Innovative Responses to the Management of Sexual Violence in a Public Setting
Gauteng, SA
Outline

- Introduction
- Background
- Geographical overview of Gauteng Province
- Structure of CMLS
- Service Delivery Models
- Strengths and Challenges
- Programme Development
- Intersectoral Collaboration
- Future Dispensation
Introduction

- Process overview of programme development
- Snapshot analysis of what works and why it works
- Best practice service models are resource dependent
- Both proactive and reactive
- Bias towards Gauteng
Background

District Surgeon System
District Medical Officer System – Integration into PHC
Sexual Assault Services – (Gauteng: 26 sites)
- Most excluded other clinical medico-legal services
- Some provide ex officio services
- Introduction of PEP for victims of sexual assault
Geographical Overview of Gauteng Province
Covers just over 17,000 sq km - approximately 1.4% of the total land surface of South Africa.

It is the smallest of the nine provinces.

Home to over 8 million people.
Structure of CMLS

National
- Currently managed by MCWH Sub-Directorate
- Newly established sub-directorate for CMLS
- Spin-off: take over of Forensic Pathology Services (Directorate level)
- Both sub-disciplines of Forensic Medical Services

Provincial
- Vary from province to province as well as within provinces
- GP
  - Sub-directorate upgraded to Directorate
  - District CMOs: 3 out of 6
- Facilities: Clinic, CHC, Hospital (District, Regional, Academic)
Service Delivery Models

Crisis Centres
- Medical & forensic management of sexual assault cases only
- Designated space: area, room or separate facility
- No dedicated staff – no warm body

One-stop Centres
- Variants
  - Comprehensive health & social services: Tembisa
  - Plus prosecutorial & law enforcement: Thuthuzela (NPA)
  - Plus residential services: Ikhaya Lethemba (DCS)
- Victim centered
- Designated facility
- Dedicated personnel
Clinical Medico-Legal Centres

- Comprehensive clinical medico-legal services (drunken driving, assault, domestic violence, suspect exams, attempted suicides, etc)
- Includes sexual assault
- Victim centered, victim friendly
- Dedicated personnel
- Designated facility

Service Excellence Centres

- Plus training, research, outreach, skills development
## Strengths and Challenges

### Strengths
- Political buy-in
- Constitution
- Legislation
- Policies
- Systems
- Resources
- Forensic nurses
- Recognition of opportunities
- Acknowledgement of personnel
- Social networks
- Strong NGO/CBO sector
- LIBERATION

### Challenges
- Attitudes
- Willingness to change
- Resource equity
- Access
- Standardization of services
- Competing priority health services
- Recognition of nurses as authority
- Fragmentation of sexual assault services
- Management structures
- Dedicated personnel
- Spatial accommodation
Programme Development

- Upgrading the programme
- Developing a uniform service package
  - Core service package – sexual assault, domestic violence, general assault, perpetrator examinations, drunken driver assessments, age assessments, para-suicides
  - Extended service delivery – hours of operation, geographical coverage, population size, training & research
- Ownership of CMLS
  - Location of services – needs of victims of violence (psychological, medical, legal, social)
  - Resource allocation – extent of involvement, services provided
Intersectoral Collaboration

- Interactive model for collaboration
- Needs of the victim
- Comprehensive care
- Stakeholder analysis - identification of:
  - Internal Clients
  - External Clients
  - What makes them our clients?
Future Dispensation

Controlled Integration with other service providers
- Special area – auditory & visual privacy
- Vulnerability of victims
- Dedicated fulltime staff
- Recognition as specialty

Service Excellence Centres
- Research, training, quality care, outreach
- Established referral networks
- Number dependent on need, population and geographic size

Direct linkages with other stakeholders
Dedicated personnel: identify, recognition, reward, involve, engage, ownership
A well organized cooperative effort by community professionals!
Conclusion

- No blueprint
- No “one size fit all” approach
- Model must be adaptable to local setting
- Evidence based approaches work best
- Intersectoral collaborations are key
“If you don’t make change...then change will make you”
I Thank You!