

PROVINCIAL POLICY ON THE MANAGEMENT OF SURVIVORS OF RAPE AND SEXUAL ASSAULT

DEPARTMENT OF HEALTH: WESTERN CAPE PROVINCE

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1. INTRODUCTION

A policy on the management of survivors of rape and sexual assault must give cognizance to the historical deficiencies that these survivors have been exposed to at every level – Health, Justice, SAPS, etc.

Central to the policy on medical, psychological and forensic management is the recognition that the management of rape survivors (**women, men and children**) requires special training and expertise, as well as an integrated management approach. This guiding principle will impact on the consequences of a survivor's future mental and physical well being and in the arrest and ultimate conviction of the perpetrator of such violence.

This policy therefore recognizes that violence (including sexual violence against women, men and children) is one of the most pervasive and common public health problems and deserves to be prioritized in the allocation of resources and in the services available to such survivors.

This policy aims to provide health managers and health workers with a clear framework on the management of **female and male survivors (14 years and older*)** of rape and sexual assault within the Comprehensive Primary Health Care Services of the Department of Health in the Western Cape Province. The policy is further supported by the "Standardized Guidelines for the Management of Rape Survivors in the Western Cape Province".

**For children younger than 14 years refer to the Child Abuse policy and management guidelines in Circular H102/2000 (dated 21 September 2000).*

2. BACKGROUND

On request of health workers and NGO's a Provincial Reference Group was established in 1999 to develop a provincial policy and standardized guidelines for the management of rape survivors (**female and male, aged 14 years and older**) at the health care facilities in the Western Cape Province. This Reference Group consisted of PHC workers, gynaecologists, forensic pathologists, psychologists, health managers, NGO's and legal advisors.

The MEC of Health and the Chief-director: Professional Support Services extended the above-mentioned terms of reference in October 2000 to include guidelines on the provision of anti-retroviral drugs.

Drafts of both the policy and the guidelines were distributed to the regions, districts, NGO's and other relevant role-players for comments and input. The implementation of the guidelines was piloted at the Tuthuzela (24-hour) rape management centre at GF Jooste Hospital, Cape Town.

3. EXTENT OF THE PROBLEM

Rape is a common crime with often long-term and serious consequences for those who are raped. The estimated incidence of reported rape cases in the Western Cape Province is 311 per 100 000 women living in the province. (Based on SAPS statistics. No reliable statistics are currently available for men.)

At present there are no national/provincial health information available to assess the problem within the Department of Health.

WHY DO WE NEED A POLICY AND STANDARDIZED MANAGEMENT GUIDELINES?

Historically the management of rape survivors has been sub-optimal on many levels that include:

- Lack of access to adequate facilities for examination and treatment.
- Inadequate knowledge and understanding and/or guidelines on the management and consequences of rape.
- Poor quality performance and documentation of the forensic examination resulting in poor quality evidence presented to the courts thus contributing to the low conviction of rapists.
- Secondary traumatization of survivors by fragmented, dysfunctional systems resulting in survivors who are either sub-optimally cared for or not cared for at all.
- In some areas District Surgeons have provided a forensic service but not a clinical one, resulting in survivors being referred to other institutions for treatment of sexually transmitted infections and pregnancy prevention, this caused unacceptable delays and increased trauma to the survivors.
- Examination of the survivor in an emergency room or trauma unit has meant that the person ends up in the queue resulting in delays and increased psychological trauma.

4. DEFINITIONS APPLICABLE TO THIS POLICY

- **“Sexual assault”**

Refers to the intentional and unlawful act of sexual penetration with another person under coercive circumstances.

- **“Sexual penetration/rape”**

Includes an act, which causes penetration to any extent by the penis or an object used by one person into the anus, mouth or vagina of another person.

(N.B. The onus does not rest on the survivor to prove to the health worker that (s)he had been raped.)

- **“Age”**

Survivors of sexual assault will apply to all persons 14 years and older.

(Refer to the Child Abuse Guideline: Circular H102/2000 (dated 21 September 2000) for the management of children younger than 14 years.)

- **“Health workers”**

Includes medical officers and professional nurses, unless otherwise stated.

5. VISION

Survivors of rape or sexual assault will be provided with coordinated, holistic, expert and humane care, which ensures the prevention of secondary traumatization, including partners and family members. Thus serving the needs of the individual, the community and justice.

6. OBJECTIVES

By implementing the policy and management guidelines the following objectives should be achieved:

- To provide an integrated and comprehensive service to survivors of rape or sexual assault that incorporates the best possible clinical, psychological and forensic care available at the identified health care facilities.
- To provide on-going training, support and supervision of health workers involved in the management of survivors of rape or sexual assault to ensure a consistently high standard of care. This will also ensure that the courts are provided with high quality evidence to assist with the prosecutions and conviction of rapists.
- To provide health information to survivors and families which promotes ease of use of available services in the community and to inform them of their rights.

7. IMPLEMENTATION

One of the first steps in creating a management system for survivors of rape and sexual assault would be to establish rape forums on provincial, regional and district level. The broad functions of these forums would be to:

7.1 Provincial Rape Forum

- Regularly re-view the Provincial Rape Policy involving all the relevant stakeholders (e.g. Departments of Justice, SAPS, Social Services, Health and NGO's) in order to share information, facilitate cooperation and to avoid duplication.
- Lobby for the establishment of an appropriate intra-departmental central compliant mechanism to report non-compliance with the guidelines and develop mechanisms of how to deal with or refer such complaints.
- Regularly update standardized guidelines for medical/nursing, psychological and forensic management of rape survivors.
- Evaluate the implementation of the rape forums annually.

7.2 Regional/District Rape Forum

This forum could form part of a existing structure, e.g. MCWH Regional Forum, Community Police Forum, etc.

- Report to the Provincial Rape Forum.
- Assess existing facilities to ensure that the best possible clinical, psychological and forensic management is rendered.
- Ensure equitable access for all survivors to a rape management service based on rape statistics and population density.
- Ensure that sufficient health workers are trained tot provide an appropriate service to rape survivors.
- Monitor the implementation of the policy and standardized guidelines and ensure that adequate standards of care are maintained.
- Each facility offering a service to rape survivors should have a designated room/area, which is adequately equipped for the purpose of examination and treatment of survivors and for the initial counselling of the survivor and his/her support system.

- Identify deficiencies and obstacles in the care of rape survivors and develop strategies to address these.
- Work in collaboration with other initiatives, which focus on the prevention and management of victims of violence and abuse to coordinate service provision.
- Keep accurate statistics and demographic data on the service and rape survivors and submit 6-monthly to the provincial MCWH office.
- Coordinate regional/district inter-departmental cooperation.
- Convene regular meetings (e.g. 3 – 4 monthly) to ensure fluid cooperation and to support rape management service providers at regional/district level.

8. MONITORING AND EVALUATION

In the Provincial Department of Health the Maternal, Child and Women's Health Sub-directorate, supported by the Mental Health and Reproductive Health Sub-directorates, was tasked with the responsibility for driving this process. In order to facilitate, monitor and evaluate the implementation of this policy the following is needed:

- Coordinate on-going inter- and intra-departmental collaboration (e.g. Departments of Justice, SAPS, Social Services, Health, NGO's, etc.)
- Distribution of the policy and standardized guidelines to all the relevant stakeholders.
- Monitor correct implementation and regular up-date thereof.
- Serve as a central departmental centre for reports regarding non-compliance and/or problems.
- Establish (together with the Directorate Health Information) a provincial database for rape statistics to monitor and evaluate on-going provision of services. Provide regular feedback to the stakeholders.
- Facilitate appropriate training of health workers.

9. TRAINING AND SUPPORT

9.1 Provincial Responsibilities:

The Provincial Reference Group elected a Training Task Team. The brief of the Training Task Team was to:

- Develop a modular training manual consisting of:
 - Pre-course study material;
 - Video;
 - 2 files containing slides and overheads on the different modules;
 - Directory of services.
- Facilitate initial training workshops in all regions/districts.
- Copies of the modular training manual were handed to the regional HRD/MCWH coordinators in order to facilitate and coordinate on-going in-service training within the region.

9.2 Regional Responsibilities:

- Regional/District Offices are to provide on-going in-service training/regular updates of staff.

- Regions should bear in mind that staff at the identified centers, whether these are acute or follow-up centers, should be targeted first to receive training. All staff working at these centers should receive this modular training.

9.3 Staff Support:

- An Employee Assistance Programme needs to be initialised for staff working with survivors of rape and sexually assault to address the effects of vicarious trauma.

10. EQUIPMENT AND DRUGS NEEDED

To enable health workers to adequately manage survivors of rape and sexual assault the following are needed at the designated service points which should be located in facilities offering a 24-hour service:

- Private/designated room/area.
- Equipment required to perform forensic examination e.g. pus swabs, slides, tubes for blood sampling, combs, nail scissors.
- Adequate stationary, pre-printed management guidelines (Addendum A) and referral letters.
- Lockable cupboard for register and forensic evidence.
- Sexual Assault Evidence Collection Kits (SAECK) (obtained from local police station)
- PEP-Register and pre-printed forms (Addendum B).
- Access to a telephone and fax machine.
- Access to emergency care.
- Medical cupboard stocked with packaging containing:
 - Emergency contraception.
 - Syndromic management for the prevention of STI's as per guideline.
 - Drugs for post exposure prophylaxis as per guidelines.
 - Analgesia.
 - Tranquilizers in individual circumstances.
- A traditional cup of tea for alleviating shock.
- Emergency clothing and/or underwear, sanitary towels.
- Access to bath/shower and/or toilet facilities.
- Posters, pamphlets and information about rape, counselling and human rights.
- Directory of services of local resources.

11. BUDGET

From 2000/1 – 2003/4 earmarked funding was available to implement this policy and services, including the training. In future the cost these services would be included in the regional/districts budgets.

11.1 Service provision

As far as possible existing staff and health facilities should be used. Some items could be donated (e.g. clothing, toiletries) and the regional/district rape forums could coordinate such an effort.

11.2 Equipment and medicine

All the drugs (except the PEP) are on the EDL and should be readily available at the health facilities.

The equipment needed to perform the examinations should also be available at the health facilities.

The relevant forms and referral letters are to be photocopied (examples attached).

11.3 Training budget

The training should form part of the continued in-service education programme for health workers in the regions/districts. (See item 9.2)

12. AREAS FOR FURTHER DEVELOPMENT

The following are some of the aspects that need further investigation and/or development:

- Support to health workers, especially regarding psychological support.
- Training of health workers in basic counselling, especially on pre-and post-test counselling should the client choose to have immediate HIV-testing.
- Collection of Health Information.
- Development and distribution of Health Promotion material.

13. MANAGEMENT OF SURVIVORS OF RAPE AT HEALTH CENTRES

Refer to the attached Addendum A: "Standardized Guidelines for the Management of Survivors of Rape or Sexual Assault".