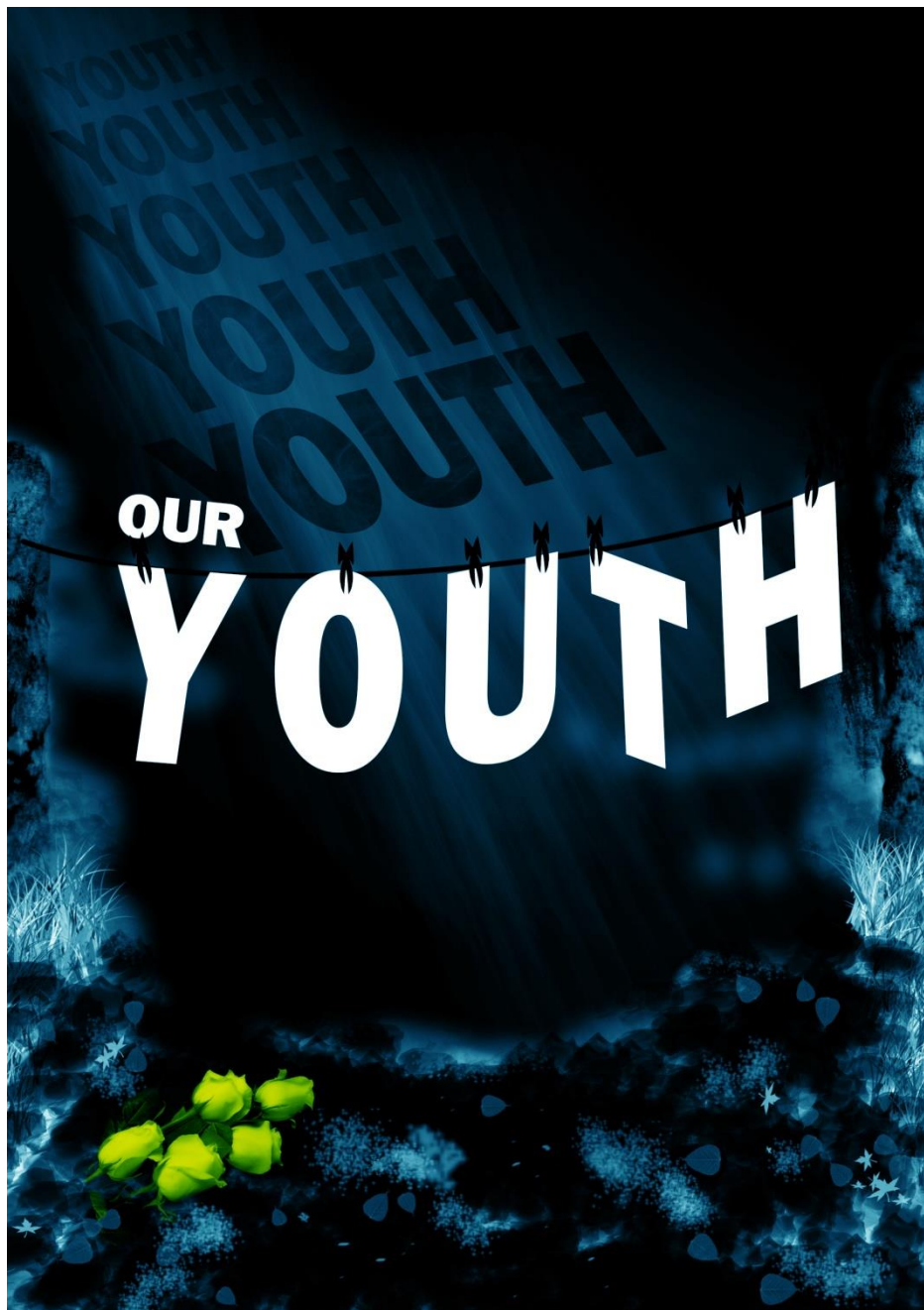


OUR

YOUTH



OUR YOUTH

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CHAPTER 1

TEENAGERS AND THEIR SEXUAL ACCOUNTABILITY

Please note: If you are pregnant already, come to us for help, do not go for an abortion, don't do anything irresponsible. We can and we shall help you!

2. INTRODUCTION

There are reasons why teenagers become pregnant and have sexual relationships with other teenagers, or even older men.

a) WHY?

Firstly: Teenage couples are being left alone in each other's company, at home!

Secondly: We are living in a very evil-minded society today and rapes happen.

Thirdly: *We are constantly surrounded by things that promote sexual arousal and they are freely available...*

Fourthly: Do not use drugs and alcohol. You will lose control of yourself and sex often follows, resulting in an unplanned pregnancy.

b) FACTS YOU DO NOT KNOW!

Firstly: Condoms are freely available everywhere. Do they tell you the danger of using condoms or any other contraceptive? No!

Secondly: You do not have enough information regarding the subject of sex to experiment. Sex and intimate relationships are for mature adults and not for teenagers who are still in their development stage. A female's body is not completely developed for that type of relationship.

- MEN, YOU ARE TO RESPECT YOUR PARTNER; THAT IS THE MEASURE OF MANHOOD, NOT SEXUALACTIVITY!

- WOMEN- YOU ARE A BETTER PERSON BY KEEPING YOURSELF PURE BY ABSTAINING FROM SEX! YOUR NAME, PRIDE AND INTEGRITY IS AT STAKE!

Thirdly: There is no such thing as: Sex with a minor will cure HIV!! THAT IS A MYTH!! IT IS NOT TRUE!!! If you have HIV you must go for help. Nothing as yet can cure HIV! This is still being researched!

Fourthly: If you are circumcised you cannot contract HIV? IT IS NOT TRUE; YOU CAN STILL BE INFECTED WITH HIV.

Fifthly: Can sexual diseases be transferred from one person to another? What is the danger? What are sexual diseases?

Sixthly: What are the consequences of drugs, cigarettes AND even coffee (caffeine) while you are pregnant?

ALL OF THE ABOVE WILL BE DISCUSSED!

c) THINGS YOU, AS A FEMALE DO NOT ALWAYS THINK OF, WHEN IN THIS SITUATION!

A lot of questions to answer! Look at this!

If you fall pregnant, your young life and your body is irreversibly changed. Your youthful style of dressing will be replaced by maternity clothing.

- Have you considered the extra expense of the maternity wear you will require? You have to see the doctor/welfare often to see if your body is healthy.
- Who is going to look after your baby when you are at school?
- Will your baby be safe?
- Will you be able to get up every night to feed the baby and then still go to school and come home and do your homework? If you think “no...I will go and work“, well it is even worse. You work until 4/5 o'clock then come home, and still get up every night to feed your baby.
- Do you want to cope with breasts that are sore and uncomfortable because you must feed your baby and have milk?
- Who is going to pay for your baby's' clothes and other feedings later on?
- The state only gives R250.00 per month, that is not even enough for food and nappies.

THIS STRAIN CAN LEAD TO DOMESTIC VIOLENCE, EVEN DEATH FOR YOUR BABY AND JAIL FOR YOU! DO YOU WANT THAT?

The male is not as worried, because he does not carry all the responsibilities that the mother of a child has.

What about your education? Do want to throw that away? Life is very difficult, with the cost of living today! Don't you want to get a decent education, at least matric level? You cannot stay in your parents' home forever. You have to move on, as they will get old and will not be able to look after you anymore. In fact, you will have to look after them!

When you find the man you love at a later stage, will he accept your child from another man? If not, who will pay for the child's education? If you marry the father of the child - and not out of love -, will that marriage last?

The child will be a cause of discomfort; he will want to know who his/her father is? Why did you not marry him?

You will lose friends! They will not understand your responsibilities and your change of circumstances as a mother.

PLAINLY, YOUR YOUTH IS TAKEN AWAY.

d) THINGS THE MAN DOES NOT THINK OF!

This baby is also part of you. Will you be able to provide for this baby as part of YOUR family? After all, you are the father! Can you provide a stable household for the mother and your child? Do you really love the girl enough that you will not allow her to be dishonored by an unwanted child! If so, you will not ask her for sex! You must be able to be a man and keep yourself in control. THAT IS A REAL MAN, NOT SOMEONE THAT TAKES PLEASURE AND LEAVES PAIN AND DESTRUCTION BEHIND! THAT IS A COWARD!

THE NEXT THING IN MIND IS ABORTING THE BABY! OH NO!!!!

What happens when a baby is aborted even if it is only a few weeks old? There are major psychological problems. Medical problems can also occur.

THIS MATTER WILL BE DISCUSSED LATER ON IN THIS MANUAL.

1.2 TOGETHER WE START A JOURNEY!

Why?

Teenagers walk together after school, with the opposite sex on school grounds and they visit each other's homes after school. They plan to do their homework together and this can progress to go into a bedroom together; with excuses like: I do not want to be disturbed, or my sister or brother interferes too much and they are noisy! Sometimes the parents are at work and nobody is home at all. This is just the right opportunity for things to go wrong. To be completely alone with your partner **IS MOST DANGEROUS**. It starts with an innocent kiss, but normally this kiss gets more intense and the male will try to take it further. At this stage, the female must stop it immediately. There is no such thing as: "If you love me you will let me." The response from the female must rather be: "If you love me you won't ask me to, and you will respect me as a woman". If he does not accept that, get rid of him, he does not love you and he is not worth it! **STAY OUT OF THE DANGER OF BEING ALONE WITH YOUR PARTNER!** Normally, the male's hands will start touching your bod; **STOP RIGHT THERE, THIS IS NOT ALLOWED! ONCE THIS HAPPENS IT MAY ALREADY BE TOO LATE!** Never get this far in any relationship. When you are out of school, have a job and are married, then it's time to consider this type of body contact. Save it for your marriage-partner. **DO NOT EXPERIMENT AT AN EARLY AGE!** Your partner should not be much older than you. He should be in the same life orientation phase as yourself.

As mentioned: we live in a very evil-minded world today. The women and children are the most vulnerable. Rape happens and if it does, please don't keep quiet! There are people available to help you! It is not allowed, not even in a cultural context, **NOT ACCORDING TO THE SOUTH AFRICAN LAW.** **Note:** All sexual contact with a female/male under the age of 18 years is rape, and statutory rape if under the age of 16. This law and how to deal with rape will be discussed later in this manual.

Things that promote sexual arousal are porn movies on the internet; also imagery in certain magazines as well as certain age restricted movies on TV on Friday/Saturday evenings. This can cause a man to force a woman into unwilling sex. **MALES and FEMALES - STAY AWAY FROM THESE THINGS, THEY ARE EVIL!**

When you use alcohol your brain functions are impaired. This changes your ability to control your sexual desires. Normally, the male's sexual desires increase and he will approach a woman. This is the evil of alcohol, that causes you to allow things, which in turn can leave you pregnant. Therefore, be

aware that alcohol is not a thing to play with; rather stay away, than fall into this evil trap. The same problem applies when you use any form of drugs.

Why is it not acceptable for teenagers to have sexual intercourse? Arguing: I can use contraceptives, and then I am safe! Are you really safe? Remember: when a male has an erection, and with slight stimulation, he will produce a fluid prior to ejaculation that could contain sperm cells. This in turn could lead to an unwanted pregnancy.

What you do not know?

1.2.1 The usage of a condom or other contraceptives:



Male condom



Female condom

The male condom is made out of latex, polyurethane or lambskin, fits over the penis and is to be disposed of after use. The female condom is made out of polyurethane or latex and fits inside the vagina and is to be disposed of after use (American Pregnancy Association: male condom & female condom).

a) What is the danger of using condoms?

Male condoms:

1. Two out of every 100 condoms break.
2. Lubrications do not always prevent tearing and
3. You cannot use any lubrication with latex condoms.
4. It has a failure rate of 14-15%. This means that 14-15 women out of every 100 will fall pregnant (American Pregnancy Association: male condom & female condom).

Female condoms:

It has a failure of 21%. This means that 21 women out of every 100 will fall pregnant (American Pregnancy Association: male condom & female condom).

Further dangers of condoms:

1. There are individuals that are allergic to latex!
2. "Condoms provide no reduction in the transmission of the human papilloma virus (HPV) and *Trichomonas vaginalis*" (American Pregnancy Association: male condom & female condom).

There are other dangers also such as:

1. The male sperm getting out alongside the condom, which means that you can fall pregnant.
2. If it is fitted incorrectly, sperm gets out and you can fall pregnant.
3. **NOTE:** If there is a possibility for sperm to get out then there is a possibility of sexually transmitted infections being spread, as well, for example: HIV & AIDS.

b) Well, what about other barrier contraceptives?

Barrier contraceptives are methods which prevents sperm from passing through the woman's cervix into the uterus and into the fallopian tubes to fertilize an egg (American College of Obstetricians and Gynecologists), such as:

The diaphragm: (A contraceptive device consisting of a thin flexible disk, usually made of rubber, that is designed to cover the uterine cervix to prevent the entry of sperm during sexual intercourse (<http://www.thefreedictionary.com>))

The Risk

1. 12 out of every 100 women fall pregnant,
2. the diaphragm does not protect you against any sexual transmitted infections, including HIV,
3. an increase in toxic shock syndrome (A severe illness caused by a bacterial infection) occurred in women using the diaphragm,
4. the usage of the diaphragm and spermicide may risk causing urinary tract infection.
5. allergic reaction (American College of Obstetricians and Gynecologists).

Sponge: (A small absorbent contraceptive pad that contains a spermicide and is placed against the cervix of the uterus before sexual intercourse. <http://www.thefreedictionary.com>))

The Risk

1. 24 out of every 100 women fall pregnant,
2. the sponge does not protect you against any sexually transmitted infections including HIV,
3. toxic shock syndrome has occurred in women using the sponge,
4. the frequent use of this product can increase the risk of HIV from an infected partner,
5. vaginal irritation and
6. allergic reactions (American College of Obstetricians and Gynecologists).

Cervical cap: (A small, rubber, cup-shaped contraceptive device that fits over the uterine cervix to prevent the entry of sperm (<http://www.thefreedictionary.com>))

The Risk

1. 23 out of every 100 women fall pregnant,
2. the cervical cap does not protect you against any sexually transmitted infections, including HIV,
3. there is a risk of infection, including toxic shock syndrome,
4. the cervical cap with usage of a spermicide may increase the risk of urinary track infection and
5. allergic reactions (American College of Obstetricians and Gynecologists).

Spermicidal: (An agent that kills spermatozoa, especially one used as a contraceptive. Also called *spermatocide*. (<http://www.thefreedictionary.com>))

The Risk

1. 28 out of every 100 women fall pregnant,
2. spermicides do not protect you against any sexual transmitted infections, including HIV,
3. the frequent use of this product can increase the risk of HIV from an infected partner and
4. allergic reactions to spermicidal (American College of Obstetricians and Gynecologists).

Research carried out in Port Harcourt, Nigeria, found that the use of these contraceptives is a risk factor for acquiring urinary tract infections. This can be reduced by health education for hygienic and safe usage of family planning methods, which will prevent long-term complications (Dienye & Gbeneol:1).

There are other contraceptive methods to use. Some have side effects, such as hormonal contraceptives, which can cause nausea, high blood pressure, varicose veins, menstrual disorders and breast cancer (Dienye & Gbeneol:1). Therefore if you want to go onto a contraceptive, consult with your doctor. Rather, refrain from sex at a young age than damaging your system with birth control methods.

NOTE: WOMEN - WHEN USING A CONTRACEPTIVE PILL, MAKE SURE IT IS THE ONE THAT STOPS YOU FROM OVALATING (Releasing of a female egg) AND NOT THE ONE THAT PREVENTS INPLANTING OF THE ALREADY FERTILIZED EGG – THIS IS WHEN THE MALE AND FEMALE CELLS ARE ALREADY JOINED TOGETHER, BUT CANNOT EMBED IN THE UTERUS (WOMB). THIS MEANS THE BABY DIES. INJECTIONS ARE ALSO AVAILABLE. Visit your doctor or clinic for more info.

1.2.2 Why do we say a teenager's body is not ready for sex or to carry a baby?

Researchers Pun & Chauhan of Kathmandu University School of Medical Science discovered that chances of a baby dying after birth, for a mother between 15 and 19 years, is two times higher, than for women between 20 and 24 years.

Neonatal (first few weeks after birth) complications has an increased risk as **prematurity, low birth weight, IUGR** (Intrauterine growth restriction – fetus is not growing in normal rate), **neonatal mortality** (a great amount of deaths) and **still birth** appears (Pun & Chauhan:50).

Other maternal complications that are more common among adolescents are:

PIH – Pregnancy-induced hypertension

Pre-eclampsia (Pun & Chauhan:50) – “Pre-eclampsia is a medical condition in which hypertension arises in pregnancy (pregnancy-induced hypertension) in association with significant amounts of protein in the urine. Pre-eclampsia refers to a set of symptoms rather than any causative factor, and there are many different causes for the condition. It appears likely that there are substances from the placenta that can cause endothelial dysfunction in the

maternal blood vessels of susceptible women.^[1] While blood pressure elevation is the most visible sign of the disease, it involves generalized damage to the maternal endothelium, kidneys, and liver, with the release of vasoconstrictive factors being secondary to the original damage (<http://encyclopedia.thefreedictionary.com/Preeclampsia>).”

Anemia in pregnancy (Pun & Chauhan:50) - “is a decrease in number of red blood cells (RBCs) or less than the normal quantity of hemoglobin in the blood (<http://encyclopedia.thefreedictionary.com/anemia>)”.

Perineal tear (Pun & Chauhan:50) – “a rending of the tissues between the vulva and anus caused by overstretching of the vagina during child delivery (<http://medical-dictionary.thefreedictionary.com/tears+of+the+perineum>)”.

Episiotomy (Pun & Chauhan:50) – “An episiotomy is a surgical incision made in the area between the vagina and anus (perineum). This is done during the last stages of labor and delivery to expand the opening of the vagina to prevent tearing during the delivery of the baby (<http://medical-dictionary.thefreedictionary.com/episiotomy>).”

Antepartum haemorrhage (Pun & Chauhan:52) – “In obstetrics, antepartum haemorrhage (APH), also prepartum hemorrhage, is bleeding from the vagina during pregnancy from the 24th^[1] week (sometimes defined as from the 20th week^{[1][2]}) gestational age to term. It can be associated with reduced fetal birth weight (<http://encyclopedia.thefreedictionary.com/Antepartum+haemorrhage>).”

Postpartum hemorrhage (Pun & Chauhan:52) – “Hemorrhage after delivery, or postpartum hemorrhage, is the loss of greater than 500 ml of blood following vaginal delivery, or 1000 ml of blood following cesarean section (<http://encyclopedia.thefreedictionary.com/Postpartum+hemorrhage>)”.

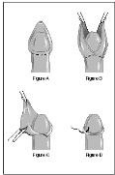
In conclusion, the birth weight of the baby was low in adolescent mothers. In this study, it is found that adolescent pregnancies have a higher risk of poor maternal and fetal outcomes. Children born to adolescent mothers have a poorer outcome in comparison to older mothers (Pun & Chauhan:52).

1.2.3 What does it mean when a male is circumcised, or not? Does it prevent HIV?

Firstly, circumcision cannot cure or prevent HIV. There is no 100% cure for the HIV virus as of yet, but you can get help, if the virus is present in your

blood. **STAY AWAY FROM SEX! No sex with a baby will cure you, if you are HIV positive, you will go to jail, because that is a violent offence!!**

What is circumcision?



Circumsised



Uncircumcised

(<http://images.search.conduit.com/ImagePreview>)

Male circumcision is the removal of the foreskin of the penis. This is done when a baby is 8 days old, preferably in a hospital. When grown males are circumcised, it is very painful and should be treated to prevent infection. **If you decide to do this, make sure it is done by a registered doctor, with the necessary education.** This is done for health reasons but it does not prevent HIV. If a circumcised or uncircumcised the male carries any sexual disease/virus/bacteria, it could be transferred to the female during sexual intercourse.

1.2.4 What are sexual transmitted diseases?

Sexual diseases are transmitted while having intercourse (sexual contact). There are sexual diseases that do not cause pain and these diseases are not always noticeable, they are only discovered when the individual goes for tests. If you have no symptoms, it does not mean that you are free of disease or a medical condition. There could still be an infection present and this infection can be transferred by oral or sexual intercourse. Herpes can even be transmitted with a condom or a dental dam in use (Avertin HIV & AIDS:What is an STD..STI?:1). Therefore, you are not safe to have intercourse with anyone, except your partner for life.

We will discuss a few sexual diseases, please stay aware and be tested for safety:

Chlamydia – This is a bacterial disease. This is the bacterium Chlamydia Trachomatis. This is an infection in the cervix of women and the urethra and rectum of males and females. The throat and eyes can also be infected. Often there are no symptoms: if untreated, it can cause serious problems later on in

life. This can also be transmitted from a mother to her baby during vaginal birth (Avertin HIV & AIDS:1, 3).

There is a cure for this bacterial infection. If not treated and you get pregnant, it can cause complications (Avertin HIV & AIDS:3).

Herpes – This is a virus called herpes simplex virus. There are two types and both belong to a group called Herpes Viridae. General herpes will have mild or no symptoms and therefore you will not know that you have it. This can even be passed on by kissing and will cause cold sores (Avertin HIV & AIDS:1, 2).

There is no cure for herpes. It hides in the nerve fiber which lies near the infected area. It will stay dormant with no symptoms and when reactivated it tracks alone down the nerve back to the skin surface (Avertin HIV & AIDS:3). Ask your doctor for help with this virus. This virus increases the possibility of being infected with the HIV virus (Avertin HIV & AIDS:4).

You can still become pregnant if infected with the herpes virus and if it is transmitted in the first three months of pregnancy there is a small risk of a miscarriage. There is also a risk of the baby being infected with the virus. Being infected towards the end of your pregnancy may result in a premature birth. If the baby is not treated, there is serious risk of damage to the baby's internal organs, skin and central nervous system, which may even cause death. The general outbreak of herpes during pregnancy does not always affect the birth of a baby (Avertin HIV & AIDS:5).

Genital Warts HPV – This virus (human papillomavirus) can appear anywhere on your genital area. It is white or flesh-coloured, smooth, small bumps, or larger, fleshy, cauliflower-like lumps. There are other types of HPV viruses that grow on the rest of the skin. It is also possible to have a HPV virus, but no warts and if you do develop noticeable warts, it will usually appear only 1-3 months after initial infection (Avertin HIV & AIDS:1). This virus is transmitted through infected genital fluids and can also be transmitted by non-penetrative sexual activities. It is possible that this virus can be transmitted to the baby when giving birth (Avertin HIV & AIDS:2).

There is no treatment to completely eliminate genital warts, but it will become less frequent over time and the warts may clear up, but the infection may linger and brackouts may recur (Avertin HIV & AIDS:3).

Gonorrhea – This sexually transmitted infection is caused by the *Neisseria gonorrhoeae* bacteria. It is treatable, but if not treated, it can cause serious

health problems such as pelvic inflammatory disease, abdominal pain, ectopic pregnancy (pregnancy that occurs outside the womb (uterus). It is a life-threatening condition to both mother and unborn baby. (Septicaemia is a potentially life-threatening infection in which large amounts of bacteria are present in the blood. It is commonly referred to as blood poisoning (Irish Health).

Symptoms can appear 1-14 days after exposure, but is also possible to carry this bacterium with no symptoms. This infection can be treated. The bacterium is transmitted through penetrative sex and oral sex and can be transmitted to the baby when born (Avertin HIV & AIDS:5).

Hepatitis A & B & C – This is a sexually transmitted disease and takes 2-6 weeks before the symptoms appear. It is also possible that no symptoms show even though you have the disease. It is a viral infections and causes inflammation of the liver. The symptoms are a short, mild, flu-like illness; nausea, vomiting and diarrhea; loss of appetite; weight loss; (Avertin HIV & AIDS:4) jaundice (yellow skin and whites of eyes), darker yellow urine and pale faeces); itchy skin and abdominal pain. This virus clears within 2 months and once the virus is fought off the body is permanently immune to it. The body fights this virus and no treatment is given (Avertin HIV & AIDS:5).

Syphilis – This disease is transmitted disease through oral, anal and vaginal sex. The Treponema Palladium bacterium can be passed from the infected mother to her unborn baby. It can take up to 3 months before infection appears. One or more ulcers appear; and this will appear within 21 days after contact with infected person. If not treated, it can have serious implications after 10 years such as: it affects the heart and possibly the nervous system. It can be treated, but damage to these systems can occur. It is important to treat Syphilis in the first two stages before reaching the final stage, known as tertiary stage (Avertin HIV & AIDS:5).

HIV – This is a sexually transmitted virus. The HIV virus needs a living organism in order to replicate. The human immune system kills viruses fairly quickly but the HIV virus attacks the human immune system and therefore this is a killing virus. **AIDS** is the condition which is referred to caused by the HIV virus which is damaging the immune system. The immune system cannot fight this infection and therefore other infections cannot be fought off either (Avertin HIV & AIDS:1). You can get treatment for this virus.

This virus is also transmitted from an infected woman to her baby during pregnancy, delivery and breastfeeding (Avertin HIV & AIDS:3). There are various ways to prevent or reduce the chances of a child becoming infected

form his/her mother by using antiretroviral drugs. A person infected with HIV does not always have symptoms (Avertin HIV & AIDS:5).

NB: For diseases like this you need to be tested and therefore it is expected that all women to consult their doctor (Gynecologist) at least once to twice a year for a check-up. For health reasons, this must be a routine visit.

1.2.5 Drugs and other negative impacts on pregnancies

Other impacts on long-term effects on pregnancies and children from these pregnancies are factors like: the family structure, environmental factors, such as nutritional status, extent of prenatal care, neglect or abuse, socioeconomic conditions etc.

Caffeine in coffee, tea, soda, chocolate and some over-the counter medications, can have negative effects on the baby. According to studies on animals, the amount of intake of your amount of caffeine can cause birth defects, preterm delivery, reduced fertility, low-birth weight and other reproductive problems. No studies have been done on humans yet, but it is more sensible not to consume caffeine at all, while pregnant (American Pregnancy Association).

Smoking (including Cannabis (Drugs.etc.) during pregnancy has a range of outcomes on the fetus, newborn and it's development. Tobacco contains nicotine and produces carbon monoxide. These products interfere with the oxygen supply, while nicotine crossing the placenta. Therefore, the level of nicotine in the fetus is very high. These substance concentrate, concentrate in fetal blood, amniotic fluid and breast milk and is toxic to the fetuses and the infants (NIDA).

Smoking can cause the following effects on pregnancies:

- a) Risk for stillbirth
- b) Infant mortality
- c) Sudden Infant Death Syndrome
- d) Preterm birth
- e) Respiratory problems (such as asthma, respiratory (airway) infections and bronchitis)
- f) Slowed fetal growth
- g) Low birth weight
- h) Cognition affects, associated with behaviour problems
- i) Child can also become addicted to tobacco (NIDA)

NOTE: Nicotine is taken in by cigarette smoking, chewing tobacco and other “smokeless” tobacco (Livestrong.com).

Alcohol - Your baby can develop physical and behavioral problems when you drink during pregnancy. The most serious problem caused by alcohol is called the fetal alcohol syndrome (FAS). Remember, everything you take in your baby also takes in!

What is Fetal Alcohol Syndrome? The baby will be:

- a) Born small/undersized
- b) Have problems eating and sleeping
- c) Have problems seeing and hearing
- d) Have trouble following directions and learning how to do simple things
- e) Have trouble paying attention and learning in school
- f) Need special teachers and schools
- g) Have trouble getting along with others and controlling their behaviour
- h) Need medical care all their lives (FAS)

Cocaine, Marijuana and other illegal drugs – These drugs can affect a baby during pregnancy in subtle ways, from low birth weight to developmental defects, which affect the behaviour and cognition problems (FAS).

These problems can include:

- a) Impaired attention
- b) Language impairment
- c) Learning skills
- d) Behavioural problems (FAS)

Methamphetamine intake can cause:

- a) Fetal growth restriction
- b) Decreased arousal
- c) Poor quality of movement in infants (FAS)

Heroin (an opiate) is associated with low birth weight (FAS).

Prescription medicines – there are some of these drugs that are also harmful to your baby/fetus, even schedule one and two drugs that you can buy over the counter, can have negative effects on your baby/fetus. It is very important to consult a doctor, or a qualified pharmacist, before taking any

medication. If you were on chronic medication before you fell pregnant, you must discuss the future use of it with your doctor (Drug.ie).

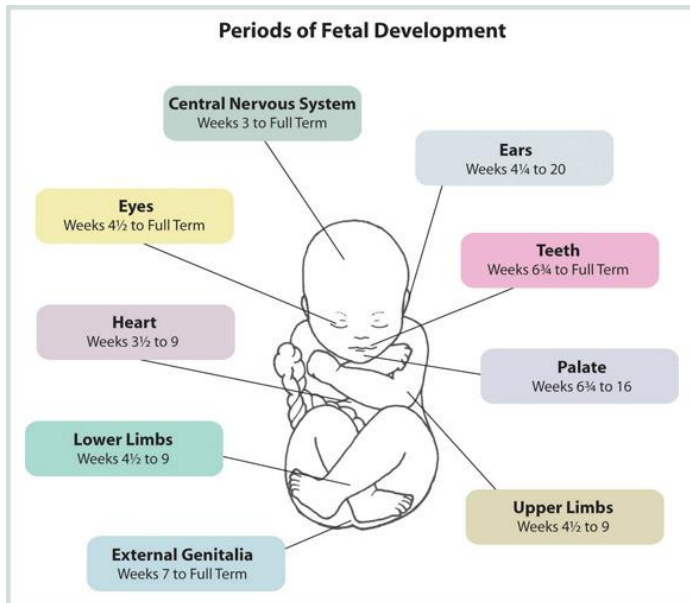
1.2.6 When does conception take place?



(Discovery health)

When a man ejects his sperm there is an equal number of sperm containing male chromosomes and female chromosomes. This will determine the sex of the embryo. When the egg gets released from the female it releases a scent and the process of fertilization begins, called capacitation. These sperm shed certain proteins to help the sperm with the process and penetrate the female egg. This happens within the first half hour; when the egg and sperm, we call it a zygote. Sperm cells can live as long as five days after having sexual intercourse, waiting on a female egg to be released (Discovery Health:3). From here, it takes 3-4 days for this zygote to be implanted into the uterus. This is called the morula. During this journey, mitotic cell division happens. When implanted in the uterus it again takes 3-4 days for this morula to grow and become a blastocyst with the cells which will later form the placenta and membrane, called the tropoblast cells. From fertilization to implantation it takes 7-8 days and is called the embryo. From 5-8 weeks it is called the fetus (Discovery health).

The female egg can survive between 12-24 hours for fertilization. This release of the egg is called ovulation. A woman's menstrual cycle can be between 22-36 days. On average a woman's cycle period is between 12-14 days after ovulating. If you have a 26 day menstrual cycle you will ovulate in the mid-cycle. The length of your cycle will determine your ovulation period (BabyCenter).



(Drugs.ie)

NOTE: Therefore you have a living zygote within at least half an hour. This is a living zygote which possesses all your babies' features/qualities. This is not a dead thing you can just dispose of.

1.2.7 Abortion; is it a human decision?

a) Do birth control pills cause abortions?

With research done by Randy Alcorn the following answers are given. Contraceptives like the intrauterine device (IUD), Norpland and certain low-dose oral contraceptives often do not prevent conception but prevent the implanting of the fertilized ovum. This is an early abortion of the already conceived individual (Alcorn).

A combination of oral contraceptives changes the cervical mucus and makes it difficult for the sperm (zygote) to enter the uterus which again changes the endometrium and reduces the likelihood of implantation (Alcorn).

There are three mechanisms of birth control pills:

a) Inhibiting ovulation (the primary mechanism)

- b) Thickening the cervical mucus, thereby making it more difficult for sperm to travel to the egg and
- c) Thinning and shriveling the lining of the uterus to the point that it is unable or less able to facilitate the implantation of the newly fertilized egg.

Point b and c are contraceptives which induce an abortive action. You must keep in mind that a human life begins at conception. The abortifacient effect of the Pill is consistently pointed out and no published studies refuse these findings.

Quotation from Mars Hill church: *Christian Birth Control Options*

“Level 5 -- Abortive Murder Abortion is the taking of a human life through the killing of a fertilized egg. Biblically, it is also known as the sin of murder. Abortions include medical procedures of various kinds as well as RU-486 or the morning-after pill. Other items that cause abortion are the intrauterine device (IUD) and Norplant, which do not prevent conception but prevent implantation of an already fertilized ovum. The result is an abortion, the killing of a conceived person. Dr. Thomas W. Hilgers of the Mayo Graduate School of Medicine in Rochester, Minnesota, says that "the primary action of the IUD must be classified as an abortifacient." (Thomas W. Hilgers, "The Intrauterine Device: Contraceptive or Abortifacient?" • Marriage and Family Newsletter, January--March 1974, 14). Focus on the Family has also issued this statement: *birth control pills which contain only the hormone progesterone do not reliably prevent ovulation (the release of the egg from the ovary). This is also true of Norplant, a device implanted under the skin which slowly releases progesterone. With these methods, the pregnancies which do occur have a greater chance of being ectopic--that is, outside of the uterus. This may be evidence that these contraceptives act in some cases to disrupt normal implantation of an early pregnancy and not merely to prevent conception. Thus, the use of Norplant and the progesterone-only pill is problematic for those who believe life begins at conception.*"

b) Other methods of abortions! (Permission to download and use Priests for life's DVD formats at <http://www.priestsforlife.org/images/index.aspx>)

- a) A Dismemberment Abortion
- b) Suction
- c) Prostaglandin
- d) Dilation and Extraction

NOTE: All these abortion methods are killing the infant!

Also look at (1):

- e) Baby body parts
- f) The Lord will destroy death forever! Pray to end abortion!
- g) Pray to end abortion! Pray for the Parents
- h) Truth about Abortion
- i) Facts About Abortion
- j) Psychological effects of Abortion
- k) The horror of Abortion (Pictures)
- l) Thus says the Lord regarding abortion: Innocence destroyed
- m) From conception to birth (2)
- n) Giving birth (3)

1.2.8 What is rape, statutory rape and what does the South African Law say about it?

1.2.8.1 Sexual offences: The South African Law

The new Sexual Offence Act, which was signed in parliament by former-president Thabo Mbeki, on 16 December 2007, is designed to protect our children from sexual predators. Extracts will be listed from the South African Law with short discussions and an outlined view of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, no 32 of 2007. The main focus of the Act is on the creation of statutory sexual offences and the protection of children, as well as persons who are mentally challenged. The purpose of this Act is to intensify efforts to fight sexual crimes. It seeks to protect all vulnerable groups: women, children and people who are mentally disabled. It is applicable to all forms of sexual penetration. This specifies that any female/male youth or child can be raped by another man or woman. Another development in this Act is the new expanded and amended “sexual offences against children as well as persons who are mentally disabled”.

1.2.8.2 The Sexual Offence Act (children & youth)

The Sexual Offence Act includes “offences relating to sexual exploitation or grooming, exposure to or display of child pornography or pornography to children and the creation of child pornography.” In section 15 of the Act, penetration of children between ages of 12 and 16 years by adults is stated to be a criminal act. In section 16 of the Act, consensual sexual violation

committed by adults on children between the ages of 12 and 16 years is considered a criminal act (Government Gazette 5/30599 2007:50).

A National Register for sex offenders is provided for in Chapter 6 of this Act. No person who has been convicted of a sexual offence may work with, supervise or have access to a person who is mentally disabled or any child, normal or mentally disabled, in the course of his or her employment. This record is confidential and access will only be given to employers in respect of employees, and employees in respect of their own particulars. Schools, entertainment centres and facilities for the mentally disabled have an obligation to abide by these rules. A contravention of this obligation is a criminal offence. Chapter 6 of the Act became operational at the end of 2008 (Government Gazette 5/30599 2007:50).

1.2.8.3 Sexual and prostitution offences (children & youth)

There are clearly set legal instructions to describe child or youth prostitution that occur in the houses of many. Prostitution in houses, in a family situation as well as in the social community is seen as follows:

- i) According to the Sexual Offences Act, 1957, Section 14, in the National Laws Legislation of INTERPOL (South Africa) section III (forms of child sexual abuse), a male/female person who has intercourse or attempts to have unlawful carnal intercourse with a girl/boy age 16 and younger, is committing a sexual offence. A male/female that commits or attempts to commit an immoral or indecent act with a girl or a boy under the age of 19, or solicits or entices a girl or boy to the commission of an immoral or indecent act, is guilty of an offence (National Laws Legislation of INTERPOL 2006:III).
- ii) In the National Laws Legislation of INTERPOL (South Africa) in section II it is stated that the act of a male having sexual intercourse with a girl under the age of 12 years is considered statutory rape (National Laws Legislation of INTERPOL 2006: II).
- iii) In the Child Care Act (1983:50A) it is stated that if a person participates or is involved in the commercial sexual exploitation of children or the person is an owner, lesser, manager, tenant or occupier of the property on which this act occurs, and in a reasonable time gains information of these sexual acts, but fails to report the act, is convicted of an offence and will be fined or arrested with imprisonment for a period not exceeding 10 years.

- iv) The National Laws Legislation of INTERPOL (2006:IV) states that If a child is under the age of 18 years and the parent or guardian (a) permits, (b) procures, or (c) attempts to procure the child to have unlawful carnal intercourse, or (d) to commit any immoral or indecent act, or (e) to reside in, or (f) to frequent a brothel or order, (g) permit, or (f) in any way assist in bringing about or receive any consideration for the defilement of seduction or prostitution, shall be guilty of an offence.
- v) In the National Laws Legislation of INTERPOL (2006: IV) states that a female under the age of 16 years or above the age of 16 years and under the age of 21 years who is taken or detained against her will or the will of her father or mother or any person who have lawful care or charge of her, is guilty of an offence. Any female who is kept in a house, place or brothel with the intent to compel or induce her, and her wearing apparel is withheld, or property which is hers, or has been lent or supplied to her by such person for the purposes of prostitution, which prevent her from leaving, is an offence.

1.2.8.4 Pornography (children & youth)

The legislation on Child Pornography is now contained in the Films and Publications Act, no 65 of 1996, which became operative on 16 January 1998. This Act was amended in no 34 of 1999 and came into operation on 30 of April 1999 (National Laws Legislation of INTERPOL 2006: V).

This legislation is “to amend the Films and Publications Act, 1996” and to “provide for the protection of children against mental, physical and sexual exploitation or coercion to engage in the production of a pornographic film, publication or visual presentation...” This crime is punishable by law (National Laws Legislation of INTERPOL 2006: V/1).

The legislation on Child Pornography includes:

- i) Any person used who is under the age of 18 years and includes any (a) image created or any description of a person, real or simulated; (b) who is depicted or described is seen as child pornography; (c) engaging in, (d) participating in (e) or assisting another person to participate in sexual misconduct, (f) the showing or describing of the body, (g) or even parts of the body in a way or in circumstances which, within context, amount to sexual exploitation, (h) or is capable of being used for purposes of sexual exploitation (National Laws Legislation of INTERPOL 2006: V Possession of certain publications and films prohibited/1).

- ii) A person will be guilty of an offence if he/she is in possession of, involved in the creation of or the production of or in any way contributes to or assists in the creation of these productions. A person will also be charged if he/she assists in the import, takes steps to procure, obtain or access or knowingly export, broadcast or in any way distribute or cause this to happen. Even with advocating, advertising or promoting child pornography or the sexual exploitation thereof, he/she will be prosecuted as set down in the Films and Publications Act (National Laws Legislation of INTERPOL 2006: V Possession of certain publications and films prohibited/1).
- iii) If one has knowledge or has reason to suspect such an offence has been or is being committed and fails to report it to the SAPS or fails to furnish all particulars of such knowledge or suspicion, at the request of an official, one is guilty of an offence (National Laws Legislation of INTERPOL 2006: V Possession of certain publications and films prohibited/2).
- iv) Child pornography, as well as any sexual activity with a child, is a crime and is seen as abuse. In terms of child abuse and prostitution, we clarify that child prostitution and child sexual abuse fall under the same category of offence. The same applies whether it is inside or outside of a domestic relationship (National Laws Legislation of INTERPOL 2006: V Possession of certain publications and films prohibited/2).

1.2.8.5 Sexually abused or raped.

There are specific steps to take when a child or youth, over the age of 14 years, has been sexually abused or raped,. At specialist clinics for sexual abuse/rape there are processes in place which must be adhered to. They receive medical, psychological and forensic care in a private room (Cape Gateway: Treatment for sexual Abuse/Rape 11517/6431:1). In the case of victims under the age of 14, the physical and/or the sexual abuse and neglect of children is covered by two laws: Section 15 of the Child Care Amendment Act (1999:3) and the Prevention of Family Violence Act No 133 of 1993 (Section 4). (Cape Gateway: Child Abuse Treatment 11495/6420:2).

1.2.8.6 The procedure after sexually raped or abused victims over the age of 14 years.

At specialist clinics for sexual abuse/rape there are processes in place which must be adhered to. These centres are for victims over the age of 14 years. They receive medical, psychological and forensic care in a private room. The health worker is required to ask if the rape has been reported and whether the

victim wants to report it or not. In the event that the victim wants to report the incident, a police officer will take a statement. The National Police Instruction on Sexual Offences requires that a medical examination/care must be given. With the consent of the victim, these specimens will be kept as medical evidence. This will be used in court cases should the need arise. Treatment is supplied for sexually transmitted infections that may have resulted. Emergency contraception is given to women provided they arrive at the clinic within 72 hours of being raped. At the same time they receive counselling about Aids and an anti-Aids drug will be given. Follow-up sessions are booked for six weeks hence and again three months after the incident. These sessions are for counselling and HIV testing. The survivor has the option of being counselled by a social worker/trained counsellor/private therapist/Rape Crises or NGO (www.capegateway.gov.za 11517/6431).

There are 52 centres that offer these 24 hour services and these can be found in the provincial Department of Health's policy and management guidelines for survivors of rape and sexual assault (www.capegateway.gov.za 11517/6431).

1.2.8.7 The procedure after sexually raped or abused victims under the age of 14 years.

The physical and or the sexual abuse and neglect of children is covered by two laws, "Section 15 of the Child Care Amendment Act (1999:3) says that any person who has anything to do with caring for children – for example teachers, social workers and doctors – and who suspect that a child has been abused, must report this to the provincial Department of social Development. The Prevention of Family Violence Act No 133 of 1993 (Section 4) says that suspected child abuse must be reported to a police officer or a child welfare officer or social worker" (www.capegateway.gov.za 11495/6420).

Treatment for child abuse is given to victims between birth and 14 years old. It is for the treatment of physical, sexual or emotional abuse and neglect. The primary health care clinic diagnoses and counsels the victim. This will be done by a clinic sister or doctor who also compiles a detailed physical examination and history report. In cases of child abuse, victims are encouraged to seek treatment as soon as possible because, the longer it takes to be dealt with, the greater the risk of severe emotional and psychological trauma (www.capegateway.gov.za 11495/6420).

In cases of the sexual abuse of children, the same procedure, as is described in the previous section must be undertaken. The parent or caregiver will also be counselled in connection with the HIV virus. If the child is on medical aid, a three-day supply of the AZT (Zidovudine) drug for Aids will be supplied and a

prescription will be given for the remaining 25 days. If the child is not on medical aid, a one-week supply will be given along with a date to return for reassessment in one week a week later. The results from the victim's earlier tests are assessed at this later appointment and if necessary, a further three weeks' worth of the drugs is issued (www.capegateway.gov.za 11495/6420).

In cases where the child is HIV positive, counselling will proceed without the drug and the child will be referred to an appropriate health facility for long-term management of their HIV status. Teenage girls will be tested for pregnancy and if pregnant, because of the rape, an emergency contraception will be offered. They will also receive counselling (www.capegateway.gov.za /11495/6420).

The social worker provides the necessary counselling, education and information but if the social worker believes that the child is still at risk when discharged from the clinic, a Form 4 detention order will be issued. This ensures that the child will be removed and relocated to a place of safety. The same applies when the child needs more specialised psychiatric intervention. He/she will be referred to an appropriate health facility (www.capegateway.gov.za /11495/6420).

1.2.9 What can be done for protection against this sexual crime?

1.2.9.1 Application for Interim Protection- or Protection order

Domestic violence is a criminal offence and the state has developed safe care for the victims. There are programs that can be followed for the abuser. In Virginia the law states that the abuser can be imprisoned for five years (West's Encyclopaedia of American Law 2008).

In South Africa, in a case of rape, there is no time limit on the opening of a case against the offender. For instance: if it happened when the victim was a child and nobody wanted to accept or listen, or nothing was done about it, an individual may open a rape case whenever he/she is able to do so. In the case of a sexual offence you have 20 years to open a case. However, if it takes too long to report the case, it will be difficult to get proof that the incident occurred. The physical evidence will be lost and the person involved may be difficult to find, which may result in prosecution dragging or never happening. Rather make sure to report the case immediately after the incident (www.capegateway.gov.za 11457/9669).

In the Government Gazette vol. 402 no 19537 no 3, it's stated that in the case of domestic violence, if the offender is suspected of a violent act against the complainant, a peace officer may arrest the offender without a warrant at the scene.

1.2.9.2 Protection Orders

The victim can apply for a protection order, which is in terms of the Domestic Violence Act if the individual is in a domestic relationship with the offender. If the abuser does not adhere to the terms given in this act, he/she can be arrested. If it's a criminal offence a charge can be laid for that offence (www.capegateway.gov.za 11456/9577).

A domestic relationship exists where a victim is married to or involved with a partner of whichever sex. They do not have to cohabit. This definition includes victims who were or are engaged or dating, or have a customary relationship or any relationship which both parties consider to be romantic. A domestic relationship can be identified where there has been a sexual relationship, however short-term, where the victims are parents of a child, or currently or recently have shared the same home or residence (www.capegateway.gov.za 11456/9577).

When the victim applies for a protection order, that individual does not need to lay a criminal charge against her/his abuser. However, domestic abuse is a criminal offence and if the victim so chooses, she/he can lay a charge. Acts of abuse include things like common assault, assault with the intention of doing grievous bodily harm, indecent assault, rape, incest, attempted murder, malicious damage to property, pointing a firearm and even abuse to animals are included in this Act (www.capegateway.gov.za 114596/9577).

When an abuser breaks the conditions of this protection order, regardless of whether this is done violently or with controlled behaviour, it is still regarded as a crime. He/she can be charged with "the crime of contempt of court". In the case that there is an assault the individual can be charged for both assault and contempt of court. This order is given so that the abuser can be arrested as soon as he commits an act of abuse, or breaks the terms of the order (www.capegateway.gov.za 114596/9577).

1.2.9.3 Interim Protection Orders

The victim can apply for an interim protection order; an easy, short term solution that only requires the filling in of a few forms. This order will then specify a date at which the order will be considered and once this final order is

approved, it is considered permanent. This order can only be changed by an application made to the courts (www.capegateway.gov.za 114596/9577).

The interim protection order includes the following conditions: the abuser may not commit any act of domestic abuse; he/she must pay the victim rent, make mortgage payments or provide any other necessary emergency money. Firearms or dangerous weapons in his/her possession are seized, and the victim may request a police escort to collect personal property from the abuser's address. His/her new address may not be given anywhere on the protection order (www.capegateway.gov.za 114596/9577).

1.2.9.4 Where does one apply for an interim protection - or protection order?

The victim can go to any court or police station to get an application form for protection. These forms are called a "Form 2". The police will suggest that the victim go to the court to get assistance to fill in the forms. A "Form 1" will also be supplied to the individual which will explain her/his rights. If the individual is hurt or in need of another place to stay, the police will help her/him to get medical help and/or a place of safety. If the individual goes to a court to get an order, it has to be done at court that covers your area. The courts are open during ordinary court hours which are weekdays 8:00 – 16:00 hours. If it's after-hours the court (magistrates office) will only take an application if the victim can show that she/he will suffer undue hardship, if not attended to immediately. The clerk of the court and some volunteers in the court rooms, will help the individual to fill in the "Form 2". They will present her with a "Form 3" in which it specifies how the protection order works and warns the individual against lying. Lying, in this context, is also seen as a criminal offence (www.capegateway.gov.za 114596/9577).

This application can be made on behalf of the victim, but to do that, the victim must have given explicit written permission to the person making the application. The only time where it can be done without the victim's permission, is if the victim is under the age of 18 years, mentally retarded, unconscious or unable to give permission for any other reason. In the case of a child, he/she can apply without a parent's/guardian's, or anyone else's assistance. When any adult applies for a protection order for a child, the above is also valid. (www.capegateway.gov.za 11456/9577).

1.2.9.5 What information is needed to apply for protection order (Form 2)?

A brief layout of the “Form 2” application follows. When the victim goes to the police or court, they need to make sure that they have all the following details on hand.

Part 1: This form is to be filled in by the applicant or the person applying, for the order, on the victim’s behalf. For this the victims’ identity number, home and work address, telephone numbers, job and the status of their domestic relationship is needed (www.capegateway.gov.za 11456/9577).

Part 2: This form is to be filled in if someone is applying on behalf of the victim. This part involves the collection of information about the applicant and includes the individuals identity number, home and work address, job, relationship to the person from whom they are seeking protection, as well as the reason for the application. It is also necessary to show that the applicant has the victim’s permission to make the application (www.capegateway.gov.za 11456/9577).

Part 3: This part of the form is information about the abuser. The information collected includes the individual’s identity number, home and work address, telephone numbers as well as his/her work address, is needed. If the address is not available, the applicant can give information about where he/she can be found, however the address is very important (www.capegateway.gov.za 11456/9577).

Part 4: Part 4 of these forms enables the collection of information pertaining to other people who may have been affected by this violence (www.capegateway.gov.za 11456/9577).

Part 5: Part 5 is a statement of the nature of the violence, and how it was carried out (weapons/firearms) will be taken. If any injuries were sustained, that required medical attention, this is also noted here (www.capegateway.gov.za 11456/9577).

Part 6: This part of the form is about any information on the emergency of the violence and protection thereof (www.capegateway.gov.za 11456/9577).

Part 7: This part of the form specifies the type of abuse for which the protection order is being requested. It includes a list of conditions (what type of abuse) for which the victim can apply for and the individual must tick the correct one (www.capegateway.gov.za 11456/9577).

Part 8: Part 8 covers any factors not listed elsewhere. The victim can apply for it in this section, with clear details thereof (www.capegateway.gov.za 11456/9577).

Part 9: The last part of the form is a list of personal property to be listed. The victim will be accompanied by the police for the collection thereof (www.capegateway.gov.za 11456/9577).

1.2.9.6 What is the procedure that follows after filling in a “Form 2” for protection?

After “Form 2” is completed, it will be certified. This will be done through an oath in front of a commissioner of oaths. This oath is binding and certifies the truth of the information that the victim has given. This can be done at a police station, at the courts by a Justice of the Peace, or by a magistrate. Hereafter, it goes to the clerk of the court where a “Form 4” will be supplied. This is an Interim Protection Order and it sets return date for the case. The “Form 2” and a “Form 4” will be handed to the magistrate for signature, which effectively grants an interim protection order. This magistrate’s signature on the -interim protection nullifies the immediate threat (www.capegateway.gov.za 11456/9577).

If granted, it will be “served on” the abuser by means of the police or a Sheriff. Only then does the interim order come into effect. This can also be arranged to be “served” with registered mail but the danger is that the abuser might fail to collect the document at the post office. There is no cost involved in serving such an order if the police are used, but in case of a Sheriff or registered mail there is a cost involved. A document stating that the order was served and where it was served is then returned to the clerk of the court. The victim will receive a certified copy of the interim order and a warrant, “Form 8”, for the arrest of the abuser. The warrant will only come into affect if the abuser breaks the conditions of the order (www.capegateway.gov.za 11456/9577).

If the abuser breaks the conditions outlined, the police will arrest the individual and a “Form 10”, which is an affidavit, describing the way in which the individual broke the conditions, will be issued. The police are required to arrest the individual if there is a possibility that the victim may suffer any harm (www.capegateway.gov.za 11456/9577).

On this interim order there will be a “return date”, which is the date that the victim and the perpetrator must appear in court and the incident will be discussed further. This will then confirm or decline the final protection order.

This return date must be after ten days of the serving of the order (www.capegateway.gov.za 11456/9577).

1.2.9.7 What happens if the interim order is not granted and the legal process?

When an interim order is not granted, a “Form 5” will be served to the abuser. This will specify a return date on which the abuser is required to be in court. The abuser has the opportunity to find an alternative date. On this date, a final order can be granted. This will be considered in a magistrate’s chambers and not in open court. Only the officers of the court and people directly involved in the matter may be present. The victim may bring along three people to support him/her and can be accompanied by a lawyer that represents him/her. No publication or identity or physical address may be revealed anywhere, unless this is necessary for describing the conditions in the protection order (www.capegateway.gov.za 11456/9577).

A final protection order will be granted if the interim order was served and if the abuser does not oppose the order or is not present. In cases where there is no proof that the interim order was served and neither of them appears, it is likely that it will be set aside. If the victim appears and there’s no proof of the service of the interim order a further date will be arranged. In cases where both appear, but there is a request from both that the interim order must be set aside, only then will it be set aside (www.capegateway.gov.za 11456/9577).

1.2.9.8 What happens if the abuser contests?

If the abuser contests the granting of a final protection order, the case will go to trial. Once all of the evidence given by the victim and/or witnesses has been heard, the magistrate will make a decision. Cross-examination of the victim and witnesses with no lawyer present to represent them is done, by putting the question to the court and the magistrate; the magistrate will put the questioning to the victim and witness. No direct questions will be asked in cross-examination. If it is in favour of the victim the final protection order will be granted (www.capegateway.gov.za 11456/9577).

If this protection order is damaged or destroyed, the victim can apply for another one on a “Form 9”. When an abuser breaks the protection order, he/she can be fined or sentenced to prison for not more than five years (www.capegateway.gov.za 11456/9577).

Other countries may have different ways of dealing with this criminal offense. In South Africa, all of the procedures are available to South African residents on www.capegateway.gov.za.

PORNOGRAPHY

We focus on: Must pornography be allowed on TV and in magazines?

Pornography is an international problem. In 1977 much of the pornography trade was found in Los Angeles (Court H 1980:6). This was already known as a great problem in the seventies and it is also currently a problem for Christian viewers. Thus today it is a real problem and an open trade for all who want to pursue pornography.

Pornography is dehumanized and in some circles it is seen as a sport that invites spectators to improve better performance. Pornography create problems in a marriage, especially relating to the husband that cannot perform with his wife, having viewed porn before or during intimate times. This action can later lead to child molestation, or rape for satisfaction. Pornography can lead to unwanted addictions and never again will a normal relationship be able to satisfy the addicted person's hunger for sexual activities (Cheryl 2000: Why man hate/love pornography).

Statistics show that men who were involved in pornography had an overwhelming negative and even destructive influence in their lives. School students who, had an open door to Playboy and Penthouse magazines during their third grade, witnessed that they later saw women only as sexual beings. They also agreed that pornography was sex education - but the wrong sort (Cheryl 2000: Why men hate/love pornography).

Note that lust and pornography are also closely linked and can be a powerful prison. This illness of addiction takes place on an emotional level that is not logically evaluated. It is an emotional relationship with an object with which addicts try to meet their needs for intimacy (Cheryl 2000: Why men hate/love pornography).

This addiction makes life very lonely and isolated, which creates more of a need for the addict to act out and suffer mood changes. By his/her acting out, it gives the illusion that a need has been met. (Cheryl 2000: To the spouse of a sex addict) A sex addict that is created through pornography will see people as sex objects first and secondly as people. This is the underlying cause of child molestation cases, rape etc.

The writer said the following ideas are developed from childhood onwards, when exposed to pornography: (Cheryl 2000: Why men hate/love pornography)

1. Women are sexual objects
2. Unrealistic expectations set the standards
3. Males must push for sex
4. Pain and sex go together
5. If the girl is not ready there must be something wrong

Problems these men had with relationships! (Cheryl 2000: Why men hate/love pornography)

1. The relationships they had been in, were filled with a lot of insecurity and the images they had been exposed to were unrealistic and could never be measured up to.
2. It was easier to get pleasure and fantasize with self-satisfaction from women in pictures because they didn't resist as real woman would.
3. If a woman says no, she does not really mean what she says, because never in a porn magazine or movie does a story end without success for the male.

SCRIPTURE PASSAGES: (Cheryl 2000: Naked pictures?)

Matthew 5: 27-30

"You have heard that it was said, do not commit adultery. But I tell you, everyone who looks at a woman to lust for her has already committed adultery with her in his heart. If your right eye causes you to sin, gouge it out and throw it away. For it is better that you lose one of the parts of your body than for your whole body to be thrown into hell. And if your right hand causes you to sin, cut it off and throw it away. For it is better that you lose one of the parts of your body than for your whole body to go into hell!"

This means that it's not only looking at her, but going further than looking. Imagining things like having sex with her, is what is referred to here. We are warned against it.

2 Samuel 11: 2-5

"One evening David got up from his bed and strolled around on the roof of the palace. From the roof he saw a woman bathing – a very beautiful woman. So David sent someone to inquire about her, and he reported, "This is Bathsheba, daughter of Eliam and wife of Uriah the Hittite. David sent messengers to get

her, and when she came to him, he slept with her. Now when she had just been purifying herself from her uncleanness. Afterwards, she returned home. The woman conceived and sent word to inform David: "I am pregnant."

As we read on in this passage, we see that there was adultery, followed by murder, and a illegitimate child. God punished David for this fleshly desire he gave in to. Therefore there are no excuses to say that your fleshly, desire has nothing to do with your spiritual salvation. It is wrong. He saw pornography in the flesh which lead him to desire her. He then put thought into action to achieve what he wanted.

Dr Victor has treated approximately 350 males over 25 years with sexual addictions and about 94% of cases he found had pornography as a contributor to these sexual illnesses. Patrick Carnes, the leading US researcher in this area, reported that of 1000 sex addicts, 90% of men and 77% of women pornography was significant to their addiction (Cheryl 2000: Treatment and healing of pornographic and sexual addictions).

Recovery is very difficult and slow and you will, for the rest of your life, be aware of the problem and the dangers thereof. Shame, guilt, humiliation and pain are mentioned among those that are addicted to pornography. Praying and forcing yourself away with no outside help is normally not successful. The spouse gets hurt time and again, by not feeling appreciated, and a failure not being loved by their partner. Once an addictive relationship has developed, the active addict or recovering addict will always see the world in a different perspective (Cheryl 2000: Treatment and healing of pornographic and sexual addictions).

As Christians we must remember what the function of sex was in the first place. It was for a married couple and their love for the bringing forth of children, and not for the world to see, or others to have pleasure from it.

If you doubt whether you are enslaved to pornography you must ask yourself the following:

1. Are you secretive?
2. Are you abusive to yourself or others?
3. Do you indulge in titillation to alter your feelings or emotions?
4. Is your life increasingly empty, devoid of healthy interpersonal relationships?

In closing, I have to say that with all of the dangers attached to pornography, our current rate of child molestation and rape cases, the availability of

pornography, is part of the problem in our country. This is going in the same direction as Sodom and Gomorra. We must be wary for God's wrath descending on us.

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CHAPTER 2

DOMESTIC VIOLENCE: THE SOUTH AFRICAN LAW AND THE PROCEDURES FOR JUSTICE

2. INTRODUCTION

The legal processes involving domestic violence: legal procedures provide security and protection for the victimized individuals as well as bringing the perpetrators to justice (South African Law- procedures to follow to obtain justice).

It is evident that in most cases the crime is committed by someone known to the victim (Machisa 2011:1). In research done by Burton *et al* (2009:29), one reason why domestic violence occurs, it was observed that crime within families is influenced by home circumstances.

2.1 SOUTH AFRICAN LAW ON DOMESTIC VIOLENCE IN GENERAL

What does the South African Law describe as domestic violence and is there any protection offered? In the Government Gazette Act 116 (1998:1), the government “provides for the issuing of protection orders with regard to domestic violence and for matters connected therewith.” They state as follows, “Recognising that domestic violence is a serious social evil; that there is a high incidence of domestic violence within South African society; that victims of domestic violence are among the most vulnerable members of society; that domestic violence takes on many forms; that acts of domestic violence may be committed in a wide range of domestic relationships; and having regard to the Constitution of South Africa and in particular, it is the purpose of this Act to afford the victims of domestic violence the maximum protection from domestic abuse.”

Under their definitions (part viii), the Government of South Africa includes domestic violence as encompassing (Government Gazette Act 116 1998:2):

(a) physical abuse, (b) sexual abuse, (c) emotional, verbal and psychological abuse; (d) economic abuse; (e) intimidation; (f) harassment; (g) stalking; (h) damage to property; (i) entry into the complainant's residence without consent, where the parties do not share the same residence; or (j) any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to, the safety, health or wellbeing of the complainant.

The office of the South African President Act 116 of 1998 defines domestic violence offences in South Africa and includes description of those where necessary. In the Government Gazette Act 116 (1998:3) Part xxi, the South African Government explains some of the terms used in domestic violence as follows:

- i) Part viii a, “any act or threatened act of **physical violence** towards a complainant”;
- ii) Part viii b, **sexual abuse** is “any conduct that abuses, humiliates, degrades or otherwise violates the sexual integrity of the complainant”;
- iii) Part viii d, **economic abuse** is described as, “(a) 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 (b) the unreasonable disposal of household effects or other property in which the complainant has an interest” (Government Gazette Act 116 1998:3).
- iv) Part x, gives an outline of **emergency monetary relief** which means “compensation for monetary losses suffered by a complainant at the time of the issue of a protection order as a result of the domestic violence, including (a) loss of earnings; (b) medical and dental expenses; (c) relocation and accommodation expenses; or (d) household necessities” (Government Gazette Act 116 1998:3).
- v) Part xi explains part viii c, **emotional, verbal and psychological abuse** means “a pattern of degrading or humiliating conduct towards a complainant, including (a) repeated insults, ridicule or name calling; (b) repeated threats to cause emotional pain; or (c) 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” (Government Gazette Act 116 1998:3).

- vi) The Act goes on to give a definition of **harassment** in part viii f, “engaging in a pattern of conduct that induces the fear of harm to a complainant including (a) 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; (b) repeatedly making telephone calls or inducing another person to make telephone calls to the complainant, whether or not conversation ensues; (c) repeatedly sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects to the complainant” (Government Gazette Act 116 1998:3).
- vii) Part xiii section viii e defines **intimidation**, “uttering or conveying a threat, or causing a complainant to receive a threat, which induces fear” (Government Gazette Act 116 1998:3).
- viii) “**Stalking**”, as defined in part viii g means “repeatedly following, pursuing, or accosting the complainant” (Government Gazette Act 116 1998:4).

(THESE PROCEDURES ARE THE SAME AS DISCUSSED IN CHAPTER ONE UNDER 2.9)

2.2 INTERIM PROTECTION OR PROTECTION ORDER

There are steps to follow in obtaining protection from government officials for a victim's protection. Domestic violence is a criminal offence and the state has developed safe care for the victims. In South Africa, in a case of rape, there is no time limit on the opening of a case against the offender. For instance, if the abuse happened when the victim was a child and nobody would listen to or accept his/her testimony or nothing was done about it, an individual may open a rape case whenever he/she is able to do so. In the case of a sexual offence a case may be opened within 20 years of the incident. However, if it takes too long to report the case, it will be difficult to get proof that the incident occurred. The physical evidence will be lost and the person involved may be difficult to find which may result in prosecution dragging on or not happening. The victim should preferably report the case immediately after the incident (Cape Gateway *Reporting rape* 11457/9669:1).

In the Government Gazette 19537 (1998:4), it is stated that in the case of domestic violence: If the offender is alleged to have committed a violent act

against the complainant, a peace officer may arrest the offender at the scene without a warrant. A discussion on the types of orders is as follows:

2.2.1 Protection Orders

The victim may apply for a protection order in terms of the Domestic Violence Act, if the individual is in a domestic relationship with the offender. If the abuser does not adhere to the terms given in this protection order, he/she may be arrested. If it is a criminal offence a charge can be laid for that offence (Cape Gateway *Protection from Domestic violence* 11456/9577:1).

A domestic relationship exists where a victim is married to or involved with a partner of whichever sex. This definition includes victims who were or are engaged or dating or have a customary relationship or any relationship which both parties consider to be romantic. A domestic relationship can be identified where there has been a sexual relationship, however short term, where the victims are parents of a child or currently or recently have shared the same home or residence (Cape Gate *Protection from Domestic violence* 11456/9577:1).

When the victim applies for a protection order, the individual does not need to lay a criminal charge against her/his abuser. However, domestic abuse is a criminal offence and if the victim so chooses, she/he can lay a charge. Acts of abuse include things like common assault, assault with the intention of doing grievous bodily harm, indecent assault, rape, incest, attempted murder, malicious damage to property, pointing a firearm and even abuse to animals (Cape Gate *Protection from Domestic violence* 114596/9577:1).

When an abuser breaks the conditions of this protection order, regardless of whether this is done violently or with controlled behaviour, it is still regarded as a crime. He/she can be charged with “the crime of contempt of court”. In the case that there is an assault the individual can be charged both for assault and contempt of court. This order is given so that the abuser can be arrested as soon as he commits an act of abuse or breaks the terms of the order (Cape Gate *Protection from Domestic violence* 114596/9577:2).

2.2.2 Interim Protection Orders

The victim can apply for an interim protection order; an easy, short term solution that requires only the filling in of a few forms. This order will specify a date at which the order will be considered and once this final order is approved, it is considered permanent. This order can only be changed by an

application made to the courts (*Cape Gate Protection from Domestic violence 114596/9577:2*).

The interim protection order includes the following conditions: the abuser may not commit any act of domestic abuse; he/she must pay the victim rent, make mortgage payments or provide any other necessary emergency money. Firearms or dangerous weapons in his/her possession are seized, and the victim may request a police escort to collect personal property from the abuser's address. Her/his new address may not be given anywhere on the protection order (*Cape Gate Protection from Domestic violence 114596/9577:2*).

2.2.3 Where does one apply for an interim protection or protection order?

The victim can go to any court or police station to get an application form for protection. These forms are called a "Form 2". The police will suggest that the victim go to the court to be helped to fill in the forms. A "Form 1" will also be supplied to the individual who will explain her/his rights. If the individual is hurt or needs to get another place to stay, the police will help her/him to get medical help and/or a place of safety. If the individual goes to a court to get an order, it has to be done at a court that covers his/her area. The courts are open during ordinary court hours which are weekdays 8:00 – 16:00 hours. If it is after hours the court (magistrate's office) will only take an application if the victim can show that she/he will suffer undue hardship if not attended to immediately. The clerk of the court and some volunteers in the court rooms will help the individual to fill out the "Form 2". They will present her/him with a "Form 3" in which it specifies how the protection order works and warns the individual against lying. Lying in this context is also seen as a criminal offence (*Cape Gate Protection from Domestic violence 114596/9577:2*).

This application can be made on behalf of the victim, but to do that, the victim must have given explicit written permission to the person making the application. The only time when it can be done, without the victim's permission, is if the victim is under the age of 18 years, mentally retarded, unconscious or unable to give permission for any other reason. In the case of a child he/she can apply without the assistance of a parent/guardian or anyone else. When any adult applies for a protection order for a child, the above is also valid (*Cape Gate Protection from Domestic violence 11456/9577:3*).

2.2.4 What information is needed to apply for a protection order, “Form 2”?

Below is a brief layout of the “Form 2” application. When the victim goes to the police station or a court, he/she needs to make sure that he/she has all these details on hand (*Cape Gate Protection from Domestic violence*.11456/9577:3, 4)

- Part 1: This form is to be filled in by the applicant or the person applying for the order on their behalf. For this the victim's identity number, home and work address, telephone numbers, job and the status of their domestic relationship are needed.
- Part 2: This form is to be filled in if someone is applying on behalf of the victim. This part involves the collection of information about the applicant and includes the victim's identity number, home and work address, job, relationship to the person from whom they are seeking protection as well as the reason for the application. It is also necessary to show that the applicant has the victim's permission to make the application.
- Part 3: This part of the form is information about the abuser. This information includes the abuser's identity number; home and work address, telephone numbers as well as his/her work address. If the address is not available, the applicant can give information about where he/she can be found, but the address is very important.
- Part 4: Part 4 of these forms enables the collection of information pertaining to other people who may have been affected by this violence.
- Part 5: Part 5 is a statement of the nature of the violence, and how it was carried out (weapons/firearms) which will be taken. If any injuries requiring medical attention were sustained, they should be noted in this section.
- Part 6: This states the level of emergency of the violence and the steps taken to provide protection for the victims.
- Part 7: This form includes the type of abuse for which the protection order is being requested. The victim is given a list on which he/she is required to tick the appropriate box indicating the type of abuse he/she has experienced.
- Part 8: Part 8 is if something is not listed in the above or somewhere else, the victim can apply for it in this section, with clear details thereof.

Part 9: The last part of the form is to make a list of property that is of personal importance. The victim will be accompanied by the police for the collection thereof.

2.2.5 What is the procedure to be followed after filling in “Form 2” (interim protection or protection order)?

After “Form 2” is completed, it will be certified. This will be done in the presence of a commissioner of oaths. This oath is binding and certifies the truth of the information that the victim has given. This can be done at a police station, at the courts by a Justice of the Peace or by a magistrate. Hereafter, it goes to the clerk of the court where a “Form 4” will be supplied. This is an Interim Protection Order that sets the return date for the case. The “Form 2” and “Form 4” will be handed to the magistrate for signature which effectively grants an interim protection order. The magistrate’s signature on the interim protection order nullifies the immediate threat (Cape Gateway11456/9577:4).

If granted, it will be “served on” the abuser by means of the police or a Sheriff. Only then does the interim order come into effect. This can also be arranged to be “served” with registered mail but the danger is that the abuser might fail to collect the document at the post office. There is no cost involved in serving such an order if done by the police, however in case of a Sheriff or registered mail there are costs involved. A document stating that the order was served and the place where it was served is then returned to the clerk of the court. The victim will receive a certified copy of the interim order and a warrant, “Form 8”, for the arrest of the abuser. The warrant will only come into affect if the abuser breaks the conditions of the order (Cape Gateway11456/9577:5).

If the abuser breaks the conditions as outlined in the order, the police will arrest the individual and a “Form 10”, which is an affidavit, describing the way in which the individual broke the conditions, will be issued. The police are required to arrest the individual if there is a possibility that the victim may suffer any harm (Cape Gateway11456/9577:5).

On this interim order there will be a “return date” which is the date that the victim and the partner must appear in court and further information on the incident will be discussed. This will then confirm or decline the final protection order. This return date must be after ten days of the serving of the order (Cape Gateway11456/9577:5).

2.2.6 What happens if the interim order is not granted and what are the legal processes?

When an interim order is not granted, a “Form 5” will be served to the abuser. This will specify a return date on which the abuser is required to be in court. The abuser has the opportunity to find an alternative date. On this date, a final order can be granted. This will be considered in a magistrate’s chambers and not in open court. Only the officers of the court and people directly involved in the matter may be present. The victim may bring along three people to support him/her and can be accompanied by a lawyer that represents him/her. No publication of identity or physical address may be revealed anywhere, unless this is necessary for describing the conditions in the protection order. (Cape Gateway11456/9577:5).

A final protection order will be granted if the interim order was served and if the abuser does not oppose the order or is not present. In cases where there is no proof that the interim order was served and neither of them appears, it is likely that it will be set aside. If the victim appears and there’s no proof of the service of the interim order, a further date will be arranged. In cases where both appear but there is a request from both that the interim order must be set aside, only then, will it be set aside (Cape Gateway11456/9577:6).

2.2.7 What happens if the abuser contests?

If the abuser contests the granting of a final protection order, the case will go to trial. Once all of the evidence given by the victim and/or witnesses has been heard, the magistrate will make a decision. Cross-examination of the victim and witnesses with no lawyer present to represent them is done, by putting the question to the court and the magistrate; the magistrate will then put the questioning to the victim and witness. No direct questions will be asked in cross-examination. If it is in favour of the victim that a final protection order will be granted (Cape Gateway11456/9577:6).

If this protection order is damaged or destroyed, the victim can apply for another one on a “Form 9”. When an abuser breaks the protection order, he/she can be fined or sentenced to prison for not more than five years (Cape Gateway11456/9577:6).

All of the procedures are available to South African residents on the government web: www.capegateway.gov.za

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CHAPTER 3

FAMILY PLANNING

3. INTRODUCTION

Worldwide there are about 536 000 maternal deaths every year and 99 percent of these occur in developing countries. Statistics show that women who have fallen pregnant again within 5 months after giving birth, run a higher risk of a maternal death than women who have intervals of 18 to 23 months between pregnancies (Population Reference Bureau 2009:5). By spacing your children and choosing the number of children you want, shows a tremendous lifesaving benefit. When considering these facts it is clear that family planning increases survival, thus improving the health of millions of people and it also helps to achieve our national goals (Population Reference Bureau 2009:3).

3.1 WHAT ARE THE REASONS FOR FAMILY PLANNING?

- a) Family planning saves women's lives – Family planning can prevent one out of every three maternal deaths by allowing women to delay motherhood, plan for- and avoid unintended pregnancies, abortions and also stop childbearing when desired family size is reached.
- b) Family planning saves children's lives. Family planning can help women to wait at least two years before having the next baby which reduces newborn, infant and child deaths significantly.
- c) Family planning saves adolescents' lives – The young teenage mothers are more vulnerable to health risks and this applies to their babies as well, especially adolescents under the age of 18. This is a high risk time to have children focusing on the negative social and economic consequences.
- d) Family planning reduces deaths caused by AIDS – The usage of condoms can reduce the rate of HIV infections although it does not prevent it entirely. Therefore, family planning reduces the transmission of HIV from mother to child and the number of AIDS orphans.
- e) Family planning helps governments achieve national and international development goals. Family planning combats poverty thus assisting in achieving higher health and development goals (Population Reference Bureau 2009:3).

Family planning is an important part of your family's health and protection, the welfare of mothers and children. Family planning helps to decrease HIV/AIDS

and other infectious diseases and alleviates persistent poverty (Population Reference Bureau 2009:4).

To plan your family also assists the government to allocate resources to help invest in programs that:

- a) Improve access to family planning services, especially for women in rural areas, youth and the urban poor;
- b) Ensure a steady supply of contraceptive methods;
- c) Provide high quality services and
- d) Support communication activities and behaviour changing interventions that increase the knowledge and use of family planning methods. Through family planning more women, children and adolescent lives can be saved (Population Reference Bureau 2009:4).

3.2 SAVING WOMEN'S LIVES

The risk of women dying because of illness and childbirth is very high. Annual maternal deaths are estimated to be around 536 000 worldwide. (Population Reference Bureau 2009:5).

Women and the unmet need for family planning have a variety of reasons:

- a) Lack of knowledge about the risk of becoming pregnant;
- b) Fear of side effects of contraceptives
- c) Perceptions that their husbands, family members or their religion oppose family planning;
- d) Lack of access to family planning services (Population Reference Bureau 2009:5).

3.3 REDUCING UNINTENDED PREGNANCIES

Unintended pregnancies are one of the main reasons for the high rate of abortions. Besides the nearly 67 000 deaths annually, many women end up suffering from long-term, life-altering injuries because of complications from botched abortions. If family planning is introduced, the rate of deaths from abortions will be lower and the use of contraceptive will increase. (Population Reference Bureau 2009:6).

Research has shown that young women between 10-14 years of age are five times more likely to die from complications during their pregnancies. Similar incidences for women between 15-19 years of age are as twice as high as the older group of 20-24 years of age (Population Reference Bureau 2009:8).

It is also clear that a young women's body has not developed sufficiently for the baby's head to pass through the birth canal. This can lead to complications with disabilities and even death. The medical term for this is obstetric fistula (or vaginal fistula, is a medical condition in which a hole develops between either the rectum and vagina, the bladder and vagina after severe or failed childbirth). This is caused during an obstructed labour session. Research is clear on the fact that babies born by adolescent mothers have a 35 times higher risk of illness and death than those born to mothers in the 20-29 age group (Population Reference Bureau 2009:8).

3.4 BREASTFEEDING

Breastfeeding improves a baby's ability to survive. It also nourishes and protects the infant from childhood illnesses. Breastfeeding reduces a baby's chance of dying before the age of 1 by half. Breastfeeding for the first six months of a baby's life will improve the baby's health. After six months you can go on with breastfeeding but also start introducing other nutritious feeding. Breastfeeding is also cost-effective (Population Reference Bureau 2009:11).

3.5 CLOSING THOUGHT

Family planning is important because it can result in large savings in health and education sectors. It also has great economic advantages because:-

- a) there are fewer children to educate and immunize,
- b) fewer people would need water and sanitation services, and
- c) fewer women would need maternal health services (Population Reference Bureau 2009:16).

Family planning programs are cost effective in offering the following:

- a) Providing family planning to HIV-positive women who use HIV services,
- b) Providing family planning as a part of maternity care,
- c) Incorporating family planning services into post-abortion care,
- d) Providing family planning along with child immunization services and
- e) Offering long-acting and permanent methods to women and couples who want to space or stop childbearing (Population Reference Bureau 2009:17).

Family planning must be included in your budget calculations. A short benefit list for family planning is given below:

Individual benefit:

- Less worry about unplanned pregnancies,
- Greater self-esteem and decision making power, especially for women,
- More time to spend with children,
- Greater educational and employment opportunities, especially for girls and women,
- Greater ability to participate in civil society (Population Reference Bureau 2009:19).

Families and households:

- More attention and parental care for each individual child,
- Higher health, nutrition and educational expenditures per child,
- Fewer orphaned children (Population Reference Bureau 2009:19).

Communities and societies:

- Higher productivity,
- Less societal burden of caring for neglected children,
- Reduced public expenditures in education, health care, and other social services,
- Higher savings and investment (Population Reference Bureau 2009:19).

BIBLIOGRAPHY

The full reading is available at:
<http://www.prb.org/pdf09/familyplanningsaveslives.pdf>

CHAPTER 4

DRUGS/ALCOHOL AND THE NEGATIVE EFFECTS THEY HAVE ON A PERSON'S LIFE

4. INTRODUCTION

People do not realize the impact that drugs and alcohol have on their lives until it's too late. People get taught that when you crash your car, have a near death experience or you live on the streets, only then it is a problem: not so! This is not true. Using alcohol or drugs and still passing your standard... low marks ... at school, is not OK. Losing your potential because of drugs and alcohol is not OK. If you do not use drugs and alcohol your passing rates will be higher and your potential is not lost (ctdCC 2007:1).

Problems that you do not realize when using drugs and alcohol is only visible way before the addiction symptoms occur. These symptoms include the following:

- **Lost of potential,**
- **Your emotions are not coping with what is happening, and**
- **Your psychological development is influenced.**

In your development as an adolescent it is very important to learn to take on the role of an adult, someone who is independent and thinks for themselves in making right decisions. If the use of drugs and alcohol is present in this stage of development, these processes are slowed down and can even stop the development (ctdCC 2007:1).

5.1 DRUG/ALCOHOL ABUSE

4.1.1 Experimenting

Using drugs for the first time normally makes you feel good but when it wears off, you want to go back to experiencing those good feelings again (ctdCC 2007:3). **DO NOT EVEN TRY AND DO THIS!!!**

There are risks involved with doing drugs:

- Death - by overdosing on heroin or a allergic reaction to the drug
- You may do things that you normally don't do, which can lead to harm for example: high risk sexual behaviour

- Aggression which can lead to accidents, or acts of socializing with people or places you would normally not engage with.
- Psychosis (an abnormal condition of the mind, losing contact with reality): when you have a small possibility of a psychiatric illness this stage can easily be triggered.
- Addictions: cravings after using the drug for the first time.

Experimenting is seen as using the drug maybe once or twice to try it out (ctdCC 2007:3).

4.1.2 Continuing use or abuse

This is laid in a pattern of only using drugs/alcohol on weekends or every second weekend and not really being addicted yet. This is classified as “continued use/abuse of a substance” (ctdCC 2007:4).

There are risks:

- Underdevelopment of psychological and emotional stages. It includes the development of learning to deal with stress constructively and how to solve problems etc.
- Loss of individual’s potential– not doing as well as they would have and not using their full potential.
- Tolerance to the substance– more of the substance is needed to produce the same effects as before. More money is needed, over-dosage is possible and experimenting with other drugs takes place (ctdCC 2007:4).
- Interpersonal problems develop– Depression sets in, you become disconnected and your perception of reality changes.
- Getting caught– regular users become careless in hiding their drugs and family or a law officer catches them.
- Impairs decision-making ability – there is a negative impact on reality testing – reasoning becomes clouded with a lack of insight combined with the individual’s behaviour (ctdCC 2007:5).

4.1.3 Addiction

Addictions are characterized by a loss of control over the substance abuse. Drugs/Alcohol is used more frequently and repeated failed attempts to stop are present. “Denial and lack of insight are usually present” (ctdCC 2007:5). The phrase of feeling normal is given, and that is the reason for taking the drugs. When they are sober there are symptoms of discomfort enhanced by

withdrawal and craving for the drugs. Withdrawal symptoms of Heroin are severe and the individual will say they use the drug to avoid this discomfort and their life starts to revolve around the use of the drug (ctdCC 2007:6). Drug/Alcohol use is an addiction which can effect “anyone of any race, culture, religion and class, and is not an issue of poor morals (ctdCC 2007:6).

4.1.4 Addiction – a disease

- a) Addiction is seen as a primary disease – it is the main problem.
- b) It is also a progressive disease – it gets worse over time.
- c) It is a chronic (lifetime) disease – after treatment to get off the drug continued support is needed to stay off.
- d) Terminal disease – it can end in death, jail or a mental institution (ctdCC 2007:7).

Characteristics of this addiction disease:

- Ambivalence: one part wants to stop and another part want to use the drug.
- Shame: because they do things that they normally would not do.
- Tolerance: a greater amount of the drug is used to experience the same effect.
- Withdrawal: experience physical/psychological symptoms when the drug is not used.
- Loss of control: life becomes unpredictable and unmanageable.
- Preoccupation with drugs: drugs become the main focus of the individual's life.
- Continued use despite damages: continued use of the drugs in spite of negative effects on their lives, for example their work and family suffer the consequences.
- Manipulation, lying: The individual will say whatever is needed to continue drugging (ctdCC 2007:7).

Ambivalence:

A part of the individual wants to stop but another part wants to continue. She/he has two mindsets regarding the addictions. They recognize the risks, costs and harm of their behaviour but cannot stop their habit. This is like two people in one body, the one wants to stop while the other want to continue (ctdCC 2007:8).

Motivation:

This is the stage at which you become ready to address your addiction. The part of the person that wants to stop becomes stronger. This only happens when the individual starts to realise the negative consequences of drugging (ctdCC 2007:8).

Denial:

This is a defense mechanism that gives the individual reason to continue with their substance abuse. It is lying to others as well as yourself about the impact that the substance abuse has on your life. The individual just cannot see the harm the substance abuse causes, and they develop the attitude to blame others for its negative consequences (ctdCC 2007:9).

4.2 DRUGS AND THEIR EFFECTS

The three categories which drugs are classified in are:

a) Uppers – central nervous system stimulants

Thess drug stimulates the central nervous system, speeds up all body functions, gives an euphoric feeling and increases energy levels (ctdCC 2007:19).

i) Effects are:

- Increased heart rate
- Increased energy
- Increased sexual activity
- Accelerated speech, jumping from topic to topic
- Decreased appetite
- Decreased inhibition, impaired judgement
- Decreased function of the immune system
- Unrealistic confidence (ctdCC 2007:19)

ii) Examples of these drugs:

- Cocaine
- "Tik"
- Crack
- Speed

- Ice
- Appetite suppressants
- Ecstasy is a stimulant with hallucinogenic properties (ctdCC 2007:19)

iii) Withdrawal:

Effects are short-lived and physical...

- Mood disturbances – depression, anxiety, irritability, paranoia
- Disturbance of sleeping patterns (insomnia)
- Cognitive dysfunctions – lack of concentration, memory (ctdCC 2007:19)

b) Downers – central nervous system depressants

These drugs make the individual feel relaxed and drowsy by dulling the central nervous system. This can include alcoholism (ctdCC 2007:20).

i) Effects:

- Slows you down, often slurred speech
- Lack of co-ordination
- Decreased energy
- Decreased alertness
- Decreased sexual drive
- Decreased appetite
- Decreased functioning of the Immune system
- Increased sleeping (ctdCC 2007:20)

ii) Examples of these drugs:

- Alcohol
- Heroin
- Mandrax
- Inhalants (ctdCC 2007:20)

iii) Withdrawal:

- Sleeplessness
- Night sweats
- Headaches
- Mood swings

- Back-ache
- Stomach cramps (nausea, vomiting, diarrhea, fever etc.)
- Panic and anxiety attacks during benzodiazepine withdrawal (ctdCC 2007:20)

c) Hallucinogens

These drugs cause the individual to see, hear and feel things that is not really there (ctdCC 2007:21).

i) Effects:

- Distortion of time through Dagga
- Visual and auditory hallucinations through LSD
- There are changes in what you feel, taste, touch, hear and see as experienced
- Psychosis can be triggered – lose touch with reality and have impaired judgment (ctdCC 2007:21).

ii) Examples of these drugs:

- Dagga
- LSD
- Magic mushrooms and Moonflowers
- PCP (“Angel Dust”) (ctdCC 2007:21)

iii) Hallucinogens are not physically addictive but then habit could develop over time with severe side effects such as: predisposition to psychosis: exacerbation of depression and other mental illnesses and flashbacks (ctdCC 2007:21).

d) Other signs suggesting alcohol & drug abuse

i) Physical Changes:

- Weight loss, pale face, circles under eyes
- Red eyes (or frequent use of eye drops)
- Unexplained skin rashes
- Persistent cough, frequent colds
- Changes in sleep and/or eating patterns
- Deterioration in personal hygiene
- Odour of alcohol or other drugs

- Obvious intoxication (ctdCC 2007:56)

ii) *Behavioral Changes:*

- Increased need and use of money
- Quitting or getting fired from jobs
- New friends, lying, secretiveness, mysterious phone calls
- Attendance problems at work or school
- Drop in performance at work or school
- Accidents at work or school
- Mood swings (e.g. angry outbursts, sadness/depression or elated mood)
- Verbal and/or physical abuse towards family members
- Spending more time alone
- Quitting hobbies or extracurricular activities
- Theft and missing valuables, alcohol or medication (ctdCC 2007:56)

iii) *Items to look for:*

- Alcohol and other drugs in possession
- Mouthwash, breath sprays and eye drops
- Thinners, tippex or other solvents (indicates inhalant abuse)
- Bank bags, rolling papers (rizla, etc) broken glass bottle necks, pipes of various shapes and sizes, pieces of tinfoil, mirrors, razor blades, small metal screens or burnt spoons
- Seeds (of dagga plants)
- Incense burning
- Burns or stains on hands and clothing (ctdCC 2007:57)

In adolescent some of the mentioned symptoms may be normal. In substance abuse it can normally be a wide range of behavioral changes (ctdCC 2007:57).

4.3 DETAILS OF CERTAIN DRUGS

4.3.1 Tik (Crystal Methamphetamine)



www.Adplegal.com



www.thegooddrugguide.com

www.telgraph.co.uk

It's an odourless, crystal-like substance. (Street name: speed, ice, choef, straws) (ctdCC 2007:22)

i) *Symptoms:*

- Dilated pupils
- Agitation/Aggression
- Loss of appetite
- Unusual energy
- Accelerated speech
- Weight loss
- Insomnia– problem with sleeping (ctdCC 2007:22)

ii) *Effects:*

- Increased confidence
- Increased sex drive
- Loss of concentration
- Increased energy
- Decreased appetite

- Memory loss (ctdCC 2007:22)

iii) *Long-term effects:*

- Risk of addiction
- Sexual dysfunction
- Chronic use results in psychosis, violence, confusion and risk of suicide (ctdCC 2007:23)

iv) *Psychosis*

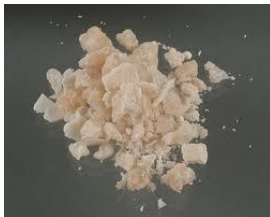
- hallucinations
- extreme paranoia
- delusions
- violent outbursts due to panic and fear (ctdCC 2007:23)

4.3.2 Cocaine/Crack

Cocaine (sniffing)

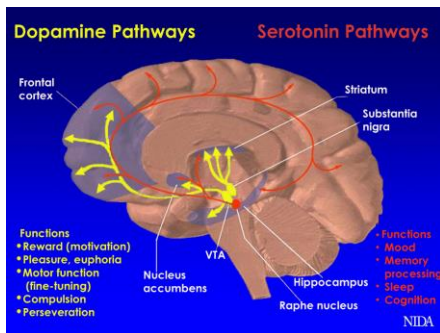


Crack (smoking)



www.erowid.org
www.studentvillage.co.za

www.telgraph.co.uk
www.vozdoacre.com



Brain pathways gets damaged by drug abuse: www.drugabuse.gov

Cocaine (Also known as coke and rocks) is a powder and crack is a crystallized form of cocaine (ctdCC 2007:24).

i) *Symptoms:*

- Loss of appetite
- Anxiety
- Frequent sniffing
- Insomnia – problems sleeping
- Runny nose
- Weight loss
- Nose bleeds (if snorted)
- Loss of concentration (ctdCC 2007:25)

ii) *Effects:*

- Increased confidence
- Increased energy
- Increase or decrease in sex drive
- Feeling powerful
- Paranoia
- Dehydration (ctdCC 2007:25)

iii) *Long term effects:*

- Risk of addiction and psychological dependence
- Heart and respiratory failure
- Convulsions and Coma

- Chronic use results in psychosis, violence, confusion and risk of suicide
- Damage to nasal passage
- High risk sexual behaviour (ctdCC 2007:25)

4.3.3 Kat



www.getsmartaboutdrugs.com

www.talktofrank.com

www.soberliving.com

yemenfox.net

Kat is available in a leave- or in a powder form (ctdCC 2007:226).

i) *Symptoms:*

- Dilated (Enlarged) pupils
- Weight loss
- Insomnia – problems sleeping
- Rapid heart beat
- Twitching
- Dehydration and sweating due to an increase in body temperature
- Teeth grinding and jaw clenching, often resulting in gums being chewed (ctdCC 2007:26)

ii) *Effects:*

- Increased energy
- Aggression
- Mood swings
- Euphoria – feeling of extreme happiness
- Sharpened senses – becoming more alert
- Impaired judgment and concentration
- Increased confidence – the user begins to talk more and feel good about themselves
- Hallucinations (seeing, hearing or feeling things that are not really there)
- Rapid speech
- Restlessness
- Anxiety (ctdCC 2007:27)

iii) *Long term effects:*

- Addiction – daily use increase and withdrawal sets in
- Decrease in mental health which can involve:
 - Psychosis: Feeling out of touch with reality; experiencing delusions, paranoia and hallucinations
 - Panic attacks and anxiety due to fear
 - Depression with risk of suicide (ctdCC 2007:27)

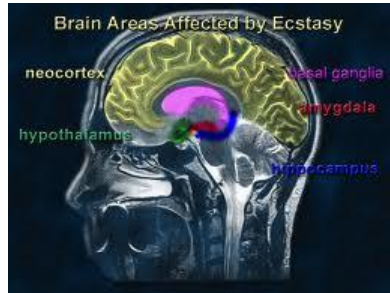
4.3.4 Ecstasy



elitedaily.com



trandsafari.com



Brain areas affected by ecstasy – www.drugabuse.gov

Also known as 'E', XTC, Doves, Llove, Adam & Eve, pink Champagne, Strawberry Sundaes, Dennis the Menace, Snowballs, Apples, Superman, Domes, White Diamonds and Mitsubishis. It is an amphetamine known as Methylene Dioxymethamphetamine (MDMA). It's available in capsules or tablets in various colours and sizes (ctdCC 2007:28).

i) *Symptoms:*

- Decrease in co-ordination
- Decreased appetite
- Decreased sleeping and resting
- Dilated (enlarged) pupils
- Blurred vision
- Sweating
- Dry mouth
- Thirst
- Increased body temperature
- Muscle spasms
- Unsteadiness
- Jaw clenching and teeth grinding (This is why users often chew gum) (ctdCC 2007:29)

ii) *Effects:*

- Decreased inhibitions – the user will become adventurous and not think about the risks involved.
- Energetic
- Feeling of loving
- Feeling joyful, happy, peaceful
- Feeling sexual which may lead to risky sexual behaviour

- Dehydration (users need to drink lots of water)
- Increased blood pressure and heart rate
- Mental illness
- Stiff muscles
- Breathing problems
- Fits
- Heat stroke
- Heart failure
- Delirium (e.g. Not knowing where they are)
- Coma
- Blood clotting
- Brain hemorrhages (bleeding on the brain)
- Hallucinations (seeing, hearing or feeling things that are not real)
- Death (ctdCC 2007:29)

iii) Long term effects:

- Tolerance develops (The user will have to use more of the drug in order to get the same effect)
- Damage to the brain and liver
- Death
- Depression which could lead to suicide
- Decreased immune system
- Sexually transmitted diseases due to high risk sexual behaviour (ctdCC 2007:30)

4.3.5 Heroin



wrighttownshippolice.org

This product is also known as Thai white and Brown Sugar: Street names: Unga, Beat and “H”. It is also known as opioids, originating from the opium poppy *Papaver Somniferum*. There are other drugs that come from the same family nl: Opium. Morphine, Pethidine, Methadone, Codeine and Wellcanol. This product is produced by using Morphine, which is a strong pain killer, mixed with some chemicals which then form heroin salts. This can also be mixed with talcum powder or Brooklax to make it go further. It can be injected under the skin, sniffed, inhaled or smoked. It gets spiked by heating it in tin foil and inhaling the black smoke (ctdCC 2007:42).

i) Symptoms:

- Constricted pupils
- Constipation
- Mood swings
- Personality changes
- Loss of appetite and weight
- Decreased sex drive
- Sleepiness
- Slurred speech (ctdCC 2007:42)

ii) Effects:

- “Rush”
- Slowed breathing
- Cloudy thoughts and feeling confused
- Nausea and vomiting
- Spontaneous abortion
- Amenorrhea (Women stop getting their period, the menstrual cycle stops) (ctdCC 2007:43)

iii) Long term effects:

- Addiction
- Infectious diseases e.g. HIV/AIDS and Hepatitis B and C
- Collapsed veins
- Abscesses and sores
- Infection of heart lining and valves
- Arthritis and joint pain
- Accidental death through overdose (ctdCC 2007:43)

iv) *Signs to look for:*

- Bent and blackened teaspoons
- Blackened tinfoil
- Matchbox covers
- Hypodermic Syringes and needles
- Lemons or packets of citric acid
- Needle marks
- Unidentified tablets, capsules or syrups
- Tourniquet (belt or rubber band used to stop the blood flow so that a vein is visible) (ctdCC 2007:43)

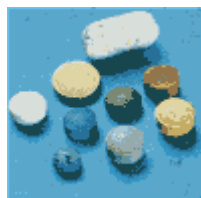
4.3.6 Mandrax



www.blaauwberg.net



www.mandrax.org



home.intekom.com

Mandrax is also known as Buttons. This is a tablet which varies in colour. This drug slows down the action of the Nervous System having a sedative effect. Mandrax is also available in a form of freckled, crumbly powder, it could be grey, yellow or white. This drug can also be smoked by crushing it and mixing it with dagga (ctdCC 2007:45).

i) *Symptoms:*

- Headaches
- Stomach Pain
- Weight Loss
- Red puffy eyes
- Clumsiness (decreased alertness)
- Decrease in concentration
- Restlessness
- Increased sleep
- Brown/Yellowish marks on hands
- Slurred speech
- Poor co-ordination (ctdCC 2007:45)

ii) *Effects:*

- Relaxation – feeling happy (or laughing), calm and carefree
- Confusion
- Aggression – when the high wears off
- Nausea and vomiting
- Falling over and passing out
- Sleep (ctdCC 2007:46)

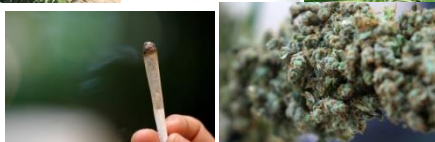
iii) *Long term effects:*

- Risk of addiction – tolerance is built up rapidly
- Decreased immune system
- Convulsions
- Mental and physical deterioration
- Breathing becomes slower leading to respiratory failure, comas or death (ctdCC 2007:46)

4.3.7 Dagga



herbgarden.co.za



www.timeslive.co.za



newsferret.wordpress.com



www.drugaware.co.za

Dagga is also known as Marijuana and Cannabis. The street names are Ganja, Pot, Weed, Herb, Boom, Dope, Spliff, Zol, Skyf, and Grass. Dagga comes from the hemp plant Cannabis Sativa. It has a green color and the leaves as well as the flower is smoked. These plants affect the brain, heart and lungs and slow down the Central Nervous System. Dagga can be compressed, dried or moist. The product can be smoked, swallowed or eaten. The cigarette is known as a “joint” or “slowboat”. They also mix dagga and Mandrax and smoke it in a bottleneck known as a “whitepipe”. Dagga can also be brewed and swallowed as a tea, or mixed in food and eaten in muffins or a cake which they call “space cakes”. They sell dagga in plastic bank bags that are called “bankies”. It can also be compressed into parcels and bricks (ctdCC 2007:47).

i) *Symptoms:*

- Bloodshot red eyes – the user may use eye drops to make their eyes appear “normal”
- Increased sleep
- Coughing
- Excessive use of deodorant to hide the smell of dagga
- Mood changes
- Dry mouth (ctdCC 2007:48)

ii) *Effects:*

- Relaxation – feeling light-headed and giddy
- Euphoria – feeling of extreme happiness

- False confidence – the user will talk a lot and feel good about themselves
- Increased Appetite – after using dagga the user will become hungry and will look for anything to eat. This is known as the “munchies”
- Decreased concentration
- Memory loss
- Impaired judgement – acting before thinking
- False reality – the user will see things differently and experience things that are not real e.g. seeing and hearing things that aren’t really there (ctdCC 2007:48)

iii) Long term effects:

- Addiction – dependence and cravings for dagga once the user has stopped, not feeling able to cope without using more.
- Decrease in concentration and memory leads to learning problems
- Decreased motivation (little energy to carry out tasks) resulting in poor achievement among young users
- Impaired judgement and negative social behaviour. The user begins to rebel against authority figures e.g. parents, school/work and their risk-taking increases
- Decreases the immune system functions. This works against the body’s ability to fight off infections and illness
- Damage to organs, especially the brain, heart and lungs
- False reality and detachment can trigger a mental illness where the user will live in a semi-permanent state of confusion and loss of reality
- Depression
- Decrease in sexual health. This may involve:
 - Decrease in sex drive. The user may lose interest in sex.
 - Infertility in men and women (the inability to have children)
 - Pregnancy: If the user is pregnant, continued dagga use will result in the baby suffering low birth weight, health problems and harm the baby’s muscle movement (ctdCC 2007:48).

DAGGA CAN BE CATEGORISED AS AN HALLUCINOGEN (ctdCC 2007:48).

4.4 HALLUCINOGENS

4.4.1 LSD = Lysergic Acid Diethylamide



www.arlshelp.com

Street names for this drug are: Acid, Candy, Caps, Sunshine, Microdots, Strawberries, Smarties. It is made in a laboratory and comes from the fungus that grows on rye grains called ergot. It is available as a white powder, liquid solution, tablets and is also injected into blotting paper with cartoons characters printed on them. Taking this drug changes your mind and body experience (ctdCC 2007:50).

i) *Symptoms:*

- Heart beats faster
- Blood pressure rises
- Flushing of the skin
- Trembling
- Red eyes
- Vomiting (sometimes)
- Walking unsteadily (sometimes) (ctdCC 2007:51)

ii) *Effects:*

- A sense of great euphoria (extreme happiness)
- You may feel anxious, desperate or angry
- You may feel as if you are outside your body
- You may experience sensory changes, for example you may smell colours and see sounds. You will hallucinate (seeing and hearing things that are not true/real) e.g. Fixed objects like trees or walls may move or take on bizarre colours, shapes and patterns.
- Some people feel they can do anything as if they have supernatural powers (e.g. they can fly or walk on water)
- “A bad trip” – This is when things go wrong and an overwhelming feeling of anxiety or panic occurs. This may last for 24 hours.
- “A bad trip” depends on the mental state of the user before taking LSD and the environment in which it is taken (ctdCC 2007:51).

Once used, this drug can sometimes let you re-experience the same feeling and sensations months after taking the drug. This is called flashbacks and can be brought on by using another drug like dagga. This can also happen without using other drugs (ctdCC 2007:51).

4.4.2 Magic Mushrooms



www.zmescience.com



www.tclondon.org.uk

www.magic-mushrooms.net

www.basisonline.org

These mushrooms are hallucinogens or psychedelics and contains psilocybin. Psilocybin and Psilocin is used for mind-altering effects and are found in 40 different mushroom species. There are two different plant groups that magic mushrooms fall under namely the Liberty Cap and Fly Agaric. Once dried all mushrooms are small, brown or tan in colour. These mushrooms can be used fresh, or dried in slices or powder. It can be eaten, boiled in tea and drunk. It can even be rolled into a cigarette or pipe and smoked. If magic mushrooms are used uncontrolled, the outcome can be fatal (ctdCC 2007:53) .

i) *Possible Physical Effects:*

- Diarrhea
- Stomach pain
- Vomiting
- Excessive sweating
- Large pupils
- Increased heart rate and blood pressure
- Blood clots
- Prickly, burning sensation of the limbs and face
- Difficulty breathing
- Unconsciousness (ctdCC 2007:54)

ii) *Possible Negative Emotional/Psychic Effects*

- Paranoia
- Suicidal thoughts
- Anxiety
- Feeling of panic
- “bad Trip” (terrifying hallucinations and feeling overwhelmed/scared)
- “Flashbacks” (experiencing the trip over again) which can occur even years afterwards

- Potential death if too much is taken (overdose) or if it is mixed with other drugs
- Mental illness (ctdCC 2007:54)

iii) *Possible Positive Emotional/Psychic Effects*

- Feeling happy and joyful
- Goggling
- Feeling ‘detached’ from the world or “outside” of yourselves
- Feeling able to think in different ways to other people (special powers)
- Becoming excited and engrossed (overly focused) in whatever they are doing
- Hallucinations – You see and hear things that are not real or even feel things (e.g. on your skin) that aren't real. Sounds and colours may also become different or more intense. :You may also see objects changing shape.
- You lose track of time
- A sense of spiritual enlightenment(ctdCC 2007:515)

4.5 INHALANTS



www.drsobhe.com

www.cbsnews.com

www.pronasa.org



fc.sisd.net

An Inhalant is classified as the breathing in of chemical vapours that produce mind-altering effects. An inhaler is psychologically and physically addictive. These products are used by sniffing it. Addicts use this to escape from problems in life and this is associated with problematic behaviour like shoplifting, damage to property and theft. To sniff this, it is spread on a cloth and placed over the mouth and nose. The cloth can also be placed in a paper bag and held tightly to the face and then inhaled (ctdCC 2007:40).

- Drowsiness
- Numbness
- Coughing
- Irritation to the nose and eyes
- Vomiting (Users have been known to choke on their own vomit)
- Diarrhea
- Double vision
- Slurred speech
- Red face after use followed by a pale complexion (ctdCC 2007:41)

- Immediate high which lasts 15-45 minutes
- Euphoria (extreme happiness)

- Dizziness
- Light headedness
- Freedom from inhibition – the user will become adventurous and not think about the reasoning behind things
- Amnesia (loss of memory) (ctdCC 2007:41)

iii) *Long term effects:*

- Death due to asphyxiation/suffocation (battling to breathe) if used in a closed area or if too much is inhaled at once,
- Damage to voice
- Damage to heart, kidneys, liver and lungs
- Damage to nervous system
- Brain damage caused by a lack of oxygen
- Severe depression which could lead to suicide (ctdCC 2007:41)

4.6 ALCOHOL



www.dailyrecord.co.uk/biology.co



www.bbc.co.uk/thinkprogres.org

www.interactive-

Alcohol is also called Booze, Drinks, Dop, Jars and Juice. This is a liquid which is fermented and slows down the body's functioning. Alcohol affects the Central Nervous system and this results in loss of co-ordination and judgment.

i) *Symptoms or “telltale signs”:*

- Trembling Hands
- Hangover
- Vomiting and Nausea
- Loss of appetite
- Smell of alcohol on the user’s clothes or breath
- Chewing gum, breath mints and freshener
- Hiding alcohol
- Withdrawn secretive behaviour– lying about drinking and the amount used, creating excuses to drink and feeling anxious, defensive or guilty when the user is questioned about his/’her drinking
- Slowed reflexes e.g. slurred speech
- Decrease in concentration (ctdCC 2007:31)

ii) *Effects:*

- Relaxation – relieves anxiety and tension
- Impaired judgement and loss of inhibition – the user will become adventurous and not think about the reasoning behind things
- False confidence – the user becomes more sociable and talkative
- Drowsiness
- Initially the user will feel a happy “buzz” once they have had a few drinks. As they continue to drink more they may become depressed.
- Double vision (Seeing two of everything) and not being able to judge distance
- Aggression that could lead to violence
- Confusion
- Drunkenness (ctdCC 2007:32)

iii) *Long term effects:*

- Addiction – The user will start drinking more and more which leads to dependence on alcohol
- High blood pressure
- Damage to the brain, heart, kidneys, liver and pancreas
- Blackouts and memory loss
- Stomach ulcers
- Risk of road accidents “Drunk Driving” (ctdCC 2007:32)

**YOU CAN BE HELPED – DO NOT ALLOW THIS TO HAPPEN OR
ALLOW IT TO GO ON IN YOUR LIFE!!!**

Complicated withdrawal symptoms are observed from alcohol, benzodiazepine and heroin. There can be life threatening consequences when just stopping without proper help. The individual should see a counselor for assistance and support while detoxifying. This is to be done before treatment will begin (ctdCC 2007:18).

BIBLIOGRAPHY

THE BOOK DISCUSSED IS OBTAINABLE AT: “The Cape Town Drug Counseling Centre” - web: [www.drugcentre .org.za](http://www.drugcentre.org.za)

Other websites mentioned in summary can be found as mentioned.

CHAPTER 5

DRUGS AND DRUG TRAFFICKING Act 140 of 1992

6. INTRODUCTION

There are laws provided for prescription drugs given by doctors as well as for illegal drugs. When looking at the act regarding illegal drug trafficking and use, the following is of note.

5.1. MANUFACTURES AND SUPPLY/USE AND POSSESSION OF DRUGS

No scheduled substances may be supplied to any person to be used in an unlawful manufacturing of a drug. No person shall use or have in his/her possession any drugs that is a

1. dependence-producing substance or a
2. dangerous dependence-producing substance or any other drug that is a
3. undesirable dependence-producing substance (No 40 1992:Drug and Trafficking Act:9).

There are prescribed medicines that are only allowed if prescribed by a professional medical practitioner, dentist, practitioner acting or pharmacist which must be in accordance with the Medicines Act requirements (No 40 1992:Drug and Trafficking Act:9).

No person is allowed to have any of these drugs as his own belonging (property). In that the holding thereof is a defined crime (No 40 1992:Drug and Trafficking Act:11).

5.2 REPORT THE CRIME TO THE POLICE

If there is any reason to suspect that there are drugs in a place of entertainment that possess or deals with illegal drugs he/she must as soon as possible:

1. Report his suspicion to any police official on duty at the place of entertainment or:
2. Report the incident at the nearest police station,
3. And furnish the details of such person that possess/deals with these drugs (No 40 1992:Drug and Trafficking Act:13).

5.3 POWERS OF POLICE OFFICIALS

If the police official suspects that there are people in possession or dealing with drugs, he/she may board and search any premises, vehicle, vessel or aircraft on which any of these substances is to be found. He/she is allowed to search any container or anything where these drugs are possible to be found in. If there are suspected drugs on a person he/she may be searched: provided women must be searched by a woman. Any articles that are suspected to carry the drugs may be opened and any person who is in his/her opinion able to give information is allowed to be questioned. These officials may ask for documents in this respect or copies of these documents. If the product is not legal the official may confiscate everything. The official may require any vehicle, vessel or aircraft to be stopped or request the master, pilot or owner to sail or fly to the harbor/airport indicated by the police (No 40 1992:Drug and Trafficking Act:15).

5.4 OFFENCES AND PENALTIES

1. Any person who is in possession of or on his/her premises, vehicle, vessel or aircraft, is charged with an offence under Act 140 (No 40 1992:Drug and Trafficking Act:17).
2. If the attorney-general suspects that a person is withholding information regarding crimes concerning drugs, he may issue a warrant for the arrest and detention of that person (No 40 1992:Drug and Trafficking Act:15)
3. "Any person who-
 - a) Hinders or obstructs any police official in the exercise of his/her powers under section 11 (*section 11 = powers of police officials*);
 - b) Refuses or fails to comply to the best of his ability with any requirement or request made by any police official in the exercise of his powers under section 11;
 - c) Refuses or fails to answer to the best of his/her ability any question which any police official in the exercise of his/her powers under section 11 has put to him/her; or
 - d) Willfully furnishes to any police official information which is false or misleading;

Shall be guilty of an offence (quoted: No 40 1992:Drug and Trafficking Act:15(16))

4. "Any person who is convicted of an offence under this Act shall be liable-

- (a) In the case of an offence referred to in section 16 (*no 3 above = section 16*), to a fine, or to imprisonment for a period not exceeding twelve months, or to both such fine and such imprisonment;
- (b) In the case of an offence referred to in section 13(a) (*no 1 above*) or (c) (*no 5.1.1 above*), to such fine as the court may deem fit to impose, or to imprisonment for a period not exceeding five years, or to both such fine and such imprisonment;
- (c) In the case of an offence referred to in section 13(e) (*no 5.1.1 above*), to such fine as the court may deem fit to impose, or to imprisonment for a period not exceeding 10 years, or to both such fine and such imprisonment;
- (d) In the case of an offence referred to in section 13(b) (*no 5.1.1 above*) or (d) (*no 5.1.1 above*), 14 (*offences relating to proceeds of define crime*) or 15 (*Offences relating to reporting of information*), to such fine as the court may deem fit to impose, or to imprisonment for a period not exceeding 15 years, or to both such fine and such imprisonment; and
- (e) In the case of an offence referred to in section 13(f) (*no 5.1.1 above*), to imprisonment for a period not exceeding 25 years. Or to both such imprisonment and such fine as the court may deem fit to impose" (quoted: No 40 1992:Drug and Trafficking Act:19(17)).

The person found in possession of drugs will be guilty till proven not-guilty (No 40 1992:Drug and Trafficking Act:21).

5. "If in the prosecution of any person for an offence referred to-

- (a) In section 13(f) (*no 5.1.1 above*) it is proved that the accused-
 - (i) Was found in possession of dagga exceeding 115 grams;
 - (ii) Was found in possession in or on any school grounds or within a distance of 100 meters from the confines of such school grounds of any dangerous dependence-producing substance; or
 - (iii) Was found in possession of any undesirable dependence-producing substance, other than dagga,

It shall be presumed, until the contrary is proved, that the accused dealt in such dagga or substances";

- (b) "In section 13(f) (*no 5.1.1 above*) it is proved-

- (i) That dagga plants of the existence of which plants the accused was aware or could reasonably be expected to have been aware, were found on a particular day on cultivated land; and
- (ii) That the accused was on the particular day the owner, occupier, manager or person in charge of the said land,

It shall be presumed, until the contrary is proved, that the accused dealt in such dagga plants”;

- (c) “In section 13(e) (*no 5.1.1 above*) or (f) (*no 5.1.1 above*) it is proved that the accused conveyed and drug, it shall be presumed, until the contrary is proved, that the accused dealt in such drag”;

- (d) “In section 13(e) or (f) it is proved-

- (i) That any drug was found on or in any animal, vehicle, vessel or aircraft; and
- (ii) That the accused was on or in charge of, or that he accompanied, any such animal, vehicle, vessel or aircraft,

It shall be presumed, until the contrary is proved, that the accused dealt in such drug” (quoted: No 40 1992:Drug and Trafficking Act:21(21)).

- 6. Presumption relating to reporting of information = If in any prosecution for the failure to comply with a provision of subsection (1) of section 10 (*no 5.1.2 above*), it is proved-

- (a) That the accused was on a particular day the owner, occupier or manager of any place of entertainment to which admission is obtained by virtue of any consideration, whether directly or indirectly, or by virtue of any contribution to any fund or for any purpose or by virtue of membership of any association of persons, or that such place of entertainment was on the particular day under the control or supervision of the accused; and
- (b) That on the particular day any other person, while he was in or on such place of entertainment, and in contravention of the provisions of this Act, used or was in possession of, or dealt in, any drug,

It shall be presumed that the accused had reason for the suspicion contemplated in the subsection” (quoted: No 40 1992:Drug and Trafficking Act:23(23)).

BIBLIOGRAPHY

ALL THESE LAWS ARE QUOTED FROM THE GOVERNMENT GAZETTE
VOL 329(14143): Act no 140 of 1992: Drugs and Drug Trafficking Act

CHAPTER 6

GANGSTERISM

6. INTRODUCTION (The history of Gangsterism)

Gangsterism consists of a group of people with anti-social behaviour. The group of gangsters that started in Sophiatown was lead by Kortboy and Don Metiera. This group from Sophiatown is again linked to Eric Hobsbaum and his "social bandits" which were a phenomenon of the early British Industrial Revolution and the spawned Capitalist system. Since that time they are seen as part of the resistance rather than social outcasts, and are a despised group of members (SAHO).

In the early 1900s, crime and violence were seen as an important factor of urban life and culture. The growth in the number of gangs was observed because of poverty, misery, violence and lawlessness. These gang members, also known as the tsotsis, were known for their destabilization of the urban African family. This was caused by parents who had to work at distant places and the youngsters then participated in criminal offences. These youngsters were sentenced to institutions where they were disciplined and trained (SAHO).

After the Second World War in the late 1940s, gangsterism increased because of the youngsters who did not have schooling and could not find jobs. Many of these gangster group members could not read or write and were undisciplined and displayed weak character traits. In the 1950s Sophiatown was the nucleus of all crimes in the Witwatersrand area. If a black man did not have a pass, he could be jailed (SAHO).

Gangsters came from the city and spoke a mixture of Afrikaans and English, known as the tsotsitaal. They tried to manipulate the white system. "As the conditions in the townships worsened, they turned to robbery, muggings and other violent crimes." They then, and still are today seen as criminals. Some worked during the day and at nights and weekends they committed these crimes to supplement their income (SAHO).

The most notorious gangs in Sophiatown were the Americans, the Gestapo, the Berliners and the Vultures. The Gestapo and the Berliners reflected Hitler as their Hero because he targeted the whites in Europe (these whites were Jews) (SAHO).

The Gestapo was formed by a group of boxers who would fight other gangs on weekends. Their time was spent in defending their territory and their women from the Berliner gangsters. Later they turned to robbery and charging Indian shopkeepers protection fee to protect the shops from being robbed (SAHO).

The Berliners were concerned with small-scale crimes. They travelled by train and stole wage packets from the travellers. They were armed with .303 calibre rifles. They ravaged the areas by robbing, raping and extorting businessmen and taxi owners. They also took protection money from Chinese and Indian shopkeepers and further terrorized the population of the Western Native Township (SAHO).

The Americans were well-known and led by Kort Boy, who was seen as a savagely cruel man. His real name was George Mbalweni, and he came from Benoni. He lived a violent life and served a number of prison terms. He was sentenced to death but later it was changed to eighteen years of hard labour. Most of the remaining gangsters were jailed or dead when George came out of jail after fifteen years. Their dress code was: elegant cardigans, brown and white shoes and narrow blue trousers called Bogarts. They started as a group of brothers, cousins and friends who committed small-time pick-pockets and bag-snatchers. As time went by they turned to large-scale crime and stole from city shops and railway delivery trailers. They were often involved in gunfights with the railway police. They were also known as the "African Robin Hoods" (SAHO).

The Vultures were a child gang started by Don Mettera. They imitated the adult group of Americans and were inspired by movies. The name came from the film "Where no vultures fly". They protected their own territory. Don Mettera's explanation of why he joined the group was "the boys could be somebody at a time when society did not help them to be somebody" (SAHO).

The mineworkers were victims of the tsotsis and for self-preservation they formed a group called Ma-Reshea-Russians which consisted of Basotho Migrants. They "wore Basotho blankets over their smart city pants, and small hats with an ostrich feather". They protected themselves and fought with the "melamu" sticks that herdboys used to fight with. The violence of their attacks gave them a fearsome reputation (SAHO).

Gangsterism is seen as a coloured phenomenon, but it was the Black individuals who started these groups. Therefore a lot of the gangster language originates from Black language terminology. The words are commonly used without knowing what it means. Over time new gangster groups were started while some others disintegrated. The gangs became more dangerous and

violent. “Disruptions and intimidation became more prevalent”. “The forced removals of Coloureds from District Six in 1966, helped disperse gangsterism throughout the Cape Flats” (Herrendorfer).

6.1 GANGSTERISM IN PRESENT DAY

Gangsterism is a big problem in South Africa, predominantly in the Western Cape. Men, women and children became involved with these groups, sometimes knowingly and other times unknowingly. This often cost them their lives and some still carry physical and emotional scars from their involvement. When trying to get out of the gangs you could get hunted and killed. Some folks are still living in fear of being found. These gangs cause an overflow in South African prisons, both men, women and youths because of the crimes they committed. (Herrendorfer).

Today there are two types of gangs, namely the street gangs and the organised gangs. The street gangs are smaller, less significant and less problematic. Street gangs are made up of youngsters who meet on street corners, smoke dagga, drink and intimidate people that pass by. They rob and steal to support their drug and alcohol habits. The larger gangs offer these small groups “jobs” for example to sell drugs in their neighbourhoods (Herrendorfer). 41

The larger groups are problematic and are normally members of the 26's, 27's and 28's. They operate like well-organised institutions. They have lower and upper structures which are directed by strict codes of conduct and gang rules. Breaking these rules and codes of conduct can cost you your life (Herrendorfer).

The SAPS Operation Slasher, launched in 2001, states that there are about 150 gangs in the Western Cape with a total of 120 000 members. These gangs control large areas which are known as their “turfs”. They guard it with their lives, opposing the influx of other gangs. They manipulate their illegal activities which is prostitution, drug dealing and shebeens. Young girls are intimidated or forced into prostitution and sometimes dragged from their homes for prostitution and their families are helpless. These girls get raped by many gang members and forced to sell their bodies on the street. The money they make goes to the gang. They get a minute allowance for their efforts or get fed drugs to blur the tragic reality (Herrendorfer).

Some Shebeens and store owners are compelled to pay protection fees to these local gangs failing which the gang will make their lives unbearable by intimidation tactics and threats. This results in the loss of property or even

death of the owner. The gangs operate money loan schemes and sometimes people cannot afford to repay it. The gangs demand repayment of these loans with large interest rates. These gang-ridden communities are either unemployed or earn tiny wages. If these loans are not repaid the results could be tragic. (Herrendorfer).

The gang-members are drawn into this lifestyle between the ages of ten and sixteen. Gang leaders are usually between thirty and fifty years old. Many males are drawn into these groups with a promise of money, power and glamour, but in reality this is not what they get. As soon as you join you are required to be involved in murders, robberies, rapes and drunkenness. These youngsters are normally offered a “surrogate family”, because the parents are working and the children are left unattended at home. The youngsters are mostly used to commit the crimes so that the leaders are not identified. This order to commit these criminal act are filtered through the ranks of a gang and the person who commits the crime does not know who instructed him to carry out the crime. Girls who are used for prostitution sometimes form their own gangs which are regarded as an “affiliate” of the man, male-dominated gangs. These females are involved in the smuggling of drugs or a gang’s prostitution ring (Herrendorfer).

The citizens in these areas must be armed and stand together to oppose these gangsters. Lieutenant General Arno Lamoer in the South African Police Services in the Western Cape is implementing a Gang Combating Strategy to combat gang violence and eliminate the criminal activities of these gangs. This operation was launched in July 2012 and the stabilization of these gangs in Lavender Hill, Grassy Park, Hanover Park and Manenberg is visible. This stabilization of the groups was achieved through more active police operations in these areas. This resulted in drugs and gangs to be displaced and move to other areas. Since January 2013, four prominent gang leaders were caught after court orders were obtained in the Cape High Court. This was done in conjunction with the Cape Town Metro Police (Mthethwa).

The police closed down thirteen clandestine drug laboratories. Visible policing, investigations, crime information management and importantly, the support and involvement of communities made the arrests of these gangsters possible. In research at Eldorado Park in Gauteng it was revealed that the age of drug users are becoming lower. This leads to absenteeism in schools resulting in school dropouts. After rehabilitation is offered to these youngsters, they easily fall back into this habit because of the lack of support structures and also the availability of drugs. Regarding the implementation of the Drug Master Plan, Departments such as Social Development for rehabilitation, the Department of Basic Education and the Department of Health, focus on the

reducing of criminal harm and supply, prevention, treatment, after-care and re-integration of individuals back into society. Further help can be obtained from social partners, parents, NGO's and faith based organizations (Mthethwa).

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2. Herrendorfer E 2004. Gansterism in the Western Cape. *Victims against Crime*. Vol 4
3. Mthethwa N 2013. Statement by Nathi Mthethwa, Minister of Police, on combating gangsterrism in the Western Cape. 20 August. Accessed from: ><http://www.info.gov.za/speech/DynamicAction?pageid=461&sid=38974&tid=117857><

A LIST OF SHELTERS AND COUNSELLING FACILITIES

- Emergency Help City of Cape Townland line...107
..... 021 4807700
- Police response..... 10111
- Ambulance 10177
- or
- Head officeoffice hours..... .021 948 9908
- Metrooffice hours..... 021 511 5154
- West Coast.....office hours..... 022 433 2380
- South Capeoffice hours..... 044 874 7458
- Boland/Overbergoffice hours..... 023 342 2698
- Stop Women Abuse 0800 150150
- Life Line (counselling for general trauma) 021 461 1111
- or
- Life Line – Western Cape 021 461 1113
- Child Line (counselling for general trauma in children)..... 021 461 1114
.....0800 055 555
- or
- Child Line – Western Cape 021 762 8198
..... 021 461 1114
- or
- Illitha Labantu (counselling for violence against women in general) 021 633 2383
- Nicro Women's Support Centre (counselling and advice for battered women)
..... 021 422 1690
- Nicro (Mitchell's Plain).....021 3976060/1/2
- Rape Crisis (Observatory) (counselling and advice for sexual assault survivors 14
years and older) 021 447 9085
..... 021 447 1467
- or
- Rape Crisis (Khayelitsha) (counselling and advice for sexual assault survivors 14
years and older..... 021 361 9085
- Rape Crisis (Athlone) (counselling and advice for sexual assault survivors 14
years and older) 021 633 9229
- Black SASH (general legal advice)..... 021 425 3417
- RAPCAN (resources aimed at the prevention of child abuse and neglect)
..... 021 712 2330
- Safeline (counselling and advice service for abused children, 16 years and
younger) 08000 35553
- FAMSA (Family, marriage and couple counselling)..... .021 447 0170
..... 021 447 7951
- or
- Triangle Project (counselling around issues of sexuality)..... 021 448 3812
- Trauma Centre for victims of violence and torture (counselling service for general
trauma, violence)..... 021 465 7373

- Mitchell's Plain Network Opposing Women Abuse 021 376 2780
- Mitchell's Plain Youth Development (counselling and outreach). 021 392 6101
- Mitchell's Plain School Clinic (counselling and psychotherapy)..... 021 374 4107
- Child and Family Unit, Lenteguer Hospital (psychiatric treatment).. 021 370 1498
- Cape Town Unit, Mitchell's021 376 3032/5/9
- PAWCSS, Mitchell's Plain 021 370 4800
- Cape Town Drug Counselling Centre..... 021 447 8036
- Social Services (child investigation/protection cases)0 021 483 3158
- Diane Smart Law Firm (family law legal services)0 021 422 3003
- Mosaic (advice and counselling for abused women) 021 761 7585
- Parent Centre (helping parents to raise children and teenagers) 021 762 0116

SHELTERS FOR ABUSED WOMEN

- Carehaven Shelter Gatesville, Cape Town .. 021 633 5511
- CEF Mossel Bay Mossel BayEden 044 691 1411
- Dorothy Zihlangu Langa, Cape Town 021 633 2383
- El-O-HimTafelsig, Cape Town 021 397 1936
- lhata Shelter Heideveld, Cape Town .. 021 638 5578
- Place of Hope Lansdowne, Cape Town 021 697 2019
- Rosemoore Refuge for Battered Women and their Children hambili George, Eden
..... 044 875 1551
- Saartjie Baartman Shelter Manenberg, Cape Town 021 633 5287
- Sisters Incorporated Shelter Kenilworth, Cape Town . 021 797 4190
- Sorgenhaven (Gesinde Centrum Daeida) Mossel Bay, Eden 044 693 1092
- St Annes Homes Woodstock, Cape Town 021 448 6792
- United Sanctuary Against Abuse..Atlantis, Cape Town 021 572 8622

- Women Opposing Violence (Malibongwe) Oudtshoorn, Eden 044 272 8200
- Huis Jabes Parow, Cape Town..... 083 564 3313

(www.capegateway.gov.za /47960 & FAMSA info received by their office, Observatory)

The Department of Community Safety is funding the “trauma rooms”, “victim comfort rooms” or “victim support or safe rooms” at 129 police stations. They train volunteers to give counselling. The training is done by NGO's, the National Institute for Crime Prevention and Rehabilitation of Offenders (BICRO) and the Trauma Centre. Free counselling will be given to you if traumatised (www.capegateway.gov.za 11460/9598).

REHABILITATION CENTRES FOR SUBSTANCE ABUSE – DRUGS AND ALCOHOL

INTRODUCTION

You can get help with problems caused by the harmful use of drugs and alcohol. There are different types of services available to the public, depending on the kind of problems experienced by you or the person you are seeking help for. This is a guide to some of the options that are available to help you.

HELP IS AVAILABLE

For assistance in overcoming addiction or harmful drug and alcohol use, you can contact any one of our offices or service providers listed below. If you have access to medical aid and the financial resources for private treatment, you can access a range of private psychiatrists and psychologists through any of the private treatment centers in the province. Make sure that the treatment centre you approach is **registered** with the Provincial Department of Social Development. Registered centres are those which meet treatment standards required by government.

TREATMENT OPTIONS

What is in-patient treatment?

In-patient service means a residential treatment service provided at a treatment centre.

What is out-patient treatment?

It is a service to a person who is engaging in harmful drug and alcohol use and to the people who are adversely affected by his/her behaviour. This type of treatment involves attending regular sessions at a treatment centre, and is often equally effective to residential care, but less costly

COSTING

Although certain facilities render services without any cost implications to the client e.g. government treatment centers and government subsidized treatment centers you are encouraged to enquire from the required facility if there are any costs.

ATHLONE	Mrs. A Ntebe	021 696 8039/9	021 696 0554
BEAUFORT WEST	Mr. M Pike	023 414 3204	021 414 2128
BELLVILLE	Mr. S Makhasi	021 940 7100	021 948 3024
CAPE TOWN	Mrs. A van Zyl	021 481 9700	021 423 8331
EDON	Acting Ms D De Bruyn	028 214 3000	028 214 1780
EESTE RIVER	Ms. M Harris	021 904 1021	021 904 1164
GEORGE	Mr. M Skosana	044 801 4300	044 873 5422

GUGULETHU	Mr. L Saunders	021 638 5153	021 638 5117
KHAYELITSHA	Mr. N. Mqikela	021 370 2100	021 364 1337
MITCHELLS PLAIN	Mr. L Woldson	021 370 4804	021 376 1342
OUDTSHOORN	Ms. F Mouton	044 272 8977	044 272 4007
PAARL	Mr. G Morkel	021 871 1682	021 872 0049
VREDENDAL	Mr. R Macdonald	027 213 2096	027 213 2142
VREDENBURG	Mr. Marthinus	022 713 2272	022 713 2064
WORCESTER	Mr. C Sauls	023 348 5300	023 347 5181
WYNBERG	Ms. L Bam	021 710 9800	021 761 9998

WHERE TO FIND HELP

Social Development:

Head Office

14 Queen Victoria Street

Tel: 021 483 5045

Toll free: 0800 220 250

Support and advice can also be sought at SANCA Regional Offices

Bellville	Dr. D. Fourie	021-945 4080/1	021-945 4082
Athlone & Gugulethu	Mrs. V Mvumvu	021-638 5119	021-637 2832
Atlantis Office	Mrs. M Alexander	021-572 7461	021-572 8743
Khayelitsha Office	Mr. N Mnoneleli	021-364 6131	021-364 5510
Mitchell's Plain Office	Ms. N Kwalie	021-397 2196	021-397 4617
Paarl Office	Mrs. A Ackermann	021-872 9671	021-872 5050
Tygerberg Office	Mrs. F Cornelissen	021-945 2099	021-945 2098

District Offices

Registered Treatment Centres

Name of Treatment Centre	Physical address / Contact details	District Office	Bed capacity
Government Treatment Centres			
De Novo Treatment Centre	Old Paarl Road Kraaifontein Tel; 021 988 1138 Fax: 021 98804 Dr. De Smidt Email:scdesmidt@pgwc.gov.za	Eersterivier/Paarl	80 Adults 20 Youth
Kensington Treatment Centre	Kensington road Maitland Ms. F. Davids 0832759574 Fax:0215101057 Email:farouz@kensingtontc.org.za	Cape Town	40 Adults
Western Cape Youth Rehabilitation Centre	Old Faure Road Eerste Rivier Ms. F. Davids Tel: 021-843 3200	Eerste Rivier	40 Youth
Subsidized Treatment Centres			
Hesketh King Treatment Centre	P.O. Box 5 Elsenburg C/R Old Paarl RD./Klipheuwel RD. Muldersvlei Tel; 021 8844600 Fax: 0218844602 Major. Valerie Potgieter Email:hking@mweb.co.za	Paarl	60 Adults 20 Youth
Ramot Treatment Centre	54 Toner street Parow Tel: 021 939 2033 Fax: 021 9303123 P.L. Theron Email:pltheron@ramot.co.za or admin@ramot.co.za	Bellville	42 Adults
Toevlug Treatment	40 Noble Street Riverview Worcester	Worcester	50 Adults

Centre	Rev. Van Rooy Tel: 023 342 1162 Fax: 0233473232 Email: rehab@toevlug.org		20 Youth
Private Treatment Centres			
Crescent Clinic	269 Main Road Claremont 7708 Mr. Z. Finkelstein Tel: 021 762 7666 Fax: 0217627669 Email: crescent@netactive.co.za	Wynberg	30 Adults
Oasis Treatment Centre	19 Longships Drive Plettenberg Bay Tel: 044 5331752 Fax: 044 5331752 Anstice Wright Email: info@oasiscentre.co.za		10-12 Adults
Orient Rehabilitation	C/o Boundary and Boom Street Schaapkraal 021 703 1053	Wynberg	60 Adults
Horizons Halfway House	House75 Ninth Avenue Schaapkraal Riedewaan Carelse Tel 021 737886Horizons Halfway	Wynberg	20 Adults
Minnesota House	Maitland Street George Tel 044 870 8585 Fax: 044 870 7213 Director: Odendaal Marcel Minnesota House info@minesotahouse.co.za	George	18 Adults
Serenity Care Centre	Farm Elandsdraal Barrington Road, Sedefield 6573 Tel. 044 343 1395 Fax. 044 343 1919 Lynn Allen Email: serenity@cyberperk.co.za	George	50 Adults
Stepping Stones	Cnr. Main & Imhoff Roads Kommetjie Tel: 021 783 4230	Wynberg	30 Adults

	Fax: 0217831816 Carry Bekker Email: carryb@steppingstones.co.za		
Tabankulu Addiction Recovery Centre	1 Corsica Avenue Capri Village Fish Hoek 7975 Tel :021 785 4664 Fax :021 785 4665 Mr Hugh Robertson Email: tkulu@mweb.co.za	Wynberg	22 Adults
Claro Clinic	Ground Floor Burnside House Syfred Douglas Street N1 City Goodwood Tel 021 595 8500 Fax: 0215953359 Mr Rossouw Email: cdu@mweb.co.za	Bellville	21 Adults
Kenilworth Clinic	32 Kenilworth Street Kenilworth Tel 021 7634501 Deidre Greling info@kenilworthclinic.co.za	Wynberg	21 Adults
False Bay Therapeutic Community Centre	No1 Second Avenue Fish Hoek Mr. Reza Arief Tel: 021 7826242 Fax: 0217829292 Email: falsebaytc@telkomsa.net	Wynberg	16 Adults
Namaqua Treatment Centre	Farm 1411 Olifants Nedersetting Lutzville Mr. C. Van Zyl	Vredendal	8 Adults

	Email: cwvanzyl@mweb.co.za Tel: 072 2134502 Fax: 086 565 8211		
Tuan Yusuf Drug Rehabilitation Centre	22 Schaapkraal Road Philippi Mr. E. Hull Tel : 021 7039977 Fax: 0217034342 Email: tuanyusuf@telkomsa.net	Wynberg	16 Adults
Tehillah Spread Your Wing Treatment Centre	196 16 th Avenue Leonsdale Elsies River Sr. Kleyn Tel: 0219330990 Fax: 0865229264 Email: tehillahcc@polka.co.za	Bellville	30 Adults
Halfway House			
Tharagay House	15A Gibson Road Kenilworth	Wynberg	
Serendipity House	Woodstock 021 448 9841 Steven Thomson (Half-way house)	Cape Town	16 Adults
Municipal Out-Patient Treatment Centres			
Tafelsig Matrix Site	Tafelsig CHC Kilimanjaro Street, Tafelsig, Mitchells Plain Tel: 021 557 1065/556 7103	Tafelsig, Mitchells Plain	12-15 Adults
Tableview Matrix Site	Tableview Clinic South Road, Table View Tel: 021 557 1065/556 7103	Table View	12-15 Adults
Delft South Matrix Site	Delft South CHC c/o Boyce Street and Delft main Road Delft South Tel: 021 955 9200	Delft South	12-15 Adults

Khayelitsha Matrix Site	C Block Stocks & Stocks Municipal Offices, Ntlakhohlaza Street, Town 2, Village 1 Khayelitsha 7784 Tel: 021 360 1256 073 884 5069	Khayelitsha	12-15 Adults

Statement supporting our vision of Unity:

We will say yes to Love, Peace and Unity. We will say no to violence, ego, and selfishness. We will stand with One Accord through respect of God's Word, to care for the weak and the helpless and show love to all of GOD'S creation – Namely - humans, animals, plants, nature and our environment. What an amazing challenge and yet all things are possible through Jesus our Saviour! Scripture: Acts 1:14 and Isaiah 61 Scripture for Unity 'Psalm 133' for there the LORD bestows his blessing



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