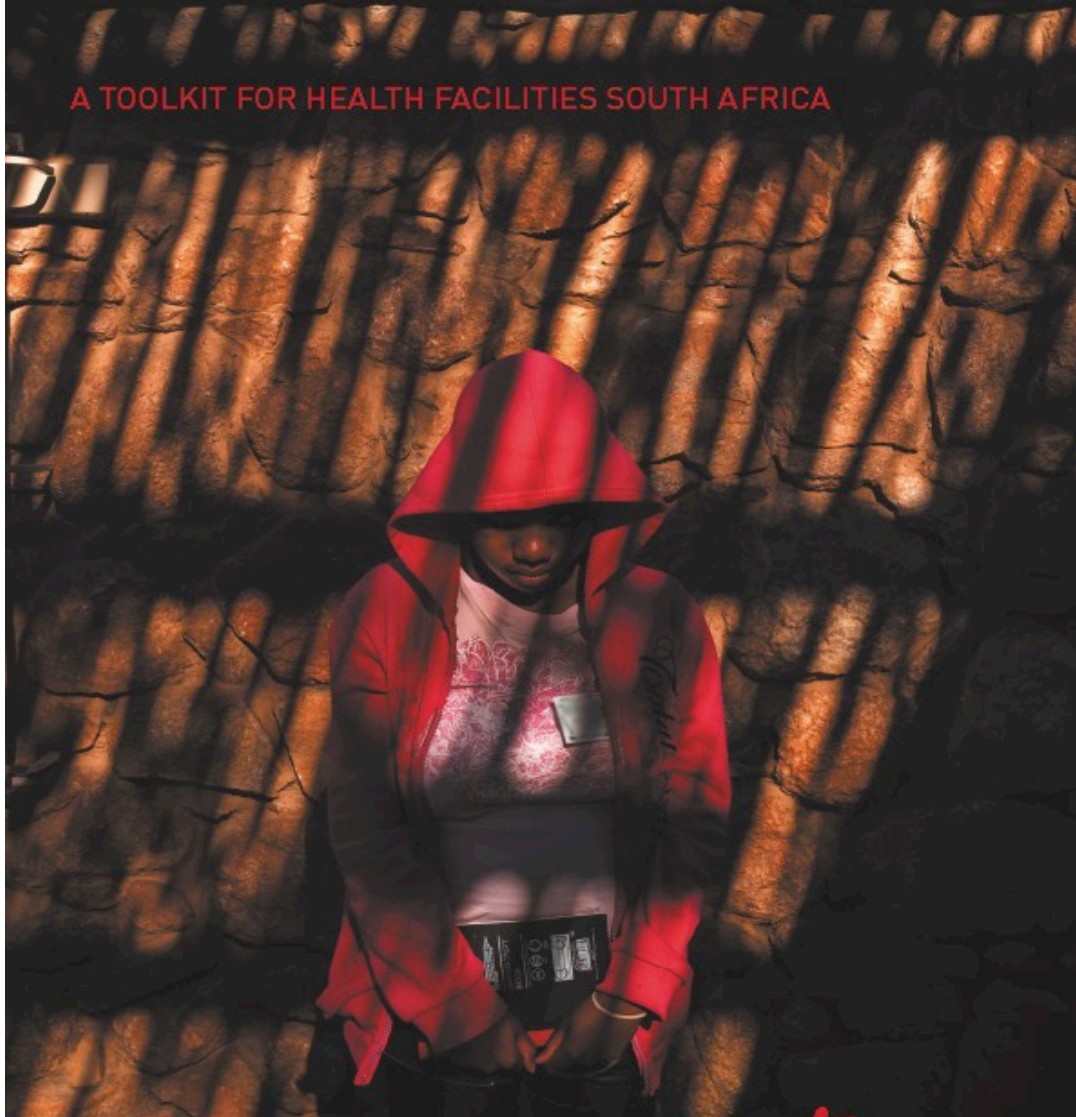


# COMPREHENSIVE MEDICAL, PSYCHOLOGICAL AND SOCIAL CARE TO SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE

A TOOLKIT FOR HEALTH FACILITIES SOUTH AFRICA



2018

# CONTENTS



About the Toolkit	3	Components of the Essential Package of Care: Social Care	19
Acronyms	4	Part 2 Implementation of the Comprehensive Model	20
Policy Alignment	5	Community Sensitization & Awareness	21
Aims of the Comprehensive medical, psychological & social care Model for SGBV	6	Health Promotion Minimum Package of Care	22
Background : Scope of the Problem	7	Patient Flow	23
Sexual and Gender-Based Violence in Rustenburg, North West Province	8	Specifications in Data Management	25
MSF Mitigating Efforts	10	Capacity and Resources	26
Impact of Sexual and Gender-Based Violence on Survivors	12	Partnerships	27
Part I What is the Comprehensive model of care for survivors of SGBV?	14	Part 3 Engaging Survivors of SGBV	28
Structure of the Model	15	Part 4 Summary and Recommendations	29
Essential Package of Care	16	Glossary of Terms	31
Components of the Essential Package of Care: Medical Care	17	References	33
Components of the Essential Package of Care: Psychological Care	18	Annexures	34

## ABOUT THE TOOLKIT

This toolkit was written by MSF based on its experiences in the management and care for Sexual and Gender-Based Violence (SGBV) at three healthcare facilities in the North West province of South Africa. Since 2015, MSF in partnership with the North West provincial Department of Health (NWDOH) has been providing medical, psychological and social care to survivors of SGBV who presented at the NWDOH's Kgomotso Care Centre (KCC) facilities. The KCCs are an initiative by the NWDOH aimed at combating the scourge of SGBV in the province by strengthening healthcare response to reduce disease burden associated with SGBV. In addition to providing care, MSF seeks to document its experience and share on what it learnt as best practices in the medical response to the health needs of survivors of SGBV.

This toolkit outlines the best practices in the provision of patient-centred care to survivors of SGBV. It further presents an overview on the functionality of a comprehensive model of care that prioritizes medical, psychological and social care to survivors of SGBV; the structure of an ideal facility accessible at the primary healthcare or Community Health Centre (CHC) level; and the resources – both personnel and structural – and partnerships needed for effective SGBV response.

MSF is a medical humanitarian organization with experience in managing SGBV in acute contexts around the world. In South Africa, in support to North West Department of Health, we are constantly improving our knowledge and practice on how best to serve the needs of populations affected by SGBV.

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## ACRONYMS

ARVs	Antiretrovirals	LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
CHC	Community Health Centre	MSF	Médecins Sans Frontières
CTOP	Choice on Termination of Pregnancy	NGOs	Non-Governmental Organizations
DOH	Department of Health	NWDoH	North West Department of Health
DSD	Department of Social Development	PEP	Post Exposure Prophylaxis
DV	Domestic Violence	PTSD	Post Traumatic Stress Disorder
EC	Emergency Contraception	SAPS	South African Police Services
FP	Family Planning	SGBV	Sexual and Gender-Based Violence
HIV	Human Immunodeficiency Virus	STI	Sexually Transmitted Infection
HPCSA	Health Professionals Council of South Africa	ToP	Termination of Pregnancy
IPV	Intimate Partner Violence	WHO	World Health Organization
KCC	Kgomotso Care Centre		

# POLICY ALIGNMENT

- I. [Criminal Law \(Sexual Offences and Related Matters\) Amendment Act, 2007 \(Act 32 of 2007\)](#) – and all its amendments
- II. [National Directives and Instruction on Conducting a Forensic Examination on Survivors of Sexual Offences](#) in terms of the Criminal Law Sexual Offences and Related Matter Amendment Act (Act No. 32, 2007)
- III. [National Policy Guidelines on Victim Empowerment](#)
- IV. [Sexual Offences Guidelines – South African Police Services](#)
- V. [Children’s Act, 2005 \(Act 38 of 2005\)](#)
- VI. [National Health Act, 2003 \(Act 61 of 2003\)](#)
- VII. [Mental Health Care Act, 2002 \(Act 17 of 2002\)](#)
- VIII. [Domestic Violence Act, 1998 \(Act 116 of 1998\)](#)
- IX. [National Policy Guidelines on Victim Empowerment](#)
- X. [Sexual Offences Guidelines – South African Police Services](#)
- XI. [Department of Social Development Children’s Act explained booklet 2009](#)
- XII. [Choice on Termination of Pregnancy, 1996 \(Act 92 of 1996\)](#) – and all amendments
- XIII. [South African Integrated Programme of Action: Addressing Violence Against Women and Children \(2013-2018\)](#)

## AIMS: COMPREHENSIVE MODEL OF CARE FOR SURVIVORS OF SGBV

1. Demonstrate best practices in the provision of **comprehensive – medical, psychological and social care – services** for survivors of Sexual and Gender-Based Violence (SGBV)
2. Reduce **morbidity and mortality** amongst cases of SGBV
3. Ensure **continuity of care** and **prevent secondary victimization** for survivors of SGBV through an accessible and comprehensive **one-stop shop health facility**
4. Ensure **accessibility** to medical SGBV care at the **Community Health Centre level** in line with the **Ideal Clinics Model**
5. Prioritize **Sexual Violence as a medical emergency** and link survivors to care to reduce disease burden linked to SGBV
6. Prioritize the **health needs of survivors** of SGBV to **mitigate medical risk** and **psychological trauma** – within a system that prioritizes legal recourse for SGBV
7. Advocate for the **prioritization, normalization** and **standardization** of comprehensive SGBV services at the CHC level to ensure **continuity** of **medical, psychological,** and **social care** to survivors of SGBV

\* *One-stop shop health facility: A single facility that provides essential medical, psychological and social care to survivors of SGBV with clear and efficient referral pathways for advances care*

# BACKGROUND

## Scope of the Problem

Sexual and Gender-Based Violence (SGBV) is a common consequence of unequal power relations amongst gender and sex groups. Also known as Violence Against Women, SGBV may include Sexual Violence (SV) such as rape and Intimate Partner Violence (IPV). In patriarchal societies like South Africa, women are more vulnerable to SGBV.<sup>1</sup> Globally, 1 in 3 women have experienced some form of IPV or non-partner sexual violence in their lifetime.<sup>2</sup> In South Africa, rape is one of the most common and reported form of SGBV. The latest 2017/18 South African Police Service (SAPS) crime statistics reveal that rape constituted 80% (40 035) of the 50 108 reported sexual offences.<sup>3</sup> As of 2018 estimates, 70.5 per 100 000 women in South Africa have been raped.<sup>4</sup> This places South Africa's rape figures amongst the highest in the world, with countries such as India, Brazil and the United States of America recording lows of 5.7, 24.44 and 35.85 respectively.<sup>5</sup>

While SGBV may affect anyone regardless of gender or sex; women, children, persons belonging to minority groups such as migrants, refugees, sex workers, LGBTIQ community and those living in rural and impoverished settings are more vulnerable to SGBV.<sup>1</sup> In South Africa, more than half (54%) of the victims of sexual offences were children of school going ages.<sup>6</sup> Schools are also noted as one of the common places where sexual offences occur.

## SEXUAL AND GENDER-BASED VIOLENCE IN RUSTENBURG, NORTH WEST PROVINCE

In 2015, MSF conducted a household survey among over 800 women between the ages of 18-49 in the Rustenburg Local Municipality, North West Province. The survey found that while 1 in 4 women have been raped at some point in their lifetime, few ever seek medical care or report to the police. At 25% prevalence, the disease burden of SGBV is substantial. <sup>6</sup>

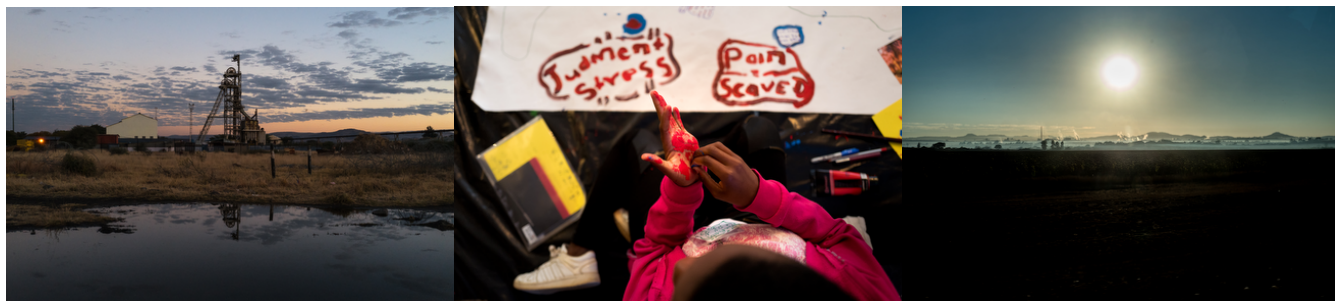
The findings suggest that while few women seek medical attention following incidents of rape; women do attend health facilities for a number of reasons—60% of women surveyed had accessed their local clinic in the previous six months. This suggests that screening for SGBV in clinics may provide an opportunity to link more survivors to care.

The **location and proximity** of SGBV care services is important to improve accessibility and reduce secondary victimization. Of the overwhelming majority of women who preferred services to be located in their community after rape, **57% wanted services on the same property as other health services.**<sup>6</sup>



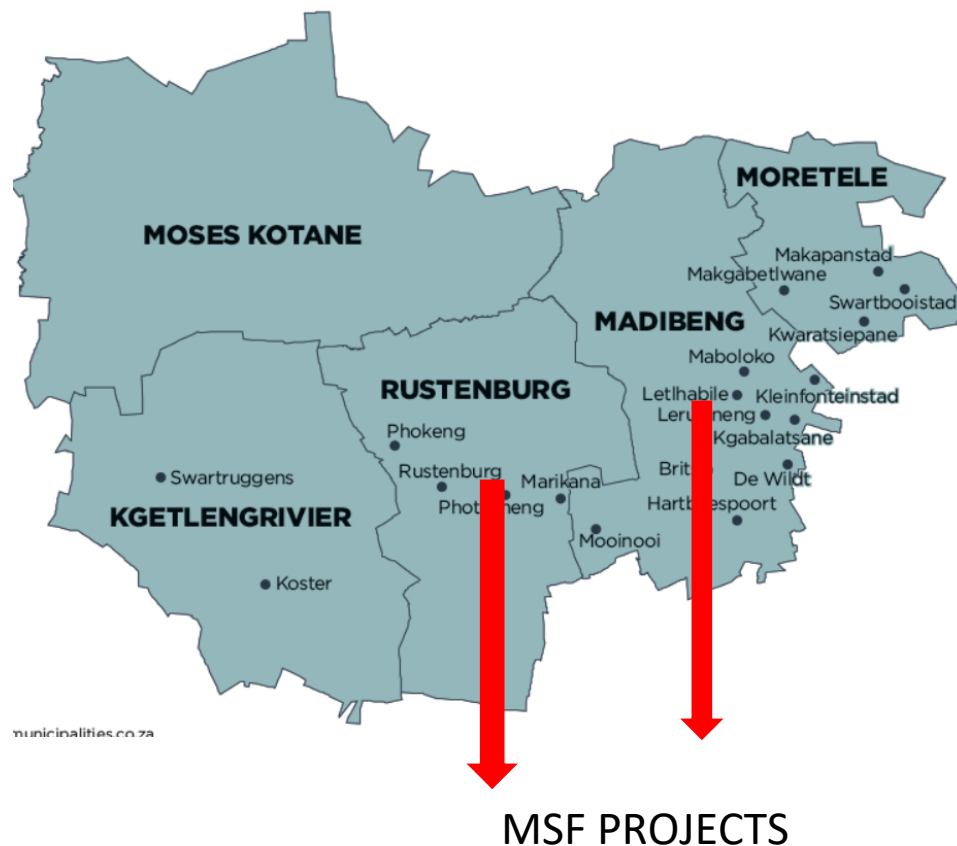
## SEXUAL AND GENDER-BASED VIOLENCE IN RUSTENBURG continued

Only 7% said it did not matter if services were on the same property or separate. Just over one-third of women wanted services on a different property. These findings suggest a need to integrate medical, psychological and social care services into existing health services at community level. For individuals who prefer the anonymity or ease of accessing local health facilities for SGBV services, family planning or other outpatient consultations; an opportunity to conduct screening for SGBV is available. Those who are screened positively for SGBV can be linked to care immediately. It is also important for survivors who turn to locations other than a health facility following an incident of sexual violence to be appropriately referred to seek medical attention.



## MSF MITIGATING EFFORTS

Recognizing the immensity of the problem, in 2015 the North West Provincial Department of Health (NWDoH) with the support of MSF, established a Kgomotso Care Centre (KCC) – community health center-based (CHC-based) services that provide an essential package of medical, psychological and social care – in the Boitekong Community Health Centre (CHC). In 2016, the NWDoH, supported by MSF, established two more KCCs at Bapong and Letlhabile CHCs in Madibeng Local Municipality. To date, these services are available at CHC facilities in Boitekong, Bapong, Letlhabile (Madibeng municipality) and Tlhabane (Rustenburg municipality).



## MSF MITIGATING EFFORTS continued

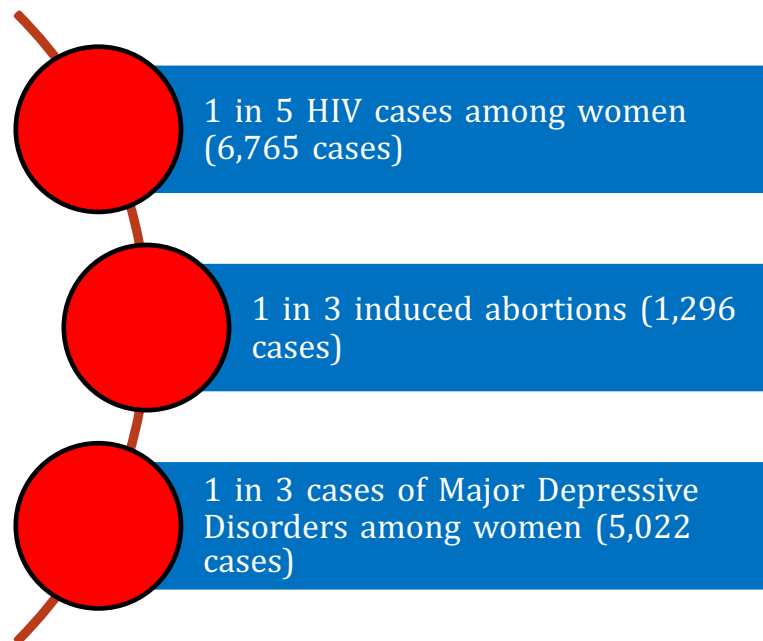
MSF interventions include efforts to address stigma attached to sexual and gender-based violence, improving treatment literacy and increasing and strengthening human resources through trainings of CHC health workers in SGBV response. A series of community-based initiatives, including a large-scale health promotion programme, the positioning of staff in police stations and grassroots welfare organizations, and a partnership with schools to sensitize learners and teachers on SGBV were rolled out. All frontline workers including drivers, nurses, social workers and community health workers were trained in psychological first aid to prevent secondary victimization of survivors of SGBV.

## IMPACT OF SEXUAL AND GENDER-BASED VIOLENCE ON SURVIVORS

Sexual and Gender-Based Violence may include amongst others rape, IPV, domestic violence (DV), incest – which are often kept in secrecy; thus expose survivors to stigma.

Women who have been raped are exposed to mental and physical trauma, unwanted pregnancy, loss of pre-existing pregnancy, and acquisition of sexually transmitted infections (STIs), including HIV. Due to the physical trauma which occurs during rape, HIV and other STIs spread more easily during rape than during consensual sex. Forced oral sex can cause lesions, increasing the risk of HIV acquisition. Pre-existing STIs also increase the chances of acquiring HIV during forced sex.

### SGBV BURDEN OF DISEASE, RUSTENBURG MUNICIPALITY- NORTH WEST PROVINCE



## IMPACT OF SEXUAL AND GENDER-BASED VIOLENCE ON SURVIVORS continued

*Economic costs of sexual and gender-based violence in South Africa, through lost economic output, are estimated to be between R28.4 – R42.4 billion per year (0.9-1.3% of GDP annually).<sup>8</sup>*

According to the World Health Organization (WHO), women who have experienced intimate partner violence were almost twice as likely to experience depression and problem drinking. <sup>ii</sup> Rape as well as IPV can also be fatal – perpetrators may kill their victim and survivors are over 4 times more likely to take their own life.

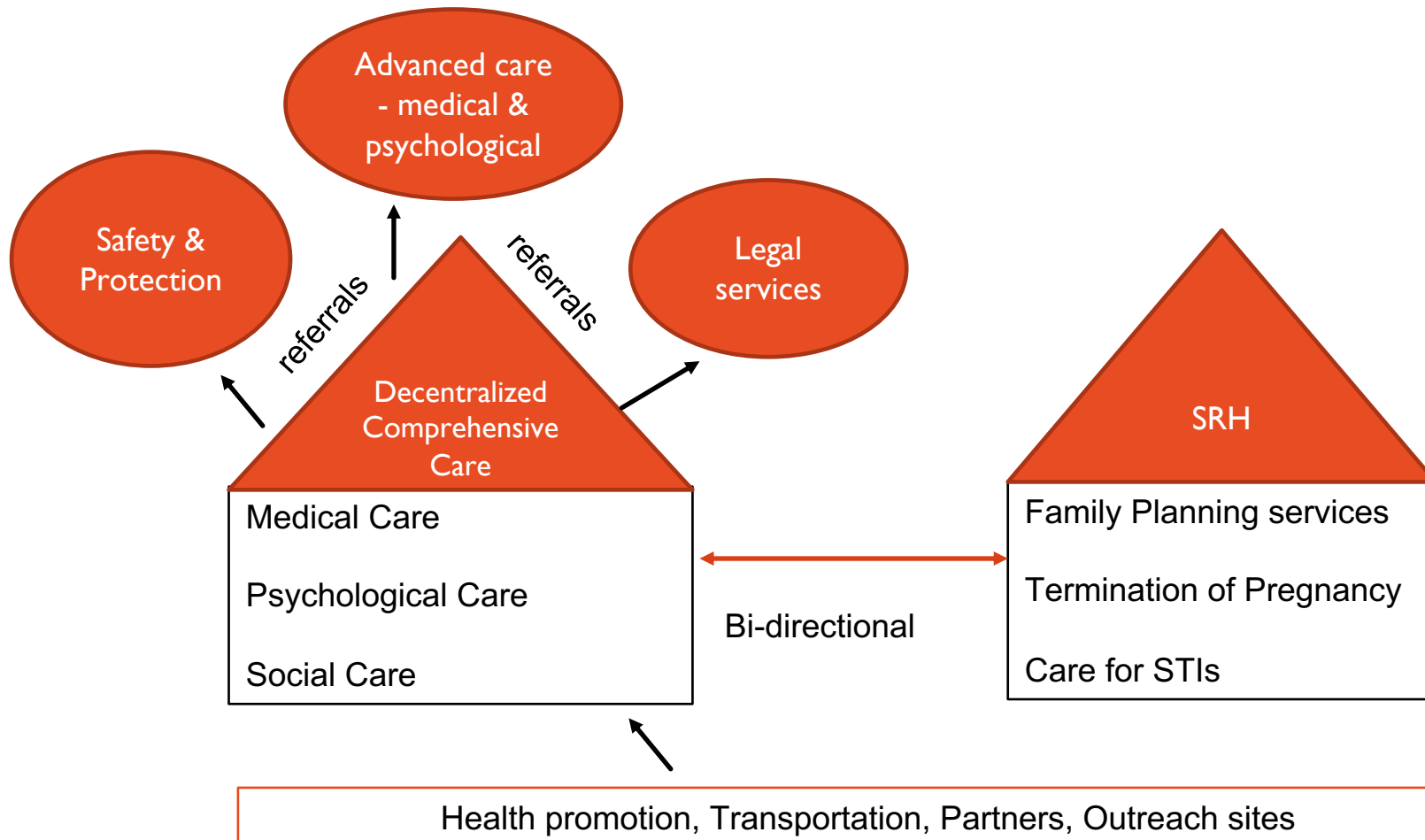
## PART 1 WHAT IS THE COMPREHENSIVE MODEL OF CARE FOR SURVIVORS OF SGBV?

The comprehensive medical, psychological and social care model for survivors of SGBV is a decentralized model that prioritizes SGBV as a medical emergency. Access to these services at the CHC level ensures continuity of care and prevents secondary victimization to survivors of SGBV.









A multidisciplinary team of a doctor / sexual assault nurse, a registered counsellor, a social worker and a social auxiliary worker work together to facilitate immediate care and referrals for advanced care to survivors of SGBV. Whilst based at the CHC level, this multidisciplinary team of professionals build ongoing partnerships with community based resources such as tertiary hospitals, legal authorities, NGOs and social development services for advanced and longer term services. This model relies on effective awareness raising and mobilization, efficient transport services and clear referral pathways.

All services provided for through this model can be incorporated into an existing CHC structure. The diagram below depicts how this can be made possible.

# STRUCTURE OF THE COMPREHENSIVE MEDICAL, PSYCHOLOGICAL AND SOCIAL CARE MODEL FOR SURVIVORS OF SGBV



## ESSENTIAL PACKAGE OF CARE

	Comprehensive Medical Assessment, including forensic examination		Vaccination to prevent Hepatitis B and tetanus
	First Aid to treat injuries		Psychological care
	Post Exposure Prophylaxis (PEP) to prevent HIV and treat other sexually transmitted infections (STIs)		Social Care
	Emergency contraceptive to prevent unwanted pregnancy		Referrals to ensure continuity of care



## COMPONENTS OF THE ESSENTIAL PACKAGE OF CARE: **MEDICAL CARE**

- First Aid to treat injuries – treatment of open wounds. Refer major injuries to specialist note in medico-legal forms
- Physical examination and collection of forensic evidence
- Post Exposure Prophylaxis (PEP)
  - Antiretrovirals (ARVs) given to prevent HIV transmission
  - Medication to prevent STI infection
  - Hepatitis B Vaccination – to prevent hepatitis transmission
  - Tetanus toxoid – to prevent infections through injuries
- Emergency contraception(EC) – Women can avoid potential unwanted pregnancy if given EC within 120 hours of unprotected sex
- Termination of Pregnancy (TOP) – Referrals to TOP facilities
- Referral to Family Planning services as needed
- Information about EC, FP, and TOP must be provided by healthcare professionals
- Completion of medico-legal forms (J88)

## COMPONENTS OF THE ESSENTIAL PACKAGE OF CARE: **PSYCHOLOGICAL CARE**

- Provide initial containment after crisis
- Provide short-term supportive counseling and therapy (1-8 sessions)
- Conduct psychological risk assessment and manage behavioural risks identified
- Provide follow-up psychological care and make referral for advanced psychological care as and when required
- Ensure continuity of psychological care
- Prevent secondary traumatization

Survivors of SGBV are advised to attend follow up session at the CHC facility. If after counselling symptoms of post-traumatic stress disorder, depression, anxiety, psychosis or behavioural problems persist, or if the registered counsellor determines a need for urgent higher mental health care at any time during the counselling process, the survivor is referred to a psychologist or psychiatrist, either in a community health centre, or district hospital.

## COMPONENTS OF THE ESSENTIAL PACKAGE OF CARE: **SOCIAL CARE**

- Provide initial intake and social needs assessment
- Conduct safety risk assessment and manage risks through effective safety plans
- Provide follow-up social care and make referral to external agencies (DSD, NGOs, SAPS) as and when required
- Ensure continuity of social care
- Prevent secondary traumatization
- Link to community-based resources including organizations, groups, and individuals for continued social support in the community.

A partnership with the Department of Social Development enables strong support from social workers to survivors of SGBV. Social workers also facilitate engagement with the South African Police Services (SAPS) or justice system if a survivors of SGBV chooses to pursue legal recourse for the criminal act perpetrated on them. It is important for survivors to be assured that access to health care services, including social care is not determined by whether or not they choose to pursue legal recourse.



**PART 2. HOW TO IMPLEMENT THE COMPREHENSIVE MEDICAL,  
PSYCHOLOGICAL & SOCIAL CARE MODEL FOR SURVIVORS OF SGBV**



## COMMUNITY SENSITIZATION & AWARENESS

Poor health literacy and low awareness on services available to survivors of sexual and gender-based violence limits access to care for many. In order to mitigate against this challenge, community sensitization and awareness programmes have been developed and are implemented by a team of trained Community health Workers (CHW).

The sensitization and awareness takes place across different key communal points in the community. These include shopping centres, shebeens, churches and health facilities. Furthermore, a dedicated programme targeting learners is rolled out across different schools. A study published in the Lancet estimates that between 314,000 to 785,000 young people aged 15 - 17 in South Africa have been sexually abused from September 2013 to October 2015.<sup>9</sup> Engagement with teachers and learners on SGBV does not only strengthen preventative measures but also position schools as referral partners that link the young survivors to care.

## COMMUNITY SENSITIZATION & AWARENESS: HEALTH PROMOTION

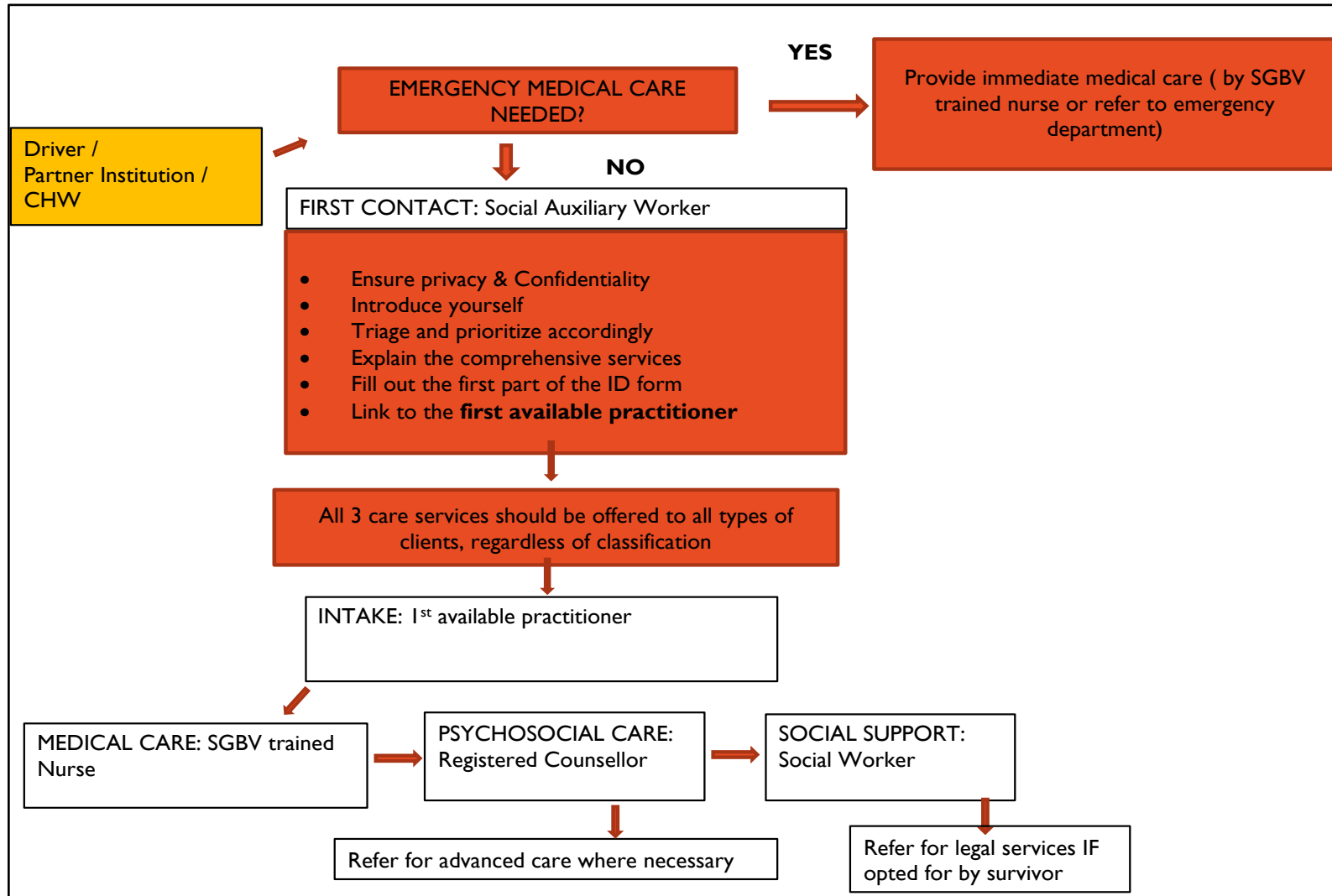
### Health promotion Minimum Package of Care

- Conduct health screenings and link survivors to care
- Conduct SGBV literacy and sensitization sessions at key community centres
- Identify and address stigma and myths associated with SGBV care
- Provide clear and accurate information on where survivors can access SGBV care

Health promotion is a core skill of trained community health workers. Below are the minimum package of care offered to sensitize the community and increase awareness on SGBV.

A partnership with existing community health workers such as those employed by the DoH is critical to ensure wider reach of awareness programmes.

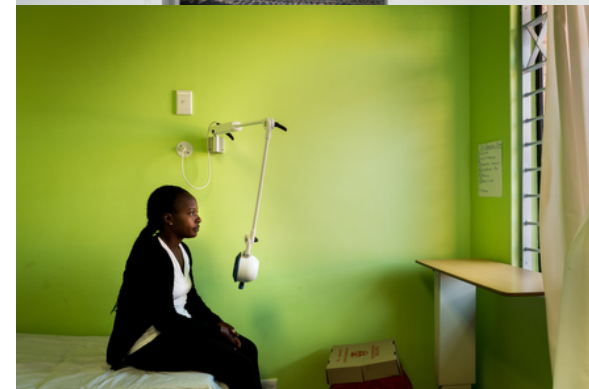
## PATIENT FLOW



## PATIENT FLOW

Patients may present at a decentralized SGHBV care facility at any stage of their need. Access to the facility may also be through referral or direct consultation. For any case of SGBV, a trained Social Auxiliary Worker serves as the first point of contact. She/he conducts a triage and prioritize care for patients accordingly. Patients may be referred for advanced care for either the medical, psychological and social care including termination of pregnancy services or legal services if opted for.

Full medical protocol on the management and care for cases less than 72 hours and older than 6 months is available in the annexures





## SPECIFICATIONS IN DATA MANAGEMENT

### Ensure Quality and Accessibility

- Comprehensive : containing significant information about the client including medical history and treatment.
- Contemporaneous: To ensure continuity of care, client's records must be kept up to date
- Comprehensible and Accurate: Ensure a good balance between brevity and comprehensibility to prevent misinterpretations of client's information
- Attributable: All records should be accounted for and attributable to the professional taking records.
- Accessibility: Information filed in a simple and accessible way, chronologically.
- Records Management : Ensure a records management policy is in place at all facilities

### Measures relating to Disclosure and Security

- Protect the **confidentiality** of clients through safe data management
- Ensure control measures to restrict access to medical records as per National Health Act, 2003.

The management of data at a SGBV facility is critical; not only to ensure confidentiality of survivors but to improve monitoring and evaluation mechanisms.

## CAPACITY AND RESOURCES

<b>Medical services</b>	<ul style="list-style-type: none"> <li>▪ SGBV trained nurse/Forensic nurse/Doctor – dedicated and trained nurses /doctors to attend to survivors as they present.</li> <li>▪ Debriefing of all frontline forensic health care workers</li> <li>▪ Sensitization on sexual diversity</li> </ul>
<b>Psychological services</b>	<ul style="list-style-type: none"> <li>▪ Registered Counsellor – Registered with the HPCSA to provide formalized, structured and short-term interventions at primary curative and preventative level. They are able to identify cases needing referral to psychologist for longer term interventions.</li> <li>▪ Sensitization on sexual diversity</li> </ul>
<b>Social Work services</b>	<ul style="list-style-type: none"> <li>▪ Social Auxiliary Worker as first point of contact</li> <li>▪ Trained to assess risk factors for survivors of SGBV, link survivor to place of safety, support group</li> </ul>
<b>Transport services</b>	<ul style="list-style-type: none"> <li>▪ Driver trained in Psychological First Aid to prevent secondary victimization and ensure immediate access to care</li> <li>▪ Strong partnership with Health facilities, legal and protection services to ensure availability of transport at all points where survivors may first present</li> </ul>
<b>Awareness and Sensitization services</b>	<ul style="list-style-type: none"> <li>▪ Training and sensitization of CHWs on SGBV screening and health promotion</li> <li>▪ Psychological First Aid for CHWs</li> </ul>
<b>Structural resources</b>	<ul style="list-style-type: none"> <li>▪ Dedicated private room for psychological care sessions and play therapy toys and tools</li> <li>▪ Data Management system and policy in place</li> <li>▪ Food, clothing, sanitary towels and other necessary resources for survivors of SGBV</li> </ul>

## PARTNERSHIPS



- DoH Community Health Workers integrating SGBV into their awareness
- Referrals from SGBV facility to DoH facilities for medical emergencies and advance psychological care



- Linking survivor of SGBV to care
- Safety and protection
- Legal recourse (If opted for by survivor)



- Linking survivor of SGBV to care
- Safety and protection (shelter)
- Facilitate engagement with SAPS (If survivor opted for legal recourse)



- Continuity of care for psychological and social care
- Linking survivor to support groups, NGOs



### Schools and Learning facilities

- Awareness sessions on SGBV
- Teachers sensitized on SGBV
- Linking learners to care

Strong partnerships and clear referral pathways are essential for the efficient operation of a SGBV facility

## PART 3. ENGAGING SURVIVORS OF SGBV

### PATIENT ENGAGEMENT CHECK LIST

- ✓ Self care toolkit
- ✓ Patient charter
- ✓ Patient satisfaction survey
- ✓ Patient follow-up

### Rights of Survivors of SGBV

All survivors of Sexual and Gender-Based Violence have legal rights protected by the South African law. Access to care and services is facilitated by these laws including the ethical responsibilities of health care professionals.

- The right to **access quality medical, psychological and social care**: to receive care and support free from intimidation, harassment, fear, coercion, corruption and abuse
- The right to **be treated with fairness** and with respect for **dignity** and **privacy**
- The right to **offer information**: offer information to service providers that you feel comfortable sharing
- The right to **receive information**
- The right to **protection**: Safety aspects ensured and reinforced.
- To be believed in and to be treated with dignity and respect
- The right to **seek legal services**: The choice to report a case of SGBV to the police is that of the survivor. **Care should be provided regardless of the survivor's choice**

## PART 4. SUMMARY AND RECOMMENDATIONS

- Availability of a medical team with speciality in medical forensic and medical care for SGBV
- Availability of **Registered Counsellor** able to identify and asses mental health cases in need of psychological referrals
- Allocation of a **dedicated Social Auxiliary Worker** – triage priority cases and manage patient flow and follow-up. To serve reception duties
- The need for **Daily Supervision** of challenging cases by a supervisor on site at the SGBV facility (medical and psychosocial)
- **Essential psychological debriefing** for all frontline staff
- Psychological First Aid for all frontline Community Health Workers
- **Routine Screening and Health Promotion Awareness** to ensure ongoing referrals to the SGBV facilities for victims of violence – management of screening activities

- Integrate SGBV care with DoH CHWs activities
- Efficient **patient follow-up and tracing system**
- **Efficient Data Management System** – confidential and used at the CHC without compromising on good record keeping – useful to adopt MSF assessment forms
- Setting up of **Weekly Case Discussions** to ensure quality of care
- Setting up a **clear Referral Pathway** to existing community-based resources to further support the survivor
- The need for **Efficient Transport Services** with **Drivers trained in PFA** to ensure immediate access to medical care

## GLOSSARY OF TERMS

### **Kgomotso Care Centre (KCC)**

A primary healthcare facility in North West Province that provides comprehensive medical, psychological and social care to survivors of SGBV. KCCs are an initiative of the North West Department of Health (DoH).

**Sexually Transmitted Illness (STI)** - also referred to as sexually transmitted diseases (STD) and, are infections that are commonly spread by sexual activity, especially vaginal intercourse.

### **Community Health Centre (CHC )**

A public health facility in South Africa designated by government gazette to apply clinical investigative processes in the determination of cause and manner of injuries to living victims of sexual assault. These facilities are required by law to provide clinical forensic medicine services, and to offer PEP for HIV to eligible patients.

### **Hepatitis B (Hep B)**

A virus that can cause serious liver infection. Hepatitis B is most commonly spread by exposure to bodily fluids. An infection may cause liver failure, cancer or scarring. Hepatitis B is preventable by receiving Hepatitis B vaccination.

### **SGBV Trained nurse**

A professional nurse trained in the care and management of SGBV cases. MSF conducted a 20 weeks taught and in-service mentoring programme for 8 nurses in North West province. These 8 nurses went on to provide medical care for SGBV cases at their respective CHC facilities.

### **Rape**

When a perpetrator(s) invade the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body. The invasion was committed by force, or by threat of force or coercion against such person or another person, or by taking advantage of a coercive environment, or the invasion was committed against a person incapable of giving genuine consent

### **Medico-legal forms**

Health professionals share the responsibility to present medical evidence for legal purposes. Medical records of SGBV cases can be presented by a qualified health professional before a court of law. An example of such is the J88 form.

### **Post-exposure prophylaxis(PEP)**

A short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, such as after unprotected sexual intercourse or rape.

**Sexual Violence (SV)**

Any sexual act, attempt to obtain a sexual act, unwanted sexual comment or advances, or acts to traffic or otherwise, directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Sexual violence includes, but is not limited to rape.

**Intimate partner violence (IPV)**

Refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Types of intimate partner violence include acts of physical violence, sexual violence, emotional violence/psychological abuse, controlling behaviour

**The Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)** - law governing abortion in South Africa, and promotes reproductive rights and extends freedom of choice by affording every woman the right to choose whether to have an early, safe and legal termination of pregnancy.

**Domestic violence (DV)**

The term 'domestic violence' is used to refer to partner violence but the term can also encompass child or elder abuse, or abuse by any member of a household. 'Battering' refers to a severe and escalating form of partner violence characterized by multiple forms of abuse, terrorization and threats, and increasingly possessive and controlling behaviour on the part of the abuse

**Sexual and Gender-Based Violence (SGBV)**

A cause and consequence of unequal power relationships, can be against women or men; but more often against women. It can occur in the:-family – sexual abuse of children, marital rape, female genital mutilation etc. Community – sexual harassment at work, rape, forced prostitution, State – condoned by the state, Gender- Not the same as sex (biological and physiological differences between men and women); socially constructed identities, attribute and roles for women and men; unequal distribution of power (social difference between men and women, to what it means to be a boy, girl, man, woman in a specific culture or society). All acts causing physical suffering, either mental or sexual, the THREAT of such acts, as well as coercion (to force someone against their will) and deprivation of freedom. Sexual and gender-based violence can be divided into 5 categories : Sexual violence; Physical violence; Emotional and Psychological violence; Harmful traditional practices; Socio-economic violence.

**Ideal Clinic**

A clinic with good infrastructure (i.e. physical condition and spaces, essential equipment, and information and communication tools), adequate staff, adequate medicines and supplies, good administrative processes, and adequate bulk supplies; such a clinic uses applicable clinical policies, protocols and guidelines, as well as partner and stakeholder support, to ensure the provision of quality health services to the community.



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# ANNEXURES

## Standard Operational Procedures

1. [MSF Medical protocol for Sexual Violence Care](#)
2. [SOP for Patient Flow](#)
3. [SOP for SV & IPV](#) – Refer to Patient flow
4. [SOP for Counselling Session / Mental Health](#)
5. [SOP of Social Work session](#)
6. [National Directives and Instructions on Conducting a Forensic Examination on Survivors of Sexual Offences](#)
7. [National Management Guidelines for Sexual Assault](#)
8. [Facility Site assessment](#)

## Patient Engagement

9. [Screening Toolkit](#)
10. [Self-care Toolkit](#)
11. [Patient Charter](#)
12. [Referral note](#)

# ANNEXURES

## Training and Support

13. [Psychological First Aid](#)
14. [Community Health Workers Handbook on Sexual and Gender-Based Violence](#)
15. [Caring for Survivors of Sexual Assault and Rape: A Training Programme for Health Care Providers in South Africa](#)
16. [Sexual Diversity Module](#)

## Data Management

17. [Patient Satisfaction Survey](#)
18. [Data collection template](#)
19. Medical assessment forms, [counselling](#) and [social work](#)