Innovative Responses to the Management of Sexual Violence in a Public Setting

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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
- Newly established sub-directorate
- 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

- **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 – extend 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 blue print
- 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!