

## 6. RECOMMENDATIONS AND CONCLUSION

### 6.1. INTRODUCTION

In the current study, which focused on the nature and extent of sexual assault and rape of male offenders and awaiting-trial detainees in PLCC, the concepts of sexual assault, rape, sodomy and masculinity were operationally defined. As this study focused on both the victim and the offender of sexual assault and rape, the researcher applied both victimological and criminological theories as theoretical background.

For the purpose of this study, four victimological theories were identified to explain male-on-male sexual assault and rape: According to the differential risk theory of criminal victimisation, certain factors, such as engaging in dangerous behaviour, high risk activities and associations, differentiate victims from offenders. This theory incorporates elements of the lifestyle exposure theory, the routine activities theory and the opportunity model. According to the second victimological theory, namely the social-exchange perspective, victimisation will occur in a relationship as soon as one party perceives an imbalance in the relationship. The third victimological theory, namely the socio-interactionist perspective, holds that victims can actively or passively contribute to their victimisation. Thus a victim can either verbally or physically provoke an offender or the victim's personal characteristics may make him vulnerable to victimisation. Lastly, the extended control balance theory holds that too much or too little control can make a person vulnerable to victimisation. The contribution of the two integrated criminological theories is as follows: Firstly the general theory of crime holds that crime is committed if an opportunity arises. From the findings of the current study it appears as though there is ample opportunity to commit a sexual offence in a correctional centre, especially at night. Secondly, it is set out in the control balance theory that an excess of either control deficit or control surplus can cause an imbalance in relationships and therefore lead to deviance and crime.

With regard to the methodology, Creswell's dominant-less-dominant model of combination guided this study, with the dominant model being the qualitative methodology and the less-dominant model the quantitative methodology. The

researcher designed a questionnaire, and because of the sensitive nature of the research theme conducted face-to-face structured interviews with all inmates willing to participate in the study. By means of non-purposive sampling, one hundred interviews were conducted. After data collection, the Statistics Department of the University of Pretoria drew frequency distributions for the quantitative model of the study, and regarding the qualitative methodology the researcher coded and designed themes from the verbatim responses of the participants.

After completion of the study, the following limitations were identified: The use of a small, unrepresentative sample, high rates of illiteracy among surveyed inmates leading to some interviews lasting up to an hour, and the reluctance of rape victims to disclose victimisation, which led to the underreporting of sexual victimisation in PLCC.

In the last chapter attention will be given to the evaluation of whether the aims of the study formulated in Chapter 1, paragraph 1.5., were fulfilled. Recommendations on possible themes for future research on the sexual assault and rape of male offenders and awaiting-trial detainees will also be highlighted. Lastly, based on the interviews with the research participants, the literature review and personal communication (2008/02/21) with Mr Bob Harrison from the Kansas Department of Corrections in the USA, the Offender Sexual Assault Protocol was developed for the Department of Correctional Services in order to reduce and manage sexual assault and rape in correctional facilities.

## **6.2. ACHIEVEMENT OF THE AIMS OF THE STUDY**

A discussion on how the aims of the study were accomplished follows.

### **6.2.1. Aim 1**

The first aim was to describe the nature of sexual activities in a male correctional centre. Firstly, the biographical information of all the research participants were ascertained, namely their age, marital status, sexual orientation, home language, ethnic background and highest qualification. From the research it emerged that the majority of the research participants were between the ages of 20 – 24 years. Most of the participants were single, black, heterosexual males. The languages spoken the

most in this correctional centre were Afrikaans and Setswana. Sixty two (62%) of the research participants completed or are busy with Grades 8 – 12.

Seventy eight (78%) of the research participants were of the opinion that anal sex (coerced or consensual) takes place the most in PLCC. This viewpoint cuts across all age groups interviewed in this correctional centre, namely children, juveniles and adults. This type of sexual activity is followed respectively by inter-femoral sex, oral sex and masturbation. Many of the research participants explained that the type of sex practiced between the inmates is often agreed upon by both parties, and it is only when an agreement cannot be reached between the inmates, that force will be used to obtain sex.

The researcher also wanted to ascertain the awareness of research participants regarding STI's as well as HIV/Aids in the correctional centre. From the responses of the participants it appears as if the majority of the research participants, namely fifty seven percent (57%), know of an inmate that has an STI. When asked how STI's are transmitted in the correctional centre, twenty nine percent (29%) reported that sexual activities between inmates were the foremost cause. Furthermore, the participants believed that all types of sex could cause an STI. Other research participants believed that inmates do not get infected with an STI's in the correctional centre, but that they had already had an infection prior to their arrest. An interesting response given by many of the participants was that the food served in the correctional centre, which the inmates refer to as "steamfood", makes the appearance of the STI visible. Other causes for the transmission of STI's in the correctional centre include that there are no condoms available, and that inmates do not wash after they have sex.

Regarding the inmates' awareness of HIV/Aids in PLCC, the majority namely eighty six percent (86%), opined that HIV/Aids is a problem in the correctional centre. In a follow-up question, the researcher wanted to know what the participants view as the causes of HIV/Aids in the correctional centre. The majority responded that practicing unsafe sex is a major cause of HIV/Aids. Other causes for the transmission of HIV/Aids in the correctional centre included the following: fights between inmates, correctional officials using the same razor blade when they cut the hair of the inmates, not using a condom during sex, making tattoos, intravenous drug users and the lack of education pertaining to HIV/Aids.

Based on the above discussion, the first aim, namely to describe the nature of sexual assault and rape in a male correctional centre, has been achieved.

### **6.2.2. Aim 2**

The second aim was to investigate the extent of sexual assault and rape in a male correctional centre. From the current study it emerged that 84 percent of the research participants had heard of cases where inmates had been raped in PLCC. Fifty three percent (53%) of the participants reported that they had personally witnessed another inmate being raped. All the research participants reported that most rapes occurred at night, but that the modus operandi of the perpetrators differed. Many of the research participants indicated that the perpetrators would make a “tent” (draping sheets around their beds) and lure the victims to their beds, where they would rape them inside the “tent”, while others saw victims being raped in the shower section of the cell.

Research participants were also asked if they had ever heard another man being raped. The majority, namely seventy percent (70%), indicated that they had heard an inmate being raped, but that they could not do anything to prevent it because they were afraid that they may also be raped and/or physically assaulted.

In view of the above, the aim to investigate the extent of sexual assault and rape in PLCC, was also accomplished.

### **6.2.3. Aim 3**

The third aim was to describe the perceptions of research participants regarding the sexual activities which occur in the correctional centre. Research participants offered four reasons why inmates participate in sexual activities, namely the need for emotional sex, survival sex, compliant sex and forced sexual acts. Consensual sexual activities seem to take place between inmates who engage in emotional sex. This category of inmates will create a “domestic” life inside the correctional centre, and the “husband” would be an older inmate and the “wife” a young detainee. It is opined by the research participants that inmates who engage in survival sex can be compared to prostitutes, and they are referred to as “taxies” by the other inmates. These men will sell their bodies to obtain commodities such as cigarettes, phone cards or clothing. Compliance

sex takes place after an agreement is reached by both parties, and forced sexual activities are mainly carried out by members of the prison gangs.

With regard to the nature of rape in the correctional centre, the research participants responded that most rapes occur at night in the victim's bed or in the shower section of the cell. It was also stated by the participants that in the majority of the rape cases the perpetrator used the element of surprise to overpower the victim. According to the research participants, there are four reasons for the occurrence of rape in the correctional centre, namely when an agreement could not be reached between inmates, corrupt correctional officials, the involvement of prison gangs and the use of deception by the perpetrator.

Based on the above discussion, aim 3, namely to describe the perceptions of participants regarding the sexual activities that occur between inmates, was also attained.

#### **6.2.4. Aim 4**

The fourth aim was to describe the participants' experience of personal sexual assault and rape in the correctional centre. More than half of the research participants, namely fifty seven percent (57%), reported that they had been verbally victimised, some every day. They do, however, not experience this as victimisation, but rather as part of life inside a correctional centre. Two participants were forced to masturbate another inmate, while four of the research participants were masturbated by another man without their consent. Eight of the research participants engaged in forced inter-femoral sex and seven were forced to receive oral sex from another inmate.

Six of the one hundred research participants indicated that they had been the victims of rape in PLCC. Victim 1 was raped in the cell because he did not honour the transaction between himself and another inmate. He was given food and cigarettes by another man in exchange for sex, but when he had to participate in the sexual act he did not want to and as a result he was raped. Victims 2 and 3 were asleep in their beds when they were overpowered by another inmate and raped. Victim 4 was raped twice in this correctional centre. During the first incident he was raped by a group of men at night in his bed and during the second incident he was raped by a single perpetrator, again in

his own bed while the other detainees were asleep. Victim 5 was raped by a group of inmates, who overpowered him and tied him to his bed. They made use of sharpened spoons to threaten him. The last victim, victim 6, was subjected to repeat sexual victimisation. During the last incident he was raped by two inmates who did not make use of a weapon, but overpowered him while he was asleep.

Considering the above discussion, the aim, namely to describe the research participants experience of personal sexual assault and rape, was also achieved.

#### **6.2.5. Aim 5**

The final aim was to explore the involvement of gangs in male-on-male sexual assault and rape. Only seventeen of the one hundred research participants belonged to a gang, with eighty three percent (83%) not belonging to a gang. Of these seventeen participants that do belong to a gang the majority, namely eight, belonged to the 26 gang, followed by three members of the 28 gang and Airforce 24 gang respectively, two research participants belonged to the Big 5 gang and only one respondent was a member of the Airforce 23 gang.

Members of the 26 gang indicated that they were not allowed to have sex with fellow members of this gang, but that they were allowed to have sex with a non-gang member. According to the members of the 28 gang they were allowed to engage in sexual activities with both gang members and non-gang members. One respondent mentioned a transaction that took place where a member of a rival gang could be bought and forced to engage in sexual acts. The members of the Airforce 23 and Airforce 24 gangs indicated that they were not allowed to have sex with either gang members or non-gang members. The two members of the Big 5 gang indicated that sex between gang members was not allowed, however a member of this gang could have sex with a non-gang member, but only in the presence of his fellow gang members.

Based on the above discussion, the last aim, namely to explore the involvement of gangs in male-on-male sexual assault and rape, was also achieved.

In conclusion, it is the opinion of the researcher that all the aims of the study have been achieved. With this study, the understanding of sexual activities that take place between inmates as well as the sexual assault and rape of male offenders and detainees has been enhanced. This was achieved by means of combining both quantitative and qualitative methodologies, which entailed in-depth face-to-face interviews with one hundred research participants. Through this method, the researcher was able to obtain valuable information regarding the research participants' experience of sex and rape.

### **6.3. RECOMMENDATIONS**

In this section the researcher will make recommendations for future research as well as specific recommendations to the Department of Correctional Services in addressing the sexual assault and rape that takes place in male correctional centres.

#### **6.3.1. Recommendations for future research**

In spite of the data that was obtained during the interviews, certain areas which warrant further research have been identified. These areas will be highlighted next.

##### **6.3.1.1. Research at SAPS cells and court holding cells, as well as at other correctional centres with bigger samples**

It was stated in Chapter 2, paragraph 2.1., that for many young, inexperienced and non-violent offenders, the sexual assault and rape that occur at police cells and court holding cells, are an introduction to corrections in South Africa. During a discussion with child awaiting-trial detainees on 15 April 2008, it came to the attention of the researcher that children are not separated from adults in the court holding cells. Similar to the Department of Correctional Services, the Department of Justice is in direct breach of the South African Constitution (Act 108 of 1996), which stipulates that children under the age of 18 years are not allowed to be detained with adult detainees. It is therefore opined that empirical research needs to be conducted on the risk proneness of detainees at police and court holding cells.

Furthermore, to increase the validity and reliability of the research and to allow for broader generalisation, it is recommended that similar research be undertaken at other correctional centres with bigger samples. It is proposed that research be carried out at a maximum security correctional centre, a medium security correctional centre and a minimum security correctional centre, in order to ascertain whether dangerous inmates (maximum security) are more likely to engage in forced sexual activities than inmates with a minimum security classification. It is also advisable to make use of field workers in order to interview as many inmates as possible.

The researcher also suggests that research on sexual assault and rape of sentenced offenders be conducted at the two private prisons situated in Bloemfontein and Louis Trichardt, in order to compare the data with government owned correctional centres. This type of research would establish whether there are any similarities or differences between the causes, nature, extent, as well as consequences, of sexual assault and rape.

### **6.3.2. Recommendations to the Department of Correctional Services**

From the previous chapter, it is evident that the sexual assault and rape of children, juvenile and adult offenders as well as detainees are a reality in PLCC. Although the research participants who had been the victims of rape indicated that the correctional officials treated them in a professional manner and did not regard the sexual assault as a part of prison life, it is imperative to design a protocol according to which correctional officials can deal with rape cases. The reason for this is that a protocol will enable all role players to know their official role in the reduction and investigation of rape.

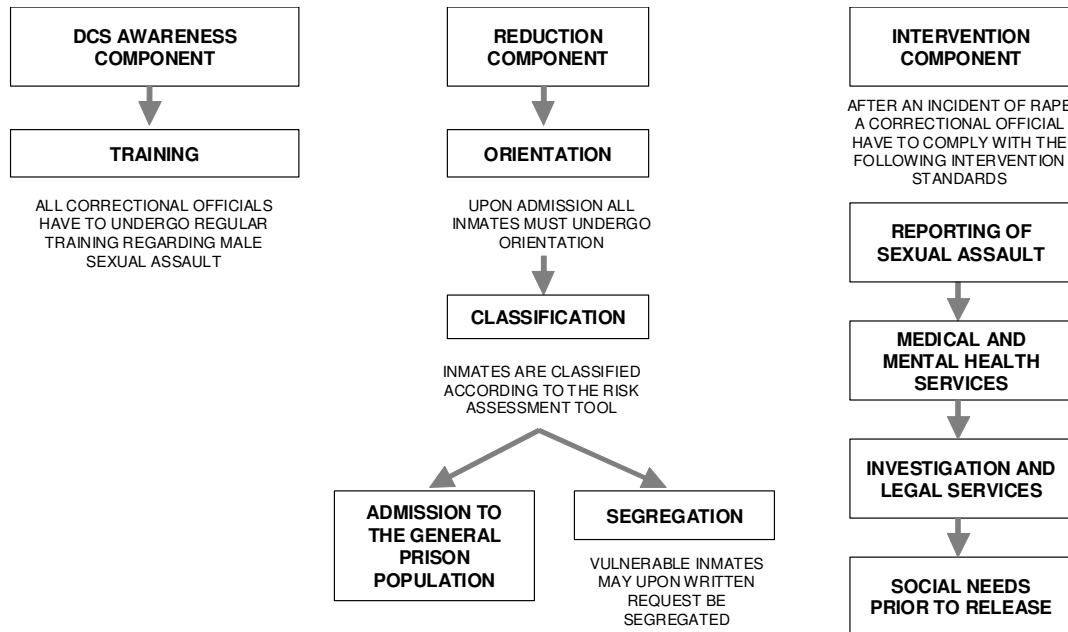
#### **6.3.2.1. The Offender Sexual Assault Protocol**

This protocol was designed after an extensive literature review within the field of corrections (e.g. California Department of Corrections, 2000; Dumond & Dumond, 2002b:92 – 93; In Our Experience, 2007; Man & Cronan, 2001: 157 – 175; Prison Rape Elimination Act of 2003; Zweig *et al.*, 2006: 24 – 26; 62), and the aims are to address the correctional official's awareness of sexual assault and rape, the reduction of sexual assault and rape, and intervention after a rape has taken place. As such, this protocol should be utilized upon admission of an inmate to the correctional centre and



concludes with the social needs of an inmate prior to his release. An exposition of the components is set out in Figure 4 below.

**FIGURE 4: THE COMPONENTS OF THE OFFENDER SEXUAL ASSAULT PROTOCOL**



**i. DCS awareness component**

In order for correctional officials who are working in PLCC to be aware of the sexual assault and rape that occur in the centre, they should undergo prolonged training. Certain sections of the training may be conducted by members of the DCS (for example on the reporting mechanisms of a rape within PLCC), but it is recommended that experts from the community conduct the training on issues such as sexuality and the sexual assault and rape of men.

▪ **Training of correctional officials**

It is recommended that all correctional officials (administrative and functional) undergo a comprehensive training course on male sexual victimisation. This initial training for new correctional officials should be followed up by regular refresher courses.

The training that officials undergo should include the following:

- The use of the Sexual Assault Risk Assessment Instrument, utilized upon admission of an inmate. This instrument should be used to identify inmates who may be vulnerable to sexual assault, as well as potential inmate perpetrators.
- Sensitivity around issues such as masculinity, same-sex practices and sexuality.
- Knowledge of the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act 32 of 2007) in order to know which actions constitute a sexual offence.
- Knowledge of the different prison gangs and their role in the commitment of inmate sexual violence.
- Knowledge of the impact of a rape on the victim (i.e. Post-Traumatic Stress Disorder and Rape Trauma Syndrome).
- Identifying and implementing strategies to protect vulnerable inmates from sexual victimisation.
- Recognising physical, behavioural and emotional signs of sexual assault and rape.
- Intervention strategies after a rape has occurred. This will include a victim's medical needs, forensic evidence collection and disciplinary action to be taken against the perpetrator.

## **ii. Reduction component**

The reduction component of the protocol entails the orientation of a new inmate upon admission in the correctional centre as well as the classification of offenders and detainees as vulnerable or high risk individuals. After the classification process, correctional administrators can decide whether to place an inmate with the general prison population or to segregate him.

▪ **Orientation**

On 20 September 2007, the researcher visited the Admission Section of PLCC. The researcher observed that new inmates do not receive any information regarding the possible dangers that can be encountered in the correctional centre, including sexual assault and rape, during the incarceration period. Although the number of inmates being processed on a daily basis at this section of the centre is high, the researcher is of the opinion that orientation, and especially around sexual assault and rape, can take place rather effortlessly.

The following should be implemented during the orientation stage:

- Distribution of a sexual assault awareness brochure to all inmates. This brochure should include information regarding the nature of sexual assault (anal sex, inter-femoral sex, oral sex and masturbation) as well as examples on how to reduce the possibility of a sexual assault such as:
  - a) Do not accept gifts or favours from others;
  - b) Avoid getting into debt with other inmates;
  - c) Do not accept protection from another inmate;
  - d) Avoid the use of drugs in order to stay alert;
  - e) Be direct and firm to others if you do not want to engage in certain behaviours;
  - f) Choose your friends wisely;
  - g) Engage in life-skills activities; and
  - h) Trust your instincts.

Furthermore, it should be made clear to all inmates that correctional officials at PLCC have a zero tolerance policy regarding sexual assault and rape. Lastly, the brochure should include information on what to do if you have been a victim of a sexual assault. This brochure should be printed in English, Afrikaans and Setswana (the African language spoken the most in PLCC).

▪ **Classification**

It is proposed by the researcher that PLCC institute a classification system to determine which inmates need to be segregated, either because they are vulnerable to sexual assault or liable to victimise others. A sexual assault risk assessment instrument can be used to classify the inmates. The risk assessment form can be completed on a computer by correctional officials in the Admission Section as soon as an inmate arrives at this section, and a hard copy of the data must be kept on the inmate's file for the duration of his incarceration. The sexual assault risk assessment instrument is set out below.

<b><u>SEXUAL ASSAULT RISK ASSESSMENT INSTRUMENT FOR PLCC</u></b>	
<b>Form to be completed by a correctional official</b>	
Correctional client's name and surname:	_____
Correctional client date of birth:	_____
Correctional client ID number (if known):	_____
<b>A. PHYSICAL APPEARANCE:</b>	
<b>1. Age</b>	
Between 13 – 18 yrs	<input type="checkbox"/>
Between 19 – 21 yrs	<input type="checkbox"/>
Between 22 – 30 yrs	<input type="checkbox"/>
Between 31 – 40 yrs	<input type="checkbox"/>
Between 40 yrs and older	<input type="checkbox"/>
Based on the above assessment, select the appropriate risk category:	



An inmate between the ages of 13 – 18 yrs is at **high risk** to become a victim of sexual assault.  
An inmate between the ages of 19 – 30 yrs is at **medium risk** to become a victim of sexual assault.

Inmates between the ages of 31 yrs and older are at **low risk** to become victims of sexual assault

## 2. Feminine characteristics

Inmate displays feminine characteristics (hairstyle, voice, gesture, clothing)

Yes

No

If yes, the inmate should be considered at **high risk** to become a victim of sexual assault.

## 3. Physical size

Small stature

Medium stature

Large stature

Based on the above assessment, select the appropriate risk category:

If of small stature, the inmate should be considered at **high risk** to become a victim of sexual assault.

If of medium stature, the inmate should be considered at **medium risk** to become a victim of sexual assault.

If of large stature, the inmate should be considered at **low risk** to become a victim of sexual assault.

## B. PERSONAL HISTORY

### 1. Criminal record

First offence

Second offence

Third or subsequent offence

Based on the above assessment, select the appropriate risk category:

If this is an inmate's first offence he should be identified at **high risk** to become a victim of sexual assault.



If this is an inmate's second offence he should be regarded at **medium risk** to become a victim of sexual assault.

If this is an inmate's third or subsequent offence he should be **flagged** as high risk to commit sexual assault.

**2. Type of offence**

- Economic offence
- Aggressive offence
- Sexual offence
- Narcotic offence

Based on the above assessment, select the appropriate risk category:

An inmate incarcerated for a non-violent offence (economic or narcotic) or a sexual offence, especially against children, should be considered at **high risk** to become a victim of sexual assault.

An inmate incarcerated for an aggressive offence should be **flagged** as high risk to commit a sexual assault.

**3. Imprisonment**

- First incarceration
- Second incarceration
- Third or subsequent incarceration

An inmate incarcerated for the first time should be considered at **high risk** to become a victim of sexual assault.

**4. Membership of a prison gang**

If it is a second or subsequent period of incarceration the inmate should be screened for a prison gang tattoo

- Yes  No

If yes, the inmate should be **flagged** as high risk to commit a sexual assault.



**Correctional official to select appropriate category:**

- Mostly red: the inmate should be referred to a “safe cell”
- Mostly blue and green: the inmate can be considered for placement in the general prison population.
- Flagged: the inmate should be closely monitored by correctional officials

**Recommendation:**

**Data captured by:**

**Date completed:**

Based on the recommendation by the correctional official who captured the data, an inmate can either be placed among the general prison population or segregated based on his risk to become a victim of sexual assault. Inmates flagged as possible perpetrators of sexual assault should be closely monitored by correctional officials.

▪ **Segregation**

A correctional official can recommend that an inmate should be segregated, however it is stipulated in the Correctional Service Act (Act 111 of 1998) that an inmate may only be segregated based on certain conditions (see Chapter 2, paragraph 2.5.2.). If an inmate agrees to be segregated because of his vulnerability to become a victim of sexual assault, he may request this in writing from the Director of the Correctional Centre. Until this request is approved by the Director of the Correctional Centre, the inmate will be housed in a single cell.

Regarding the segregation of vulnerable offenders, the following is suggested by the researcher:

- All children and juvenile offenders as well as awaiting-trial detainees should from the moment they arrive at the correctional centre, and during the admissions phase, be segregated from adult inmates.
- All children and juvenile offenders as well as awaiting-trial detainees should, for the duration of their incarceration, be segregated from adult inmates.

- **Upon request**, homosexual inmates, transsexual inmates and those identified as at high risk of sexual victimisation according to the Sexual Assault Risk Assessment Tool should be segregated from the general prison population, and housed in a “safe cell”. No time limit should be implemented, and an inmate can be housed in this cell for the duration of his incarceration.
- Safe segregation should not involve isolation, punitive measures or discrimination, such as the loss of privileges involving the attending of educational, vocational or life-skills programs.

Should a rape occur in PLCC despite the implementation of reduction strategies, correctional officials should comply with the following intervention procedures:

### iii. **Intervention component**

The intervention component comprises of the reporting of a sexual assault case, the medical and mental health services available to the victim, investigation as well as the legal options available to the victim. In this component of the Offender Sexual Assault Protocol, the social needs of an inmate prior to his release from the correctional centre are also addressed.

#### ▪ **Reporting of sexual assault**

The reporting of a sexual assault and rape in PLCC should be as uncomplicated as possible to the victim. A secure phone line in all the units of the correctional centre, that will give an inmate access to limited external agencies, such as the SAPS and the Judicial Inspectorate of Prisons, can be considered. If an inmate wants to report a sexual assault case internally the following aspects should be addressed:

- An inmate should be able to report a sexual offence to **any** correctional official as all officials have to undergo training regarding inmate sexual victimisation.
- All reports of sexual assault and rape should be handled in a confidential manner, and only officials who play an active role in the investigation should have access to the information of the case.



- Inmates who have been sexually assaulted and raped should not be prohibited from reporting such a case to the Judicial Inspectorate of Prisons.
- Locked boxes for inmates to report complaints anonymously, including incidents of sexual assault, should be located within each section of the correctional centre.
- Grievances alleging sexual assault and rape should be exempt from any institutional filing deadlines.

The intervention component of the protocol also provides for an abused inmate to receive medical and mental health services. These services are set out in the section below.

- **Medical and mental health services**

An inmate should have **immediate** access to medical services following a sexual assault or rape, preferably within one hour. This is to ensure that all forensic evidence is gathered for the prosecution of the offender. The victim should also have access to a mental health worker (social worker or psychologist).

Regarding the medical and mental health services, the following should be in place:

- Sexual assault examinations should only be carried out with the victim's informed consent.
- Sexual assault victims may access medical and mental health counseling services without laying a formal charge against the perpetrator.
- The decision on whether a rape kit is needed should only be made by a registered medical doctor or nurse, and not by a correctional official or member of the SAPS.

- To maintain transparency, rape examinations should, where possible, be conducted at an independent external medical facility.
- Medical personnel have to provide information to sexual assault and rape victims about STI's as well as HIV/Aids.
- All rape victims have the right to undergo a HIV test.
- All rape victims should receive ARV treatment. Medical personnel should ensure that an inmate takes his medication for three months.
- All sexual assault victims should undergo HIV/Aids counselling.
- Correctional officials with no direct involvement in the case may not be allowed to enter the examination room.
- All medical staff and mental health professionals should undergo the in-house training relating to the male sexual assault victim.
- In-house mental health professionals should be informed immediately about a sexual assault or rape case. This entails that mental health staff be available on a 24 hour basis should a rape occur at night or early in the morning to ensure that mental health support can take place immediately.
- Mental health professionals should offer **confidential** inmate counseling, regardless of whether if an inmate is a sentenced offender or an awaiting-trial detainee. During the counselling session topics such as self-identity, survival skills, coping skills, the ventilation of feelings and life goals should be covered.
- Mental health personnel should assess the suicide risk of all sexual assault and rape victims. If the risk of suicide is high, the inmate should be placed on suicide watch. This entails that the inmate is checked upon constantly by correctional officials.

- Apart from the in-house training on male sexual assault, mental health personnel should receive specialised training on Post-Traumatic Stress Disorder and Rape Trauma Syndrome.

The third aspect to be dealt with under the intervention component of the protocol is the investigation of an alleged sexual offence and the legal services available to the victim.

- **Investigation and legal services**

Within corrections the victim of a rape can either choose not to lay a charge against the perpetrator, or to proceed with an official charge of rape against the inmate who perpetrated against him. If a victim chooses to lay a charge, there are two options available, namely for the case to be investigated internally by DCS officials or to open a case docket with SAPS. This implies that the perpetrator could be charged for an alternative criminal offence. This could impact drastically on his future application for parole.

Regardless of which option the victim chooses, the following guidelines are applicable when a victim decides to lay a charge:

- Cases of sexual assault involving a correctional official should be investigated by an external stakeholder, such as the Judicial Inspectorate of Prisons.
- A correctional official alleged to be involved (direct or indirect) in the sexual assault of an inmate should be placed on leave or transferred to DCS Head Office where he will not be in direct contact with inmates.
- The procedures regarding forensic evidence collection within the correctional centre should be the same as the procedures followed by law enforcement agencies in the community.
- Investigative officials should restrict staff access to reports on sexual assault and rape victims.

- An inmate must not be forced to open a case against the perpetrator in order to receive medical and mental health services.
- Investigative officers from the DCS should collaborate with prosecutors to guarantee the prosecution of an inmate who has committed a sexual offence.
- During the investigation and subsequent court proceedings, the perpetrator and victim should be kept separate at all times.
- An inmate who cannot afford legal representation must be able to get legal support from the Legal Aid Board (LAB).
- The victim should be allowed to attend all court hearings with regard to his case.
- The victim of a sexual assault should be kept informed by the investigating officer about the status and outcome of the case.

The successful investigation and prosecution of inmates as well as correctional officials who are guilty of perpetrating a sexual offence, mainly depends on the way in which the DCS follow the guidelines above.

▪ **Social needs prior to release**

The White Paper on Corrections in South Africa (2005:66) stipulates that the DCS must develop a Correctional Sentence Plan for every offender. Such a sentence plan should be based on the total needs of the specific offender and should include a corrections plan, security plan, care plan, development plan, facilities plan and an after care plan. The after care plan is applicable in this section of the protocol as it focuses on the support inmates are supposed to get when they reintegrate into the community after they have completed their sentence.

In this regard the DCS should consider the following:

- During the pre-release phase, the case manager should refer the victim to a rape crisis centre in the community dealing specifically with male sexual assault and rape victims.
- Inmates should be informed about support groups for male victims of sexual assault and rape in their communities.

The researcher recommends that this protocol be implemented at PLCC to evaluate the effectiveness thereof, and if it contributes to the reduction and management of sexual assault and rape it should be introduced at all South African correctional centres.

#### **6.4. CONCLUSION**

Even though a small sample was used in the current study, the researcher succeeded in exploring the nature and extent of male-on-male sexual assault and rape, describing how male-on-male sexual assault and rape occur in the PLCC and explaining the reasons why men are raped during their incarceration. Although this study did shed light on the nature and extent of sexual assault and rape of male offenders and detainees, themes for further research using larger samples and including other correctional centres were recommended.

Recommendations to the DCS were also made namely that the Offender Sexual Assault Protocol and the Sexual Assault Risk Assessment Instrument should be used. The protocol consists of three components, namely DCS awareness, reduction and intervention. Within each of these three components there are certain guidelines that the DCS must adhere to, not only to protect inmates from possible sexual assault, but also to treat a victim with dignity and respect after a rape. The aim of the Sexual Assault Risk Assessment Instrument is to classify potential victims the moment they enter the correctional centre. Some critics may note that this could be considered as labelling. The researcher takes cognizance of this, but strongly concludes that it is better to classify an inmate as a potential victim and to protect that inmate, than for the inmate to be raped and forced to deal with the consequences thereof for the rest of his life.



Section 2 of the Correctional Services Act (Act 111 of 1998) sets out the three objectives of the DCS: The implementation of the sentences of the court in a prescribed manner; to detain all prisoners in safe custody while ensuring their human dignity; and to promote the social responsibility and human development of all prisoners and persons in community corrections. Being raped takes away ones dignity, responsibility and development and as such part of ones human character.