

## Summary

### ***Report title: Untreated Violence: Critical gaps in medical and clinical forensic care for survivors of sexual violence in South Africa.***

Sexual violence is a major problem in South Africa, with studies showing that up to one in four women have been raped in their lifetime<sup>iii</sup>. Only a small proportion of rapes--as few as 1 in 25--are reported to the police and many survivors never access care.

Sexual violence may cause HIV and other sexually transmitted infections (STIs), unwanted pregnancy and mental health disorders. With prompt treatment by appropriately trained healthcare workers associated health consequences can be avoided or reduced. Providing survivors of sexual violence with access to comprehensive medical care is a medical imperative.

Towards this end the Department of Health (DoH) has designated 265 public health care facilities across all provinces to provide medical and psychological care to survivors of sexual violence, as well as the option of clinical forensic services. Of these, 55 are specialized, interdepartmental Thuthuzela Care Centers (TCC), based on hospital premises – so-called “one-stop-shops” for survivors of sexual violence, catering for their medical, mental health, social work assistance, and legal needs. Other designated facilities— mostly hospital-based — extend access to essential medical and clinical forensic care to survivors of sexual violence who cannot easily access the TCCs. Designated health facilities should provide comprehensive care for survivors of sexual violence that addresses all possible health consequences.

With the objective of verifying whether designated facilities do provide comprehensive medical and forensic care for survivors of sexual violence, Médecins Sans Frontières/Doctors Without Borders (MSF) conducted a nation-wide telephonic mapping of designated facilities in October 2017, providing an initial overview of what service provision gaps exist at designated facilities, and informing recommendations on how to improve the provision of care in the future. Since 2015, MSF has supported the North West Department of Health (NWDoh) in the comprehensive patient-centred care for services for survivors of sexual violence in Bojanala District.

Out of 265 designated facilities, 64% (n=167) participated in an interview. Main findings include:

- 26.7% (n=43) facilities provide the full medical component of the comprehensive package of care
- Only 42% (n=68) of facilities stated all medical examination and treatments available 7% (n=12)of facilities stated they did not provide any services for survivors of sexual violence
- 85% (n=227) were hospital-based, with the majority of services not being offered in dedicated victim-friendly settings.
- Where clinical forensic services are available, they are provided exclusively by doctors in 57% (n=74) of facilities.
- Psychosocial support was not widely available on site (27% facilities have access to a psychologist; 72% facilities have access to a social worker).

Comprehensive medical and forensic care is currently not widely available to survivors of sexual violence South Africa. Urgent interventions are required to ensure that access to services improves for survivors of sexual violence are able to receive care that can to prevent or reduce the serious health consequences of rape, and to ensure that survivors who wish to pursue legal resolution can do so.

To close the gaps in health care provision for sexual violence victims, MSF calls for the South African government to take urgent action on the following:

- Public health care services that address all medical, clinical forensic, mental health and social assistance needs of survivors need to be more widely available throughout the country, extending services to primary care settings and ensuring that robust referral networks are in place.
- Staff training is required in the medical, psychological and social management of sexual violence. In the context of health facilities, task-shifting to professional nurses could ensure that quality clinical services are more widely accessible to survivors.
- Clearer requirements in policy as well as in National Directives and Instructions as to what constitutes comprehensive care for survivors must be developed and made available. Monitoring and evaluation of required services provided at designated facilities should be established to track quality of service provision.

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<sup>i</sup> Machisa M, Jewkes R, Morna CL, Rama K. The war at home. Johannesburg; (2011)

<sup>ii</sup> Untreated violence: The need for patient-centred care for survivors of sexual violence in the Platinum Mining Belt. [http://www.msf.org/sites/msf.org/files/msf\\_untreatedviolence\\_web.pdf](http://www.msf.org/sites/msf.org/files/msf_untreatedviolence_web.pdf)