

Contextualising medico-legal services in a health systems framework

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Introduction

- The experience of medico-legal services after sexual assault for survivors and their service providers is very much at an individual clinical level, yet the nature and quality of care received is influenced by a range of factors that include but extend far beyond the immediate clinical setting
- If we are to properly understand the goals and quality of health services for sexual assault survivors, we have to understand the way in which these services are broadly framed within the social and political environment of the health care system
- The aim of this presentation is to contextualise our understanding of these services by reflecting on the wider context of the care, in terms of the goals of the service, as well as the factors that influence quality of care at a health facility level



Goals for survivor:

- *Possible goals*
- Meet health needs (emotional & physical)
- Provide affirmation
- Assist in attaining justice
- *Comments*
- Goals will vary in different settings and may depend on:
 - Level of knowledge of health needs
 - Realities of possibilities of attaining justice
 - Level of resources
- *Needs of survivors may differ from bio-medically defined ones e.g. medico-legal examination may be seen as affirming, reassuring, cleansing, and empowering (in the sense that it constitutes action in pursuit of justice)*



Service goals:

- *Possible goals*
- To meet to health needs (emotional & physical)
- To meet requirements of interface with justice needs (examination, documentation & evidence collection)
- *Comments*
- These will differ according the level of resources and political context
- Possibility of iterative tailoring of goals to the context
- There is often a tension between health and justice needs – who runs the services?
- Tension between emotional & physical health needs



Goals for the legal system:

- *Possible goals*
- to look for evidence that may corroborate or contradict the account of events, and
- to link the suspect to the sexual act
- *Comments*
- Depends on the general level of commitment to gender equity and justice for women
- May depend on the level of resources and functionality of the legal system

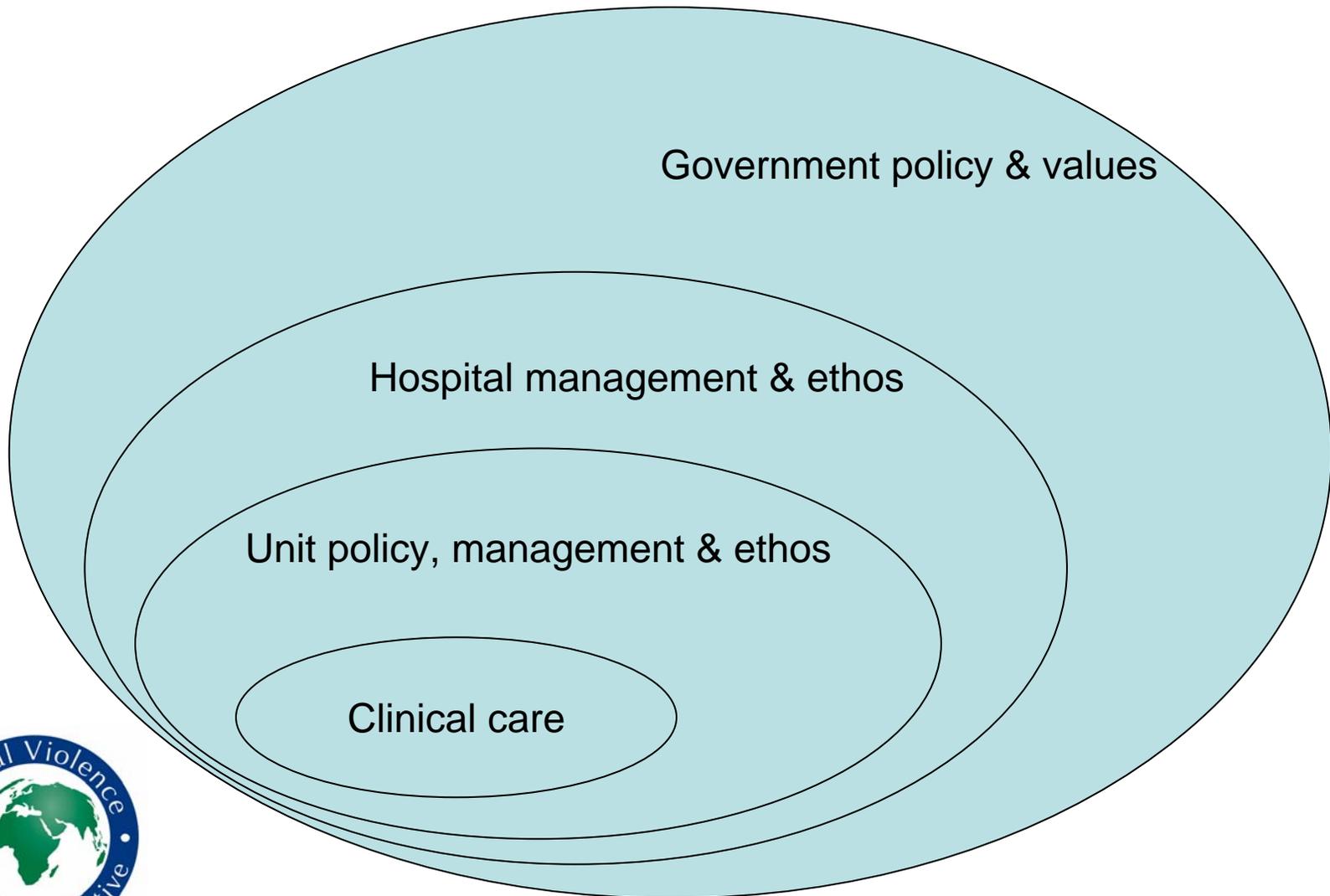


Role of research

- Research can play an important role in defining the systems goals, this is really essential before making sense of the question of whether it is able to meet these
- Goals will differ for services in differently resourced environments
- Political contexts will often define what is possible
- Establishing what women want from services is a very important starting point in terms of outcomes and the shape of care provision



The context of quality of care: situating care in a health systems framework



Influences on quality of care at the frontline:

- Survivor factors: empowerment
 - knowledge of needs and rights and the ability to assert these (either by self, through companions or survivor advocates)
- Staff factors:
 - **technical** : general background, specific training, case load (experience), support (guidelines)
 - **attitudes**: gender attitudes, patient care ethos,
 - **morale**: general morale, burnout?
- Facility factors:
 - Infrastructure, equipment & cleanliness
 - Organisation of services e.g. lab tests, medicines etc



Influences on quality of care in the broader environment

- General ethos related to gender equity:
 - Commitment to gender equity at a national level
 - Commitment to ending violence against women
 - Prioritisation of women's health services and interest in gender-based violence
- The policy environment with respect to gender equity will largely define the limits of what is possible in post-rape health services, particularly the extent to which assisting in punishment of men who rape is a realistic service goal



Influences on quality of care in the broader environment

- Service ethos:
 - **Service orientation:** is there one? Is the service orientated towards meeting patients' needs versus needs of staff etc..
 - **Management orientation:** is the service conspicuously managed? Does that include a pursuit of better quality care?
- It is very difficult to improve the quality of services in an environment where there is no conspicuous ethic of providing high quality care and direction from service and facility managers that this is something which should be achieved



Influences on quality of care in the broader environment

- Level of resources:
 - **Financial:** to what extent is the public health sector adequately resourced?
 - **Human:** to what extent are staff available to meet patient care needs in the system generally
- Attitudes towards training and deployment of staff:
 - Whose needs do decisions around who gets training primarily meet? Those of the staff or of patients?
 - Deployment of staff after training: is there a commitment to seeing that those trained end up providing the service



Influences on quality of care in the broader environment

- Commitment to high quality rape services
 - Availability of policy at facility, province and national levels (as appropriate)
 - Availability of clinical guidelines
 - Will to organise services in ways that optimally meet needs of survivors and may differ from standard practice e.g. wrt dispensing drugs and doing tests
 - Monitoring & evaluation of care
- Commitment to making the inter-sectoral interface work
 - Understanding of and commitment to the role of the health sector in broader efforts to end violence against women



Conclusions

- Medico-legal services need to be viewed in the context of the broader health system
 - Policies, programmes and procedures that will result in better care can often be implemented without many resources, but the broader health system does not always support their implementation
 - Research can help us better understand the influences of the component parts of the system and how they operate as barriers to providing good care
 - It should be possible to improve quality of care through service monitoring and evaluation and appropriate interventions, at multiple levels
 - Service goals need to be realistic and reflect the political and resource constraints of the environment
 - They will be diverse, but some will be achievable
- The bottom line is that survivors needs need to be defined and services shown to meet these

