not make unrealistic promises to clients;
- An VA should maintain confidentiality at all times and be careful when contacting clients; avoid leaving messages unless you have the permission of the client to do so;

2.3. Additional protocols on handling clients

Although the majority of clients will be appreciative of the support and care you are providing as an VA, there are always a certain number of clients who will be unhappy for any number of reasons (i.e. outcome of case, police unable to find perpetrator, desire for additional attention). For this reason, TVEP has put into place a protocol for handling difficult clients.

A profile for the client will be opened while the client is at the centre. This should be submitted to the Senior Legal Officer as soon as possible. The Senior Legal Officer along with the Sector Manager: TS & AtJ will make decisions regarding any action or response that needs to be made regarding the incident.

In some cases, a specific “incident” does not occur but an VA may have continued difficulties with a client. This could include non-cooperation on the part of the client such as not attending follow-up appointments or not providing critical case information to the VA. If such a case arises, it should be discussed as soon as possible with the Senior Legal Officer and the Trauma Counsellor where appropriate. From there, a strategy can be devised to best support the client’s needs.

Ultimately it is important to keep in mind that TVEP exists to support its client. Therefore we must always respect the confidentiality and sensitivity of such cases and strive to meet the needs of the client. The Senior Legal Officers, Trauma Counsellor and the Sector Manager: TS & AtJ are always available to provide additional support and recommendations for the VAs.

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Section 3: Trauma Centre Procedures

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3.1. Introduction

There are several different procedures to follow at the Trauma Centers depending on whether the reported sexual assault/rape has taken place within 72 hours (new rape) or longer than 72 hours (old rape). Because there is not an urgent need to collect forensic evidence and administer medication in domestic violence cases, these cases follow the same procedures as with old rapes.

It is your job as a Survival Support Officer (VA) to ensure that all clients feel welcome and comfortable in the Trauma Centers. This manual will provide you with the basic procedures that should be followed when working in the Trauma Centers.

3.2. Client arrival

When the client arrives, be welcoming and reassuring. Give the client time to explain the situation in her/his own words. Hand out a teddy bear if you think this might help. The VA should complete the basic identifying information including the name, physical address, phone number, date and time of arrival for the client on the profile as soon as possible. If the VA is not available then the General Assistant can complete the basic information and the VA can verify the information when s/he meets with the client.

3.3. Sexual assault/rape cases

When a client arrives at the Centre s/he may be brought by the police, family, friend or self. If the client is not brought by the police, telephone the police and document the time of the call on the profile.

The survivor of sexual assault may decide that s/he does not want to report the incident to the police. The survivor's decision regarding involvement of the police should be respected at all times. **When a client is 60 years or over, or under the age of 16, health care providers are obliged by law to report the incident to the Director General in the Department of Social Development. All child sexual abuse cases should be reported to the Department Social Development. A form 25 should be filled in and taken to the Department of Social Development in order for a social worker to conduct home visits for such a client.** The VA should refer the case to the TC Manager who must discuss reporting the case to the police with the family if it has not yet been reported.

With the client's consent, contact the Thohoyandou SAPS department in cases of sexual assault/rape regardless of the Trauma Centre where the client reported. Telephone the doctor at Casualty to arrange an examination. Rape victims should be examined at the trauma centre, and not in casualty. Record the time the doctor was called on the profile. It is imperative to be aware of the time because of the urgency in administering post-exposure prophylaxis (PEP). Arrange for a blood test, even if the doctor cannot come immediately – at least the blood can be processed in the meantime. If the doctor has not arrived within thirty minutes of the telephone call, call again. If she has still not come after 1.5 hrs, contact the Clinical Manager, the Sector Manager or the Programme Director if you have to. Note that this only applies to victims who were raped within the previous 72 hours, as after that time has elapsed there is no use in administering PEP.

Complete the hospital registration form to obtain the bedletter (refer to section 3.11 Glossary). After the J88 form is completed by the medical officer, take the J88 and hospital registration form to the Admissions Office to open the bedletter. The VA must always put on their uniform when doing this and need not wait in a queue.

Explain the medical examination procedure completely to the client. The doctor will be performing an exam to collect forensic evidence that could be used in court. In addition, explain that an HIV test will be conducted with the client's consent. At this time you can begin the pre-test HIV counselling (*see manual on pre and post-test counselling*). Have the client sign the necessary release forms for TVEP and the HIV test form while you are waiting for the doctor and police. Blank copies of all forms are kept at the Trauma Centers. It may be necessary to translate some of the forms to ensure that a client is aware of what they are signing.

While you are waiting for the doctor and/or police, check on the client and keep her/him informed of progress (e.g. that you have called the doctor and when to expect her/him and when the police might be arriving) and ensure that s/he is comfortable. Always remember to keep the client informed about what is happening. This needs to be done regularly. You will need to assess for yourself how often to check on a client based on their needs and their emotional response to the situation. Approximately every half hour you should look in on the client. In some situations a client will not want to be left alone and if possible the VA or the General Assistant should be available to sit with the client.

3.4. Domestic violence case

In the case of severe injuries the client will be taken to the emergency section of the hospital first and admission will take place if necessary. This means that the client profile will not be completed first, but after s/he has been released from hospital, the client has to go to the trauma centre to open the client profile. If there is no severe injury the same procedure must be followed as in a sexual assault/rape case.

3.5. Police procedure

If the client is brought by the police, give the officer the police record book to write the name of the officer, name of client, residential address of the client and reason for referral (e.g. rape, domestic violence, etc.). If the client arrived without the police the VA must call the police at the local satellite office. The VA must record the time of the call on the profile. If the police do not arrive in 30 minutes the procedure to follow up the police must be followed:

- Contact the Police Department to find out the reason for the delay;
- Notify the Centre Manager at the same time;
- Contact the Police Superintendent.

After another 30 minutes, if the police still have not arrived, the Senior Legal Officer or the TVEP Programme Director should be contacted. If the police have an excuse for not arriving within time, contact the Police Superintendent and Senior Legal Officer/Programme Director anyway. Document each call carefully in the Event Book (refer to section 3.11 Glossary) which is kept at the front desk. Remember time is important because of the possibility of administering PEP. PEP is more effective the sooner after the rape that it is administered. **DO NOT STOP CONTACTING THE POLICE UNTIL SOMEONE ARRIVES.** If you are uncertain what to do, telephone the Senior Legal Officer or Sector Manager: TS & AtJ to inform her of the events. You will be directed as to the next steps to follow.

Sometimes the doctor will carry on with the J88 without the police and the police will just collect it and take statements whenever s/he gets there. The J88 form is usually kept with the rape kit but blank copies should also be available at the Trauma Centers. The VA should be present while the statement is being taken to provide support to the client. Remember the client may be in a state of shock and not remember all the details. This is a time to:

- Take notes which will assist in completing the profile and avoid having the client repeat the story;
- Make sure that the police statement is consistent with the report on the profile (even if the statement was taken somewhere else);
- Ask questions to clarify the client's story;
- Remind the client that the police statement can be changed or added to at a later date;
- Explain to the client why the police statement is important (*See manual on police statements*).

The VA is available to help the client with any future changes to the statement. An VA may also assist the police in locating forensic evidence. Ask if the alleged perpetrator touched anything such as a bottle or cigarette and may have thrown it down at the scene of the crime. These can be confiscated and fingerprints obtained. Ask why other people who may be witnesses left the scene of the crime and did not seek help. Be sure to document these details on the profile. Additional sheets of paper can be attached if necessary.

3.6. Medical Procedure

The client must not wait for the medical examination longer than 30 minutes. If the wait is longer than 1 hour, notify the Hospital Superintendent. At night, contact the doctor on call. If the doctor does not arrive for another 30 minutes, the Sector Manager: TS & AtJ or the TVEP Programme Director should be contacted.

If the examination is not to be conducted in the Centre, accompany the client to Casualty (Tshilidzini) or (Donald Fraser) when the doctor is ready to examine the client. Make sure the police officer collects the rape kit and J88 from the locked police cabinet at the Trauma Centre (*refer to J88 manual*). This cabinet must be locked **AT ALL TIMES**. This is the law and is necessary to protect potential evidence from contamination. The Centre Administrator determines where the key is placed and only a police officer can unlock the cabinet or have access to the cabinet. **NO ONE ELSE IS ALLOWED TO OPEN THE POLICE CABINET.**

The police officer and the VA must accompany the client to the examination room with the rape kit, J88, bedletter, HIV consent form (refer to section 3.11 Glossary) and hospital registration; but the doctor is able to carry on even if the police is not available.

The doctor will request the police officer to hand over the rape kit. The opening of the rape kit needs to be witnessed by the police officer. The medical evaluation is conducted to determine the medical needs of the client and to collect forensic evidence which will be used in the investigation and later in Court. Although it is not the role of TVEP to tell doctors what to do, ask appropriate questions of the doctor if it appears that forensic evidence is being overlooked.

The VA will hand over the bedletter which is the hospital file for recording all of the patient information. The doctor will resume the examination in the presence of a same sex professional nurse. If the client is afraid, the doctor might request the VA to be present for comfort and reassurance. The client must give permission for the VA to be present. The doctor will use the rape kit, complete the J88 and hospital continuation sheet. The doctor will request a police officer to witness when putting the contents in the rape kit and sign the necessary form.

On the hospital continuation sheet, the doctor will check the HIV consent form and write a plan of action for taking tests for HIV, sexually-transmitted infections, red blood cells, liver function (for taking PEP) and pregnancy. However, there is a written agreement with both hospitals that blood will be drawn when a fresh rape client arrives at the Centre which will allow the doctor to have the results of the test by the time of the medical examination. The doctors have signed a standing order to draw the blood. The doctor will prescribe medication for PEP if the HIV test is negative and other antibiotics if needed.

The nurse may draw blood during the examination if it is not done before. It should be written on the laboratory slip that the results must be available within 45 minutes. The other collected blood must be submitted to the laboratory including Gravidex (urine test). The words "Trauma Centre" should be written on the wrapping slip. The results will be brought to the Trauma Centre.

Table 1. Prescription and how to Use It

Purpose	Medication	Dosages	Appropriate for		Prescribed for you at the Trauma Centre
			Adults	Children	
STI Prophylaxis	Ciprobay 500mg po stat	500g 1tab(once)	X		
	Flagyl 2g po stat	5x400mg tabs (once)	X		
	Doxycycline 100g	100mg twice daily(morning and night for 2 days	X		
	Trichazole 400mg	5x400mg tabs (once)	X		
	Trichazole 200mg	5x400mg tabs (once)	X		
	Metronidazole	5x400mg tabs (once)	X		
	Erythomycin 30-50mg Flagyl 15mg	Depends on body mass and weight		X	
Emergency contraception	OVRAL	Ovral 2 tabs p.o stat and Ovral 2 tabs p.o stat 12hrs after 1 st dose	X		
ARVs	AZT 200mg	2tabs three times a	X		

		day			
	3TC 150 mg	1tab two times a day	X		
	AZT 4mg/kg	Depending on body mass and weight		X	
	3TC 2mg /kg	Depending on body mass and weight		X	
Pain Relief	Ibuprofen 400mg	Depends on the history of the patient and prescription by the doctor	X		
	Pacimol	1 tab three times a day	X	X	
Treatment for Identified STI	Rocephin	Injection just once of a dosage determined by the doctor	X	X	

3.7. Pre and post-test counselling

While you are waiting for the police and doctor to arrive you may begin the pre-test counselling (*see manuals on lay counselling, pre & post-test counselling and HIV/AIDS*). You should also arrange for a blood specimen to be collected if the client has agreed to an HIV test.

NB: Ensure that the client who has agreed to an HIV test signed the HIV consent form.

After the blood test

The results of the blood test can be obtained from the laboratory. Collect PEP drugs from the pharmacist if the client is HIV negative and the doctor has prescribed the medication. The client's profile number and results should be recorded on the blood test monthly record form (*refer to section 3.11 Glossary*).

3.8. After the examination

After the medical examination and the police statement, the client may take a bath. Give the client a care package and a pair of panties if necessary. A soft toy may also be given to the client at any time through the process. However, if one has not been given, one may be given to the client at this time. Arrange to have food brought to the client if needed. Food can be arranged from the hospital kitchen but E-pap can also be taken with the medication. Allow the client privacy for the bath and arrange a room in the Centre if the client is staying for the night (average of 3 days depending on the nature of the case). Follow-up on HIV and other test results while the client is bathing. Also complete the profile and note any questions that might need to be asked of the client after the bath is completed.

The profile number must be written on the profile number book. It is essential that the information is recorded in the book to ensure that we do not give the same profile number to more than one client. This book includes the name of the client, age of the client, residential address, name of VA, gender and where the profile is opened. The VA will arrange an appointment for post-test counselling.

Complete the rest of the profile with the client and make sure that the client has signed the profile to give you permission to:

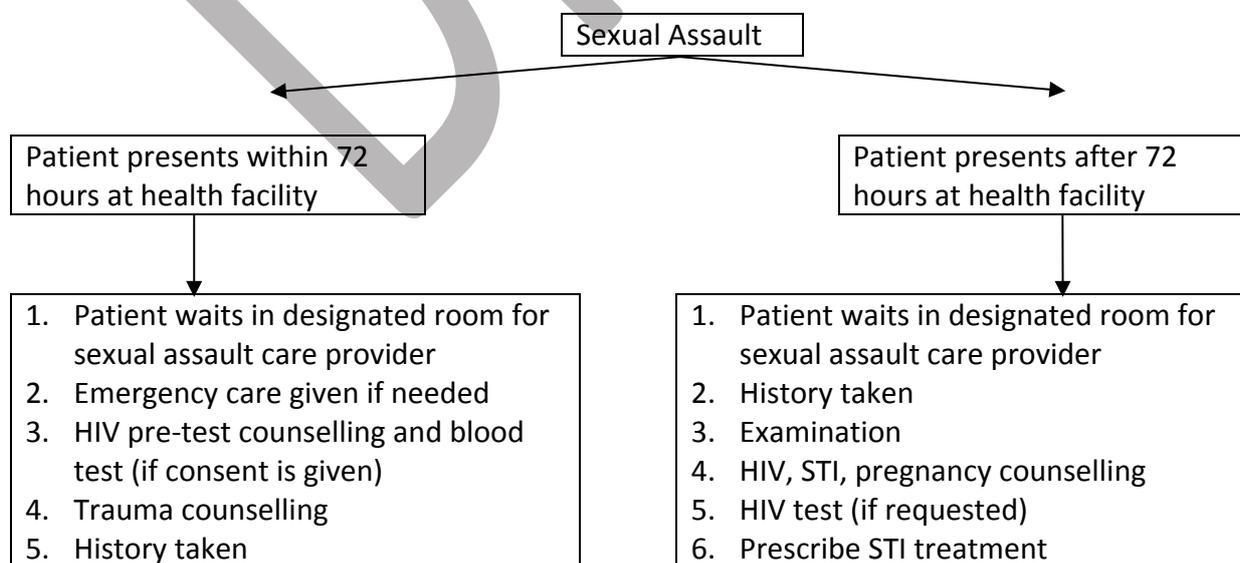
- Read the bedletter
- Access any other confidential documents
- Photocopy the police statement

Referrals should be made for the client based on the VA's assessment of the situation (*See manual on lay counselling for more information about referrals*).

3.9. Additional procedures

- The bedletter should be returned to the hospital immediately after the client has left
- Always complete the photocopying record after each photocopy
- When using the telephone, record the details on the phone register (refer to section 3.11 Glossary).
- Record everything given to a client, i.e. teddy bear, care package, panties, E-pap on the profile.
- Complete your attendance register
- Before the client leaves, double check the profile to ensure that all of the necessary information has been completed.
- The profiles will be picked up twice a week and taken to the Survivor Support to be entered into the database.
- The General Assistant should complete the diet slip (refer to section 3.11 Glossary) each evening or in the early morning and the kitchen staff will come to collect the slip in the early morning. The food will be brought from the kitchen to the Trauma Centers by the hospital staff.
- If the client does not have money for transportation then s/he can have her/his transport reimbursed. The client should complete a client transport claim form (refer to Section 3.11 Glossary). The money can be taken from the petty cash box.

3.10. Flow diagram showing the management of patient presenting within the first 72 hours after sexual assault or after 72 hours¹



6. Examination conducted (unless patient chooses not to be examined)
7. HIV, STI, pregnancy counselling
8. Pregnancy test
9. Give PEP
10. Give STI treatment/prophylaxis
11. If pregnancy test is negative, give emergency contraception according to protocol
12. If pregnancy test kit is not available give emergency contraception
13. Information on rape syndrome given to patient
14. Collection of trace and biological evidence
15. Documentation of evidence such as injuries
16. Referral for SocDev (if applicable) counselling and NGO support group
17. Give information leaflets, rape manual
18. Schedule clinical follow up

7. Pregnancy test
8. Insertion of IUD or abortion counselling if necessary
9. Information on rape trauma syndrome give to patient if < 5 days ago
10. Collection of forensic evidence (if applicable)
11. Documentation
12. Referral for counselling and NGO support group
13. Give information leaflets
14. Schedule clinical follow up

3.11. Glossary: List of all forms to be completed at Trauma Centers

The following forms need to be completed at the Trauma Centers:

- **Event book:** A book kept at the front desk where all events are recorded while you are on duty. Include phone calls to police and doctors, when bedletters are returned to hospital, number of clients, etc.
- **Profile:** The profile is a form used to collect all of the essential information regarding the client's case. The basic identifying information should be completed as soon as the client arrives.
- **HIV test consent form:** Form that client signs to allow hospital to conduct an HIV test. Client also needs to sign the form when the post-test counselling is conducted.
- **ART disclaimer form:** Signed by the client when s/he is given PEP medication.
- **Photocopy record:** Completed every time a photocopy is made. It is kept next to photocopy machine.
- **Phone register:** A log of all phone calls made from the Trauma Centers.
- **Attendance record:** The VA's or General Assistant's record of hours worked. Completed when you arrive and when you depart from shift.
- **Blood test monthly record:** A record of all of the blood tests conducted for clients included follow-up visits. Kept at Trauma Centers so it can be filled out by the VA on duty even if it is not their own client.
- **Diet slip:** Completed daily to inform the hospital how many meals will be needed during the day. Collected by the kitchen staff in the early morning.
- **Profile record book:** Book kept at each Trauma Centre to record profile numbers. When a client is given a profile number it is recorded in this book to ensure that two clients are not given the same profile number. If a client reports at the Victim Support Centre, someone from the Victim Support Centre will call the Trauma Centre to get the next available number. This should also be recorded in the profile record book.

- **Manual Registration Form:** Registration form for bedletter from hospital. This form can be completed by the VA or the General Assistant and taken to hospital registration so the client does not have to stand in a queue to receive their bedletter.
- **Visitor record book:** A book kept at the front desk where all visitors need to sign in.
- **Appointment form:** A form that is given to the client with a list of all of their follow-up appointment dates. A copy of the completed form should be made and put in a file at the Trauma Centre for reference purposes.
- **Referral form:** A form that can be given to a client when they are referred to another organisation. Explains to the organisation why the client is being referred and that TVEP is the organisation that referred the client.
- **Client transport claim form:** Filled out by the client when her/his transport is reimbursed by TVEP.
- **Form 25:** The client records the place where the incident has occurred
- **Police book:** In this book the police records the name of the client, the officer as well as reason for bringing client, and place where they are coming from.
- **Call in letter:** To call in other people who are involved in the problem e.g. reconciliation purposes.
- **Letter to employer:** To inform or verify that the client was at the trauma centre that day.
- **Care Package:** This is given to the client when she needs to bath. The contents include: face cloth, toothpaste and toothbrush, soap, body lotion, pair of panties (optional), plastic drawstring bag, condoms (optional)

Section 4: History taking/profile completion

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4.1. Introduction

When a Victim Advocate (VA) first meets with a client, s/he must be prepared to find out a client's background and details regarding the incident. It is important to remember that often the client is traumatized by the incident and therefore questions must be asked carefully and with sensitivity to the client's needs. This requires the VA to be familiar with the questions that need to be asked (from profiles) so that the questions can come naturally and the VA knows which details are important to record when taking notes.

This manual will provide the VA with information about history and note taking and give instruction on the completion of the rape/sexual assault and the domestic violence profiles.

4.2. History/note taking

The VA must be able to differentiate between important details to include on the incident report and details that are inconsequential. Below are some examples of questions to ask the client to obtain the information needed for the profile:

- Can you describe the incident?
- Is this the first time something like this has occurred (particularly in domestic violence cases)?

- What were the circumstances of the assault (identity and number of assailants)?
- Was there any type of physical restraints used (weapon, drugs, alcohol)?
- What type of sexual contact did the perpetrator have with the client? Actual or attempted penetration (penile, digital or object)? Route of penetration (vaginal, oral, anal)? Ejaculation, urination, use of condom and lubricants?
- What did the client do after the incident (shower/bath, change of clothing, douching, use of tampon, urination, defecation)—these may destroy evidence?
- Was anyone with you during the incident or anyone around who was a possible witness?
- What time of day did the incident occur?
- Is there anything the perpetrator may have touched that could be used to obtain fingerprints?

You may get much of the information you need by just asking the client to describe the incident but sometimes it is important to ask probing questions to gather more information.

It may take practice to get used to summarizing a long incident into just a page of notes. One way to practice is to listen to a news report on the radio or television and write down a summary of the incident being reported by the newscaster. Ask a friend or relative to read the summary. Is the friend/relative able to understand the main points of the summary? Does information seem to be missing or is it too much information included? Does the friend/relative have unanswered questions about the news report?

The VA will also have to take notes when doing a home visit or attending a court session. Below is a list of the type of information that should be recorded from a home visit:

- Side effects from the PEP medication
- The name and number of person supporting client in taking meds
- The general economic circumstances of the client (often the VA is able to observe this without asking direct questions to the client)
- The client's general mental status
- If the client has stopped taking the PEP medication find out the reasons why

Information from a court session:

- Type of hearing (e.g. bail, trial)
- Outcome of the hearing (e.g. case withdrawn, case remanded)
- Reasons for remands
- Any evidence or witnesses that were missing at hearing
- Matters of concern

It is the job of the VA to write this information concisely (briefly) on the profile without leaving out important details. Every phone call and visit to a person should be recorded on the profile, even if you are not able to reach the person. For example, if you call the investigating officer on a case and s/he is not available record the date, the person you called and the outcome (not available). It is important to record phone calls of people you cannot reach as well as successful ones. The reason for this is that it allows the Senior Legal Officer to know what efforts are being made on a certain profile and it helps determine if there is a particular problem with an investigating officer, client, etc. If we have tried to reach a person 15 times without success then that information is valuable in determining our plan of action.

4.3. Rape/sexual assault profile completion

The rape/sexual assault profile will be filled out at different points during the course of a client's case. When a client walks in the door at a Trauma Centre or the Victim Support Centre the *date, time of arrival, initials & surname, given names, gender, physical address and contact details & workplace* must be completed by the VA. If the VA is busy with another client then the General Assistant can complete this information and the VA can verify when s/he meets with the client. Each item will include instructions on how to complete the entry and when the entry should be made.

The VA has a meeting on a monthly basis with the M&E Data Clerk to guarantee that nothing is omitted from the profile.

The VA has a meeting on a monthly basis with the M&E Data Clerk to guarantee that nothing is omitted from the profile.

All dates should be completed in the following format: dd/month/yyyy (e.g. 12 Apr. 2005)

All times should be completed using the 24 hour clock: 08h30, 14h15

All boxes should be completed using a tick mark: ✓

Reporting date

Date the client reports incident to Trauma Centre or Victim Support Centre. This is to be completed immediately when the client arrives at Trauma Centre or Victim Support Centre.

Time of arrival

Time the client reports incident to Trauma Centre or Victim Support Centre.

Initials & Surname

The initials and the surname of the client must also be completed immediately when the client arrives at Trauma Centre or Victim Support Centre.

Given names

The given or first names of the client.

Date of birth

The date the client was born.

Age

The age of the client when s/he is reporting incident. Only enter the number of years. It is assumed that the number refers to the number of years therefore it is not necessary to write the word "years" after the number.

Sex

The gender of the client must be indicated by an "F" for female and an "M" for male .

Postal address

The address where the client receives mail must be indicated.

Type of assault (Rape, Attempted Rape, Indecent Assault, Incest, Abduction)

The type of assault that was committed against the client. The correct box should be ticked. .

Physical address & village (Include nearest landmark or physical)

The place where the client physically lives including the village must also be completed immediately when the client arrives at Trauma Centre or Victim Support Centre.

Client's contact details & workplace, if employed

The phone details of the client and the name of workplace if the client is employed.

Name & contact details of trusted confidant

The first and last names and contact information of a friend close relative parent or pastor that the client trusts.

Relationship

The relationship of the trusted confidant to the client (e.g. friend, parent, etc.).

Came to TVEP via?

Ask the client how s/he came to TVEP. Try to make sure this is as accurate as possible:

FVSA/T: Went directly to the Tshilidzini Trauma Centre

FVSA/DF: Went directly to the Donald Fraser Trauma Centre

SOCA: Was referred to TVEP from SOCA

CO: Went to TVEP Victim Support Centre (may have been taken to Trauma Centre after)

SAPS: Went to police (may have been taken to Trauma Centre after)

Casualty/OPD: Went to casualty at the hospital (may have been referred to Trauma Centre after)

Self: Help desk, specify (clinic): Went to clinic or help desk (may have been referred to Trauma Centre after)

Other (Explain): Any other place the client may have reported incident. Explain in the space provided.

Can child be visited at school?: In the case of a child client, can the VA meet with the child at school? Tick either yes or no.

Tick one box that applies to the client's situation.

How did client hear about TVEP?

Ask the client how s/he first heard about TVEP:

- N/A: Not Applicable
- Friend: A friend referred them to TVEP
- SAPS: The police referred or brought the client to TVEP
- SOCA: Someone at SOCA referred the client to TVEP
- Campaigns/Schools: Client heard about TVEP through campaigns. The term campaigns may not be understood by the client so the VA will have to ask questions to determine if the client heard about TVEP through the campaigns. For example, "Did someone come to your school or church and talk about TVEP?"
- Media *specify*: This could include an article in the newspaper, radio interview, song by Colbert Mukweho
- Help desk, *name clinic*: Client referred by help desk advisor or clinic worker to TVEP
- Other (*Explain*): Any other way the client may have heard about TVEP. Explain in the space provided.

Tick one box that applies to the client's situation.

Previous history of sexual assault?

Has client ever come to the Trauma Centre before?

Please tick yes or no in the space provided.

If yes, please explain (date, time, profile #, problem)

Explain the incident that the client reported. Was it sexual assault or domestic violence? Does the client know the approximate date? Did the client open a case? Include the profile number if available or use database to determine the profile number.

Client physically disabled

Check vulnerability of client, check whether is getting other relevant services. e.g. grants

Assist to verify the charge.

Client mentally disabled

Check vulnerability of client, check whether is getting other relevant services. e.g. grants

Assist to verify the charge.

Time doctor phoned

The time the doctor was **initially** phoned by the VA and informed that a client needs to be examined. Completed when the VA makes the phone call to the doctor.

Time of doctor arrived

The time the doctor arrived to examine the client. Completed when the doctor arrives at Trauma Centre.

Examining doctor's name

The surname and first name of the doctor who examines the client. Completed when the doctor arrives at Trauma Centre.

Time police phoned

The time the police were **initially** phoned by the VA and informed that a client needs to be examined. Completed when the VA makes the phone call to the police.

Time of police arrival

The time the police arrive at the Trauma Centre. Completed when the police arrive at Trauma Centre.

Name of the police officer who took statement

The surname and first name of the police officer who took the statement. Completed when the police arrive at Trauma Centre.

INCIDENT DATA:

Date of incident

The date the incident actually occurred. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Time of incident

The approximate time the incident occurred. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Perp use a condom

Tick yes, no or don't know. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Client bathed

Tick yes or no if the client bathed after the incident. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Client Urinated

Tick yes or no if the client urinated after the incident. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Village of assault

The name of the Village where the assault took place.

Weapon used

Tick yes or no if a weapon was used. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

J88 completed

Tick yes or no if the J88 form was completed by the doctor. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

If no, why not?

Explain why the J88 was not completed (e.g. client refused). Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Rape kit used

Tick yes or no if the rape kit was used for the client. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

If no, why not?

Explain why the rape kit was not used (e.g. client refused). Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Criminal case opened?

Gang rape

Tick yes if more than one perpetrator assaulted the client and tick no if only one client assaulted the client. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Prior or pending cases against perp/s

Tick yes if the perpetrator has any prior or pending cases against her/him. Tick no if the perpetrator does not have any prior or pending cases against her/him. Completed when the VA contacts the investigating officer.

If yes, explain

Explain what type of case the perpetrator was involved in (e.g. sexual assault, robbery, etc). Completed when the VA contacts the investigating officer.

Type of place assault took place

Tick the box that is the most appropriate for describing where the incident took place. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

- Client's home
- Perp's home
- Taxi Rank/Bus Stop
- Prison
- In the bush
- On the road
- Other explain:

Distinguishing features:

To ensure that the scene of crime is covered and evidence is not tampered with.
To verify if there could be evidence to substantiate the offence committed.

Perp name

Write the name of the perpetrator in the space provided. Completed when the VA contacts the investigating officer.

Sex

The gender of the client must be indicated by an "F" for female and an "M" for male.

Relationship to client

Write how the perpetrator is known by the victim (e.g. by sight, uncle, teacher, ex-boyfriend). Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Perp age

Write the age or age range of the perpetrator based on the client's assessment. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Confirmed age

Write the actual age of the perpetrator based on the information gathered by the investigating officer. Completed when the VA contacts the investigating officer.

Perp village

Write the name of the village where the perpetrator stays. Completed when the VA contacts the investigating officer.

Perp's occupation

Tick the box that describes the occupation of the perpetrator or tick "other" and write in the perpetrator's occupation. Completed when the VA contacts the investigating officer.

SERVICES AND REFERRALS:

HIV consent

Tick yes if the client agrees to get an HIV test and has signed the HIV test consent form. Tick no if the client does not agree to get an HIV test. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Pretest counselling

Tick yes or no whether the HIV pre-test counselling is conducted. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Posttest counselling

Tick yes once the HIV post-test counselling has been conducted. Tick no if the client did not receive post-test counselling. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Tick the relevant box of the places where the client was referred to by the VA or the trauma counsellor. If "Other" is ticked, write the place where the client was referred. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre or as referrals are made.

HIV Status

Write 01 in the space provided if the client tests negative for HIV and 02 if the client tests positive for HIV. This code is used to help protect the privacy of the client. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Pregnancy test conducted

Tick yes if a pregnancy test was conducted and no if a pregnancy test was not conducted. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Pregnant:

Tick yes if the client is pregnant and no if the client is not pregnant.

PEP

Tick yes if the client was given PEP and no if the client was not given PEP. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

STI meds

Tick yes if the client was given STI medication and no if the client did not receive STI medication. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

EC (Emergency contraceptives)

Tick yes if the client received EC or no if the client did not receive EC.

To indicate whether the doctor prescribed emergency contraceptives to the client to prevent pregnancies.

Home visits ok?

Tick yes if the client is okay with the VA conducting a home visit and no if the client does not want the VA to conduct a home visit. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Form 25

Tick yes if the client was given a Form 25 and no if the client did not receive a Form 25.

Does client want to join a support group?

Tick yes if the client would like to join a support group and no if the client does not want to join a support group. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Referrals to other VEPs (Victim Empowerment Programs)

Tick all referrals made:

Tick the appropriate box if the client is referred to

- N/A, Not Applicable
- Maintenance Forum
- Trauma Counsellor
- Magistrate Office
- VEP, Specify: write the name of the VEP the client has been referred to
- Specify Other, Write the name if it is not mentioned on the form
- MuFAMSA
- Psychologist
- Tshedza/AIDS Clinic

Tick the relevant box of the places where the client was referred to by the VA or the trauma counsellor. If "Other" is ticked, write the place where the client was referred. This should be completed when VA first meets with client at Trauma Centre or Victim Support Centre or at any point when the referral is made. This helps the legal officer to check if the client was also assisted by other competent service providers where need existed.

Date of Appointment

Scheduled appointment with the trauma counsellor.

NETWORK CONTACTS:

Names, ages and gender of all children aged 17 or under, living in same household

The name, ages and gender of all of the children 17 and under living in the same household as the client. This is particularly important in the case of incest and child rape, as often another child is also being abused but may not have reported.

How is the client financially supported?

Tick the appropriate box to show how the client is financially supported:

- Client Works: The client earns a permanent income
- Piece Jobs: The client earns an unstable income
- Social Grant: The client receives a social grant from government
- Family Member: The client is financially supported by family members
- Other (explain): The client is financially supported through other ways that is not mentioned here.
- Breadwinner *relationship to client*: The relationship of the client to the person who financially supports her.
- Medical aid: If the client has medical aid. Tick either yes or no.
- Unknown: Tick yes or no if you don't know whether the client has medical aid or not.

This is to check if there is a need for intervention with regard to the client's income.

Reason for delay of getting to Trauma Centre

- Client: If the client did not come right away to the Trauma Centre. This could be for any number of reasons.
- Police: The client may have called the police but the police did not come for a period of time or they did not bring client directly to Trauma Centre.
- Traditional authority: The client may have reported to traditional authority but then was not allowed or informed about the Trauma Centre.

- N/A: The client was not delayed in getting to the Trauma Centre.
- Client's family: The client's family discouraged her, or did not inform her about the Trauma Centre.
- Perp: The perp discouraged her to go to the Trauma Centre
- Other (explain): There were other reasons why the client did not go to the Trauma Centre

Bus fare (from TC to home)

The cost of the bus fare from the Trauma Centre to home.

I confirm that I have been given the following items (Tick items given to client):

Tick all of the items given to the client and put a line through the items that were not given. The client should sign the profile to verify that these items were received. Completed when VA first meet with client at Trauma Centre or Victim Support Centre.

Care Kit –Toothbrush, face cloth, soap, etc.

Soft Toy – Teddy bear for comfort.

3kg E-Pap – To boost immune system.

Bus tickets – For clients transport if she can't afford transport fare to other destinations.

Signature and printed name of client or parent/guardian

The client or the parent/guardian of the client should sign the profile to allow TVEP access to information regarding the case including the copying of the police statement, etc. and to verify they were given the items marked to the left. A thumbprint of the client or parent/guardian should be made if the client is unable to write her/his name and a witness should sign the profile. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Name of VA

The surname and initials of the VA. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Client's bedletter #

The client's bedletter # from the hospital. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Profile #

The profile number is taken from the profile number record book. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Follow-up Form

Client name

The given or first name of the client

Phone No.

A contact number to reach the client

Recommended # OF HVs: 1, 2

Tick 1 or 2, whether 1 or 2 home visits is recommended

Recommended by

Write the name of the person who recommended the home visits

MEDICAL:

Client taking PEP

Tick yes or no if the client has been given PEP

If not, please explain

If the client has not been given PEP, explain why

Please tick side effects

Tick off if the client experienced any side effects while taking the medication:

- Diarrhea: Tick if the client experienced diarrhea
- Headaches: Tick if the client experienced headaches
- Sleepiness: Tick if the client experienced sleep deprivation

- Weakness: Tick if the client experienced any weakness
- Nausea/vomiting: Tick if the client was nausea or vomiting
- N/A: Tick if the client did not experience any side effects
- Other, explain: Write other side effects that the client experienced, but is not mentioned on the form

Client completed PEP course?

Tick yes or no if the client completed all four weeks of her/his PEP medication. Completed when the VA conducts the second home visit after the client has been on the medication for four weeks.

If not, please explain

If the client did not complete the PEP medication give the reason (according to the client) why s/he did not complete the medication. Completed when the VA conducts the second home visit after the client has been on the medication for four weeks.

Client took HIV Retest?

Tick yes or no if the client took an HIV retest.

Results

The outcome of the HIV test. If positive use code 02 and If negative 01. This is to ensure that confidentiality exist.

CRIMINAL CASE

SAPS case number

Write the SAPS case number in the space provided. Completed when the VA contacts the police.

Station investigating

Write the name of the station investigating the incident. Completed when the VA contacts the police.

Investigating officer

Write the name of the investigating officer in the space provided. Completed when the VA contacts the police to get the case number, etc.

IO contact number/s

Write the contact number/s of the investigating officer in the space provided. Completed when the VA contacts the police to get the case number, etc.

Court reference number

Write the court case number in the space provided. Completed when the VA contacts the DPP, client or SOCA to get the number.

Name of prosecutor

Write the name of the prosecutor who will be working on the case. Completed when the VA contacts the DPP.

Name of defence attorney

Write the name of the defence attorney who will be working on the case. Completed when the VA contacts the DPP.

Name of presiding officer

Write the name of the presiding officer who will be hearing the case in the space provided. Completed when the VA contacts the court.

Bail opposed

Tick yes if bail was opposed by the DPP or no if bail was not opposed. Completed when the VA contacts the DPP.

Perp made bail

Tick yes if the perpetrator paid bail and was released or tick no if the perpetrator was not released on bail. Completed when the VA contacts the DPP or the investigating officer.

If yes, amount

If the perpetrator was given bail, write the amount s/he was required to pay. Completed when the VA contacts the DPP, the investigating officer or after attending the bail hearing.

Conditions

Write any additional conditions that may have applied to the bail. Completed when the VA contacts the DPP, the investigating officer or after attending the bail hearing.

Client informed perp made bail

Tick yes if the client was informed by the police or the DPP that the perpetrator made bail. Tick no if the client was only informed by the VA. Completed after contacting the client.

Fingerprints taken?

Tick yes if fingerprints were taken or no if fingerprints was not taken. This is to check if the police have visited the scene and collected evidence.

Police visit crime scene?

Tick yes if the police visited the crime scene or no if they did not visit the crime scene. This is to check if the place of incident was visited to gather evidence.

Perp arrested

Tick yes if the perpetrator is arrested. Tick no if the perpetrator is not arrested. Completed whenever the perpetrator is arrested.

DK – Don't know whether the perp is arrested.

Date – Write the date when the perp has been arrested

Informed court date?

Tick yes if the police or DPP notified the client about the court date. Tick no if the client was not informed by the police or DPP and only informed by the VA. Completed when the VA contacts the client.

Assist in monitoring services to the client.

Case close date

The date when the matter is finalized.

Outcome

The manner in which the case was finalized.

COURT DATES & DETAILS:

Date: Write the dates of the court session.

Court (district, SOCA, high): Write the name of specific court

Client informed: Tick yes if the client was informed and no if the client was not informed.

VA Attended: Tick if the VA attended the court session.

Notes & Outcomes: Write any additional and relevant notes as well as the outcomes of each court session.

HOME VISIT NOTES:

Date of HV #1 Write the date when the first home visit was conducted

Date of HV #2 Write the date when the second home visit was conducted

Use the space below to discuss:

Difficulties attending court: Tick off if it was difficult for the client to attend the court session.

Difficulties attending counselling sessions: Tick off if it was difficult for the client to attend the counselling session.

Whether counselling has been beneficial: Tick if the counselling was beneficial to the client.

Whether the police made contact and what was said: Tick if the police made contact and indicate what was discussed.

This is to help to intervene in the client's situation.

Data entry

The dates that profile information is added into the database are recorded in the space provided. This section is completed by the emotional support/database administrator. The profile should be given to the database administrator once a month for updating the database.

Summary of incident

Give a detailed description of the incident. See section on history taking for more information about how to complete the summary. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

4.4. Domestic violence profile completion

The domestic violence profile is very similar to the rape profile although there is usually less data collected in a domestic violence case. In domestic violence cases the *date, time of arrival, initials & surname, given names, sex, physical address and contact details & workplace* must be completed by the VA as soon as the client arrives at the Trauma Centre or the Victim Support Centre. If the VA is busy with a client, the General Assistant can complete this information and the VA can verify it with the client when the VA meets with her/him.

The only fields that will be explained in this section are those that are different from the rape profile. Updates will be made with Tshifhiwa on a monthly basis.

Is client suffering from:

Tick the box that most accurately describes the situation of the client: physical abuse, emotional abuse, verbal abuse, economic abuse, harassment, stalking, and property damage. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

INCIDENT DATA:

Date of last incident

Write the date of the most recent incident of abuse experienced by the client. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Date of first abuse

Write the date the client first started experiencing the abuse. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Abuse frequency

Write how often the abuse occurs (e.g. once a week, single event, etc.). Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Weapon used

Write the kind of weapon that was used during the abuse. This helps us to come up with a plan of action regarding the case in question.

Does accused own a gun?

Tick yes if accused owns a gun or no if s/he does not. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Is it licensed?

Tick yes if the gun is licensed or no if it is not licensed. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre.

Criminal Case opened

Tick yes if the client decides to open a criminal case or tick no if the client does not want to open a criminal case. Completed when the VA first meets with client at Trauma Centre or Victim Support Centre or at any later point when the client opens a criminal case.

Prior or pending cases against perp/s

Write details of prior or pending cases against the perp if it exists. This is to check if aggravating circumstances exist for sentencing purposes.

Type of place assault took place

Tick the box that is the most appropriate for describing where the incident took place. If "Other" (please explain): Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

Does the client needs shelter

Find out if the client needs shelter. Tick yes if s/he does and no if not. It is important that the VA does not promise the client shelter. This information will also be used to advocate and raise money for a shelter in the area. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

If yes, detail gender & ages of children to accompany

Helps us to plan in terms of accommodation.

Is there a family member/friend client can stay with?

Find out if the client has a family member or friend that s/he can stay with. If the client will be staying with a friend or family member then find out the contact information so a home visit can be conducted. Completed when VA first meets with client at Trauma Centre or Victim Support Centre.

If yes, detail name, relationship, location and contact no.

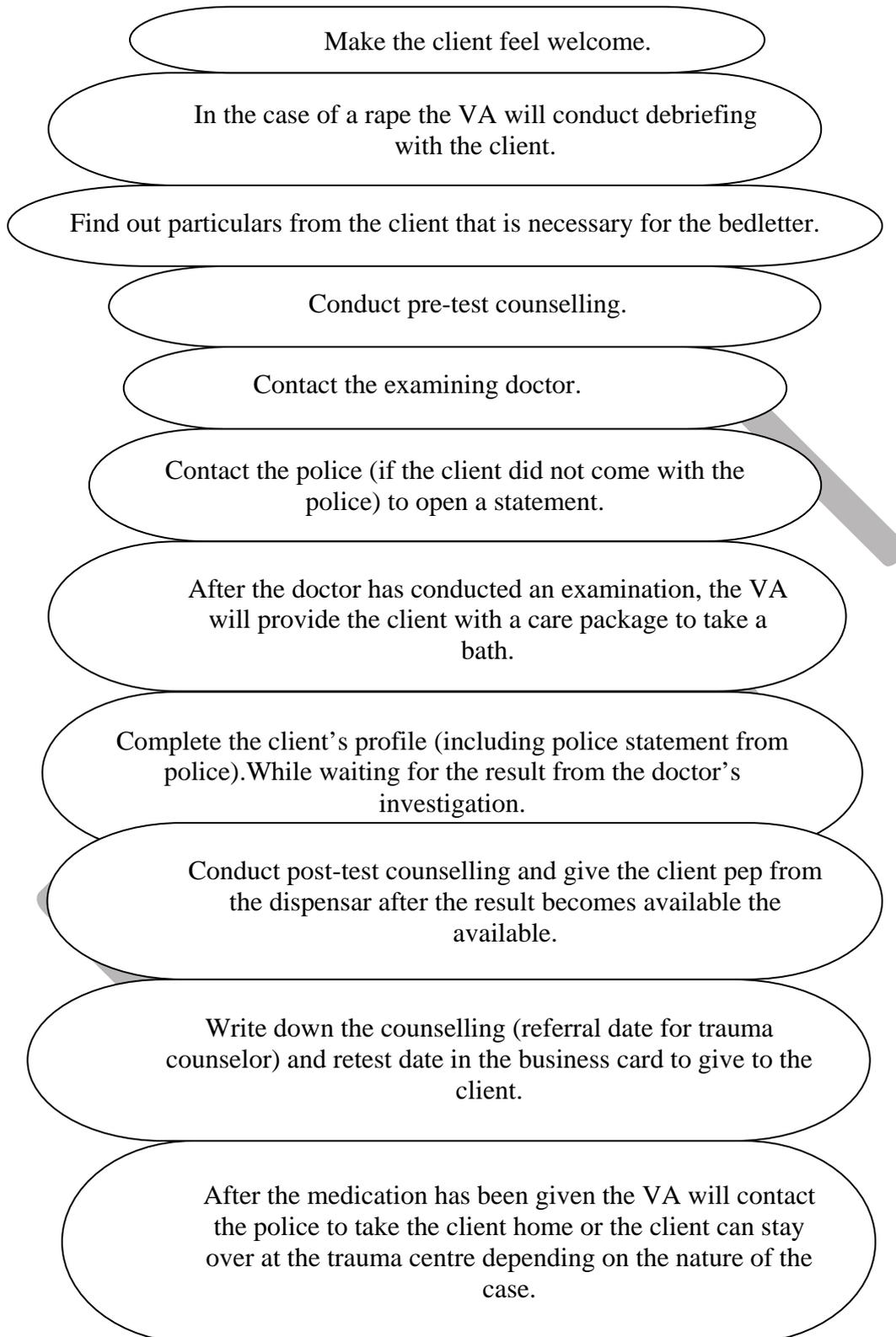
This is to act on behalf of the client in liaising with the latter.

Protection order

Tick yes if the client has obtained a protection order or tick no if the client has not obtained a protection order. Completed when the VA talks to the client or the police.

4.5. VA Flow Diagram in Trauma Centre

The VA will:



SECTION 5: Case Monitoring

Contents

- 5.1. Introduction
 - 5.2. Role of the VA
 - 5.3. Client profiles/Plan of action
 - 5.4. Prioritisation of cases
 - 5.5. The legal process
 - 5.6. Bail
 - 5.7. The rights of the complainant
 - 5.8. Court preparations
 - 5.9. Testifying
 - 5.10. Giving Evidence
 - 5.11. Relationship with SAPS
 - 5.12. Relationship with DPP
 - 5.13. Closing cases
 - 5.14. Definitions of types of sexual assault/domestic violence
 - 5.15. Terms and abbreviations
-

5.1 Introduction

As a Victim Advocate (VA) you will be expected to support the client through the legal process. This aspect of the VA's role is called case monitoring. The VA should help *empower* the client to understand her/his rights and the legal process. The VA is responsible for monitoring cases of sexual assault, rape and domestic violence for both adults and minors. After the client has reported to a Trauma Centre (or Central Office), the VA should track the case progress, explain the legal process, follow up on the investigation, refer when necessary, conduct home visits and act as an advocate.

5.2 Role of the VA

The VA is responsible for supporting the client in the following ways:

- Ensuring the transport needs for the client to attend court is satisfied;
- Ensuring the clients' emotional needs are met;
- Debriefing and profiling of clients;
- Coordinating the statement taking and medical examination;
- Providing care packages, overnight facilities and food;
- Referring client to trauma counselling/therapy;
- Providing food supplement for survivors on PEP and transport subsidies for destitute clients (to return for blood tests, counselling, and empowerment workshops);
- Following up of PEP medication and conducting home visits;
- Referring client to support groups;
- Monitoring the legal progress of a client's case;
- Advocating the opposing of bail if necessary;
- Taking action to avoid delays in the legal system;
- Arranging for a remand if appropriate;
- Arranging with the Public Prosecutor for the trial to be heard behind closed doors if necessary;
- Referring to specialist agencies
- Preparing the client for court;
- Supervising and caring for child witnesses at court, including the provision of food;
- Consulting with SAPS and prosecutors;
- Monitoring SAPS and criminal justice system actions.

To achieve this, the VA must be:

Aware of the legal process;
Sensitive to the emotional needs of clients;
Aware of the physical environment in which the clients live through home visits;
Able to evaluate the client's safety.

In addition, the VA must:

- Explain the legal rights of the client (the complainant);
- Establish a professional relationship with the client while being a support during the entire process;
- Develop a network and establish relationships with SAPS officers, public prosecutors, magistrates, doctors, nurses, psychologists and social workers;
- Prepare the client for court;
- Lend moral support and guidance to the client.

5.3 Client profiles/Plan of action

When a profile is opened at a Trauma Centre by an VA, the VA will be responsible for monitoring that case through its completion in the criminal justice system. Some of the cases will continue until the perpetrator is convicted in court whereas other clients may choose never to open a case against a perpetrator. Either way, your role as the VA is to support the client and to help her/him make informed decisions regarding her/his case.

The client profiles are collected twice a week from the Trauma Centres (Monday and Thursday). The Legal Officers will review all of the client profiles and then give them to the Sector Manager for review and comment, and to the Support Assistant to enter into the database. After reviewing the profiles, the Legal Officers will be prepared to support the VAs in creating a plan of action regarding the case. The plan of action can be discussed at the bi-weekly meeting between the VA and the Legal Officer although in some urgent cases action may need to be taken immediately so the Legal Officer will contact the VA with instructions regarding the case. The Legal Officer will review the profile for omissions and clarity:

- If details are missing, the information must be obtained from client, DPP, SAPS, etc.;
- The description of the incident must be reviewed to determine if the information will be helpful for an investigation and is consistent with the police statement (*see manual on statement taking*);
- Comments that will assist the VA to support the client must be written on the profile together with any ideas of information needed in the future;

After reviewing the profile, the Legal Officer will determine if the police need to be contacted or if information needs to be obtained from the client during the VA's next home visit.

5.4 Prioritisation of cases

Some cases will receive a higher priority based on the circumstances surrounding the case and the age of the client. The following is a guideline for the VA and the Legal Officer to determine the priority of a case:

High Priority

- Rapes of minor (below the age of 18)
- Gang rapes
- Incestuous rape (where perpetrator is related to the client by blood or affinity)
- Suspect has multiple counts
- Cases that are in danger of being withdrawn
- Domestic violence cases where dangerous weapons were used
- Rape of an elderly person

Medium Priority

- Rape case when client is not a minor or elderly person
- Irretrievable cases (where there is no hope of winning the case)
- Partner rape after withdrawn by client

- Elderly cases after withdrawn by client
- Domestic violence case where client has opened official case with SAPs
- Indecent assault cases

Low Priority

- Domestic violence cases after referral for family counselling
- Undetected cases where the perpetrator cannot be found
- Sexual intercourse between two underage people (minors) with consent but where parent wishes to open a case.

5.5 The legal process

The legal process starts when a charge is made by the complainant (TVEP client) and a case is opened. When an arrest is made by the police, the accused is either kept in jail or allowed out of jail if s/he has made bail.

If there is enough evidence against the accused then the Public Prosecutor will make the decision to take the case to court. The accused will be represented by either the Public Defender who has been assigned to the case or by an attorney that the accused has hired.

The accused will either plead guilty or not guilty. If the accused pleads guilty then the Presiding Officer will give the verdict according to the law and decide on a sentence for the accused. The sentence could include a fine, community service or jail.

If the accused pleads not guilty then the case will go to trial. Based on evidence submitted by the Public Prosecutor and the testimony of witnesses, the Presiding Officer will decide if the accused is guilty or not guilty. If the Presiding Officer decides the accused is not guilty then s/he will be released from the custody of the court and be free to go. This is called an acquittal. If the accused is found guilty of the crime, then the Magistrate will decide on a sentence.

A case may be remanded (delayed) during the court process. There are many reasons for remands and they can be caused by the Prosecutor, the Defence Attorney or the Court. When a case is remanded a later court date is decided for the case to resume.

5.6 Bail

What is bail?

Bail is the amount of money that the court determines must be paid by the accused in order for her/him to be released from jail while waiting for the trial to take place. The money ensures that the accused will attend court during the trial day. If s/he attends the trial then the bail money is given back to the accused; if the accused does not attend the trial then the money is forfeited and the accused arrested. The fact that the accused is released on bail does not mean that the case is over.

Factors that must be considered in determining a bail application

Bail is not granted to the accused if the court determines that there is a risk that the accused would:

- Endanger the safety of the public or any particular person;
- Attempt to evade her/his trial;
- Attempt to influence or intimidate witnesses or to conceal or destroy evidence; or
- Undermine or jeopardise the objectives or the proper functioning of the criminal justice system or will disturb the public order.

5.7 The rights of the complainant

The complainant (TVEP client) has certain rights that the VA must be aware of to help ensure that these rights are being met. The rights of victims is laid out in the Victims Rights Act of 1996.

Courtesy, compassion and respect

A victim should be treated with courtesy, compassion and respect for the victim's rights and dignity.

Information about services and remedies

A victim should be informed at the earliest practical opportunity, by relevant agencies and officials, of the services and remedies available to the victim.

Access to services

A victim should have access where necessary to available welfare, health, counselling and legal assistance responsive to the victim's needs.

Information about investigation of the crime

A victim should, on request, be informed of the progress of the investigation of the crime, unless the disclosure might jeopardise the investigation. In that case the victim should be informed accordingly.

Information about prosecution of accused

1. A victim should be informed in a timely manner of the following:
 - a. The charges laid against the accused or the reasons for not laying charges;
 - b. Any decision of the prosecution to modify or not to proceed with charges laid against the accused, including any decision to accept a plea of guilty by the accused to a less serious charge in return for a full discharge with respect to the other charges;
 - c. The date and place of hearing of any charge laid against the accused;
 - d. The outcome of the criminal proceedings against the accused (including proceedings on appeal) and the sentence (if any) imposed.

2. A victim should be consulted before a decision referred to in paragraph 1 (b) is taken if the accused has been charged with a serious crime that involves sexual violence or that results in actual bodily harm, mental illness or nervous shock to the victim, unless:
 - a. The victim has indicated that s/he does not wish to be so consulted; or
 - b. The whereabouts of the victim cannot be ascertained after reasonable inquiry.

Information about trial process and role as a witness

A victim who is a witness in the trial for the crime should be informed about the trial process and the role of the victim as a witness in the prosecution of the accused.

Protection from contact with the accused

A victim should be protected from unnecessary contact with the accused and the defence witnesses during the course of the court proceedings.

Protection of identity of victim

A victim's residential address and telephone number should not be disclosed unless a court otherwise directs.

Attendance at preliminary hearings

A victim should be relieved from appearing at preliminary hearings or committal hearings unless the court otherwise directs.

Return of property of victim held by State

If any property of a victim is held by the State for the purpose of investigation or evidence, the inconvenience to the victim should be minimised and the property returned promptly.

Protection from accused

A victim's need or perceived need for protection should be put before a bail authority by the prosecutor in any bail application by the accused.

Information about special bail conditions

A victim should be informed about any special bail conditions imposed on the accused that are designed to protect the victim or the victim's family.

Information about outcome of bail application

A victim should be informed of the outcome of a bail application if the accused has been charged with sexual assault or other serious personal violence.

Victim impact statement

A relevant victim should have access to information and assistance for the preparation of any victim impact statement authorised by law to ensure that the full effect of the crime on the victim is placed before the court.

Information about impending release, escape or eligibility for absence from custody

A victim should, on request, be kept informed of the offender's impending release or escape from custody, or of any change in security classification that results in the offender being eligible for unescorted absence from custody.

Submissions on parole and eligibility for absence from custody of serious offenders

A victim should, on request, be provided with the opportunity to make submissions concerning the granting of parole to a serious offender or any change in security classification that would result in a serious offender being eligible for unescorted absence from custody.

Compensation for victims of personal violence

A victim of a crime involving sexual or other serious personal violence should be entitled to make a claim under a statutory scheme for victims compensation.

5.8 Court preparations

After the victim has laid a charge against her/his abuser, she/he will be expected to appear in court as a chief witness to give evidence against the abuser. It is therefore important for her/him to be familiar with the court proceedings.

The information on court preparation will assist the Victim Advocates and/or any other person who is doing a similar job to effectively carry out their duties.

Client preparation

Court preparation of the client is an important role of the VA. Most of the clients have never been in court so the court preparation will give the VA an opportunity to familiarise the client with all aspects of the court and the proceedings. It is the VA's duty to ensure that her/his client knows what to expect when she/he goes to court. It is appropriate for the VA to start this process at the first home visit so that the client does not withdraw out of fear. Whether the client is a minor or an adult, preparation for court is required to present an effective case. This prepares the client to be an effective witness and helps relieve any stress or fears the client may have.

The different language and terminology that is used in the court room must be thoroughly explained. By providing clients with legal knowledge and giving them a tour of the courtroom, it will reduce their stress level and improve the quality of their testimony.

The testimony given by the client is dependent on the following factors:

- Personnel who are involved in the court proceedings;
- The court environment; and
- The client.

The client must be able to recall information effectively, and if s/he cannot, the Prosecutor must allow her/him to read the original statement. The client should be in a position to understand the lawyer's

questions and clearly indicate any misunderstandings. An explanation and examples of leading questions asked by the defence counsel need to be presented to the client, as they are not acceptable and the Prosecutor should object. Any procedures that place stress on the client or the client's family or unfamiliar language used in the court setting must be carefully explained. It is important to clarify why some questions may be repeated so that the client does not think the repetition means they have given a wrong answer. When a client testifies, s/he must listen carefully to the questions and ask for any question to be repeated if s/he did not hear it correctly. When a client is in court, s/he is under oath and therefore must always tell the truth. Lying under oath is called perjury and is a serious offence. In the case of a child, the child needs to know the difference between truth and falsehood.

In some cases SOCA will provide court preparation workshops for complainants. If a client does not attend a workshop prepared by the court, then the VA needs to provide the court preparation.

The client needs to know the Prosecutor is on the client's side. Before the day of the trial, the VA or Court Monitor should arrange for the client and any witnesses to meet the Prosecutor. The client will be asked question about the formal statement made to the police. The client should be familiar with the statement and provide testimony that is consistent with the statement. Encourage the client not to be intimidated by questions asked during cross-examination by the defence or prosecuting attorneys.

The Defence Counsel may include information about mitigating circumstances to reduce the sentence. Facts are presented by the Defence Counsel which may be confusing to the client. The client must understand that the Defence Counsel is working on behalf of her/his client (the accused) and will try to provide information that will help the accused. The accused also has certain rights that include the right to legal representation, the right to be released on bail, and the right to be considered innocent until proven guilty by the court of law.

The Prosecutor provides facts on behalf of the client to increase the sentence such as previous convictions, interests of the community, the nature of the crime and other aggravating factors.

Court preparation includes familiarising the client with all aspects of the court. The client should be made aware of the physical layout of the court. For children there is a special room where s/he sits with the intermediary. The child does not have to see the accused by staying in this room which is equipped with toys and a video camera. Consequently, the child can provide testimony without having to face the accused. The people in the courtroom can see the child via CCTV but the child cannot see the courtroom. The intermediary will listen to the questions from the Prosecutor, the Defence Attorney and the Magistrate through an earpiece. S/he will then ask the child the question(s) in a way that the child understands. The child's answer will be heard in the courtroom. This helps to reduce intimidation. An intermediary is not automatically granted in a case. The presiding officer must decide that a witness under the age of 18 would be exposed to undue mental stress and suffering if s/he were to testify.

If there is no intermediary available the case can be held *in camera* (behind closed doors). If the case is *in camera*, people in the public gallery will be asked to remain outside the court.

Child witness preparation^{2[1]}

- Encourage the child to give testimony in the order that things occurred (chronological);
- Tell the child to listen carefully to all of the questions and to ask for the question to be repeated if s/he does not hear or understand;
- Advise the child to answer questions honestly, clearly and as completely as possible;
- Inform the child that the Magistrate, State Prosecutor and Defence Counsel will need time to discuss or debate an issue and write down aspects of the testimony. Therefore the child will have to be prepared for possible silences between questions
- Tell the child that the same question may be asked more than once in order to clarify what the child has said;

^{2[1]} *Child Law Manual for Prosecutors*. The National Prosecuting Authority and Justice College. pp. C3-29-30.

- Reassure the child that it is okay if s/he is unable to remember aspects of anything asked of him or her and should inform the court that this is the case;
- Encourage the child to use the toilet before giving testimony in court but that a short break can be taken if s/he needs to go to the toilet while giving testimony;
- Reassure the child that it is acceptable for her/him to cry;
- Inform the parent/s or guardian/s that the child should dress in comfortable clothing that s/he likes on the day of the trial;
- Advise the parent/s or guardian/s that food, tissues and quiet games should be brought to the court on the day of the trial as the child may be required to wait for an extended period of time.
- Explain the purpose of the trial together with the concept of guilty and not guilty and the different types of sentences. The VA should liaise with the intermediary to make sure the client's needs are being met.

A child may experience many fears about testifying in court such as:

- Facing the accused;
- Being on the witness box or being on the witness box crying;
- Being sent to jail.

The VA should work with the client to overcome these fears before the trial. The VA must monitor the progress of the child and refer him/her to a counsellor when appropriate.

Court role players and their functions

The VA must ensure that the client is aware of all the people involved in the court proceedings as well as the role that each of these people plays in the whole process. This court preparation should take place in advance of the court appearance; preferably during a home visit. The following are the positions that people in court occupy and their functions;

ROLE PLAYERS	THEIR FUNCTIONS
<p>1. The Presiding Officer</p>	<p>In the lower courts, the Presiding Officer is called a Magistrate and in the high court he/she is called a Judge. The Magistrate is addressed as "Worship" and the Judge as "my lord" or "your honour".</p> <p>His/her functions include;</p> <ul style="list-style-type: none"> • He/she has total control over his court and over officials of the court. • He/she must reside over a particular case from the beginning to the end. If a new person is appointed to replace the old magistrate/judge then the case must be heard de novo i.e. from the beginning. • He/she listens to both sides of the event (the defence and the prosecutor) to prove or disprove a particular case. This makes it very crucial for the witnesses to step forward and tell their stories about what happened. • The judge/magistrate should not have previous knowledge of the case before him/her. If he/she does, then he/she must excuse himself/herself from the case. • He/she usually remains an observer throughout the trial, meaning he/she is not an active participant but objectively hears the case. • He/she applies the law to the particular sets of facts created by the Parliament. <p>NB: A person who is disruptive in the courtroom undermines the Presiding Officer and he/she will be warned to stop his/her behaviour immediately. However, if such behaviour persists, such person may be removed from court and be held in contempt of court.</p>
<p>2. The Prosecutor</p>	<ul style="list-style-type: none"> • The Prosecutor is the Lawyer employed by the government to represent people whose rights have been violated.

	<ul style="list-style-type: none"> • The Prosecutor is the lawyer of the people and one of his functions is to institute criminal proceedings and perform functions incidental thereto. • He/she calls the case and presents the evidence of the witness. • The Prosecutor also decides which witnesses he/she has to call to prove the case.
3. Defence Attorney	<ul style="list-style-type: none"> • The Defence Attorney defends the accused to the best of his/her ability • He/she ensures that the accused version is placed before court • He/she cross examines witnesses in an effort to test the version of events • The defence may at the end of the case argue that the state witnesses contradicted themselves; that the version of the accused is reasonable and possibly true and that the state witnesses are not reliable. <p>NB: It is important for an VA to inform the client to stick to her/his version of what happened and not to allow the Defence Attorney to confuse him/her with his questions.</p>
4. The Investigating Officer	<ul style="list-style-type: none"> • The Investigating Officer is the SAPS member who has been assigned to investigate the case once the charge has been laid at the police station • He/she may also be a witness in the case • This person is responsible to ensure that the case is fully investigated before taking it to the Prosecutor. • He/she is the one to provide an update to witnesses on the progress in the case. • He/she will bring the document to the prosecutor before the case goes to court for the prosecutor to decide whether or not criminal proceedings should be instituted.
5. Witnesses	<ul style="list-style-type: none"> • Person who has been called by the State or Defence to provide relevant information or testimony for the case. This could include an eye-witness, family member, neighbour or friend of complainant. • The witness may provide circumstantial evidence. • Their function is to state the facts within their knowledge and to be asked questions thereon. <p>The VA must explain to the client that as a chief witness to the crime committed against her/him by the accused, she/he will have to stand in the box and be asked questions by both the Prosecutor and the Defence Attorney. The VA must also make it clear to the client that the two people, especially the Defence Attorney will not be trying to blame her for the crime and that they are just doing their jobs. Encourage the client to stick to her/his version of the event no matter how the Defence Attorney tries to intimidate her/his.</p>
6. The Accused	<ul style="list-style-type: none"> • The accused is the person charged with the offence. The reason why he/she is referred to as the accused is because he/she has the right to be presumed innocent until proven guilty. • The VA must inform the client that there is a possibility that the accused may be granted bail pending the hearing of the case and will not necessarily be in prison whilst awaiting trial. Informing the client of the accused's being granted bail will allow the client to put in place safety measures that she can use if the accused was to be released i.e. Protection order
7. The Court Orderly	<p>This is a policeman/woman whose functions include the following:</p> <ul style="list-style-type: none"> • Calling the witnesses from the outside the court to testify • Inform the magistrate/judge if the witness is not present • Transport the accused from and to the court cells • Accompany the accused to the clerk of the court to pay bail/fines • Take the accused fingerprints once he has been found guilty

	<ul style="list-style-type: none"> • Bring the accused up from cells if in custody • Ensure security in the court • To announce the arrival of the judge into the courtroom.
8. The Interpreter	<ul style="list-style-type: none"> • His/her function is to interpret what an eye witness is saying in his/her own language e.g. Tshivenda into court languages (English and/or Afrikaans)
9. The Stenographer	<ul style="list-style-type: none"> • He/she is responsible for keeping a mechanical or digital recording of the court proceedings. These recordings may be transcribed at a later stage, and it serves as an official court record.
10. The clerk of the court	<p>He/she has many administrative duties, including:</p> <ul style="list-style-type: none"> • The issuing of subpoenas to ensure the attendance of witnesses at court. • The securing of the charge sheets and court books as well as the receipt of bail and money paid in fines, and the handling of witness fees
11. The Public	<ul style="list-style-type: none"> • Generally any person may attend court proceedings unless an order to the contrary is made by the Presiding Officer. • The court may decide that proceedings be held in camera, meaning that only interested parties are allowed to be present.
12. Expert witness	<ul style="list-style-type: none"> • Person who the Court feels has specialised knowledge in the field. They usually have ten or more years of experience, e.g. Social worker, doctors, nurses, psychologists.
13. Bailiff	<ul style="list-style-type: none"> • A police person who keeps order in the court and informs people (gallery) about the arrival of the Magistrate, e.g. "all rise in court", "switch off cell phones".
14. Intermediary	<ul style="list-style-type: none"> • The person who sits in the special court room with a child complainant. The intermediary will listen to questions asked by the Prosecutor and the Defence and tell them to the child without the child having to deal directly with the attorneys or face the accused.

On the day of the trial, the VA will wait with the client for the case to be called. When the client is called to testify, the VA will sit in the gallery and, if possible, in a spot where the client can see her/him. If the case is postponed, the VA must tell the client not to panic. Cases are often postponed (remanded) for a number of reasons. It can be by decision of the DPP, the Defence Attorney or due to roll congestion.

After the client has testified, the VA must thank her/him for attending court and acknowledge the bravery of her/his action. The decision of the court needs to be thoroughly explained to the client. All questions that the client has about the court process and the outcomes of the case need to be answered. If the VA cannot answer the questions, s/he must refer the client to the relevant people, e.g. Prosecutor.

5.9. Testifying

Although it is the duty of the Investigating Officer to inform the victim of the court dates, it is advisable for the VA to remind the client that s/he will be expected to testify on that day. The VA must also make it known to the client that her/his evidence is crucial in ensuring that the accused is convicted and sent to jail.

- In practice, witnesses are often transported by the investigating officer if they experience transport problems.
- The VA must inform the client that he/she might be expected to come to court numerous times as cases are often postponed. While this could be tiring for the client, it is the VA's duty to emphasize the importance of the client attending all the court proceedings.

If the witness does not attend court after being subpoenaed, steps may be taken against the witness

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5.10 Giving evidence

Evidence-in-chief

- This is the first stage of the testimony and its purpose is to place all relevant facts/events before the court.
- The prosecutor/attorney is the one asking the questions.
- Another purpose of this step is to establish basic known facts about the witness and the basic facts of the event(s).

Type of questions

The following are the first questions that the client is likely to be asked:

- a. Can you tell us exactly what happened?
- b. What were the reasons for your delay in reporting/in being medically examined or in telling someone?
- c. How can you be sure that Mr. "X" is the perpetrator?

An VA should try to make the client understand beforehand that these questions are not asked to discredit her and that she is asked these questions so that the court can have a clear picture of what happened to her.

Cross-Examination

This is a stage wherein the lawyers representing the accused (i.e. the Defence Attorney(s)) start questioning the client. This is done for the following purpose:

- a. To test evidence given by the prosecution – and to look for alternative explanations
- b. To bring facts to light that favour the defence
- c. To contradict the evidence given
- d. To test the trustworthiness/credibility of the witnesses

It is your duty as a Victim Advocate to warn the client that the Defence Attorney will try to discredit her/him by asking her/him questions which might force her/him to contradict her/his earlier statements. Advise the client to remain calm, tell the truth of what happened and to stick to her/his version of the events – even when the defence lawyer tries to make her/him angry.

Cross-examination type of questions

The following are questions that the Defence Attorney is likely to ask the client:

- What was the exact time of the incident?
- Did you consent to the act?
- Why did you wait before reporting the incident?
- Did you protest? How did you protest?
- Did you call for help? Why not?
- Did you tell anyone? Why not?
- Why has so much time elapsed?

- Did you see a doctor immediately thereafter?
- How/why are you capable of identifying the accused?

5.11 Relationship with SAPS

The police play a major role in the investigation of crimes and legal procedures cannot go on without their involvement. Therefore it is very essential to develop a sound and effective relationship with them. It is important that the VA knows the investigating officer (IO) dealing with each individual case and liaise with her/him on a regular basis to access key information regarding a case. If the client is under the age of 18, arrange to meet with the FCS Unit.

If the client is being threatened by the perpetrator, the VA must inform the IO or refer the client to the IO. The role of the VA is to ensure that the client's needs are being met; therefore, an VA should work with the IO to make this happen.

When the client reports an incident, a police officer will take an official statement from the complainant (*see manual on police statements*). This may happen at either the police station or at the Trauma Centre. The complainant has the right to obtain a copy of her/his own statement and the statement will be used as part of the evidence in court.

When a case is opened it is registered on the police computer system and given a case number (Crime Administration System [CAS] number) for future reference and enquiries. The police officer who takes the statement is not usually the officer who will investigate the case. The case will be assigned to an IO. The IO may need an additional statement from the complainant and the complainant should contact the IO if s/he has any questions concerning the case. If the client is not satisfied, s/he must request to see the IO's Commanding Officer.

If the complainant goes away for holiday or business purposes during the course of the case or moves to a new address, s/he must inform the IO.

Some useful questions to ask the IO:

- Is the perpetrator in custody or out on bail?
- What is the amount of bail?
- What are the conditions of bail?
- Why has the perpetrator not been arrested?
- Is the case docket already in court?
- When will the docket be back in your office?
- At which court will the trial take place?
- When is the next court date?
- Is a social worker's report required in court?
- Is there any way that TVEP can help?

Answers to all of the questions asked must be recorded on the profile.

5.12 Relationship with the DPP

The Director of Public Prosecution (DPP) makes the decision to prosecute or not based on the information or evidence provided from the police. It is extremely important to develop and maintain a good relationship with the DPP. When the police pass a case over to the DPP, the VA or Court Monitor must make contact and find out who the prosecutor is for the case.

Some useful questions to ask the prosecutor:

- What is the status of the case (check why there is a delay)?
- Has this case been given to the DPP from the police?
- Has the prosecutor made a decision about whether or not to prosecute?

- Why has the DPP declined to prosecute?
- Has the prosecutor given instructions concerning the case?
- When is the next court date?
- Is there any way that TVEP can help?

It is beneficial for the client to meet the prosecutor before going to court, especially in the case of children. In many cases the VA will help prepare the client for court so it is useful to discuss with the prosecutor any information that should be covered with the client during the court preparation session.

5.13 Closing cases

Cases are considered closed in the following situations:

- Perpetrator is convicted: the perpetrator will be given a sentence by the court that could include a fine, community service and jail time;
- Perpetrator is acquitted: An acquittal happens if the State fails to prove its case beyond a reasonable doubt. However, if the Magistrate allows some irregularities which result in the acquittal of the accused, an appeal can be lodged (e.g. if the State fails to call a competent witness to corroborate the client's version or if the Magistrate allows the minor victim to testify in public or denies the minor the assistance of the Intermediary);
- Adult client withdraws the case: A client may withdraw a case for various reasons including pressure from family members, inability to pay for trips to and from where the trial is being conducted, the client has secured work in a place far from where the trial is being conducted and attending court hearings would take her/him from the workplace for several days; the client is unwilling to testify; the legal age for allowing a withdrawal is 16 and above;
- DPP declines to prosecute: The DPP may withdraw the case if there is not enough evidence to prosecute.
- Alternative completion: When the suspect has been declared a patient of the State President or the case has been postponed indefinitely because the accused did not present her/himself in court on the due date. In other words, s/he skipped bail and is not traceable.

In addition, TVEP also considers a profile to be closed if the client never opens a case (after referral to support services).

A case is considered "inactive" if the perpetrator is undetected or we are unable to contact a client (when there is no known case number). These cases should be reviewed every 4-6 months or as time allows. If a case remains inactive for a period of two years, it can be officially closed in the TVEP system. If, at a later point, new information or evidence becomes available then a client's case can be reopened. In addition, a perpetrator may try to appeal a conviction and in that situation a profile can be reopened and a client assisted during the appeal process.

The decision to make a case inactive rather than closed must be assessed on a case by case basis. For example, a case where the perpetrator is not been found but fingerprints were obtained should be marked inactive whereas a case where there is no description or physical evidence to identify a perpetrator should be closed after a reasonable period.

If a case is complete in the criminal justice system but the client continues seeing a TVEP counsellor or social worker, the VA will continue to monitor the case. However, the file should be considered "inactive" and when the counsellor or social worker is finished working with the client, s/he will submit a final report and the profile can be closed.

The decision to close a case should always be made in consultation with the Legal Officer and the Trauma Counsellor/Social Worker. The reason for closing a case should be written on the "Status Report" section of the client profile. Additionally, a pink-coloured Profile Closed Form must be attached to the front of the client profile and filed in the locked cabinet in the Central Office. Tick the appropriate box for the reason the case

was closed and include any additional notes or comments regarding the closure of the case. The Profile Closed Form must be signed by the VA, the Trauma Counsellor, and finally the Sector Manager.

When a case becomes “inactive” a light-green coloured Profile Inactive Form must be attached to the front of the client profile and filed in the locked cabinet in the Central Office. Tick the appropriate box for the reason the case was determined to be inactive and include any additional notes or comments regarding the status of the case. Every time an inactive case is reviewed the profile should be updated with the latest information. The Profile Inactive Form also has space available to record the date, name of person who reviewed status, person or department contacted and outcome of follow up. The Profile Inactive Form must be signed by the VA, the Legal Officer and the Trauma Counsellor. When a case is moved from inactive to closed then a Profile Closed Form must be attached to the front of the profile.

Exit interview with client

When a case is closed the VA needs to meet with the client to discuss the outcome of a case. If a case goes to trial then the meeting can be done immediately following the decision of the court. If a case is withdrawn or the DPP declines to prosecute then the exit interview may need to take place telephonically. If necessary, the VA can do a home visit to conduct the exit interview. During the exit interview the VA can answer any questions about the process and outcome of a case. Referrals for emotional support also need to be reviewed with the client. Inform the client that s/he is always welcome to come back to TVEP if any additional questions arise or if there is a need for additional support or referrals.

Procedure for handling withdrawals

If the DPP withdraws the case for any reason, TVEP will find out why and will find a way forward (e.g. if the case was withdrawn due to lack of evidence, we will try to gather evidence and submit it to the DPP). If the DPP decides to re-instate the case, monitoring will continue until the trial comes to an end. If the DPP decides not to re-instate the case and TVEP feels that the case must be tried we can apply for the *Nolle Prosequi Certificate* which means a private prosecutor must be assigned to handle the case. TVEP would be setting precedence as this has not been done in the Thulamela district before and would be liable for the legal costs.

Note: appeal and review application in high court must be done within 14 days after the decision was made. It is also important to note that this procedure would result in big financial costs on the part of the appealing party.

If the Magistrate decides to withdraw the case and we feel the decision is not appropriate, we will immediately write a letter to the DPP and/or the Chief Magistrate. If our opinion is that the procedures were not followed then we immediately make representations for review with a letter to the DPP and/or Chief Magistrate.

If a client decides to withdraw a case we must try to determine the reason for the withdrawal. If there is a barrier that is standing in the way of the client pursuing the case then the VA can try to assist the client in making a plan for the way forward. The VA must verify that the decision to withdraw was not a result of intimidation or coercion. If the client is an adult we have no control over the decision to withdraw the case. In cases involving children, the Law does not allow the case to be withdrawn by any person except the court or the DPP.

In a situation where perjury was committed by the client (client makes two conflicting statements under oath), TVEP encourages the Prosecutor to file a perjury case against the client.

Procedure for handling acquittals

There are many reasons for acquittals. The VA must sit down with the client or the parents/guardians in the case of a child and explain the reasons why there was an acquittal. The VA may also take the client to the Prosecutor for further explanation on the acquittal.

If a case closes with an acquittal and we feel that the Public Prosecutor did not exhaust all of the evidence, then we write an urgent letter to the DPP with the details surrounding the case and the reason we feel the case was not prosecuted satisfactorily. If the DPP's action on the matter is not acceptable we write a letter to the National Prosecution Authority (NPA) on the same concern. TVEP must gather evidence to support such a claim. In any acquitted cases, the client and/or family must be offered counselling.

Note: a request for recusal (dismissal) of the Prosecutor can be expressed during trial if there is concern over the fairness of the prosecution. A basis on which to recuse the Prosecutor must be prepared.

5.14 Definitions of types of sexual assault/domestic violence

Sexual assault

Rape

Intentional, unlawful sexual intercourse with a woman without her consent.

Sexual intercourse includes the penetration of the Labia Majora (outer lips of the vagina). Girls under the age of 12 years cannot legally consent to sexual intercourse, therefore it will always be rape, irrespective of circumstances. Girls between the ages of 12-15 years can be the victims of statutory rape.

Indecent assault

An assault which, in itself, is of an indecent character. This includes sodomy and all other forms of sexual assault.

Incest

Sexual intercourse where the victim is a relative within the defined proscribed parameters and is over the age of 16 years, and where the intercourse occurred with consent. In all other instances of intercourse with a minor, rape, or a contravention of the Sexual Offences Act, is the appropriate charge.

Abduction

Any person who takes or detains or causes to be taken or detained any unmarried male or female under the age of 21 years out of the custody and against the will of his or her father or mother or guardian with intent that such person or any other person, whether a particular person or not, may have unlawful carnal intercourse with such unmarried male or female, shall be guilty of an offence.

The term 'guardian' includes any person who has in law or in fact the custody or control of the unmarried male or female.

Domestic Violence

Damage of property

The wilful damaging or destruction of property belonging to a complainant or in which the complainant has a vested interest.

Economic abuse

The unreasonable deprivation of economic or financial resources to which a complainant is entitled under law or which the complainant requires out of necessity, including household necessities for the complainant, and mortgage bond repayments or payment of rent in respect of the shared residence; or

The unreasonable disposal of household effects or other property in which the complainant has an interest.

Emotional, verbal and psychological abuse

A pattern of degrading or humiliating conduct towards a complainant including:

- Repeated insults, ridicule or name calling;
- Repeated threats to cause emotional pain; or

- The repeated exhibition of obsessive possessiveness or jealousy, which is such as to constitute a serious invasion of the complainant's privacy, liberty, integrity or security.

Harassment

Engaging in a pattern of conduct that induces the fear of harm to a complainant including:

- Repeatedly watching or loitering outside of or near the building or place where the complainant resides, works, carries on business, studies or happens to be;
- Repeatedly making telephone calls or inducing another person to make telephone calls to the complainant whether or not conversation ensues;
- Repeatedly sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects to the complainant.

Intimidation

Uttering or conveying a threat or causing a complainant to receive a threat, which induces fear.

Stalking

Repeatedly following, pursuing or accosting the complainant.

Physical abuse

Any act or threatened act of physical violence towards a complainant.

Domestic relationship

A relationship between a complainant and a respondent in any of the following ways:

1. They are or were married to each other, including marriage according to any law, custom or religion;
2. They (whether they are of the same or of the opposite sex) live or lived together in a relationship in the nature of marriage, although they are not, or were not, married to each other, or are not able to be married to each other;
3. They are the parents of a child or are person who have or had parental responsibility for that child (whether or not at the same time);
4. They are family members related by consanguinity, affinity or adoption;
5. They are or were in an engagement, dating or customary relationship, including an actual or perceived romantic, intimate or sexual relationship of any duration; or
6. They share or recently shared the same residence.

5.15 Terms and abbreviations

Terms

Acquittal: When the accused person is found not guilty by the court of law.

Accused: The person against whom criminal proceedings are brought.

Affidavit: Written statement in which the writer (deponent) swears to the truth of the facts in the statement.

Arraign: To put a person on trial.

Complainant: The person whose evidence forms burden of the case against the accused.

Culpa: Negligence

Defamation: The publication of matter which diminishes the good name or reputation of another unjustly.

Dolus: Intention

Magistrate: Presiding officer in lower courts

In camera: Behind closed doors

In loco parentis: In place of parent

Interdict: An order of the court prohibiting a person from a particular act

Interim: In the meantime

Litigation: The process of resolving a dispute in court

Judge: Presiding officer in high courts

Major: A person with full capacity

Mens rea: The guilty mind

Minor: Person who because of age lacks full legal capacity and cannot litigate or enter into contract without the assistance of her/his parents or guardian

Mitigate: To make less serious

Modus operandi: Way of operating

Onus: Burden (of proof)

Perjury: A verdict which is delivered to the person who has lied while s/he is under oath

Per se: By self

Prime facie: At first sight

Ration: Reason

Abbreviations

SAPS: South African Police Service

SOCA: Sexual Offences and Community Affairs

PP: Public Prosecutor

DPP: Director of Public Prosecutions

IO: Investigating Officer

CJS: Criminal Justice System

CPU: Child Protection Unit

CCTV: Close Circuit Television

SECTION 6: HOME VISIT

1. Protocol
2. Procedures
3. VA's personal safety
4. Plan ahead
5. Approaching home of the client
6. Handling a tight situation
7. VA flow diagram after the Trauma Centre

6.1. Protocol

The following table represents prescriptions for the frequency with which Home Visits are to be conducted by VAs. The number of Home Visits conducted will be determined by the type of client. The first two categories of clients are the most straightforward. In instances in which the criminal or medical case of a client that falls within one of the first two categories proves to be complicated and in need of greater attention, the relevant individual supervising the VA should advise s/he to make additional visits. **TO BE REVIEWED WITH TRAUMA COUNSELLOR**

Type of Client	# of Home Visits	Weeks to be Conducted	Rationale
Clients on PEP Includes: all clients receiving PEP, irrespective of whether they have opened criminal cases or not	2	First HV to be conducted within the week 1 (day 4 – 7); second HV to be conducted within week 4	Such clients require 2 HVs to ensure proper administration of PEP.
Clients not on PEP Includes: HIV+ clients, clients who report after close of 72 hour window, attempted rape cases and statutory rape cases	1	To be conducted within the first 2 weeks of appearing at the TC, to be determined by the client	1 HV is sufficient to determine the client's living situation, to convey court related info and to inquire after health, if applicable
Incest Cases Includes: incest cases and attempted incest cases	TBD	See above for guidelines; AND as circumstances dictate	Above categories can be used as guidelines for determining HV number but extra attn should be paid to specific circumstances of client and assault. Decision to be made in consultation with VA and supervisors
Minor Clients Includes: all clients under the age of &*^@#(&	see above	See above for guidelines; AND as circumstances dictate	First two categories can be used as guidelines; minors and guardians are to be issued bus tickets and to meet with VAs in town over the weekend

6.2. Procedures

If a client is on post-exposure prophylaxis (PEP) medication, home visits by the VA should already be scheduled during the first and the fourth week after the incident (to ensure that the client is taking their medication). Any questions about the case can also be asked during this time. If a client is not taking PEP medication, then the Legal Officer and the VA can determine if a home visit is useful.

Before making a home visit the VA should review the client's profile and become more familiar with the details of the case. Because the VA is the person who debriefed the client at the Trauma Centre, the VA should be fairly knowledgeable already about the case. An VA must also take into consideration her/his own safety. This may mean that in a domestic violence case, marital rape or incest case, the VA will have to request the client to come to the office rather than putting her/himself, and possibly the client, at risk. You should determine if the perpetrator has been arrested before conducting a home visit. The home visit must be arranged telephonically with the client if there is a contact number. Get directions before you go on the visit to avoid getting lost. These guidelines must be followed by VAs on home visits:

- Re-introduce yourself to the client;
- Explain the reason for your visit;
- Be knowledgeable about the legal procedure;
- Be patient and empathetic in sharing information and listen carefully;
- Assure the client about confidentiality;
- Make certain appropriate forms are signed (e.g. the client profile should be signed at Trauma Centre, if not it should be done at this time)
- Determine with the client what the client can do and what actions you should take;
- Develop a plan of action with the client;
- Record information and document the home visit on the profile.

Some useful questions to ask during the home visit or interview:

- Are you still taking your PEP medication?
- Are you having any side effects to the medication?
- How are you coping? (to determine need for counselling)
- Is the perpetrator still threatening you?
- Is the investigating officer still in contact with you regarding the case?
- Are you still attending school (if appropriate)?
- Since opening the case, are the people who are living with you showing their support?
- Is there any way in which I can help you?

6.3 Personal Safety

Victim Advocates, by the very nature of their work in clients' homes and other community sites, cannot control the environment. The responsibility of personal safety rests with the VA herself, but she is provided with a pepper spray for use if an emergency arises. The decision to initiate or continue a home visit is hers, but the following information can help in making an informed decision.

Working with survivors of domestic violence can be dangerous for the social worker involved. Although most abusers focus only on their partners, they may assault those people whom they see as a threat to their control over their partner. It is important to think about your risk and put in place some measures for your own personal safety.

There are some simple steps that you can take for your safety:

- Try to keep your last name from becoming known to the perpetrator. This sometimes means not telling the client your last name. It can be a safety advantage to use a different name professionally (part of a hyphenated name or a former name), for example.
- Have your phone number unlisted or unpublished.

- Never give out your home address or phone number to the survivor or allow it to be on a document or list that the batterer might see.

6.4. Plan Ahead

- Consider the area, situation and your "gut" instinct in scheduling visits. Many indirect clues about your safety will register subconsciously as "intuition."
- Contact clients ahead to assure correct address and directions and presence of client and/or partner. Leave schedule information with office, and call in at specified times.
- Carry only minimal cash and keep other items to an amount that is easy to carry. Keep change for pay phones.
- Dress for function and mobility, with a name tag visible.

6.5. Approaching the Home

- Carefully examine the area including neighbours, activity and indicators of crime. Look for animals, fences and hiding places: Note emergency assists such as pay phone, public buildings, etc.
- Walk with confident posture, maintain professional attitude. If appropriate, acknowledge your presence and purpose to a group of people as you approach.
- Listen for sounds of fighting or disturbance before knocking. Leave if there is a disturbance in progress, call the police immediately and get help. If not, identify yourself and use the client's name after knocking. When the door is answered, decide if you will enter or invite the client outside. Do not enter if you suspect an unsafe situation.
- Keep alert to activities in the home and available exits. Be prepared to leave quickly should the situation suddenly change. Don't try to handle violent individuals alone.
- Maintain your focus on the business at hand but don't forget your own safety at any time.

Use professional and social skills as needed to deal with any persons in the home including managing angry people. Don't expect the client to protect you.

6.6. Handling a tight situation

- Don't show fear, control your breathing.
- Speak slowly and calmly, be assertive without challenging.
- Repeat your purpose, check your watch and say you need to call your office or something else to divert aggression.
- Leave. Don't tolerate rude or hostile behaviour.

6.7 VA flow diagram after the Trauma Centre

The VA will:

Monitor the case.

In the case where loopholes surfaced the VA will follow up on them.

Collect missing information.

Deal with any challenges if and when they arise and do referrals if necessary.

Act in accordance with instructions form the legal office.

In serious cases the legal office will caucus with the VA and the client.

Conduct home visits if and when necessary.

Support the client during the court case. If s/he cannot attend the court case on that day, another person will be there to assist.

Appendix A: TO BE REVIEWED BY TRAUMA COUNSELLOR AND ALIGNED TO NACOSA TRAINING

LAY COUNSELLING/DEBRIEFING MANUAL

Contents

1. Introduction to lay counselling
 2. Characteristics of lay counsellors
 3. Relationship principles for successful lay counselling
 4. Characteristics of a helping relationship
 5. Understanding trauma
 6. Debriefing
 7. Referrals
-

1. Introduction to lay counselling

As a Survival Support Officer (VA) you will often be put in the difficult position of being the first person to talk in depth to a survivor of rape/sexual assault or family violence after an incident. Due to the sensitivity of such situations, VAs must have counselling and crisis management skills to support the client through this traumatic period.

The *National Management Guidelines for Sexual Assault Care* states:

Crisis management involves containment and support of the patient with the intention of minimising the traumatic nature of the medical examination for the patient and avoiding secondary victimisation of the patient. If managed well the extent and duration of Rape Traumatic Syndrome symptoms may be minimised. Health care providers are not expected to provide counselling or psychotherapy. Crisis management involves re-establishing the patients' sense of control over her/his situation as well as her/his self-esteem; space should be allowed for the patient to vent her/his feelings. The patient must be treated with respect and assured of her/his safety. It is important to address concerns with understanding and empathy.³

This manual will introduce you to the very basics of counselling and crisis management including the characteristics of lay counsellors, relationship principles, characteristics of a helping relationship, understanding trauma, debriefing and making referrals.

What is a lay counsellor?

The term lay counsellor is used for a person who is not trained as a therapist but is nevertheless a person who is able to provide assistance on a reasonable, professional basis to other people who are experiencing problems. A lay counsellor is not an expert in the field of professional therapy because s/he has not undergone any formal training in this respect but usually has received at least some training in counselling skills.

A lay counsellor must also have basic skills in guidance and have inner abilities and wisdom which will enable him/her to give emotional support to others. In addition, a lay counsellor must be a good listener who will remain in touch with the client's feelings throughout the discussion and must be aware of her/his own limitations and strengths as a therapist.

What is lay counselling?

³*National Management Guidelines for Sexual Assault Care*. The Department of Health. March 2005. p. 13.

Lay counselling is a purposeful discussion or series of discussions with a person in need of assistance or who experiences problems with which s/he is no longer able to cope on her/his own. These discussions are aimed at competently supporting a person through a warm, caring and understanding attitude and through referral to other types of assistance when needed. Unlike psychotherapy, lay counselling is not as complex and does not deal with deep psychological issues.

Responsibilities of a lay counsellor

Lay counsellors have responsibility towards:

- Their client
- Themselves, to remain fresh and to protect their own private and social lives
- Their families and loved ones
- Those with whom they work, such as doctors, colleagues and other lay counsellors
- The broader community
- The laws and regulations of the country.

Lay counsellor code of ethics

Lay Counsellors should have an official code of ethics. According to the code they can bind themselves to mutually accepted prescriptions concerning the ethical treatment of and behaviour towards people they are assisting.

Skills of a lay counsellor

Lay counsellors must ensure that they operate within the boundaries of their competencies. In other words, a lay counsellor must be able to determine when a client needs additional help beyond what the lay counsellor can provide and then refer the client accordingly. Lay counsellors' own needs should be recognized and their requirements for proper supervision must be satisfied. The skills, experience and knowledge of the lay counsellor should be kept up to date in order to ensure that clients' needs are being met.

2. Characteristics of lay counsellors

Consistency

Consistency implies sincerity and honesty. It encompasses the ability to be yourself, even when you are within a lay counselling situation. You are what you are and do not pretend to be what you are not.

Consistency includes an element of self-consciousness. The lay counsellor has to be continuously aware of her/his own feelings and must be able to realize and even communicate her/his feelings during the interview. In this way s/he becomes a role model to the client. Consistency is also seen as one of the most basic aspects of counselling.

The lay counsellor is consistent when s/he:

- Is willing to share her/his feelings and experiences with the client when it is in the client's interest and not to gain assistance for her/himself or to give vent to her/his own negative feelings
- Does not behave defensively when the client reveals a negative attitudes towards the counsellor, because s/he is sincerely trying to understand the client's feelings and thoughts and because s/he is capable of allowing her/himself to examine negative criticism honestly
- Realizes that empathy and warmth have no meaning if s/he is not sincere; if sincerity is lacking warmth and empathy, it becomes a threat to the client.

Empathy

Empathy means the ability to have an understanding for another person's feelings without the two people (as is the case with sympathy) having to experience exactly the same emotions. Empathy can be expressed both verbally and nonverbally.

The ability to enter into another person's innermost self and again moving out of it without becoming exactly like that person is an essential skill. In this manner, the thoughts, feelings and behaviour of the client may be

understood, yet the lay counsellor does not become subjectively involved to the extent that s/he loses her/his perspective. When a lay counsellor reacts in a way to allow the client to know that s/he is understood, then the client is guided to a deeper understanding of her/himself. S/he develops insight into her/his own feelings and experiences. The purpose is for the client to identify problem situations and to gain new insights on her/himself. Empathy depends on conditions such as accurate observation and listening attentively to the client.

The Lay Counsellor is empathetic when s/he

- Enters into the client's world
- Develops a feeling for what that world entails
- Views the world outside from the client's point of reference
- Communicates the above to the client.

Warmth

Warmth implies an emotional attitude towards a client. This emotion may be linked to sincere acceptance, interest and love of another person. Therefore, it implies an orientation or attitude of the lay counsellor which is conveyed by means of verbal and non-verbal communication. Warmth may be communicated via attitude, tone of voice, touching and facial expressions. Warmth conveys awareness to the client that the lay counsellor is unconditionally at her/his side and that there are no conditions attached to this acceptance.

Respect

A basic need for all people is to be respected. Respect may be described as an attitude, value and moral characteristics. It is also a way of perceiving and judging people. Respect implies that you respect other people solely by reason of their being human beings.

In practice respect would have the following significance for a lay counsellor:

- You are prepared to help because you feel that "this client is worthy of my time and energy"
- You respect the client's right and freedom to accept responsibility for her/his own choices and the consequences
- You respect the principle of confidentiality as the client has the right to expect that what is said will not be discussed with a third person unless s/he has given her/his permission for this to happen
- You demonstrate respect by attentive physical presence; being absent may convey the message that the client is not worthy of your time. Keep in mind that you may be physically present yet emotionally absent
- You show respect by accompanying the client in her/his search for inner resources and allowing the opportunity of discovering that s/he is capable of taking control and responsibility.

Open mindedness and flexibility

A flexible person is capable of differentiating between important and unimportant information and occurrences. The rigid person will judge and reject someone who steals, seeing only the transgression without taking cognizance of the context. The person is thus rejected together with her/his actions. A flexible person will, as method of resolving the problem, attempt to ascertain in what context the action took place. They will look at why the person stole, have empathy with the reasons and continue to accept the individual without giving approval of the deed.

Commitment

To undertake lay counselling on a voluntary basis exacts high demands. Without an attitude of complete commitment and belief in what you are doing, you will not be successful as a lay counsellor. Such commitment must not focus on promotion or financial reward.

As a lay counsellor, you need to commit yourself to the following:

- The financial implications such as training, transport costs, etc because there is no financial remuneration and you are not permitted to charge a fee for your assistance and support;

- Non-discrimination against the person in need. This means that no matter what the race, religion, socio-economic status, political affiliations, age, sex, occupation and educational qualifications of a client, you must be prepared to provide support.

A high degree of self awareness

Self awareness implies the ability to be in touch with one's self. A lay counsellor must know her/his strong and weak points and give assistance to clients accordingly.

3. Relationship principles for successful lay counselling

Individualisation

Individualisation means to respect the uniqueness of another person. Never compare a client with someone else. When a person's uniqueness is ignored s/he will share facts but not her/his feelings.

Expression of feelings

Every client may express both positive and negative feelings in an atmosphere of understanding and acceptance. Feelings should not be discouraged or damned, rather a client should be encouraged to share her/his feelings freely. Every problem contains an emotional component and the sharing of problems has a therapeutic effect. It relieves tension and it creates the possibility to get to know the client better and to strengthen the relationship of trust. The process should not be rushed and the client's feelings should not become the counsellor's burden and worry. Empty promises should be avoided.

Confidentiality

Confidentiality means not divulging confidential information from the client during an interview to a third party. Everything said during an interview is confidential but not necessarily a secret. The belief that absolutely nothing said by the client may be shared with someone else may lead to problems. There are some situations when a client is at risk when information needs to be shared with a third party or with a person more qualified to help the client. When it becomes clear that certain matters should be revealed then it should be discussed with the client.

Acceptance

Acceptance implies respect for others. The client is not judged according to certain rules and standards. When the client is accepted for what s/he is, then alternatively the client accepts the counsellor. In turn the counsellor serves as a role model to allow the client to accept others.

Acceptance also requires the lay counsellor to be non-judgemental. People in need require help, not disapproval. People feel under attack when they are judged, but less so when their behaviour is being judged, and even less so when their behaviour is being questioned. The counsellor subconsciously communicates his judgemental or non-judgemental attitude. The counsellor does not need to like all her/his clients, yet s/he should strive never to be judgemental.

4. Characteristics of a helping relationship

N.B. Carl Rogers, a well known psychologist, named nine essential characteristics for a person to help another person:

- Consistency – being aware of own feelings
- Being willing to reveal these feelings
- Having positive feelings towards another person
- Remaining apart – the client has to be able to function his own without the counsellor
- Empathy
- Acceptance
- Avoid threatening behaviour
- Avoid judgment and negative criticism

- Awareness that the other person is involved in the process of becoming what s/he can be – Rome was not built in a day.

In a helping relationship, confidentiality must be maintained and agreements must be clear. Others must not be exploited through the relationship and it must not encourage dependence. There must be no sexual exploitation and the relationship must not compel changes in values and attitudes. Physical and emotional security should exist in the relationship and there must be no coercion, intrusiveness and persuasion. Conflict and misunderstanding must be handled through communication.

5. Understanding trauma

“Trauma” was first described as a catastrophic stressor that “would evoke significant symptoms of distress in most people”. Trauma was characterized as a rare and overwhelming event that differed qualitatively from “common experiences such as bereavement, chronic illness, business losses or marital conflict”.

Traumatic events cited included rape, assault, torture, incarceration in a death camp, military combat, natural disasters, domestic violence and natural disaster. Initially researchers thought that trauma could be defined exclusively in terms of catastrophic events that happened to individuals who were in the wrong place at a wrong time. A person exposed to war, rape, torture or natural disaster would be “traumatized”. This approach changed in the 1994 DSM –III because most people exposed to catastrophic events failed to develop post-traumatic stress disorder (PTSD).

Post-traumatic stress disorder

For example, research indicates 54% of American women who have been raped do not develop PTSD while 91% of American women involved in an accident do not develop PTSD. Although exposure to catastrophic stress is a necessary condition, it is insufficient by itself to “traumatise” an individual. The factor that determines whether or not a person is traumatised is the emotional response to such an event. If the rape or accident produces an intense emotional response (characterized in the DSM –IV- TR as “fear, helplessness, or horror”), the event is “traumatic”. If an event does not produce an intense emotional response then the event is not considered a “traumatic event” and, according to the DSM definition, cannot cause PTSD.

Trauma can be defined as a “disturbance of balance that severely challenges usual ways of coping”. A person who is suffering from post-traumatic stress disorder has witnessed or experienced a serious threat to her/his life, and/or their physical, emotional and/or psychological well being. The event is then re-experienced in some way through play, illusions or dreams. There is a persistent avoidance of stimuli associated with the trauma or numbing that may be experienced as physical or psychological. A person experiencing PTSD may experience difficulty sleeping and the symptoms must last for more than four weeks.

Normal responses to trauma in children

It is normal that a child’s play and conversation centres on the traumatic event. The child re-experiences extremes of fear and possibly regression. Disturbed sleep with nightmares and wakefulness are also common and physical pains for which there is no physical explanation.

In many cases, a child’s behaviour is difficult and impacts negatively on others. Situations that were formerly neutral remind the child of the trauma and produce negative reactions. Often the child has difficulty concentrating and is easily distracted. The child may self-blame and misinterpret the cause of the trauma. It is also common that the parents are visibly upset and “infect” the child with parental anxiety and stress.

The above responses are normal within the first 4 weeks after trauma – but if responses persist for more than 4 weeks referral for therapy is necessary. Beware of the child who is not symptomatic. This can be indicative of deeply repressed emotion and trauma response.

Signs of trauma typical of young infant

- Prolonged crying without the ability to be comforted
- Extreme passiveness with no effort to attract attention from caregivers
- Disrupted sleeping and eating patterns
- Easily startled
- Acute separation anxiety
- Avoidance of stimuli associated with the trauma
- Unresponsive to stimulation and attention
- Regression

Signs of trauma in the older preschooler

- All of the above
- Intrusive memories
- Repeated telling of the trauma story
- Trauma re-enacted in play
- Sense of responsibility and guilt
- Loss of interest in daily routine
- Disruptions in behaviour
- Psychosomatic pain – the pain may be real to the child
- Loss of concentration

Signs of trauma in the primary school aged child

- Many of the above
- Learning problems at school
- Behavioural problems at school
- Withdrawal from family and friends

Signs of trauma in the adolescent

- Depression
- Self-mutilating behaviour
- Revenge fantasies
- Over activity
- Eating disorders
- Loss of future orientation
- Seeking relief in substance abuse

6. Debriefing

The client is the most critical reason why TVEP exists. As an VA you will do more than just be a lay counsellor for the client. The debriefing process is a process to put the client at ease, prepare for the unknown, assure immediate safety and obtain information. Consequently, it is not only about collecting information. When a client arrives at either Trauma Centre or the Central Office s/he is most probably in a state of emotional shock and/or confusion. Even if the occurrence of sexual assault or domestic violence occurred in the past, the client is still dealing with emotions that may not be resolved. Whether the client recently experienced the trauma (fresh rape) or came to the Centre to report a sexual assault/rape that happened in the past (old rape), the client is in need of empathy, understanding, warmth and reassurance.

After the client enters the Trauma Centre whether brought by self, police, family or friends, the VA must:

- Introduce her/himself;
- Quickly assess the situation;
- Attempt to put the client at ease.

Confidentiality needs to be remembered at all times and therefore avoid discussing the current situation in the reception area where others might overhear.

After moving to a quiet, confidential room, begin the debriefing by providing assurances that the Centre is a safe place. Use your lay counselling skills to listen to the client and ascertain immediate needs. Avoid offering advice, rather listen and put yourself in the client's place by trying to understand what s/he is experiencing. Explain to the client that you may take notes while s/he is speaking for information that may be used by TVEP in our profile. Tell the client that it is not for a statement and reassure the client about confidentiality and safety during this time. Remember, this may be the first time the client has come to receive the services of TVEP and first impressions are important in the future perception of the client relative to TVEP.

The debriefing process is the beginning of the client entering the system of TVEP where the client will be receiving services during this immediate crisis. Later, the client may receive court services, counselling or referral to other agencies. It is the task of the VA to prepare the client for this process. Try at all times to be aware of the client's needs. After explaining the steps that have to be taken by the Police and Medical (see *Trauma Centre procedures manual*), a client may have to wait for police and a doctor. During this time attend to the client's comfort offering refreshments and a place to wait. However, be aware that in cases of fresh rape, a urine sample may need to be taken at a later time and offering something to drink might require the client to use the bathroom before a urine sample is taken. Although the client may want to be alone, check on her/him often and be available at all times. NEVER LEAVE THE CLIENT ALONE IN THE TRAUMA CENTRE. Remember each client is unique and as an individual has specific needs that need to be understood and accepted.

After the initial pressing problem has been determined by the VA and the client, basic identifying information obtained and the comfort of the client is assured, prepare the client for the procedures s/he will undertake. Explain about the medical examination in detail and the information the police will be obtaining. This is also the time to do pre-test counselling (See *pre & post-test counselling manual*).

7. Referrals

As an VA, it is important to refer clients to the appropriate support services and to follow-up to ensure clients are receiving the necessary support. During the debriefing/lay counselling process, explain the services provided by TVEP and refer internally as appropriate. Tell rape survivors that as an VA you will be available to support them in the case process and provide any necessary assistance. A trauma counsellor/social worker is available for counselling and assisting with other referrals.

- Arrange for an appointment with the trauma counsellor/social worker if s/he is not present
- Record the appointment in the trauma counsellor/social worker's diary
- Co-ordinate the appointment with other appointments the client may have with the hospital to avoid multiple return trips to the hospital (e.g. at Tshildzini co-ordinate with Office 16 and at Donald Fraser with any other hospital appointments)
- Record referrals on the profile
- Give an appointment page to the client
- Make a copy of the appointment page and file it later reference

At times the TVEP trauma counsellor/social worker may have to make a home visit. Either the VA or the trauma counsellor/social worker should explain the purpose of the home visit.

If the client is prescribed ART (anti-retroviral therapy) also called PEP (post-exposure prophylaxis), the TVEP nurse should be informed. After the pre-test counselling for HIV is completed and the results are back from the medical staff, explain the procedures relating to the involvement of the nurse.

The trauma counsellor/social worker will determine the need for a referral to a psychologist who is contracted by TVEP. Referrals to the psychologist will need to be cleared with the Support Team Leader. These referrals are for clients that are in need of more lengthy therapy. There is a fee for these services which requires close monitoring. Efforts will be made by the psychologist to see the client through the hospital which incurs only a limited fee to the client. Those approved referrals are subject to the contracted fee. Complete the referral form and give to the trauma counsellor/social worker who will seek additional approval. Clients can be seen at the hospital or the TVEP Central Office.

It may be necessary to refer the client to another service provider or agency during the course of the interview or the client's stay at the Trauma Centre. Explain clearly the need for the referral and document the referral on the profile. Explain what the client might expect when receiving services from another service provider. Avoid telling her/him that the other agency will definitely provide something. There might be eligibility requirements. Tell the client that if s/he did not get the help they were seeking s/he should contact TVEP immediately. Ensure that the client knows s/he can contact TVEP if s/he has any questions.

Those cases involving family disputes, where violence is not the primary issue, can be referred to MuFamsa. Complete a referral form and submit it to the trauma counsellor/social worker. The trauma counsellor/social worker will submit it to the Support Team Leader. The Support Team Leader will forward the details to MuFamsa.

When a client is having difficulty obtaining maintenance from a spouse, she can be referred to the Maintenance Forum. A referral form should be completed and given to the trauma counsellor/social worker to forward to the Maintenance Forum.

Survivors of sexual assault who come to the Trauma Centre after 72 hours and test positive on the urine or gravindex (pregnancy test) may be referred by the doctor for termination of pregnancy counselling at family planning.

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Appendix B: HIV PRE & POST-TEST COUNSELLING & PEP MANUAL

Contents

1. Introduction
 2. Pre-test counselling
 3. Post-test counselling
 4. Stages of compliance counselling
 5. Post-exposure prophylaxis
 6. Understanding the medication
-

1. Introduction

Victim Advocates (VA) work with clients who have very recently experienced a trauma. Therefore, an VA has to be very careful to avoid secondary traumatising by forcing a client to undergo an HIV test. Clients should not be frightened and forced into doing the test but they need someone very understanding who will help the client to make an informed decision. It is vital that the VA has accurate information about HIV, testing and treatment.

This manual will provide the VA with the basic information necessary to do HIV pre and post-test counselling. In addition, it will give the VA information about the treatment given to rape survivors to help prevent HIV. Manuals on lay counselling and HIV/AIDS are also available and should be used in combination with this manual.

2. Pre-test counselling

Pre-test counselling is the basic counselling given to a person before they undergo an HIV test. The counselling provides the client with relevant information about the test and possible outcomes of the test to ensure the client is making an informed decision and will understand the outcome of the test. In order to achieve this result, the VA must have effective communication, counselling and active listening skills.

Effective communication and counselling require awareness of one's own beliefs, values and assumptions. Questions should be asked in a respectful, supportive manner and without judgement. It is important to be aware of one's own verbal and non-verbal behaviours when dealing with clients. Try to offer practical support, advice and information and encourage the client to make her/his own decision about getting an HIV test in a non-threatening, private atmosphere.

Active listening involves trying to imagine that you are the client and that you are experiencing her/his feelings. Accurate reflection means responding to the person, restating their concerns and highlighting the feeling expressed. Such practices lead to a deeper exploration by the client of his/her fears, misunderstandings and experiences. Active listening and reflection on the part of the caregiver or VA can often be sufficient for a client going through a crisis situation and expected to make a quick decision. It makes the client feel cared for and supported and can aid their ability to cope and make informed decisions.

HIV testing is a highly sensitive issue in South Africa therefore, as an VA part of your role will be to inform the client about the importance of getting tested immediately. A survivor of rape/sexual assault may have been exposed to HIV and if s/he has reported the incident within 72 hours then s/he can be provided with post-exposure prophylaxis (PEP) to reduce the chance of infection.

Steps for pre-test counselling

Step 1: Greetings and introduction

Introduce yourself and explain why it is appropriate for the client to get HIV tested at this time.

Example: *"Hello, I am ----- a Victim Advocate for TVEP. The reason why I am talking with you about an HIV test is because you have potentially been exposed to HIV because of this incident. HIV can be transmitted through sexual intercourse which is why you may be at risk."*

Step 2: Selling the idea of counselling

Try to reduce the barriers to counselling for the client. This can include telling them about the importance of taking the test and through your body language and active listening skill. Body language is the emotions, feelings and thoughts you convey through your motions, actions and facial expressions. For example, by leaning forward in your chair and making good eye contact with a client you are telling the client you are interested in what s/he is saying. If you are looking around the room or constantly being distracted by other things the client will not feel that the situation is important to you and s/he may not trust you.

Step 3: Why have the test now

Explain to the client the benefits of getting tested for HIV and why it is particularly critical that the client get tested immediately following a rape. The following is a list of benefits to getting tested:

- To access post-exposure prophylaxis (PEP) following rape crisis. The sooner after a person has been exposed to HIV that s/he starts taking PEP, the more effective the medication. 72 hours is the cut-off for distribution of PEP as there is evidence that prophylaxis will not be effective after this period.
- To improve life style after knowing the results such as discontinuing use of alcohol and cigarettes. In addition, PEP is found to be more effective in people who eat a balance, well-regulated diet.
- To ensure that the client does not expose others to HIV.
- To help others overcome their fear of HIV/AIDS.
- To gain access to antiretroviral (ART) drugs in the case of clients who test positive for HIV.

Step 4: Assess the knowledge of the client

Ask questions about the client's knowledge of HIV/AIDS and HIV testing. Fill in the gaps with core information about the virus and link it to the reason for taking the test now (*e.g. how the virus is spread*).

Step 5: Risk assessment

Assist the client in understanding their own risk of contracting HIV based on the details of the incident (*e.g. perp did not use condom, gang rape, etc*). It is also important that the client understands their risk of testing positive for HIV based on previous experiences and exposure to the virus. For example, a person who has been sexually active with multiple partners and did not use condoms will have a higher risk that a client who has only had one partner and used condoms.

Example: *"From what we talked about, how do you see your risk?"*

It is important to explain all the possible outcomes of the test and what resources are available if a client were to test positive. In particular, an VA can help refer an HIV-positive client to Tshedza Care Centre or the Donald Fraser AIDS clinic for access to ART and counselling. It is useful to help a client explore what reactions or feelings they might be experiencing.

Step 6: Explain test

The client will have blood drawn to test for HIV, not AIDS. It will take approximately 30 min-1 hour to receive the results of the test. If the client tests positive for HIV it means the person was already infected with HIV prior to the incident and therefore will not receive PEP (but can be referred to try to access ART). A person who tests negative may still be in the window period and will be given PEP to try to prevent contraction of the virus.

Step 7: Decision

The client must decide if s/he is ready to take the test. If the client decides to take the test, s/he must sign the HIV test consent form (*See attachment*).

Step 8: Test

Take the client to casualty to get their blood drawn for the HIV test. After the test is complete the client can return to the trauma centre to wait for the results of the test. In many cases the doctor will draw blood for the HIV test during the rape examination.

Step 9: Closure

Thank the client and acknowledge her/his bravery.

3. Post-test counselling

Post-test counselling is the basic counselling given to a client to inform them of the results of the HIV test. The purpose is to ensure that the client understands the results of the tests and the resources available to deal with the outcome of the test.

Step 1: Greetings and introduction

Welcome the client back and inform her/him that you have the results of the test.

Step 2: Explanation of results

Find out if the client is ready to get their results. Hand the results to the client and inform her/him that you will explain the meaning of results while s/he looks at them.

Step 3: Provide support

If the client tests negative, encourage her/him to start PEP treatment. Explain how, because of the window period a person may still end up turning HIV positive over the next 3-6 months. Encourage the client to start PEP to reduce the chance of the client turning HIV positive.

If the client tests positive, give support to her/him, instil hope and show them methods for coping. Encourage the client to express her/his feelings and discuss referral to an infection control nurse and Tshedza Care Centre or the Donald Fraser AIDS clinic. Reinforce that ART is available for many people who are HIV positive, the benefits of ART and the importance of positive living including:

- Diet
- Psychological care
- Coping strategies & dealing with stress
- Differentiate HIV/AIDS
- Refer to psychologist for supportive intervention if client refusing referral to Tshedza care centre

Step 4: Talk about re-test

If a client test positive for HIV, s/he should come back after a week to get the results of the Elisa test to confirm positive status. This follow up test is done because a certain number of HIV 'rapid' tests do produce a false positive result. If a client tests negative, they should be re-tested at the 3 week (Donald Fraser only), 6 week, 3 month and 6-month (Tshildizini only) mark. Give the client an appointment form with the dates s/he should return to the trauma centre for the re-tests. A copy of the appointment form should be kept in the file at the Trauma Centre for reference purposes.

Step 5: Encourage safer practices

If appropriate, encourage the client to exercise safe life-style choices to avoid contraction of HIV and STIs and spread diseases to others. Obviously, in the case of a young child who has been raped it is not necessary to discuss safe sexual practices.

Step 6: Closure

Have the client sign the post-test counselling form (*See attachment*) and if applicable the ART Disclaimer Form for PEP (*See attachment*). If the client is coming back for follow-up tests, make sure the client had the scheduled dates and give s/he your contact information.

4. Stages of compliance counselling

Stage 1: Pre-ARV initiation

When the HIV-test results are negative it is time to start anti-retroviral medication

- Counsel the client on medication
- Usually clients are willing to adhere to medication since the purpose of medication is to prevent the individual from contracting the HIV virus

- Discuss and check the readiness of client to start taking medication
 - Age of the client
 - Client's HIV results
 - Willingness to have a supportive family member
 - Client's life style (e.g. alcohol, smoking, etc can detract from effectiveness of PEP)
 - Understanding the importance and benefits of compliance. If a client does not follow through the 28-days of medication they can build up resistance and actually get sicker rather than better
 - Continuous support and monitoring by family member/ VA – the VA will conduct 2 home visits
 - Social standing: Availability of food etc. If the client does not have access to a balanced diet then s/he should be referred to the nearest Clinic Help Desk Advisor for assistance in getting food parcels, grants, etc.
- Explain the possibility of experiencing side effects
- Re-assure the client that side effects are usually when medication is initially started and they usually wear off after a few days
- Assist the client in choosing the most convenient times for taking medication
- Encourage client to have a trusted family member to assist with medication intake

Stage 2: PEP initiation and adjustment period

- Have medications with you
- Have E-pap with you
- Have disclaimer form
- Re-explain procedures for when to take medication
- Ensure client understands
- Provide opportunities for questions
- Re-assure and stress importance of compliance
- Talk about side effects
- Explain management of side effects
- Assess difficulties on following drug plan in the past
- Offer consent for medication and be a witness as client signs
- Talk about follow-up visits you will conduct

Stage 3: Maintenance

- Re-enforce follow-up visit for checking effectiveness of medication e.g. 3 weeks (Donald Fraser only), 6 weeks, 3 months and 6 months (Tshilidzini only) following rape incident to ensure that the HIV status has not changed to positive.
- Provide appointment card for follow-up re-test
- Re-assure about 1st home visit to monitor medication intake during first week
- Assess the social standing when conducting home visit
- Encourage the client to communicate difficulties before s/he stops medication
- Explain the importance of returning back to medical facility if side effects are unbearable
- Explain how E-pap is a food supplement that should be taken before taking medication. E-pap is highly nutritious and will supplement the client's diet.
- Give client ART tablets calendar to help adhere to medication schedule (*See attachment*)
- Provide contact details

Stage 4: HIV follow-up tests

- Visit client's home during first week of using medication
- Check how client is coping with medication
- Check compliance by asking how the client is taking medication
- Encourage client to verbalise feelings s/he is experiencing while taking medication

- With the consent of the client, counsel the family regarding support for the client. Do this only if they were not counselled at the trauma centre initially
- Check if the client has anyone giving her/him support at home
- Re-enforce importance of compliance and follow up re-test visit

5. Post-exposure prophylaxis (PEP)

As an VA you will not make the decision about whether a client receives PEP. This decision is made by the doctors at the hospitals but it is important for you to be knowledgeable about PEP so you can help the client make an informed decision about getting tested and taking medication and so you can support the client when s/he is on the medication.

What is PEP?

- Anti-retroviral medication taken after an exposure to HIV to try to reduce the chance of infection
- Usually 2 antiretroviral medication are prescribed
- 28 days course of treatment
- PEP was used occupationally by medical professionals following injuries and splashes and was found effective in reducing the chance of infection
- Used “non-occupationally” following sex, injections, drug use and accidental needle sticks

Questions to guide decisions if and how to provide PEP

- Timing: Is it within 72 hours of the incident?
- Risk: Was the client exposed to a high-risk situation?
 - Gang rape
 - No condom used
 - Perpetrator’s HIV status known by client
- HIV negative results: Does the client test HIV negative?

Things to consider while on PEP

- The client must complete the entire 28 days to successfully prevent the virus from entering the blood system
- If the HIV virus does manage to enter the blood system there is no cure; the person will live with the virus for the rest of her/his life
- Always use condoms to prevent infection and STIs
- The client should inform the doctor if she knows she is pregnant because these medications can cause problems to the foetus. If the client is pregnant she can get access to naviapine, a medication that helps prevent the transmission of HIV from mother to child
- Always take your medication with food or immediately after meals
- PEP medication does have some side effects (*see Understanding the medication below*).
- The VA and a nurse will be available to monitor the client’s progress on the medication. This will include a home visit from the VA during the first and fourth weeks of the PEP therapy.

6. Understanding the medication

Several medications are used for PEP (*See attachment*):

AZT = Zidovudine = Retrovir

AZT can be used by itself or in combination with 3TC for PEP. Common side effects include:

- Nausea
- Fatigue
- Headache
- Rare psychiatric symptoms

Lamivudine = 3TC = Epivir

Used for PEP. It can cause headaches but it’s rare.

AZT + 3TC = Combivir

This is the medication that is most commonly used for PEP. It is a combination of AZT and 3TC.

Other drugs include:

- D4T = Zerit
- DDL = Videx
- Tenofovir = Vivead
- Nevirapine = Viramune (NNRTI)

Adult Dosage

AZE (Retrovir): 300mg bd (2 x daily, morning & evening)

3 TC: 150mg bd or 300mg daily

Combivir: 150/300mg bd

Management of side effects

- Be aware of common symptoms
- Educate patient
- Provide adequate emotional support
- Be available for consultation and advice
- Refer to nurse for advice or doctors
- Start PEP, consider waiting a few minutes before starting other medications such as STI meds or anti-pregnancy medication.
- Take AZE with food

Refer to nurse or doctor for anti-emetics (anti-vomiting drugs)

Appendix C: CLIENT STATEMENT, J88 & RAPE KIT MANUAL

Contents

1. Introduction
 2. Client statement
 3. J88
 4. Rape kit
-

1. Introduction

For new cases (those reported within 72 hours of the assault) of rape or sexual assault, the Victim Advocate (VA) will arrange to have the police and a doctor come to take an official statement and examine the client (*see section on trauma centre procedures*). Although the VA is not responsible for taking the statement, completing the J88 or using the rape kit, s/he must be aware of the correct process and able to monitor the police and doctors to ensure mistakes are not made that prevent the use of evidence in court.

This manual provides a description of the client statement, J88 and rape kit and things the VA should be aware of when dealing with these items.

2. Client statement

When the police arrive at the Trauma Centre, they will take an official statement from the client. The statement is an official account of the incident in the client's words. The client will tell the police officer the details of the incident and the police officer will record the information to create the official statement. Normally, if the statement is given in Tshivenda or Xitsonga it will be written in that language and translated at a later point by the police officer. This is specifically the case when the client does not speak English. In some cases the police officer will translate the statement into English as it is told to him/her. The statement will be read back to the client and then will be signed by the client to make it official. S/he must clearly understand that by signing, s/he is confirming that the statement is complete and accurate.

The VA should sit in the room and take notes while the statement is being taken so the client does not have to repeat everything twice. The VA should not interfere but check any uncertain points with the client and ensure that no evidence is being overlooked. It is also useful for the VA to make sure that the translation is accurate.

The client may add information to the official statement at a later point if s/he recalls details of the incident that were originally omitted from the statement. To add information to the official statement, the client should contact the Investigating Officer. This is called "amending the statement" and is totally acceptable as in most cases, the first statement is taken when the victim is still traumatised and may not narrate the incident accurately. The Investigating Officer is not usually the officer who takes the original statement. When the Investigating Officer is assigned to the case, s/he may have questions about the original statement and will contact the client to gather additional information. The statement may be officially entered into the court docket therefore all of the information must be truthful and accurate. The VA should make a copy of the official statement to be kept with the client profile (the client must sign the release at the bottom of the profile).

3. J88 Medico-Legal Document

The J88 is a form filled out by the examining doctor to record any markings, bruises or injuries that are a result of the incident. The J88 form may be subpoenaed as a court document if the court deems it necessary therefore it is critical that it is completed accurately and legibly. The VA must never write on the J88 or fill out information on the form. It is only completed by a doctor.

The VA should look over the J88 before the doctor leaves to make sure all of the information is accurate and to ensure that nothing has been forgotten on the form. She should particularly make sure that external injuries have been recorded as they are sometimes overlooked as doctors focus only on the genital area. Keep in mind that even a small scratch can help to prove the victim's statement.

Some examples of typical problems that cause a J88 to be challenged by the criminal justice system:

- Every page of the J88 has not been signed by the examining doctor;
- The police officer did not write his/her full names under the Commission of Oaths;
- The sex of the victim is not marked or is marked incorrectly;
- The victim's name is missing or is not written completely on the J88;
- The doctor has not written a summary of findings.

By checking the completeness of the form, the VA can help ensure that the J88 will be accepted in court.

4. Rape kit

The rape kit is used by the doctor to collect forensic or physical evidence. Examples of forensic evidence that may be collected by the doctor are blood, saliva, semen, hair or tissue samples found in the clothing or on the body of the client. The forensic evidence is then used to positively and objectively link a perpetrator to the crime or to exonerate a wrongly accused suspect. In particular, DNA or genetic evidence is useful in determining a suspect's guilt.

How reliable is DNA testing?

DNA is an organic chemical. It is subject to natural degradation (breakdown of this complex molecule into smaller pieces), facilitated by contaminants such as bacteria or chemicals or even UV-light from the sun. This degradation process will not change the typing result obtained from the DNA. This is one of the features of DNA that makes the testing reliable. However, if the sample is degraded beyond a certain extent, no typing result will be obtained.

In other words, a person's DNA could not be mistaken for another person's DNA no matter how old the sample ensuring that a person is not wrongly accused of a crime based on DNA evidence. If the sample is too old or degraded, then the DNA cannot be matched to anyone.

The use of the rape kit can be a very invasive process for the client therefore it is important that the VA explains to the client the importance of the rape kit and how the evidence collected can help prove the innocence or guilt of an alleged perpetrator.

The rape kits and J88 forms are stored in a locked cabinet at the Trauma Centres. The cabinet and its contents are the property of SAPS, consequently it is the law that only police officers have access to this cabinet. Keeping the cabinet locked also helps protect evidence from contamination. The Centre Manager determines where the key is placed and the cabinet must be locked at all times.

BECAUSE OF THE IMPORTANCE OF THIS AND THE IMPACT ON SAPS, FAILURE TO COMPLY WITH THIS COULD RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

The police officer and the VA must accompany the client to the examination room with the rape kit, J88, bedletter, HIV consent form and hospital registration forms. The doctor will request the police officer to hand over the rape kit. The opening of the rape kit by the doctor needs to be witnessed by the police officer. If the VA feels that forensic evidence is being overlooked by the doctor then s/he should ask appropriate questions to make sure all the relevant evidence is collected.

*Note: For additional information on the J88 and rape kits, consult the **Child Law Manual for Prosecutors**, the **National Policy Guidelines for Victims of Sexual Offences**, and the **National Management Guidelines for Sexual Assault Care** that can be found in the TVEP resource library.*

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Appendix D: Form – RAPE PROFILE

SA																	
TVEP CLIENT INTAKE PROFILE		REPORTING DATE DD / MM / YYYY		TIME OF ARRIVAL H		INITIALS & SURNAME				RAPE	IND ASS						
GIVEN NAMES		DATE OF BIRTH DD / MM / YYYY	AGE	SEX	POSTAL ADDRESS				ATT RAPE	INCEST	ABDUCTION						
PHYSICAL ADDRESS & VILLAGE (<i>Include nearest landmark or physical structure</i>)					CLIENT'S CONTACT DETAILS, WORK PLACE, IF EMPLOYED:												
					NAME & CONTACT DETAILS OF TRUSTED CONFIDANT				RELATIONSHIP								
CAME TO TVEP VIA:	FVSA-Tshi	FVSA-DF	SOCA	CO	SAPS	CASUALTY /OPD	SELF	HELP DESK, specify:		OTHER (<i>Explain</i>)		CAN CHILD BE VISITED AT SCHOOL?	Y	N			
HOW DID CLIENT HEAR ABOUT TVEP?	N/A	FRIEND/FAMILY	SAPS	SOCA	CAMPAIGNS/SCHOOLS	MEDIA specify:		HELP DESK, name clinic:		OTHER (<i>Explain</i>)							
PREVIOUS HISTORY OF SEXUAL ASSAULT?	Y	HAS CLIENT EVER COME TO THE TRAUMA CENTRE BEFORE?	Y	If yes, please explain (<i>date, time, profile #, problem</i>)				Client physically disabled?	Y	Client mentally disabled?	Y	N	N				
TIME DOCTOR PHONED	TIME DOCTOR ARRIVED	EXAMINING DOCTOR'S NAME			TIME POLICE PHONED	TIME POLICE ARRIVED	NAME OF POLICE OFFICER WHO TOOK STATEMENT										
H	H				H	H											
INCIDENT DATA:																	
DATE OF INCIDENT DD / MM / YYYY		TIME OF INCIDENT H		PERP USE CONDOM	Y	N	DK	CLIENT BATHED	Y	N	CLIENT URINATED	Y	N	VILLAGE OF ASSAULT		WEAPON USED	
J88 COMPLETED	Y	If no, why not?		RAPE KIT USED	Y	N	If no, why not?				CRIMINAL CASE OPENED?	Y	N	GANG RAPE?	Y	N	PRIOR OR PENDING CASES AGAINST PERP/S:
TYPE OF PLACE ASSAULT TOOK PLACE:	Client's home	Perp's home	Taxi Rank/Bus Stop	Prison	In the bush	On the road	Other <i>explain</i> :		DISTINGUISHING FEATURES:								
PERP'S NAME		SEX	RELATIONSHIP TO CLIENT:		PERP AGE	CONFIRMED AGE	PERPVILLAGE		PERP'S OCCUPATION								
SERVICES AND REFERRALS:																	
HIV CONSENT	Y	N	HIV STATUS		Pregnancy Test	Pregnant	PEP	STI Meds	EC	HVs OK?	Form 25	Support Group					
PRETEST COUNSELING	Y	N	Y														
POSTTEST COUNSELING	Y	N	N														
Tick all referrals made:	N/A	Maintenance Forum	Trauma Counsellor	Magistrate's Office	VEP, Specify:		Specify Other:		DATE OF APPOINTMENT DD / MM / YYYY								
	MuFAMSA	Psychologist	Tshedza/AIDS Clinic														
NETWORK CONTACTS:																	
AGES AND GENDER OF ALL CHILDREN AGED 17 OR UNDER, LIVING IN SAME HOUSEHOLD:																	
Name	Age	Gender	Name	Age	Gender												
1			5														
2			6														
3			7														
4			8														
HOW IS CLIENT FINANCIALLY SUPPORTED?	Client Works	Piece Jobs	Social Grant	Family Member	Other (<i>explain</i>)		BREADWINNER relationship to client		Medical Aid?	Y	N						
									Unknown								
REASON FOR CLIENT DELAY	Client	Police	Trad. Authority	N/A	Client's Family	Perp	Other (<i>explain</i>)		BUS FARE from TC to home	R							
I confirm I was	Care Kit	On the understanding that my confidentiality will not be violated, I hereby (a) Confirm I was given the items ticked at left; (b) Give															

Appendix D: FORM – DOMESTIC VIOLENCE PROFILE (DV)

												DV			
TVEP CLIENT INTAKE PROFILE			REPORTING DATE DD / MM / YYYY		TIME OF ARRIVAL H		INITIALS & SURNAME					Physical Abuse	Emotional Abuse	Verbal Abuse	
GIVEN NAMES			DATE OF BIRTH DD / MM / YYYY		AGE	SEX	POSTAL ADDRESS					Economic Abuse	Harassment	Stalking	Property Damage
PHYSICAL ADDRESS & VILLAGE <i>(Include nearest landmark or physical structure)</i>							CLIENT'S CONTACT DETAILS & WORK PLACE, IF EMPLOYED:								
							NAME & CONTACT DETAILS OF TRUSTED CONFIDANT					RELATIONSHIP			
CAME TO TVEP VIA:	FVSA-Tshi	FVSA-DF	SOCA	CO	SAPS	CASUALTY /OPD	SELF	HELP DESK, <i>specify:</i>		OTHER, <i>explain:</i>		CAN CHILD BE VISITED AT SCHOOL?		Y	N
HOW DID CLIENT HEAR ABOUT TVEP?	N/A		FRIEND/FAMILY	SAPS	SOCA	CAMPAIGNS/SCHOOLS		MEDIA, <i>specify:</i>		HELP DESK, <i>name clinic:</i>		OTHER, <i>explain:</i>			
PREVIOUS HISTORY OF ASSAULT?	Y	HAS CLIENT EVER COME TO THE TRAUMA CENTRE BEFORE?			Y	If yes, please explain <i>(date, time, profile #, problem)</i>					Client physically disabled	Y	Client mentally disabled	Y	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TIME DOCTOR PHONED H	TIME DOCTOR ARRIVED H		EXAMINING DOCTOR'S NAME				TIME POLICE PHONED H	TIME POLICE ARRIVED H	NAME OF POLICE OFFICER WHO TOOK STATEMENT						

INCIDENT DATA:

DATE OF LAST INCIDENT DD / MM / YYYY		TIME OF INCIDENT H		DATE OF 1 ST ABUSE DD / MM / YYYY		ABUSE FREQUENCY		VILLAGE OF ASSAULT		WEAPON USED		
J88 COMPL ETED	Y	If no, why not?			DOES ACCUSED OWN A GUN?	Y	IS IT LICENSED	Y	CRIMINAL CASE OPENED?	Y	PRIOR OR PENDING CASES AGAINST PERP/S:	
N	N	N	N	N	N	N	N	N	N	N	N	
TYPE OF PLACE ASSAULT TOOK PLACE:		Client's home	Perp's home	Taxi Rank/ Bus Stop	Prison	In the bush	On the road	Other <i>(please explain):</i>				
PERP'S NAME		SEX	RELATIONSHIP TO CLIENT:			PERP AGE	CONFIRMED AGE	PERPVILLAGE		PERP'S OCCUPATION		

SERVICES AND REFERRALS:

DOES CLIENT NEED SHELTER?	Y	If yes, detail gender & ages of children to accompany					IS THERE A FAMILY MEMBER CLIENT CAN STAY WITH?	Y	If yes, detail name, relationship, location contact no.		
N	N	N	N	N	N	N	N	N	N	N	
FORM 25	Y	N	PROTECTION ORDER		Y	N	SUPPORT GROUP		Y	N	N
Tick all referrals made:	N/A	Maintenance Forum	Trauma Counsellor	Magistrate's Office	VEP, Specify:			Specify Other:		DATE OF APPOINTMENT DD / MM / YYYY	
		MuFAMSA	Psychologist	Tshedza/AIDS Clinic							

