adherence study. One adolescent rape survivor reported being screamed at by the nurse when she went for the first test.

While she was busy doing the blood test she kept asking about the rapist: “I just want to know who he is. I have to know what you were thinking? You deserve things like that.” So I just kept quiet because T. had already warned me that the sisters will shout at me and told me to just ignore them.”

Victims who do not report the rape to the police are also frequently denied health care. This is contrary to the Policy which states “No patient should be turned away if they have not reported assault (sex) to police or choose not to report sexual assault.” (2004: 10). Nonetheless, researchers in the Gauteng PEP adherence study observed patients being refused treatment until they reported the rape to the police (Vetten and Haffejee, 2005).

Finally, the Guidelines currently do not provide adequate guidance to healthcare workers on the best way to deal with the range of functions performed in the training and on the spot where the health providers work. They do not provide comprehensive training to health care workers to discharge their duties effectively.

WHAT HEALTH SERVICES DO RAPE SURVIVORS WANT?

It is worth highlighting the value that rape survivors place on counselling services. Christofides et al (2005) face-to-face interviews with 319 women found that the provision of a safe space where the healthcare provider said: “If people would be willing to talk to each other it is more comfortable to talk.” The findings of other researchers also suggest that the experiences of rape and the sexual assault victims may require specialized care (Boscarino, 1998).

The PEP adherence study points to other problems with the provision of counselling services. The study reports that PEP facility staff were not only not only only necessary for patients, but also for PEP facility staff, some of whom believed that their role was to provide support to rape survivors. The PEP facilities appeared to be functioning in isolation, with relations between health, the police and NGO’s totally undermined (Vetten and Haffejee, 2005).

IMPLICATIONS FOR POLICY AND SERVICE PROVISION

The WHO defines good health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This broad definition is particularly important in the context of sexual violence. It suggests that if women are ever to attain a state of well-being after a sexual assault, then the state of their health must develop a comprehensive package of services to address these serious concerns and uphold women’s rights.

Section 27 of the South African Constitution states that: “Everyone has the right to have access to health care services, including reproductive health care” and that “The State may provide free, adequate emergency medical treatment.” Section 27(1)(b) provides for the State to “take reasonable legislative and other measures, within its available resources to achieve the progressive realisation of the right.” In addition to the right to access health care, the Constitution also protects the rights to dignity, privacy and freedom and security of the person. In light of these Constitutional obligations we recommend that the Department of Health should identify the health needs of rape victims as a priority area of concern and that it continue to work with its departments to develop a constitutional obligation to provide access to health-care in a manner that protects the rights of victims to dignity, privacy and freedom and security of the person.

• The Department needs to develop a comprehensive plan outlining implementation of its Policy and Guidelines, including the training required to enable health workers to discharge their duties effectively. Such a plan should outline performance targets in this area over the next two years. It should also ensure that the budget available for the implementation of their policies.

• Organisations dealing with violence against women have traditionally focused most of their efforts on the criminal justice system and rarely the health system. It is important that organisations also build referral networks with health facilities and seek to strengthen the healthcare component of their work. The Department should consider training health workers to offer support through various forms of counselling or psychotherapy and at times even psychiatry.

The need for accessible, comprehensive and integrated health services is acute, given the extent of sexual violence in South Africa. In 2006/07, 32% of women interviewed in the 2005/06 South African Police Service (SAPS) monitored survey reported experiencing rape (StatsSA, 2007). Although the number of cases reported to the police (which StatsSA found that in one in two rape survivors reported being raped to the police (Human Rights Watch, 2005), although their findings differ as to the extent, both studies clearly find rape to be under-reported. On the basis of these data it can be extrapolated that there are between the region of 104 000 and 460 000 rapes actually

Towards developing and strengthening a comprehensive response to the health care needs of rape survivors

Lisa Vetten and Sibongile Jacob

Policy Brief No. 1 January 2006

S

sexual violence is primarily seen as a concern for the criminal justice system, requiring the development of legislation and policies guiding police and court procedures, the collection and interpretation of evidence; and the creation of support systems for victims navigating their way through investigation and trial proceedings. Inevitably, such a focus subordinates the health survivors’ broader health needs to the demands of the criminal justice system. Yet health-related consequences of sexual violence are profound and long-term, permeating all aspects of life, sense of self, intimate relationships, sexuality, parenting, study or employment, and the ability to cope. And while these adverse consequences cannot be prevented completely, many could be ameliorated through a comprehensive and multidimensional health sector response. This brief policy note describes how sexual violence affects women’s health and identifies the nature and type of health services women need after a sexual assault. It then summarises research examining access to healthcare services in the aftermath of a sexual assault, as well as the nature of such services. It concludes with implications for policy, service provision and advocacy.
Sexual violence and women’s reproductive health:

- Post-traumatic stress disorder (PTSD) - rape
- Teenage pregnancy - one study examining factors
- A greater likelihood of miscarriages and induced health:

Sexual violence and women’s reproductive health:

- Research finds that girls sexually assaulted as children or adults, have been found more likely to attempt or commit suicide (WHO, 2002).

Post-traumatic stress disorder (PTSD) - rape

- Sexual violence takes different forms ranging from unwanted touching through to sexual assault, rape, and other physical harm, as well as their emotional and psychological aftermath. When a victim is ongoing over a period of time it tends to have a more severe outcome.

- Given these serious consequences, it is clear that a comprehensive response, delivered by the health system, is required. This includes treating and supporting survivors, as well as those close to them (such as family members, friends, or co-workers).

Secondary victimisation is also perhaps the most preventable of harms arising from an incident of sexual violence.

- Secondary victimisation - the study examining factors associated with teenage pregnancy in Cape Town found forced sexual initiation to be the third most strongly associated variable with such early pregnancies (WHO, 2001).

- Other consequences include uraemic infections, genital infection, vaginal bleeding and infection, fibroids, chronic pain and perinatal infection during intercourse (WHO, 2002).

Sexual violence and women’s mental health:

- While knowledgeable about emergency medical care, sexual violence most strongly predicts negative mental health consequences can be exacerbated by the ill-informed and judgemental healthcare practitioners not only did not know about PEP but were also unkind with the treatment for other STIs; only 36.8% of practitioners in the national survey provided the correct treatment for such infections (Christofides et al., 2006).

- Secondary victimisation is also perhaps the most preventable of harms arising from an incident of sexual violence.

- Secondary victimisation - the study examining factors associated with teenage pregnancy in Cape Town found forced sexual initiation to be the third most strongly associated variable with such early pregnancies (WHO, 2001).

- Other consequences include uraemic infections, genital infection, vaginal bleeding and infection, fibroids, chronic pain and perinatal infection during intercourse (WHO, 2002).

Location of services

- One of the objectives of the National Sexual Assault Policy is to establish accessible, designated sexual assault services (SASS) for women, children, and men. Currently, healthcare services for rape victims/survivors are provided in the form of medical and psychological care.

- Location of services

- Secondary victimisation is also perhaps the most preventable of harms arising from an incident of sexual violence.

- Secondary victimisation - the study examining factors associated with teenage pregnancy in Cape Town found forced sexual initiation to be the third most strongly associated variable with such early pregnancies (WHO, 2001).

- Other consequences include uraemic infections, genital infection, vaginal bleeding and infection, fibroids, chronic pain and perinatal infection during intercourse (WHO, 2002).

- One of the objectives of the National Sexual Assault Policy is to establish accessible, designated sexual assault services (SASS) for women, children, and men. Currently, healthcare services for rape victims/survivors are provided in the form of medical and psychological care.

- Location of services

- Secondary victimisation is also perhaps the most preventable of harms arising from an incident of sexual violence.

- Secondary victimisation - the study examining factors associated with teenage pregnancy in Cape Town found forced sexual initiation to be the third most strongly associated variable with such early pregnancies (WHO, 2001).

- Other consequences include uraemic infections, genital infection, vaginal bleeding and infection, fibroids, chronic pain and perinatal infection during intercourse (WHO, 2002).

- One of the objectives of the National Sexual Assault Policy is to establish accessible, designated sexual assault services (SASS) for women, children, and men. Currently, healthcare services for rape victims/survivors are provided in the form of medical and psychological care.

- Location of services

- Secondary victimisation is also perhaps the most preventable of harms arising from an incident of sexual violence.

- Secondary victimisation - the study examining factors associated with teenage pregnancy in Cape Town found forced sexual initiation to be the third most strongly associated variable with such early pregnancies (WHO, 2001).

- Other consequences include uraemic infections, genital infection, vaginal bleeding and infection, fibroids, chronic pain and perinatal infection during intercourse (WHO, 2002).

- One of the objectives of the National Sexual Assault Policy is to establish accessible, designated sexual assault services (SASS) for women, children, and men. Currently, healthcare services for rape victims/survivors are provided in the form of medical and psychological care.

- Location of services

- Secondary victimisation is also perhaps the most preventable of harms arising from an incident of sexual violence.
Paragraph 1:

Depression, generalised anxiety, reduced self-esteem, panic phobias (Astbury, 2006) and drug and/or sexual partner violence (Dunkle et al, 2004). Sexual violence has been associated with increased risk of physical and psychological trauma. Amongst teenage women, forced first intercourse has also been associated with increased risk of physical violence (Dunkle et al, 2004). PTSD has been found to be the traumatic stressors studied to date (including sexual violence). Women who have experienced sexual assault, sexual violence and women's mental health: PTSD, depression, and/or sexual partner violence (Dunkle et al, 2004).

Paragraph 2:
Sexual violence and women's mental health: Women who have experienced sexual assault, sexual violence and women’s mental health: PTSD, depression, and/or sexual partner violence (Dunkle et al, 2004).

Paragraph 3:
Sexual violence and women's reproductive health: While knowledgeable about emergency medical care, healthcare practitioners not only did not know about PEP and place them at risk of HIV infection. The Gauteng PEP adherence study found that less than half of health workers interviewed were aware of rape around and PEP (Vetten and Haffejee, 2005). Other health practitioners not only did not know about PEP but were also unfamiliar with the treatment for other STIs; only 30.3% of practitioners in the national survey had received training on caring for rape survivors (Christofides et al, 2006). The national survey found that just under a third (30.3%) of healthcare practitioners surveyed had received training on caring for rape survivors. The Gauteng PEP adherence study found that less than half of health workers interviewed were aware of rape around and PEP (Vetten and Haffejee, 2005). Other health practitioners not only did not know about PEP but were also unfamiliar with the treatment for other STIs; only 30.3% of practitioners in the national survey had received training on caring for rape survivors (Christofides et al, 2006).

Paragraph 4:

QUALITY OF HEALTH SERVICE FOR RAPE SURVIVORS

The unmet implementation of policy has weakened services for rape survivors in South Africa. The Gauteng PEP adherence study found that less than half of health workers interviewed were aware of rape around and PEP (Vetten and Haffejee, 2005). Other health practitioners not only did not know about PEP but were also unfamiliar with the treatment for other STIs; only 30.3% of practitioners in the national survey had received training on caring for rape survivors (Christofides et al, 2006).

Paragraph 5:

Attitudes to rape survivors

Altogether six services listed PEP adherence, found that less than half of health workers interviewed were aware of rape around and PEP (Vetten and Haffejee, 2005). Other health practitioners not only did not know about PEP but were also unfamiliar with the treatment for other STIs; only 30.3% of practitioners in the national survey had received training on caring for rape survivors (Christofides et al, 2006).

Paragraph 6:

Sexual violence and women's reproductive health: While knowledgeable about emergency medical care, healthcare practitioners not only did not know about PEP and place them at risk of HIV infection. The Gauteng PEP adherence study found that less than half of health workers interviewed were aware of rape around and PEP (Vetten and Haffejee, 2005). Other health practitioners not only did not know about PEP but were also unfamiliar with the treatment for other STIs; only 30.3% of practitioners in the national survey had received training on caring for rape survivors (Christofides et al, 2006).
Sexual violence and women's reproductive health:

• Transmitted infections (STIs), HIV and AIDS, pregnancy and infertility (Bolan et al. 1999).
• A greater likelihood of miscarriages and induced abortions (Telfer 2003).

Sexual violence and women's mental health:

• Women who have experienced sexual assault, sexual violence and women's mental health: Other consequences include urinary tract infections, genital irritation, vaginal bleeding and infections, fibroids, uterine pain and perineal pain during intercourse (WHO 2003).

Sexual violence and women's mental health:

• Women who have experienced sexual assault, whether as children or adults, have been found more likely to attempt or commit suicide (WHO 2003). Research finds that girls sexually assaulted as children are more likely to become adult survivors of sexual violence and women's mental health: other consequences include urinary tract infections, genital irritation, vaginal bleeding and infections, fibroids, uterine pain and perineal pain during intercourse (WHO 2003).

• Violence against women by women who had ever been married was significantly associated with increased risk of physical health, as well as their emotional and psychological distress (Heise et al. 2000).

• When such violence is ongoing over a period of time it tends to have a more severe impact on women's mental health.

Negative mental health consequences can be exacerbated by the breakdown of the protective support system of family and friends.

Sexual violence and women's mental health: The mental health consequences of rape can be severe, resulting in PTSD, depression, anxiety, eating disorders, hypervigilance, nightmares, flashbacks, suicidal ideation, and self-harm (PAP 2005).

The healthcare needs of rape survivors have not gone unnoticed. In April 2002 the Department of Health announced that it was making anti-retroviral drugs to prevent HIV infection available to rape survivors. More recently, National Management Guidelines for Sexual Assault Care (“the Guidelines”) and the National Sexual Assault Policy (“the Policy”) were released by the Department of Health in 2005.

Both are important interventions on the part of government and demonstrate, on paper at least, commitment to addressing sexual assault. However, both the dissemination of information and the implementation of the policy lie beyond the result that the most rape survivors do not still access to services.

QUALITY OF HEALTH SERVICE FOR RAPE SURVIVORS

The uneven implementation of policy has weakened services for rape survivors in some areas.

Privacy and confidentiality

Rape victims are a highly stigmatised group of people in South Africa and the stigma attached to being raped acting as a significant barrier to it being reported. As the National Sexual Assault Policy notes, many victims are afraid that they will be re-victimized if they report. Police officers and medical personnel are not sensitive to the needs of survivors.

Rape victims and women's mental health:

• Rape victims are a highly stigmatised group of people in South Africa and the stigma attached to being raped acting as a significant barrier to it being reported. As the National Sexual Assault Policy notes, many victims are afraid that they will be re-victimized if they report. Police officers and medical personnel are not sensitive to the needs of survivors.

• Other consequences include urinary tract infections, genital irritation, vaginal bleeding and infections, fibroids, uterine pain and perineal pain during intercourse (WHO 2003).

Location of services

One of the objectives of the National Sexual Assault Policy is to establish accessible, designated specialized services for sexual assault care (SAECK) - vital to the forensic examination - has also been tampered with. Other evidence (Christofides et al, 2006). Rarely were the facilities requesting these of sexual assault care (“the Guidelines”) and the National Sexual Assault Policy (“the Policy”) were released by the Department of Health in 2005.

Both are important interventions on the part of government and demonstrate, on paper at least, commitment to addressing sexual assault. However, both the dissemination of information and the implementation of the policy lie beyond the

QUALITY OF HEALTH SERVICE FOR RAPE SURVIVORS

The uneven implementation of policy has weakened services for rape survivors in some areas.

Privacy and confidentiality

Rape victims are a highly stigmatised group of people in South Africa and the stigma attached to being raped acting as a significant barrier to it being reported. As the National Sexual Assault Policy notes, many victims are afraid that they will be re-victimized if they report. Police officers and medical personnel are not sensitive to the needs of survivors.

Rape victims and women's mental health:

• Rape victims are a highly stigmatised group of people in South Africa and the stigma attached to being raped acting as a significant barrier to it being reported. As the National Sexual Assault Policy notes, many victims are afraid that they will be re-victimized if they report. Police officers and medical personnel are not sensitive to the needs of survivors.

• Other consequences include urinary tract infections, genital irritation, vaginal bleeding and infections, fibroids, uterine pain and perineal pain during intercourse (WHO 2003).

Location of services

One of the objectives of the National Sexual Assault Policy is to establish accessible, designated specialized services for sexual assault care (SAECK) - vital to the forensic examination - has also been tampered with. Other evidence (Christofides et al, 2006). Rarely were the facilities requesting these of sexual assault care (“the Guidelines”) and the National Sexual Assault Policy (“the Policy”) were released by the Department of Health in 2005.

Both are important interventions on the part of government and demonstrate, on paper at least, commitment to addressing sexual assault. However, both the dissemination of information and the implementation of the policy lie beyond the

QUALITY OF HEALTH SERVICE FOR RAPE SURVIVORS

The uneven implementation of policy has weakened services for rape survivors in some areas.

Privacy and confidentiality

Rape victims are a highly stigmatised group of people in South Africa and the stigma attached to being raped acting as a significant barrier to it being reported. As the National Sexual Assault Policy notes, many victims are afraid that they will be re-victimized if they report. Police officers and medical personnel are not sensitive to the needs of survivors.

Rape victims and women's mental health:

• Rape victims are a highly stigmatised group of people in South Africa and the stigma attached to being raped acting as a significant barrier to it being reported. As the National Sexual Assault Policy notes, many victims are afraid that they will be re-victimized if they report. Police officers and medical personnel are not sensitive to the needs of survivors.

• Other consequences include urinary tract infections, genital irritation, vaginal bleeding and infections, fibroids, uterine pain and perineal pain during intercourse (WHO 2003).

Location of services

One of the objectives of the National Sexual Assault Policy is to establish accessible, designated specialized services for sexual assault care (SAECK) - vital to the forensic examination - has also been tampered with. Other evidence (Christofides et al, 2006). Rarely were the facilities requesting these of sexual assault care (“the Guidelines”) and the National Sexual Assault Policy (“the Policy”) were released by the Department of Health in 2005.

Both are important interventions on the part of government and demonstrate, on paper at least, commitment to addressing sexual assault. However, both the dissemination of information and the implementation of the policy lie beyond the

QUALITY OF HEALTH SERVICE FOR RAPE SURVIVORS

The uneven implementation of policy has weakened services for rape survivors in some areas.

Privacy and confidentiality

Rape victims are a highly stigmatised group of people in South Africa and the stigma attached to being raped acting as a significant barrier to it being reported. As the National Sexual Assault Policy notes, many victims are afraid that they will be re-victimized if they report. Police officers and medical personnel are not sensitive to the needs of survivors. These waits are generally longest at night and over weekends when most staff members are present. As a result, the forensic examination; 7.8% had spare clothing for rape care project in Mpumalanga, offer health care from within health facilities. The wide variation in practice essentially holds rape victims of sexual assault, we have drawn

Thanks for the discussion on this important topic. If you have any additional questions or need further clarification, feel free to ask! 😊
In addition to the lack of counselling, it was observed that counselling was primarily centred on VCT. Furthermore, interviews with health care workers interviewed for the national survey reported referring patients for counselling after rape (Christofides et al, 2005). The PEP adherence study points to other problems with the mental health of victims. The findings suggest that women who have been raped would most value services run by health care providers who have received specific training to manage patients after rape and understand what the impact of being raped upon patients, in general terms, could be. The study also concludes with implications for policy, service provision and advocacy.

WHAT HEALTH SERVICES DO RAPE SURVIVORS WANT?

It is worth highlighting the value that rape survivors place on counselling services. Christofides et al (2005) face-to-face interviews with 319 women found that the women most valued the availability of PEP (with an HIV test) and that they would value having a health care provider who could provide counselling. They did not make choices based on travel time, the quality of the organisations, or the services they could provide. They were willing to trade off access to services that were not always free or the best quality when they already had a health care provider that they could trust.

The PEP adherence study points to other problems with the mental health of victims. The findings suggest that women who have been raped would most value services run by health care providers who have received specific training to manage patients after rape and understand what the impact of being raped upon patients, in general terms, could be. The study also concludes with implications for policy, service provision and advocacy.

In addition to the lack of counselling, it was observed that health workers were not always equipped with the necessary skills and attitude to counsel rape survivors, or run support groups.

The PEP adherence study points to other problems with the mental health of victims. The findings suggest that women who have been raped would most value services run by health care providers who have received specific training to manage patients after rape and understand what the impact of being raped upon patients, in general terms, could be. The study also concludes with implications for policy, service provision and advocacy.

IMPLICATIONS FOR POLICY AND SERVICE PROVISION

The WHO defines good health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This broad definition is particularly relevant in the context of sexual violence. It suggests that if women are ever to attain a state of well-being after a sexual assault, then the state of health care must develop a comprehensive package of services to address these serious consequences and uphold women’s rights.

Section 27 of the South African Constitution states that “Everyone has the right to have access to health care services, including reproductive health care” and that “No one may be refused emergency medical treatment.” Section 108(1)(c) provides for the State to “take reasonable legislative and other measures, within its available resources to achieve the progressive realisation of the right.” In addition to the right to access health care, the Constitution also protects the rights to dignity, privacy and freedom and security of the person. In light of these Constitutional obligations we recommend that the Department of Health (DOH) identify the health needs of rape victims as a priority area of concern and that it continue to collaborate with other sectors that meet its constitutional obligation to provide access to health care in a manner that protects the rights of victims to dignity, privacy, freedom and security of the person.

The Department needs to develop a comprehensive plan outlining implementation of the Policy and Guidelines, including the training required to enable health workers to discharge these duties effectively. Such a plan should outline performance targets in this area over the next three years, as well as the budget available for the implementation of their policies.

Organisations dealing with violence against women have traditionally focused most of their efforts on the criminal justice system and the health system. It is important that organisations also build referral networks with health facilities and seek to strengthen the healthcare component of their work for rape survivors. This is an opportunity to develop this service and address some of the serious health consequences that women suffer. For the benefit of rape survivors, DOH must develop a comprehensive plan outlining implementation of the Policy and Guidelines, including the training required to enable health workers to discharge these duties effectively. Such a plan should outline performance targets in this area over the next three years, as well as the budget available for the implementation of their policies.

Organisations dealing with violence against women have traditionally focused most of their efforts on the criminal justice system and the health system. It is important that organisations also build referral networks with health facilities and seek to strengthen the healthcare component of their work for rape survivors. This is an opportunity to develop this service and address some of the serious health consequences that women suffer. For the benefit of rape survivors, DOH must develop a comprehensive plan outlining implementation of the Policy and Guidelines, including the training required to enable health workers to discharge these duties effectively. Such a plan should outline performance targets in this area over the next three years, as well as the budget available for the implementation of their policies.
adherence study. One adolescent rape survivor reporting being screened at the nurse when she went for the first time.

While she was busy doing the blood test she asked me her health, “So what’s happening with the blood test?” I told her not to worry. So I had to tell her what we were thinking? “You deserve things like that.” So I just kept quiet because I’ve already told her that the sisters will shut me and told me to just ignore them.” [5/11/10]

Victims who do not report the rape to the police are also frequently denied health care. This is contrary to the Constitution which states “No person should be turned away from accessing health care if they have not reported assault (sic) to police or choose not to report sexual assault.” (2004). Neither, researchers in the Gauteng PEP adherence study observed participants being refused treatment until they reported the rape to the police (Vetten and Haffejee, 2005).

Finally, the Guidelines currently do not provide adequate guidance to healthcare workers on how to respond when dealing with the range of dysfunctional behaviours by cognitively impaired people. It is also unclear what training healthcare workers receive around the effective management of patients with dementia. It is also unclear what training healthcare workers receive around the effective management of patients with dementia.

 Provision of Psychosocial Support, Counselling and Therapy

When the very serious and potentially long-term emotional consequences of rape, it is essential that attention be paid to the mental health of victims.

However, less than half (48.4%) of healthcare providers interviewed for the national survey reported referring patients to psychosocial services. Christofides et al’s (2005) face-to-face interviews with 319 women found that 44% of the respondents did not have access to care providers who could provide counselling. They did not make choices based on travel time, cost, willingness to trade off access to services they found not appropriate for their needs (e.g., HIV PEP, counselling and examination). This study has important implications for the provision of patient-centered services for rape survivors. It suggests that women who have been raped would most value services run by health care providers who have received special training in managing patients after rape and understand what the impact of being raped upon patients, in terms of psychological and physical impact. The study’s findings are consistent with a study by the research examining access to healthcare services in the aftermath of a sexual assault, as well as the need for comprehensive and multi-dimensional health service response.

This brief policy note describes how sexual violence affects women’s health and identifies the nature and type of health services women need after a sexual assault. It then summarises research examining access to healthcare services in the aftermath of a sexual assault, as well as the need for comprehensive and multi-dimensional health service response. The need for accessible, comprehensive and integrated health services is acute, given the extent of sexual violence in South Africa. In 2006/07, 32 000 women reported being raped to the South African Police Service (SAPS). These figures however, reflect only the number of women reporting being raped and not the number of such incidents. The particular policy conclusions with implications for policy, service provision and advocacy.

 Sh exual violence is a pervasive and widespread problem in South Africa. In 2006/07, 32 000 women reported being raped to the South African Police Service (SAPS). These figures however, reflect only the number of women reporting being raped and not the number of such incidents. The particular policy conclusions with implications for policy, service provision and advocacy.

Towards developing and strengthening a comprehensive response to the health care needs of rape survivors

Lisa Vetten and Tanya Jacobs  Policy Brief No. 1 January 2008

WHAT HEALTH SERVICES DO RAPE SURVIVORS WANT?

It is worth highlighting the value that rape survivors place on counselling services. Christofides et al’s (2005) face-to-face interviews with 319 women found that 44% of the respondents did not have access to care providers who could provide counselling. They did not make choices based on travel time, cost, willingness to trade off access to services they found not appropriate for their needs (e.g., HIV PEP, counselling and examination). This study has important implications for the provision of patient-centered services for rape survivors. It suggests that women who have been raped would most value services run by health care providers who have received special training in managing patients after rape and understand what the impact of being raped upon patients, in terms of psychological and physical impact. The study’s findings are consistent with a study by the research examining access to healthcare services in the aftermath of a sexual assault, as well as the need for comprehensive and multi-dimensional health service response.

This brief policy note describes how sexual violence affects women’s health and identifies the nature and type of health services women need after a sexual assault. It then summarises research examining access to healthcare services in the aftermath of a sexual assault, as well as the need for comprehensive and multi-dimensional health service response.

The WHO defines good health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This broad definition is particularly important in the context of sexual violence. It suggests that if women are ever to attain a state of well-being after a sexual assault, then the state of individuals must develop a comprehensive package of services to address these serious consequences and uphold women’s rights.

Section 27 of the South African Constitution states that “Everyone has the right to have access to health care services, including reproductive health care” and that “no one may be refused emergency medical treatment.” Section 176(1)(b) provides for the State to “take reasonable legislative and other measures, within its available resources to achieve the progressive realisation of the right.” In addition to the right to access health care, the Constitution also protects the rights to dignity, privacy and freedom and security of the person. In light of these Constitutional obligations we recommend that the Department of Health identify the health needs of rape victims as a priority area of concern and that it continue to include an area of concern (time travelled) for attributes such as PEP, HIV counselling and examination in its annual reports. The Department needs to develop a comprehensive plan outlining implementation of the Policy and Guidelines, including the training required to enable health workers to discharge their duties effectively. Such a plan should outline performance targets in this area over the next three years, as well as a budget outlay for the implementation of their policies.

• Organisations dealing with violence against women have traditionally focused most of their efforts on the criminal justice system and the health and wellness system. It is important that organisations also build referral networks with health facilities and seek to strengthen the healthcare component of their work.

• The Department needs to develop a comprehensive plan outlining implementation of the Policy and Guidelines, including the training required to enable health workers to discharge their duties effectively. Such a plan should outline performance targets in this area over the next three years, as well as a budget outlay for the implementation of their policies.

• The need for accessible, comprehensive and integrated health services is acute, given the extent of sexual violence in South Africa. In 2006/07, 32 000 women reported being raped to the South African Police Service (SAPS). These figures however, reflect only the number of women reporting being raped and not the number of such incidents. The particular policy conclusions with implications for policy, service provision and advocacy.

Towards developing and strengthening a comprehensive response to the health care needs of rape survivors

Lisa Vetten and Tanya Jacobs  Policy Brief No. 1 January 2008

IMPLICATIONS FOR POLICY AND SERVICE PROVIDER

The WHO defines good health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This broad definition is particularly important in the context of sexual violence. It suggests that if women are ever to attain a state of well-being after a sexual assault, then the state of individuals must develop a comprehensive package of services to address these serious consequences and uphold women’s rights.

The HIV defines good health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This broad definition is particularly important in the context of sexual violence. It suggests that if women are ever to attain a state of well-being after a sexual assault, then the state of individuals must develop a comprehensive package of services to address these serious consequences and uphold women’s rights.

Section 27 of the South African Constitution states that “Everyone has the right to have access to health care services, including reproductive health care” and that “no one may be refused emergency medical treatment.” Section 176(1)(b) provides for the State to “take reasonable legislative and other measures, within its available resources to achieve the progressive realisation of the right.” In addition to the right to access health care, the Constitution also protects the rights to dignity, privacy and freedom and security of the person. In light of these Constitutional obligations we recommend that the Department of Health identify the health needs of rape victims as a priority area of concern and that it continue to include an area of concern (time travelled) for attributes such as PEP, HIV counselling and examination in its annual reports. The Department needs to develop a comprehensive plan outlining implementation of the Policy and Guidelines, including the training required to enable health workers to discharge their duties effectively. Such a plan should outline performance targets in this area over the next three years, as well as a budget outlay for the implementation of their policies.

• The Department needs to develop a comprehensive plan outlining implementation of the Policy and Guidelines, including the training required to enable health workers to discharge their duties effectively. Such a plan should outline performance targets in this area over the next three years, as well as a budget outlay for the implementation of their policies.

• The need for accessible, comprehensive and integrated health services is acute, given the extent of sexual violence in South Africa. In 2006/07, 32 000 women reported being raped to the South African Police Service (SAPS). These figures however, reflect only the number of women reporting being raped and not the number of such incidents. The particular policy conclusions with implications for policy, service provision and advocacy.