COMPREHENSIVE MEDICAL, PSYCHOLOGICAL AND SOCIAL CARE TO SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE

A TOOLKIT FOR HEALTH FACILITIES SOUTH AFRICA

2018
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ABOUT the Toolkit

This toolkit was written by MSF based on its experiences in the management and care for Sexual and Gender-Based Violence (SGBV) at three healthcare facilities in the North West province of South Africa. Since 2015, MSF in partnership with the North West provincial Department of Health (NWDOH) has been providing medical, psychological and social care to survivors of SGBV who presented at the NWDOH’s Kgomotso Care Centre (KCC) facilities. The KCCs are an initiative by the NWDOH aimed at combating the scourge of SGBV in the province by strengthening healthcare response to reduce disease burden associated with SGBV. In addition to providing care, MSF seeks to document its experience and share on what it learnt as best practices in the medical response to the health needs of survivors of SGBV.

This toolkit outlines the best practices in the provision of patient-centred care to survivors of SGBV. It further presents an overview on the functionality of a comprehensive model of care that prioritizes medical, psychological and social care to survivors of SGBV. Also included in this toolkit are the structure of an ideal facility accessible at the primary healthcare or Community Health Centre (CHC) level; and the resources – both personnel and structural – and partnerships needed for effective SGBV response.

MSF is a medical humanitarian organization with experience in managing SGBV in acute contexts around the world. In South Africa, in support to North West Department of Health, we are constantly improving our knowledge and practice on how best to serve the needs of populations affected by SGBV.
ACRONYMS

ARVs  Antiretrovirals
CHC  Community Health Centre
CTOP  Choice on Termination of Pregnancy
DOH  Department of Health
DSD  Department of Social Development
DV  Domestic Violence
EC  Emergency Contraception
FP  Family Planning
HIV  Human Immunodeficiency Virus
HPCSA  Health Professionals Council of South Africa
IPV  Intimate Partner Violence
KCC  Kgomotso Care Centre
LGBTIQ  Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
MSF  Médecins Sans Frontières
NGOs  Non-Governmental Organizations
NWDoH  North West Department of Health
PEP  Post Exposure Prophylaxis
PTSD  Post-Traumatic Stress Disorder
SAPS  South African Police Services
SGBV  Sexual and Gender-Based Violence
STI  Sexually Transmitted Infection
ToP  Termination of Pregnancy
WHO  World Health Organization
AIMS: Comprehensive Model of Care for Survivors of SGBV

1. Demonstrate best practices in the provision of comprehensive – medical, psychological and social care – services for survivors of Sexual and Gender-Based Violence (SGBV)
2. Reduce morbidity and mortality amongst cases of SGBV
3. Ensure continuity of care and prevent secondary victimization for survivors of SGBV through an accessible and comprehensive one-stop shop\(^1\) health facility
4. Ensure accessibility to medical SGBV care at the Community Health Centre level in line with the Ideal Clinics Model
5. Prioritize Sexual Violence as a medical emergency and link survivors to care to reduce disease burden linked to SGBV
6. Prioritize the health needs of survivors of SGBV to mitigate medical risk and psychological trauma – within a system that prioritizes legal recourse for SGBV
7. Advocate for the prioritization, normalization and standardization of comprehensive SGBV services at the CHC level to ensure continuity of medical, psychological, and social care to survivors of SGBV

\(^1\) One-stop shop health facility: A single facility that provides essential medical, psychological and social care to survivors of SGBV with clear and efficient referral pathways for advances care
POLICY ALIGNMENT

I. Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act 32 of 2007) – and all its amendments

II. National Directives and Instruction on Conducting a Forensic Examination on Survivors of Sexual Offences in terms of the Criminal Law Sexual Offences and Related Matter Amendment Act (Act No. 32, 2007)

III. National Policy Guidelines on Victim Empowerment

IV. Sexual Offences Guidelines – South African Police Services

V. Children’s Act, 2005 (Act 38 of 2005)


VII. Mental Health Care Act, 2002 (Act 17 of 2002)


IX. National Policy Guidelines on Victim Empowerment

X. Sexual Offences Guidelines – South African Police Services

XI. Department of Social Development Children’s Act explained booklet 2009

XII. Choice on Termination of Pregnancy, 1996 (Act 92 of 1996) – and all amendments

BACKGROUND

Scope of the Problem

Sexual and Gender-Based Violence (SGBV) is a common consequence of unequal power relations amongst gender and sex groups. Also known as Violence Against Women, SGBV may include Sexual Violence (SV) such as rape and Intimate Partner Violence (IPV). In patriarchal societies like South Africa, women are more vulnerable to SGBV.¹

Globally, 1 in 3 women have experienced some form of IPV or non-partner sexual violence in their lifetime.² In South Africa, rape is one of the most common and reported form of SGBV. The latest 2017/18 South African Police Service (SAPS) crime statistics reveal that rape constituted 80% (40 035) of the 50 108 reported sexual offences.³ As of 2018 estimates, 70.5 per 100 000 women in South Africa have been raped.⁴ This places South Africa’s rape figures amongst the highest in the world, with countries such as India, Brazil and the United States of America recording lows of 5.7, 24.44 and 35.85 respectively.⁵

While SGBV may affect anyone regardless of gender or sex; women, children, persons belonging to minority groups such as migrants, refugees, sex workers, LGBTIQ community and those living in rural and impoverished settings are more vulnerable to SGBV.¹ In South Africa, more than half (54%) of the victims of sexual offences were children of school going ages.⁶ Schools are also noted as one of the common places where sexual offences occur.
Sexual and Gender-Based Violence in Rustenburg, North West Province

In 2015, MSF conducted a household survey among over 800 women between the ages of 18-49 in the Rustenburg Local Municipality, North West Province. The survey found that while 1 in 4 women have been raped at some point in their lifetime, few ever seek medical care or report to the police. At 25% prevalence, the disease burden of SGBV is substantial.

The findings suggest that while few women seek medical attention following incidents of rape; women do attend health facilities for a number of reasons—60% of women surveyed had accessed their local clinic in the previous six months. This suggests that screening for SGBV in clinics may provide an opportunity to link more survivors to care.

The location and proximity of SGBV care services is important to improve accessibility and reduce secondary victimization. Of the overwhelming majority of women who preferred services to be located in their community after rape, 57% wanted services on the same property as other health services.

Only 7% said it did not matter if services were on the same property or separate. Just over one-third of women wanted services on a different property. These findings suggest a need to integrate medical, psychological and social care services into existing health services at community level. For individuals who prefer the anonymity or ease of accessing local health facilities for SGBV services, family planning or other outpatient consultations; an opportunity to conduct screening for SGBV is available. Those who are screened positively for SGBV can be linked to care immediately. It is also important for survivors who turn to locations other than a health facility following an incident of sexual violence to be appropriately referred to seek medical attention.
MSF Mitigating Efforts

Recognizing the immensity of the problem, in 2015 the North West Provincial Department of Health (NWDoH) with the support of MSF, established a Kgomotso Care Centre (KCC) – community health center-based (CHC-based) services that provide an essential package of medical, psychological and social care – in the Boitekong Community Health Centre (CHC). In 2016, two more KCCs were established at Bapong and Letlhabile CHCs in Madibeng Local Municipality. To date, these services are available at CHC facilities in Boitekong, Bapong, Letlhabile (Madibeng municipality) and Tlhabane (Rustenburg municipality).

MSF PROJECTS

MSF interventions include efforts to address stigma attached to sexual and gender-based violence, improving treatment literacy, increasing and strengthening human resources through trainings of CHC healthcare workers in SGBV response. A series of community-based initiatives, including a large-scale health promotion programme, the positioning of staff in police stations and grassroots welfare organizations, and a partnership with schools to sensitize learners and teachers on SGBV were also rolled out. All frontline workers including drivers, nurses, social workers and community health workers were trained in psychological first aid to prevent secondary victimization of survivors of SGBV.
Impact of Sexual and Gender-Based Violence on Survivors

Sexual and Gender-Based Violence may include amongst others rape, IPV, domestic violence (DV), incest – which are often kept in secrecy; thus expose survivors to stigma.

Women who have been raped are exposed to mental and physical trauma, unwanted pregnancy, loss of pre-existing pregnancy, and acquisition of sexually transmitted infections (STIs), including HIV. Due to the physical trauma which occurs during rape, HIV and other STIs spread more easily during rape than during consensual sex. Forced oral sex can cause lesions, increasing the risk of HIV acquisition. Pre-existing STIs also increase the chances of acquiring HIV during forced sex.

SGBV Burden of Disease, Rustenburg Municipality – North West Province

1 in 5 HIV cases among women (6,765 cases)
1 in 3 induced abortions (1,296 cases)
1 in 3 cases of Major Depressive Disorders among women (5,022 cases)

According to the World Health Organization (WHO), women who have experienced intimate partner violence were almost twice as likely to experience depression and problem drinking. Rape as well as IPV can also be fatal – perpetrators may kill their victim and survivors are over 4 times more likely to take their own life.

*Economic costs of sexual and gender-based violence in South Africa, through lost economic output, are estimated to be between R28.4 – R42.4 billion per year (0.9-1.3% of GDP annually)*

Comprehensive Medical, Psychological and Social Care to Survivors of Sexual and Gender-Based Violence
Part 1. WHAT IS THE COMPREHENSIVE MEDICAL, PSYCHOLOGICAL & SOCIAL CARE MODEL FOR SURVIVORS OF SGBV

The comprehensive medical, psychological and social care model for survivors of SGBV is a decentralized model that prioritizes SGBV as a medical emergency. Access to these services at the CHC level ensures continuity of care and prevents secondary victimization to survivors of SGBV.

A multidisciplinary team of a doctor / sexual assault nurse, a registered counsellor, a social worker and a social auxiliary worker, work together to facilitate immediate care and referrals for advanced care to survivors of SGBV. Whilst based at the CHC level, this multidisciplinary team of professionals build ongoing partnerships with community based resources such as tertiary hospitals, legal authorities, NGOs and social development services for advanced and longer term services. This model relies on effective awareness raising and mobilization, efficient transport services and clear referral pathways.

All services provided for through this model can be incorporated into an existing CHC structure. The diagram below depicts how this can be made possible.

Structure of the Comprehensive Medical, Psychological and Social Care Model for Survivors of SGBV
Components of an Essential Package of Care

<table>
<thead>
<tr>
<th>MEDICAL CARE</th>
<th>PSYCHOLOGICAL CARE</th>
<th>SOCIAL CARE</th>
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<tbody>
<tr>
<td><strong>MEDICAL CARE</strong></td>
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<tr>
<td>• First Aid to treat injuries – treatment of open wounds. Refer major injuries to specialist note in medico-legal forms</td>
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<td></td>
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<tr>
<td>• Physical examination and collection of forensic evidence</td>
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<tr>
<td>• Post Exposure Prophylaxis (PEP)</td>
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<td></td>
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<tr>
<td>o Antiretrovirals (ARVs) given to prevent HIV transmission</td>
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<tr>
<td>o Medication to prevent STI infection</td>
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<tr>
<td>Hepatitis B Vaccination – to prevent hepatitis transmission</td>
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<td></td>
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<tr>
<td>o Tetanus toxoid – to prevent infections through injuries</td>
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<tr>
<td>o Emergency contraception(EC) – Women can avoid potential unwanted pregnancy if given EC within 120 hours of unprotected sex</td>
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<tr>
<td>• Termination of Pregnancy (TOP) – Referrals to TOP facilities</td>
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<tr>
<td>• Referral to Family Planning services as needed</td>
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<td></td>
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<tr>
<td>• Information about EC, FP, and TOP must be provided by healthcare professionals</td>
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<tr>
<td>• Completion of medico-legal forms (J88)</td>
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MSF facilitated the training and mentoring of nurses in SGBV care including forensic examination at the CHC level. This addresses limitations on human resources where forensic examinations and medical care in designated facilities can only be provided by a doctor or forensic nurse.
Comprehensive Medical, Psychological and Social Care to Survivors of Sexual and Gender-Based Violence

Mental health remains one of the under resourced services in South Africa’s healthcare. Any survivor of SGBV who enters a KCC is seen by any of the available professionals, which include the registered counsellor for a mental health assessment. Registered counsellors are health professional recognized by the Health Professionals Council of South Africa (HPCSA) to provide structured and short-term interventions. This addresses reliance on lay counsellors who are ill-equipped to manage emotional severity and psychological needs presented by survivors of SGBV. Registered counsellors can be more easily up-skilled to respond to survivors at different post-rape stages, and make more appropriate determinations for referral to further psychological care for survivors.

### PSYCHOLOGICAL CARE

- Provide initial containment after crisis
- Provide short-term supportive counselling and therapy (1-8 sessions)
- Conduct psychological risk assessment and manage behavioural risks identified
- Provide follow-up psychological care and make referral for advanced psychological care as and when required
- Ensure continuity of psychological care
- Prevent secondary traumatization

Survivors of SGBV are advised to attend follow-up session at the KCC (CHC-based) facility. If after counselling symptoms of post-traumatic stress disorder, depression, anxiety, psychosis or behavioural problems persist, or if the registered counsellor determines a need for urgent higher mental health care at any time during the counselling process, the survivor is referred to a psychologist or psychiatrist, either in a community health centre, or district hospital.
A partnership with the Department of Social Development enables strong support from social workers to survivors of SGBV. Social workers also facilitate engagement with the South African Police Services (SAPS) or justice system if a survivor of SGBV chooses to pursue legal recourse for the criminal act perpetrated on them. It is important for survivors to be assured that access to healthcare services, including social care is not determined by whether or not they choose to pursue legal recourse.

**SOCIAL CARE**

- Provide initial intake and social needs assessment
- Conduct safety risk assessment and manage risks through effective safety plans
- Provide follow-up social care and make referral to external agencies (DSD, NGOs, SAPS) as and when required
- Ensure continuity of social care
- Prevent secondary traumatization
- Link to community-based resources including organizations, groups, and individuals for continued social support in the community.
Essential Package of Care

The table below lists what MSF identifies as an essential package of care made available for all survivors of SGBV who present at a CHC facility regardless of the age of their assault or experience of SGBV.

| Comprehensive Medical Assessment, including forensic examination | Vaccination to prevent Hepatitis B and tetanus |
| First Aid to treat injuries | Psychological care |
| Post Exposure Prophylaxis (PEP) to prevent HIV and treat other sexually transmitted infections (STIs) | Social Care |
| Emergency contraceptive to prevent unwanted pregnancy | Referrals to ensure continuity of care |
Part 2. HOW TO THE COMPREHENSIVE MEDICAL, PSYCHOLOGICAL & SOCIAL CARE MODEL FOR SURVIVORS OF SGBV

Patient Flow

Patients may present at a decentralized SGHBV care facility at any stage of their need. Access to the facility may also be through referral or direct consultation. For any case of SGBV, a trained Social Auxiliary Worker serves as the first point of contact. She/he conducts a triage and prioritize care for patients accordingly.

The diagram below illustrates the recommended standard patient flow. Patients may be referred for advanced care for either the medical, psychological and social care including termination of pregnancy services or legal services if opted for.

Full medical protocol on the management and care for cases less than 72 hours and older than 6 months is available in the annexures.
Community Sensitization & Awareness

Poor health literacy and low awareness on services available to survivors of sexual and gender-based violence limits access to care for many. In order to mitigate against this challenge, community sensitization and awareness programmes have been developed and are implemented by a team of trained Community health Workers (CHWs).

The sensitization and awareness takes place across different key communal points in the community. These include shopping centres, shebeens, churches and health facilities. Furthermore, a dedicated programme targeting learners has been rolled out across different schools. A study published in the Lancet estimates that between 314,000 to 785,000 young people aged 15 - 17 in South Africa have been sexually abused from September 2013 to October 2015. Engagement with teachers and learners on SGBV does not only strengthen preventative measures but also position schools as referral partners that link the young survivors to care.

Health promotion is a core skill of trained community health workers. Below are the minimum package of care offered to sensitize the community and increase awareness on SGBV.

Health promotion Minimum Package of Care

- Conduct health screenings and link survivors to care
- Conduct SGBV literacy and sensitization sessions at key community centres
- Facilitate and conduct awareness session through the school programme on SGBV
- Identify and address stigma and myths associated with SGBV care
- Provide clear and accurate information on where survivors can access SGBV care

A partnership with existing community health workers such as those employed by the DoH is critical to ensure wider reach of awareness programmes.
Data Management

Like in any other health facility, the management of data at a sexual and gender-based violence facility is critical; not only to ensure confidentiality of survivors but to improve monitoring and evaluation mechanisms. Below are recommended specifications in data management at a SGBV facility.

Specifications in Data Management

Ensure Quality and Accessibility

▪ Comprehensive: containing significant information about the client including medical history and treatment.
▪ Contemporaneous: To ensure continuity of care, client’s records must be kept up to date
▪ Comprehensible and Accurate: Ensure a good balance between brevity and comprehensibility to prevent misinterpretations of client’s information
▪ Attributable: All records should be accounted for and attributable to the professional taking records
▪ Accessibility: Information filed in a simple and accessible way, chronologically
▪ Records Management: Ensure a records management policy is in place at all facilities

Measures relating to Disclosure and Security

▪ Protect the confidentiality of clients through safe data management
▪ Ensure control measures to restrict access to medical records as per National Health Act, 2003.
## Capacity and Resources

| Medical services | SGBV trained nurse/Forensic nurse/Doctor – dedicated and trained nurses/doctors to attend to survivors as they present.  
Debriefing of all frontline forensic health care workers  
Sensitization on sexual diversity |
|------------------|--------------------------------------------------------------------------------------------------|
| Psychological services | Registered Counsellor – Registered with the HPCSA to provide formalized, structured and short-term interventions at primary curative and preventative level. They are able to identify cases needing referral to psychologist for longer term interventions.  
Sensitization on sexual diversity |
| Social Work services | Social Auxiliary Worker as first point of contact  
Trained to assess risk factors for survivors of SGBV, link survivor to place of safety, support group  
Sensitization on sexual diversity |
| Transport services | Driver trained in Psychological First Aid to prevent secondary victimization and ensure immediate access to care  
Sensitization on sexual diversity |
| Awareness & Sensitization services | Strong partnership with Health facilities, legal and protection services to ensure availability of transport at all points where survivors may first present  
Training and sensitization of CHWs on SGBV screening and health promotion  
Psychological First Aid for CHWs  
Sensitization on sexual diversity |
| Structural resources | Dedicated private room for psychological care sessions and play therapy toys and tools  
Data Management system and policy in place  
Food, clothing, sanitary towels and other necessary resources for survivors of SGBV |
Partnerships

Identifying key stakeholders in addressing sexual and gender-based violence is critical in ensuring greater awareness for services and continuity of care for survivors. In South Africa, the Department of Health, Department of Social Development and the National Prosecution Authority (NPA) have mandates related to addressing SGBV. MSF’s identified additional stakeholders in the North West province as key partners in SGBV care and support. These include local non-governmental organizations (NGOs) and schools. A schools programme facilitated by trained CHWs contributes toward awareness during health and Life Orientation (LO) classes.

- **Health**
  - DoH Community Health Workers integrating SGBV into their awareness
  - Referrals from the SGBV facility to DoH facilities for medical emergencies and continued psychological care

- **Social Services**
  - Linking survivor of SGBV to care
  - Safety and protection (shelter)
  - Facilitate engagement with SAPS (If survivor opted for legal recourse)

- **Protection & Justice**
  - Linking survivor of SGBV to care
  - Safety and protection
  - Legal recourse (If opted for by survivor)

- **Community-based support**
  - Continuity of care for psychological and social care
  - Linking survivor to support groups, NGOs

- **Schools and Learning facilities**
  - Awareness sessions on sexual and gender-based violence
  - Teachers sensitized on SGBV
  - Linking learners to care

Strong partnerships and clear referral pathways are essential for the efficient operation of the model of care.
Part 3. ENGAGING SURVIVORS OF SGBV

Rights of Survivors of SGBV

All survivors of Sexual and Gender-Based Violence have legal rights protected by the South African law. Access to care and services is facilitated by these laws including the ethical responsibilities of healthcare professionals.

- The right to access quality medical, psychological and social care: to receive care and support free from intimidation, harassment, fear, coercion, corruption and abuse
- The right to be treated with fairness and with respect for dignity and privacy
- The right to offer information: offer information to service providers that you feel comfortable sharing
- The right to receive information
- The right to protection: Safety aspects ensured and reinforced.
- To be believed in and to be treated with dignity and respect
- The right to seek legal services: The choice to report a case of SGBV to the police is that of the survivor. Care should be provided regardless of the survivor’s choice

Patient Engagement Check List

- Self-care toolkit
- Patient charter
- Patient satisfaction survey
Part 4 SUMMARY AND RECOMMENDATIONS

- Availability of a medical team with speciality in medical forensic and medical care for SGBV
- Availability of Registered Counsellor able to identify and assess mental health cases in need of psychological referrals
- Allocation of a dedicated Social Auxiliary Worker – triage priority cases and manage patient flow and follow-up. To serve reception duties
- The need for Daily Supervision of challenging cases by a supervisor on site at the facility (medical and psychosocial)
- Essential psychological debriefing for all frontline staff
- Psychological First Aid for all frontline Community Health Workers
- Routine Screening and Health Promotion Awareness to ensure ongoing referrals to the facilities for victims of violence – management of screening activities
- Integrate SGBV care with DoH CHWs activities
- Efficient patient follow-up and tracing system
- Efficient Data Management System – confidential and used at the CHC without compromising on good record keeping – useful to adopt MSF assessment forms
- Setting up of Weekly Case Discussions to ensure quality of care
- Setting up a clear Referral Pathway to existing community-based resources to further support the survivor
- The need for Efficient Transport Services with Drivers trained in PFA to ensure immediate access to medical care
GLOSSARY OF TERMS

Sexual and Gender-Based Violence (SGBV)
Violence committed, including physical violence, sexual violence, emotional/psychological violence and financial violence, inflicted on a person or group of people because of their gender, sex, sexual orientation. All acts causing physical suffering, either mental or sexual, the threat of such acts, as well as coercion (to force someone against their will) and deprivation of freedom. Sexual and gender-based violence can be divided into 5 categories: Sexual violence; Physical violence; Emotional and Psychological violence; Harmful traditional practices; Socio-economic violence.

Sexually Transmitted Illness (STI)
Also referred to as sexually transmitted diseases (STD) and, are infections that are commonly spread by sexual activity, especially vaginal intercourse.

Community Health Centre (CHC)
A public health facility in South Africa designated by government gazette to apply clinical investigative processes in the determination of cause and manner of injuries to living victims of sexual assault. These facilities are required by law to provide clinical forensic medicine services, and to offer PEP for HIV to eligible patients.

Hepatitis B (Hep B)
A virus that can cause serious liver infection. Hepatitis B is most commonly spread by exposure to bodily fluids. An infection may cause liver failure, cancer or scarring. Hepatitis B is preventable by receiving Hepatitis B vaccination.

SGBV Trained nurse
A professional nurse trained in the care and management of SGBV cases. MSF conducted a 20 weeks taught and in-service mentoring programme for 8 nurses in North West province. These 8 nurses went on to provide medical care for SGBV cases at their respective CHC facilities.

Rape
When a perpetrator(s) invade the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body. The invasion was committed by force, or by threat of force or coercion against such person or another person, or by taking advantage of a coercive environment, or the invasion was committed against a person incapable of giving genuine consent.

Medico-legal forms
Health professionals share the responsibility to present medical evidence for legal purposes. Medical records of SGBV cases can be presented by a qualified health professional before a court of law. An example of such is the J88 form.

Post-exposure prophylaxis (PEP)
A short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure, such as after unprotected sexual intercourse or rape.

Sexual Violence (SV)
Any sexual act, attempt to obtain a sexual act, unwanted sexual comment or advances, or acts to
traffic or otherwise, directed against a person’s sexuality using coercion, by any person regardless of
their relationship to the victim, in any setting, including but not limited to home and work. Sexual
violence includes, but is not limited to rape.

**Intimate partner violence (IPV)**
Refers to any behaviour within an intimate relationship that causes physical, psychological or sexual
harm to those in the relationship. Types of intimate partner violence include acts of physical
violence, sexual violence, emotional violence/psychological abuse, controlling behaviour

**The Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)**
Law governing abortion in South Africa, and promotes reproductive rights and extends freedom of
choice by affording every woman the right to choose whether to have an early, safe and legal
termination of pregnancy.

**Domestic violence (DV)**
The term ‘domestic violence’ is used to refer to partner violence but the term can also encompass
child or elder abuse, or abuse by any member of a household. ‘Battering’ refers to a severe and
escalating form of partner violence characterized by multiple forms of abuse, terrorization and
threats, and increasingly possessive and controlling behaviour on the part of the abuse

**Ideal Clinic**
A clinic with good infrastructure (i.e. physical condition and spaces, essential equipment, and
information and communication tools), adequate staff, adequate medicines and supplies, good
administrative processes, and adequate bulk supplies; such a clinic uses applicable clinical policies,
protocols and guidelines, as well as partner and stakeholder support, to ensure the provision of
quality health services to the community.

**Kgomotso Care Centre (KCC)**
A primary healthcare facility in North West Province that provides comprehensive medical,
psychological and social care to survivors of SGBV. KCCs are an initiative of the North West
Department of Health (DoH).

**Designated Health Facility:** A public health facility in South Africa designated by government gazette
to apply clinical investigative processes in the determination of cause and manner of injuries to living
victims of sexual assault. Designated health facilities should provide survivors of sexual violence with
care that addresses all possible health consequences, including mental health. These facilities are
required by law to provide clinical forensic medicine services, and to offer post-exposure prophylaxis
for HIV to eligible patients.
## ANNEXURES

### Standard Operational Procedures

1. [MSF Medical protocol for Sexual Violence Care](#)
2. [SOP for Patient Flow](#)
3. [SOP for SV & IPV – Refer to Patient flow](#)
4. [SOP for Counselling Session / Mental Health](#)
5. [SOP of Social Work session](#)
6. [National Directives and Instructions on Conducting a Forensic Examination on Survivors of Sexual Offences](#)
7. [National Management Guidelines for Sexual Assault](#)
8. [Facility Site assessment](#)

### Patient Engagement

9. [Screening Toolkit](#)
10. [Self-care Toolkit](#)
11. [Patient Charter](#)
12. [Referral note](#)

### Training and Support

13. [Psychological First Aid](#)
14. [Community Health Workers Handbook on Sexual and Gender-Based Violence](#)
15. [Caring for Survivors of Sexual Assault and Rape: A Training Programme for Health Care Providers in South Africa](#)
16. [Sexual Diversity Module](#)

### Data Management

17. [Patient Satisfaction Survey](#)
18. [Data collection template](#)
19. [Medical assessment forms, counselling and social work](#)

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Comprehensive Medical, Psychological and Social Care to Survivors of Sexual and Gender-Based Violence


MSF. Untreated Violence - The Need for Patient-Centred Care for Survivors of Sexual Violence in the Platinum Mining Belt. 2016. https://serve.mg.co.za/content/documents/2016/08/16/msfuntreatedviolenceweb.pdf