MEDICO-LEGAL CONVENING IN RESPONSE TO SEXUAL VIOLENCE
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NAIROBI - KENYA

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

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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 000sq 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!