

UCT SART Quarterly Report

From the Chairperson's desk: Associate Professor Sinegugu Duma

Preamble

UCT's Sexual Assault Response Team (SART) was constituted for the first time on 7 April 2016.

In order to draw on appropriate areas of expertise in setting up SART, the snowballing¹ method was used to identify and invite members of the university community, community-based organisations, South African Police Service (SAPS), health practitioners, student representatives and survivors to a meeting at Mafeje Room in UCT's Bremner Building.

Among the matters discussed were the use of different models for responding to and preventing sexual violence, including SART and a Coordinated Community Response Team.

Deliberations from all present resulted in a decision to establish SART at the university. It was agreed that SART would be a survivor-centred, collaborative and multidisciplinary team that is open to accommodating the voices of all who are affected by sexual violence on campus. Sixteen members voluntarily joined the first SART on 7 April, and a follow-up meeting was held on 18 April to discuss and adopt the teams' terms of reference and to start the planning process. A list of current members can be found at the end of this report.

SART membership remains open to other 'missing voices' who may identify with the aims of SART. Requests for membership can be sent to Gisellewarton@gmail.com.

What is SART?

SART is a collaborative collective that is designed to empower the university community with the knowledge and skills to effectively respond to and prevent sexual violence on campus.

SART is not replacing any of the current services on campus, but seeks to:

- coordinate these services and support survivors to ensure a consistent and compassionate level of care
- review and analyse cases of sexual violence on campus to discover trends, gaps and issues for service improvement through training of targeted populations
- analyse cases of sexual violence on campus in order to promote accountability and report back to the university community and university management
- collaborate with relevant UCT structures and individuals to devise and implement prevention interventions and sexual violence awareness campaigns
- develop and distribute educational material on campus, eg brochures
- provide relevant advice on matters relating to sexual violence

¹ Snowballing is a referral technique in which experts are invited to participate and also asked to invite other experts in the field.

- conduct survivor surveys about whether they felt supported and whether their needs were met in the process.

Our methods of working include:

- the adoption of a shared learning approach through the review and analysis of cases, sharing of experiences, and analyses of survivor surveys as mentioned above
- bi-monthly meetings, which will be informed by member-generated agenda items
- communication of SART matters with the university community and university management through the SART chairperson
- collaborative support in planning and implementing events to create awareness of how to challenge and prevent sexual violence
- collaboration with and referrals to community-based organisations, eg Rape Crisis Centre, for counselling and survivor court support
- the support of survivor-led activities and related activities on campus
- consultation and open communication with the university community and the community at large.

The SART administrative team, in partnership with the Discrimination and Harassment Office (DISCHO), has reviewed 13 reported cases of sexual violence on campus since the beginning of 2016. Further analysis of these cases will be conducted at the next SART meeting. In terms of SART's mandate to provide quarterly reports, its preliminary findings on the reviewed cases are presented below.

Preliminary findings during the first quarter of 2016

One out of 13 reported cases of sexual violence was reported as sexual harassment; the rest were reported as rape cases. Only one survivor identified himself as male. At least three reported cases of rape were associated with the Rhodes Memorial rape incidents. Six reported cases of rape were committed on campus: three in the survivor's residence room, one in the alleged perpetrator's residence room (who was also a friend/acquaintance of the survivor at the time) and one in the alleged perpetrator's office on campus. The single reported case of sexual harassment was committed in a study room in a residence. There is missing information on the other three cases which were reported to services or people other than DISCHO or Campus Protection Services (CPS). We are following up to get more information from the survivors. In future, we intend to have an online system of reporting in order to obtain accurate information that can be used to improve services for survivors on campus and strengthen prevention interventions.

All survivors identified themselves as UCT students; five of them knew and could name the alleged perpetrators, who were either friends, acquaintances or Facebook friends. The incidents of rape were reported to various people or offices on campus and off campus. These included DISCHO, CPS, SAPS, friends, wardens or assistant wardens, HAICU, the Student Wellness Service and ER24. The consistency of responses from the first responders were found to be varied with some information missing in cases that were not reported to DISCHO or CPS.

Some responses from first responders are of concern because of their impact on the preservation of evidence. For instance, one survivor was advised to take a warm bath and go to sleep. A bath following an incident of rape destroys or removes forensic evidence. Survivors should never be

advised to take a bath following a rape until forensic evidence has been collected by a dedicated forensic medical practitioner in a dedicated forensic unit. In the sexual harassment case, the matter was dealt with internally by a warden through mediation between the complainant and the alleged perpetrator of sexual harassment. On learning about this from social media, we condemned the behaviour and assisted the warden involved to understand the dangers associated with internal mediation in such cases. These two examples highlight the urgent need to empower the university community with knowledge and skills about how to respond effectively to cases of sexual violence on campus.

Four alleged perpetrators were identified as UCT students. One was identified as a staff member, but he remains unnamed as the survivor is scared to give his name. It is not clear at this point whether the survivor has been threatened or not.

The other six rape cases were committed by strangers – three of which occurred in the vicinity of Rhodes Memorial.

A common trend identified in most reported cases (in which the survivor and perpetrator were known to one another) was that the survivor and perpetrator had dined, partied or had alcohol together prior to the rape. What is worrying is that most survivors could not remember most details about the incidents of rape, aside from discovering that they had been raped when they woke up.

Having sex with someone who is unconscious is rape and is unacceptable. Unconsciousness may result from drinking liquor that has been spiked with drugs. Taking a urine test may assist in determining whether drugs were indeed used, but this is only possible if the urine specimen is taken within a specific period of time following the rape, hence the importance of early reporting to a dedicated forensic unit.

Most survivors were taken to the Forensic Unit at Victoria Hospital, a dedicated public rape care unit. Only one survivor was referred to hospital due to severe physical injuries. She has since been discharged from hospital.

Currently, we are aware of only one survivor who has applied for, and obtained, a leave of absence. Others are utilising the available counselling resources both on campus and in the community, such as Rape Crisis and church-based counselling services. There is no evidence of the utilisation of follow-up care offered by the Forensic Unit at Victoria Hospital. A full report on this and other services used by survivors following rape will be compiled and reported at a later date.

So far, only one case has been addressed by the UCT Disciplinary Tribunal. We are awaiting the ruling of the tribunal on the matter. The cases associated with the Rhodes Memorial rapes are being dealt with by the SAPS. The other cases are to be dealt with by the UCT Disciplinary Tribunal in due course.

Where incidents occurred in the same residence used by both the survivor and the alleged perpetrator, the alleged perpetrators were ordered to move out of the residence. In one instance, an alleged perpetrator moved voluntarily to another residence. In the sexual harassment case, the SART chairperson applied for a no contact order and suspension from the residence. We respect the rights of survivors who choose not to report their experiences.

Conclusion

The number of reported rape cases at UCT in the past four months is extremely concerning. However, it is encouraging that these survivors have reported their experiences and utilised the support services provided on campus. Our mandate as SART is to analyse the university response and see where we can improve in terms of effectively responding to, and supporting, survivors. We also have a responsibility to ensure the accountability of UCT management to provide resources for the support of survivors on campus and to efficiently deal with cases of reported rape on campus.

SART recognises that some first responders' responses are not appropriate and are a result of a lack of knowledge. To this end, it will endeavour to support the university in the education and training of staff and students on appropriate ways to assist and care for those who experience sexual harassment and sexual assault.

Further review and analysis of the cases will be conducted by SART to identify and motivate for resources for improving survivor-centred services to rape survivors and the development of prevention interventions in collaboration with other partners on campus. Ideas and questions from the university community are welcome and can be sent to Gisellewarton@gmail.com.

Current SART members are listed below.

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| 1. Sinegugu Duma | Chairperson |
| 2. Giselle Warton | Administrative Support |
| 3. Guy Lamb | SaVi |
| 4. Dr Itumeleng Molefe | UCT Clinical Forensic Medicine |
| 5. Lillian Artz | Gender, Health and Justice Research Unit |
| 6. Dr Marianne Tiemensma | Victoria Hospital Forensic Unit |
| 7. Ian Mackintosh | Director – Student Wellness |
| 8. Dr Corinne Landon | Student Wellness |
| 9. Anthea Appollis | UCT Risk Management Services |
| 10. Rashieda Khan | DISCHO |
| 11. Cal Volk / Sianne Abrahams | HAICU |
| 12. Dela Gwala | UCT Survivors |
| 13. Tayla Karstens | SRC Health & Safety |
| 14. Shiralee McDonald | Rape Crisis Centre |

15. Chikondi Mbwana

Rape Crisis Centre

16. Tania De Villiers

PhD Student, Division of Nursing & Midwifery