UNTREATED VIOLENCE:

Critical gaps in medical and clinical forensic care for survivors of sexual violence in South Africa

VOLUME 2

Untreated Violence: Critical gaps in medical and clinical forensic care for survivors of sexual violence in South Africa

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Images: (Front Cover): Survivor of sexual violence at the Kgomotso Care Centre in Bapong; (inside cover): Survivor of sexual violence who attends counselling at Kgomotso Care Centre in Bapong.

Definitions used in the report

CLINICAL FORENSIC MEDICINE SERVICE:

A clinical investigative process applied in the determination of cause and manner of injuries to living victims of sexual assault and related matters.

DESIGNATED HEALTH FACILITY[i]:

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 post-exposure prophylaxis for HIV to eligible patients.

FORENSIC NURSE[ii]:

A professional nurse who has an additional qualification or training in forensic nursing. The professional competencies of a forensic nurse are outlined by the South African Nursing Council.

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.

HUMAN IMMUNODEFICIENCY VIRUS (HIV):

A virus that attacks the body's immune system. HIV infects and destroys certain white blood cells called CD4+ cells. If too many of these cells are destroyed, the body cannot defend against infection. Antiretrovirals (ARV) have been developed to assist the body to fight HIV and for people living with HIV to live healthier lives.

KGOMOTSO CARE CENTRE (KCC):

A primary healthcare facility in North West Province that provides comprehensive medical, psychosocial and clinical forensic services for survivors of sexual violence. KCCs are an initiative of the North West Department of Health (DoH).

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.

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

SEXUAL VIOLENCE:

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.

TETANUS:

A serious bacterial infection that causes painful muscle spasms and can eventually lead to death. Tetanus vaccine and Human tetanus immunoglobulin should be available for victim who presents with dirty wound, breaks in skin or mucosa, based on immunization status, a clear injections scheme are required to achieve a long lasting protection and prevent infection from the sexual violence accident.

Introduction

Sexual violence is a major problem in South Africa, with studies showing that up to one in four women have been raped in their lifetime.[iii, iv] Only a small proportion of rapes – as few as 1 in 25 – are reported to the police[v] and many survivors never access care.

Sexual violence may cause HIV and other sexually transmitted infections (STIs), unwanted pregnancy and mental health disorders. With prompt treatment by appropriately trained healthcare workers associated health consequences can be avoided or reduced. Providing survivors of sexual violence with access to comprehensive care is a medical imperative.

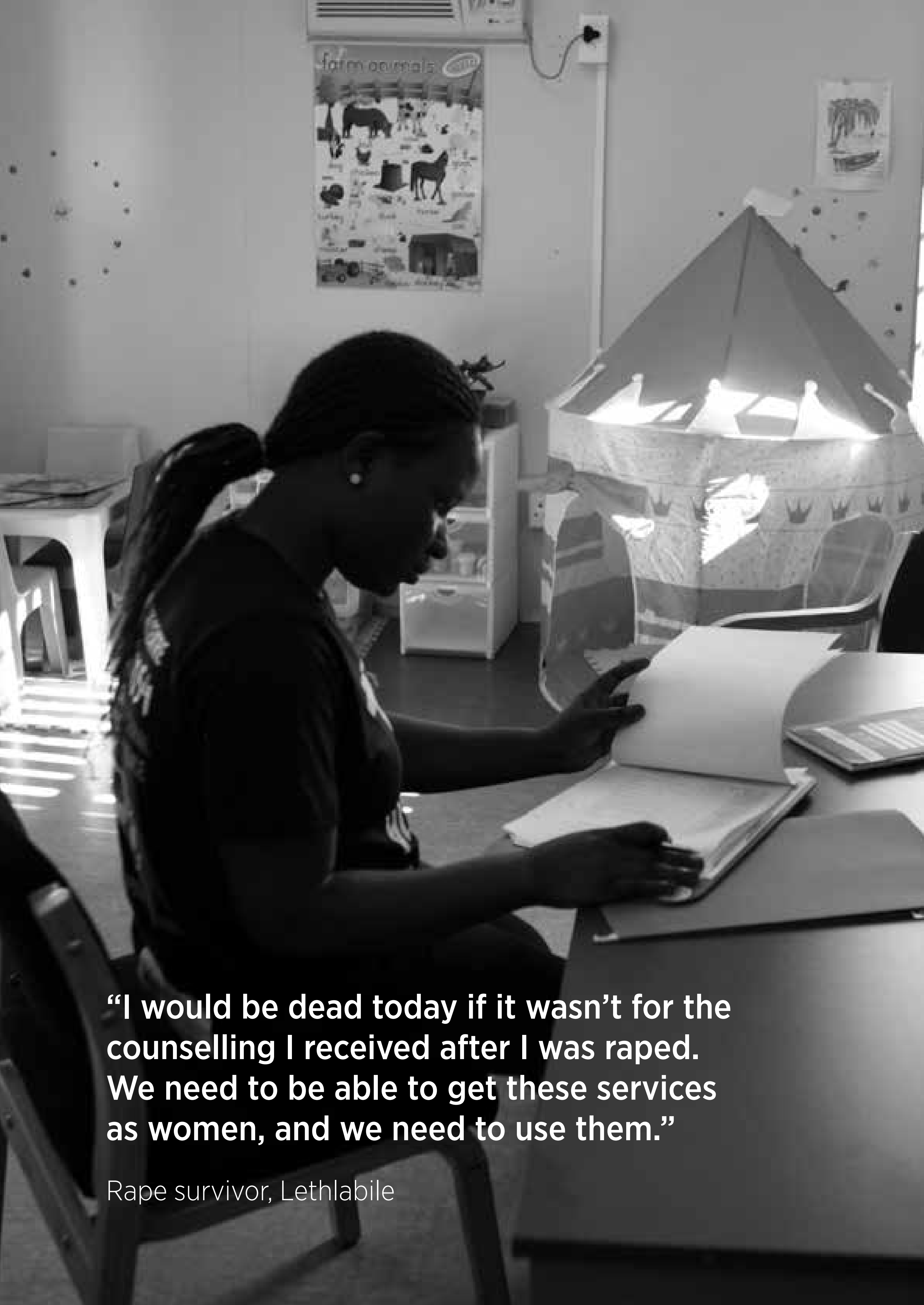
Towards this end the Department of Health (DoH) has designated 265 public health care facilities – mostly hospitals – across all provinces to provide medical and psychological care to survivors of sexual violence, as well as the option of clinical forensic services[vi]. Of these, 55 designated facilities are specialized, interdepartmental Thuthuzela Care Centers (TCC), based on hospital premises – so-called "one-stop-shops" for survivors of sexual violence, catering for their medical, mental health, social assistance, and legal needs. Other designated facilities – also hospital-based – extend access to essential medical and clinical forensic care to survivors of sexual violence who cannot easily access the TCCs. Designated health facilities should provide survivors of sexual violence with care that addresses all possible health consequences.

With the objective of verifying whether designated facilities have the capacity to provide comprehensive medical and clinical forensic care for survivors of sexual violence, Médecins Sans Frontières/Doctors Without Borders (MSF) conducted a nation-wide telephonic mapping of designated facilities in October 2017, providing an initial overview of what service provision gaps exist at designated facilities. The mapping, together with MSF experience working with the North West Department of Health in Bojanala District, informs recommendations on how to improve the provision of care in the future. Since 2015, MSF has supported the North West Department of Health (NWDoH) in providing comprehensive patient-centred services for survivors of sexual violence in Bojanala District.

Out of 265 designated facilities, 63% (n=167) participated in an interview. Main findings include:

- 26.7% (n=43) facilities provide the full medical component of the comprehensive package of care Only 42% (n=68) of facilities reported all medical examination and treatments were available.
- 7% (n=12)of facilities reported they did not provide any services for survivors of sexual violence.
- 85% (n=227) of facilities were hospital-based, with the majority of services not being offered in dedicated victim-friendly settings.
- Where clinical forensic services are available, they are provided exclusively by doctors in 57% (n=74) of facilities.
- Counselling and social assistance was not widely reported to be available on site (27% facilities have access to a psychologist; 72% facilities have access to a social worker).

Comprehensive medical and forensic care is currently not widely available to survivors of sexual violence in South Africa. Urgent interventions are required to ensure that access to services improves, so that survivors of sexual violence can receive care to prevent or reduce the serious health consequences of rape, and pursue legal resolution if they wish to do so.



“I would be dead today if it wasn’t for the counselling I received after I was raped. We need to be able to get these services as women, and we need to use them.”

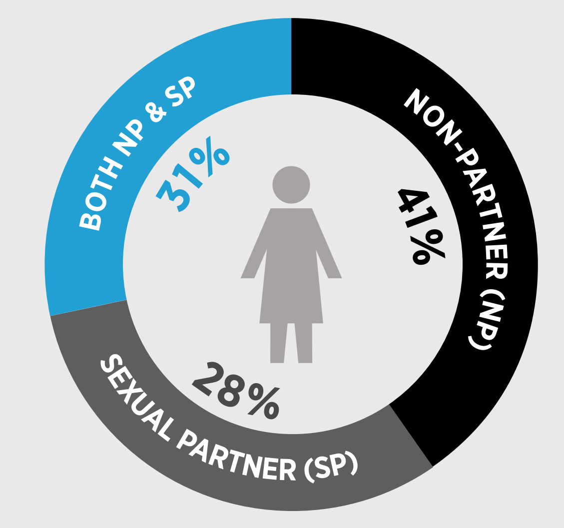
Rape survivor, Lethlabile

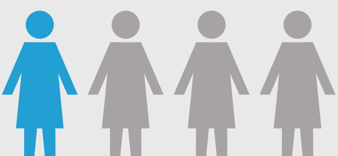
OVERVIEW: Untreated sexual violence in South Africa and the Platinum Belt

In 2015, MSF conducted a household survey among over 800 women between the ages of 18-49 in Rustenburg Local Municipality, at the heart of North West Province's platinum belt. The survey found that while one in four women have been raped at some point in their lifetime, very few ever seek medical care or report to police.

At 25% prevalence, the disease burden of sexual violence is substantial. Recognizing the immensity of the problem, in 2015 the North West Province Department of Health (NWDoH) and MSF partnered to establish a Kgomotso Care Centre (KCC) in the Boitekong Community Health Centre (CHC), in the Rustenburg Local Municipality of Bojanala Platinum District. In 2016, the DoH, supported by MSF, established two more KCCs at Bapong and Letlhabile CHCs in Madibeng Local Municipality. By 2012, NWDoH intends to

Percentage of women who experienced rape by perpetrator type, among women who had ever been raped





ONE IN FOUR WOMEN LIVING IN RUSTENBURG HAS BEEN RAPED IN HER LIFETIME

50,000
the approximate number of Rustenburg women and girls who have been raped

11,000
the approximate number of Rustenburg women and girls raped each year

49%
of Rustenburg women have experienced some form of sexual violence in their lifetimes

25%
of Rustenburg women have been raped in their lifetimes

95%
of Rustenburg rape survivors did not tell a health facility about their rape incident.

50%
of Rustenburg women were aware that HIV is preventable after rape.

1 in 3
the number of induced abortions that can be attributed to sexual violence in Rustenburg

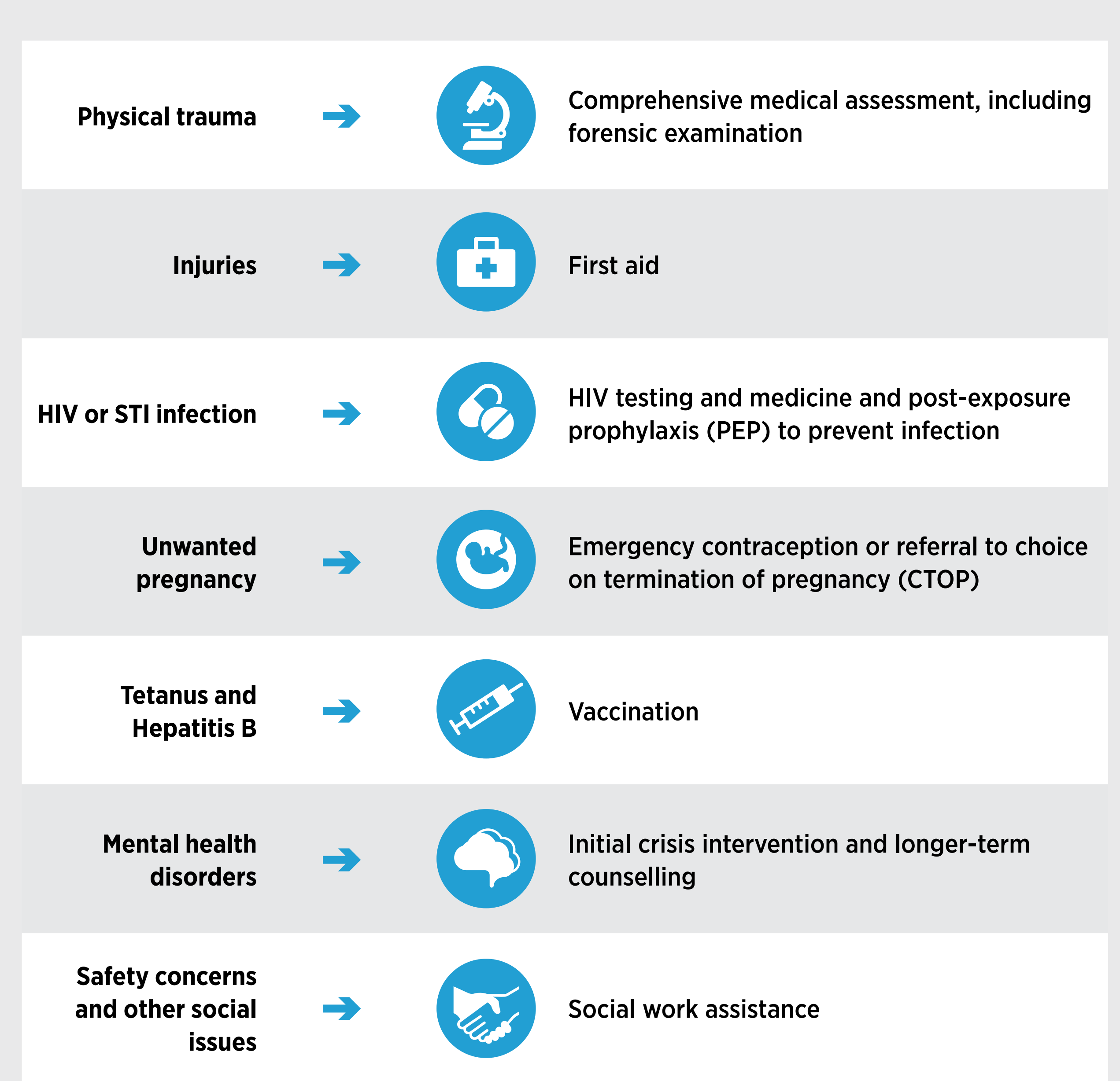
1 in 5
the number of female HIV infections in Rustenburg that can be attributed to sexual violence

Analysis from a 2015 MSF household study

have all designated facilities in the province functioning as KCCs, to provide a comprehensive package of services.

Sexual violence contributes to a large burden of ill health in South Africa. With knowledge of, and access to quality services, much disease and suffering can be prevented, and legal recourse can be an option for survivors.

The sections to follow present the methodology, findings and recommendations from the national mapping conducted.



"Often it is just one professional nurse ensuring the availability of services in a facility, and when this individual goes those services collapse."

Cecilia Lamola, Forensic Nurse.

METHODOLOGY

MSF conducted a telephone survey in October 2017 to map the services reported to be available at designated health facilities[vi]. The facilities should provide medical and clinical forensic medical services for survivors of sexual violence, as gazetted on 2 March 2012 in the Regulations Regarding the Rendering of Clinical Forensic Medicine Services. Survivors should therefore be able to access these services for both clinical forensic and medical care. The comprehensive services used are the same reflected in the National DOH training for health care providers in South Africa, *Caring for survivors of sexual assault and rape*, and are in-line with the World Health Organisation's (WHO) *Guidelines for medico-legal care for victims of sexual assault*. The mapping sought to verify whether these facilities were functioning, and have available the human resources and commodities to provide comprehensive care for survivors of sexual violence.

The interviewer asked to speak to, in the following order: operational manager or counterpart; nurse in charge; focal contact persons on the list of designated facilities, or those most closely linked to the provision of forensic care. The most common respondent was the nurse in charge or matron, followed by the operational and clinic managers (**Annex 1**).

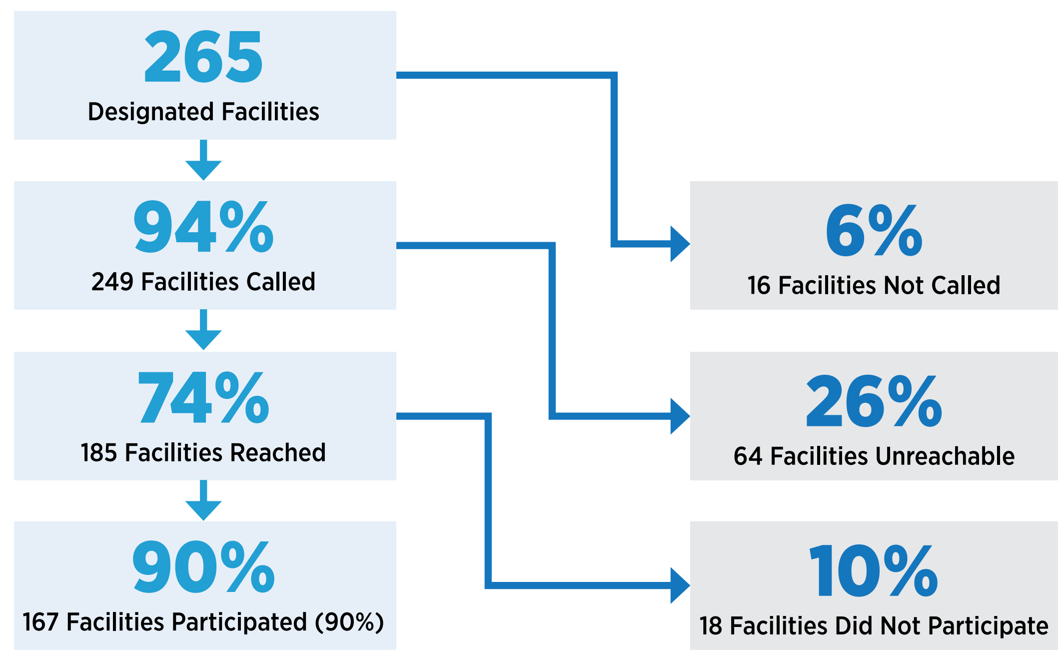
STRENGTHS & LIMITATIONS

This is the first known telephonic mapping of all designated facilities in South Africa and provides much needed information about nation-wide gaps in comprehensive services for survivors of sexual violence.

Self-reported results can present a more positive picture about services than exists in reality. Respondents may seek to respond in a way that reflects favourably on themselves or their place of work. Therefore, while the mapping indicates that there is a significant gap in services, the results may actually underestimate how common gaps in service are.

Telephonic surveys do not provide an accurate measure of the quality of service provision. For example, questions regarding the availability of a commodity provide only an understanding of a facility's capacity to offer a service, but capacity does not always translate to patients receiving the service for which they are eligible.

Participation



63% of all designated facilities participated

Flowchart outlining responses to national mapping.

CRITICAL GAPS IN CARE: A NATIONAL SNAPSHOT

The national mapping found that while some facilities reported having the commodities and staff to provide at least some services, a limited proportion of facilities are able to offer a package of comprehensive care for survivors of sexual violence.

- **Comprehensive care not assured:** Nearly ¾ of designated facilities (73%) did not provide at least one of the essential services.
- **Infrastructure lacking:** 85% (n=227) of designated facilities are hospital-based and 54% (n=81) of all facilities do not have a dedicated space for the care of survivors
- **No Services, survivors referred:** 7% (n=12) of facilities said they would refer because they did not have the capacity to offer any services to survivors of sexual violence.
- **Lack of evidence for courts:** 20% (n=32) of facilities did not provide clinical forensic assessments for survivors of sexual violence.
- **Human resources constraints:** 57% (n=74) of facilities offered clinical forensic assessments only from doctors, despite 78% (n=115) of facilities having nurses available to see patients.
- **Counselling and social work assistance gap:** Of facilities reporting to offer services, only 27% (n=40) had a psychologist and only 70% (n=107) reported a social worker as being available.

Package of Medical & Clinical Forensic Services

This section presents a detailed breakdown of the essential services that should be available at each designated facility.

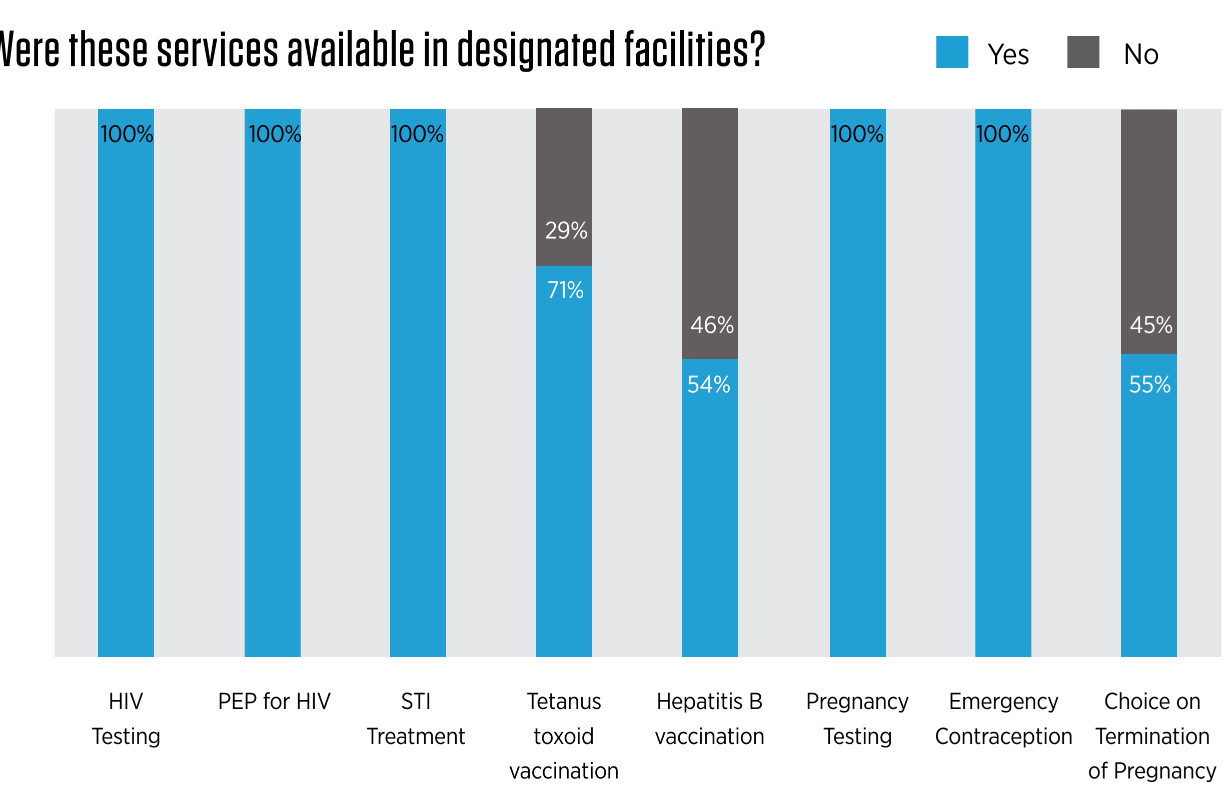
PEP FOR HIV & STI INFECTION

100% of facilities that said they provide services reported that HIV testing, Post-Exposure Prophylaxis (PEP) and STI prophylaxis were available. Access to treatment can prevent or reduce associated health consequences of HIV and STI infection. However, from the mapping we cannot establish in what proportion of cases PEP would be provided where it was indicated.

TETANUS & HEPATITIS B VACCINATION

Vaccinations for tetanus and hepatitis B are effective against debilitating and fatal illnesses when provided to survivors in a timely manner. Tetanus can cause painful muscle spasms and can lead to death, while hepatitis B may cause

Were these services available in designated facilities?



liver infection, which may lead to liver failure and cancer. Survivors can be exposed to both infections during rape. Yet, 30% of designated facilities offering services did not have tetanus vaccines on hand, and 50% did not have single agent hepatitis B vaccination available.

TERMINATION OF PREGNANCY

The risk of unwanted pregnancy is significantly increased from rape and is why pregnancy testing, emergency contraception and choice of termination of pregnancy should be routinely provided. Information to help survivors make a decision about emergency contraception and pregnancy termination options must be provided by health care professionals.

All facilities reported they could provide pregnancy testing and emergency contraception. However, only 45% of facilities report that they provide access to information about safe termination of pregnancy.

1 IN 5 FACILITIES DID NOT PROVIDE FORENSIC SERVICES

FORENSIC EXAMINATION

The clinical forensic examination and complete J88 Form provide survivors with the option and evidence to pursue a court case. Adult survivors have the right to choose whether they report a case to the police. 20% of facilities reported that they did not provide clinical forensic examination for survivors of sexual violence. A facility's inability to offer a forensic examination and complete forms hinders a survivor's ability to pursue a case.

Who conducts forensic assessments?

Most facilities (57%) reported clinical forensic assessments are conducted by medical doctors (MD). Only 7% of facilities relied primarily on registered nurses (RN), while 36% of facilities utilized a combination of both MDs and RNs. Results suggest underutilization of professional nurses to provide medical and clinical forensic services for survivors of sexual violence. Training more health care workers in clinical forensic services is essential to overcome the gap in care.

Training Medical Professionals in Clinical Forensic Services

Patient-centred care for sexual violence relies on the availability of, or referral pathways to competent medical staff, psychological counselling, social work interventions, and legal services. All health workers who come into contact with survivors should receive appropriate training; this applies particularly to nurses and physicians who conduct physical examinations of victims of sexual violence and to those who provide services to children and to the courts. [viii]

The court system will recognize clinical forensic evidence collected by doctors or professional nurses, meaning that the provision of a comprehensive package of care for sexual violence survivors can be conducted by either cadre of medical professionals[ix].

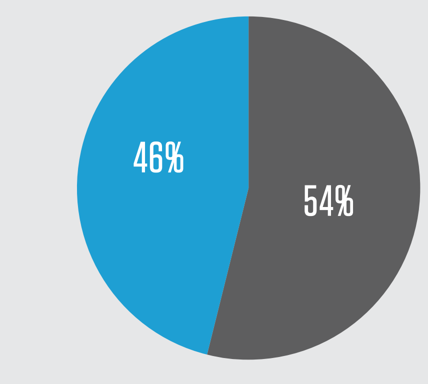
In HIV care, task shifting ART initiation to nurses allowed for more rapid scale-up of treatment than would have been possible if only doctors had been able to prescribe ART regimens[x]. Capacitating more nurses to care for victims of sexual violence could similarly improve the availability and timeliness of providing medical and forensic services in designated facilities.

Several challenges limit the achievement of such a vision:

- Only Free State University offers a one-year post-graduate diploma in forensic nursing. The National DOH and Medical Research Council have also developed a comprehensive two-week training course with monitoring tools, which can be paired with subsequent on-the-job mentorship used to upskill nurses to provide forensic care that is recognized in court. Some provinces (e.g. Gauteng, North West) have used these trainings to variable degrees.
- No national strategic plan or funding exists to support provinces in developing and maintaining an adequate number of trained medical professionals. Provinces do not necessarily allocate trained professionals to designated facilities where their services are required.
- Professional competencies of forensic nursing have been recognized by the South African Nursing Council (SANC). However, professional nurses with forensic training are still not recognized as specialists by the DoH. This means no additional recognition or remuneration is offered to incentivize training in what is also an emotionally demanding field in the healthcare sector.

Location of Service Provision within Facilities

Only 46% of facilities reported that they had a separate unit or victim-friendly room for survivors. Other facilities provide medical and forensic care for survivors integrated into other services—such as the casualty or general outpatient department. The findings suggest that services are not being provided in private victim-friendly rooms or medico-legal centres. Quality of victim-friendly services could not be further assessed via telephonic mapping, but existing facility-level assessment measures could be used by the DoH to evaluate the standard of care in facilities[xi].



Separate unit/victim-friendly room (TCC, crisis centre, victim-friendly room)

Integrated in other services (casualty, OPD, etc.)

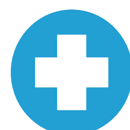
Geographical Coverage and Referral Networks of Designated Facilities

Proximity to services influences access. Survivors of sexual violence may have difficulty accessing services due to long distances to designated facilities.

One in 13 facilities (7%) reported that they would rather refer survivors to another facility, as they did not have the capacity to provide basic care. This means that survivors may need to travel to multiple facilities, increasing the risk of not accessing services, secondary trauma, and of incurring out-of-pocket costs.

Out of the 265 listed public health facilities, more than 85% of facilities providing care for survivors are hospital-based.

Hospitals can and should serve as central reference points for specialist care, and an immediate priority should be to enhance the capacity of designated facilities to provide comprehensive care. However, hospitals are unevenly distributed across provinces and districts, and hospital-based TCCs do not provide adequate coverage for the population.



7% OF FACILITIES REACHED DO NOT PROVIDE ANY SERVICES FOR SURVIVORS OF SEXUAL VIOLENCE

86%
are hospital-based

14%
are primary care-based

There is a need to extend healthcare services for sexual violence into additional primary care facilities, and raise awareness about services in communities to promote service utilizationxii. An extended network of services for survivors of sexual violence will require clear communications and referral pathways between levels of service, to ensure survivors receive appropriate care as close to their communities as possible.

Human Resources

Availability of Staff

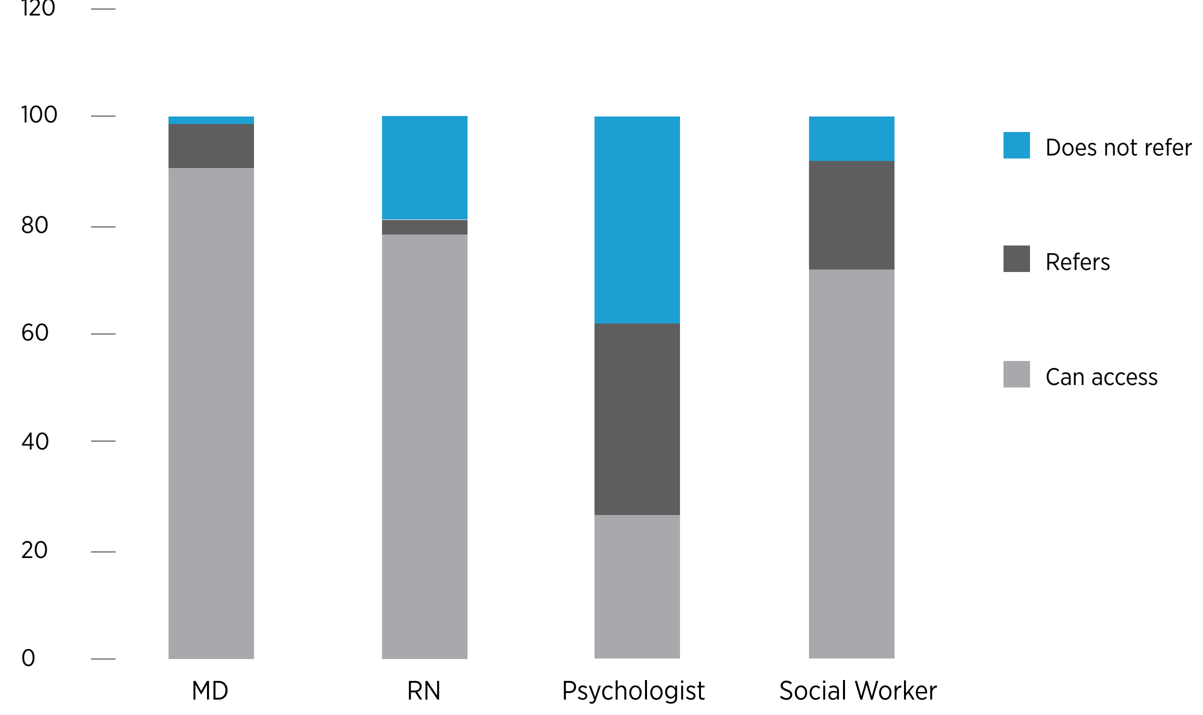
By phone it was not possible to obtain an accurate understanding of the appropriateness of staffing rotations, the level of staff training at designated facilities, or a measure of the robustness of referral networks to outside medical, counselling, social assistance or legal services. However, we were able to assess which healthcare professionals were perceived by facilities as being available to offer services.

While medical doctors were the most easily accessible providers during patients' first contact, the large majority of doctors providing care were doctors-on-call, who do not provide dedicated support for post-rape care. Doctors-on-call are also frequently rotated and the daily allocation of clinical forensic duties add to the unpredictability of services. The combination of care being provided in casualty or outpatient departments by doctors on-call paints a haphazard picture of the provision of care for survivors of sexual violence.

Registered nurses without forensic training were the second most available cadre who could be accessed during the intial encounter with the public health care facility.

Only 27% of facilities reported availability of a psychologist. At 30% of the facilities, a social worker was not available, requiring referral for these services. The finding is consistent with other reports that have raised concerns about the lack of mental health and social work professionals in South Africa[xiii].

Sexual violence can have dramatic mental and social consequences that can be mitigated if survivors have access to counselling and social work assistance. Both of these services are chronically underfunded in South Africa and non-governmental organisations, who provide the majority of care, are frequently struggling to guarantee funding to continue services.



Conclusions & Recommendations

Despite the high prevalence of sexual violence, insufficient access exists to clinical forensic services in South Africa, leading to missed opportunities to mitigate and treat the consequences for survivors.

To close the gaps in health care provision for sexual violence victims, MSF calls for the South African government to take urgent action on the following:

- Public health care services that address survivors' medical, clinical forensic, mental health and social assistance needs should be more widely available throughout the country, and extended to primary care settings. Robust referral networks between services should be established through interdepartmental cooperation.
- Train staff in the medical, psychological and social management of sexual violence. In the context of health facilities, task-shifting to professional nurses could ensure that quality clinical services are more widely accessible to survivors.
- Develop and make available clearer requirements as to what constitutes comprehensive care for survivors, in policy, National Directives and Instructions. Monitoring and evaluation of required services provided at designated facilities should be established to track quality of service provision.
- The Department of Social Development, Department of Health, and other stakeholders must work together to improve community awareness and utilization of sexual violence services.
- National Department of Health, Department of Social Development and Department of Justice should undertake a more detailed assessment of service delivery gaps and develop an interdepartmental strategic plan to address issues identified by mid-2018.

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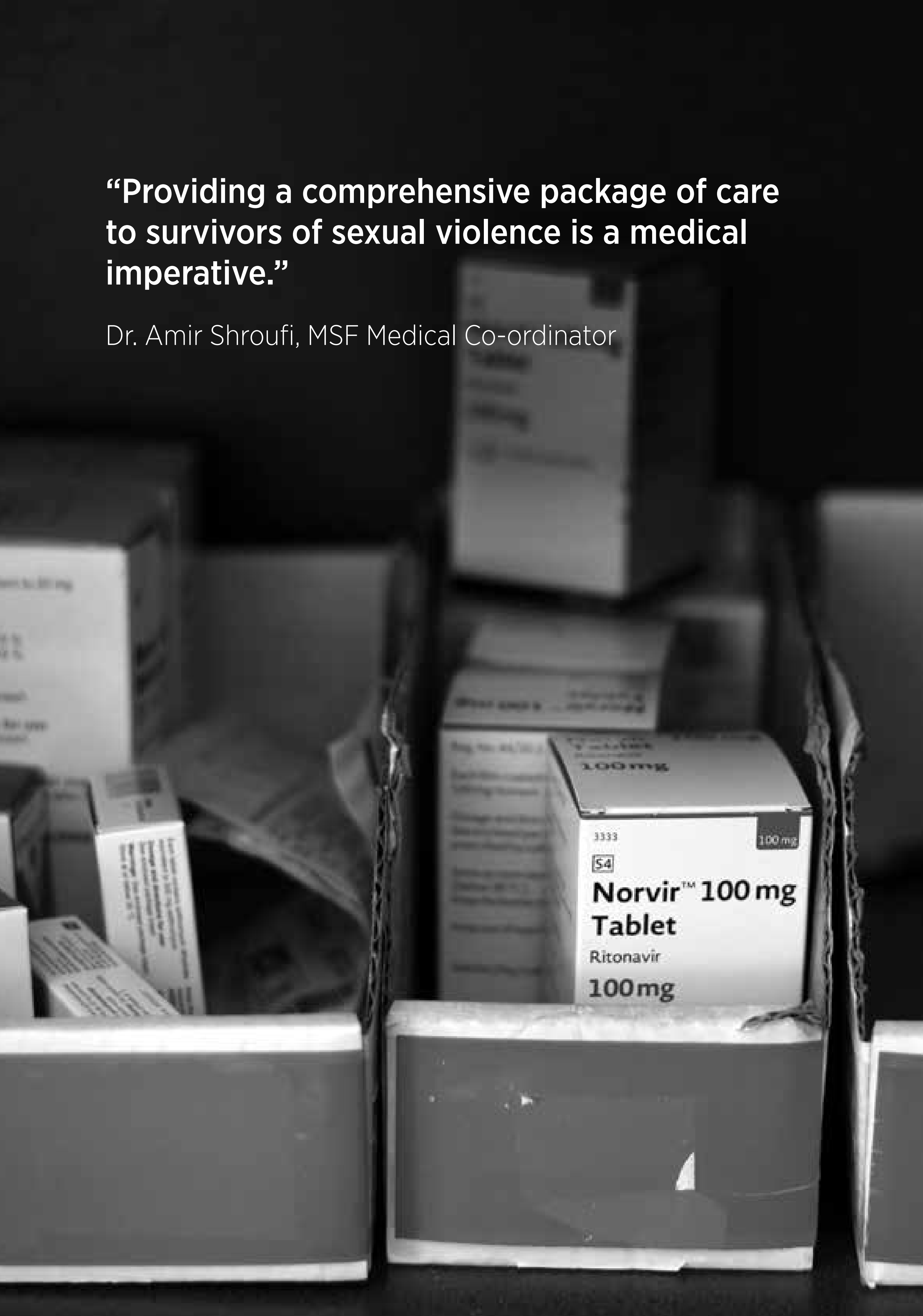
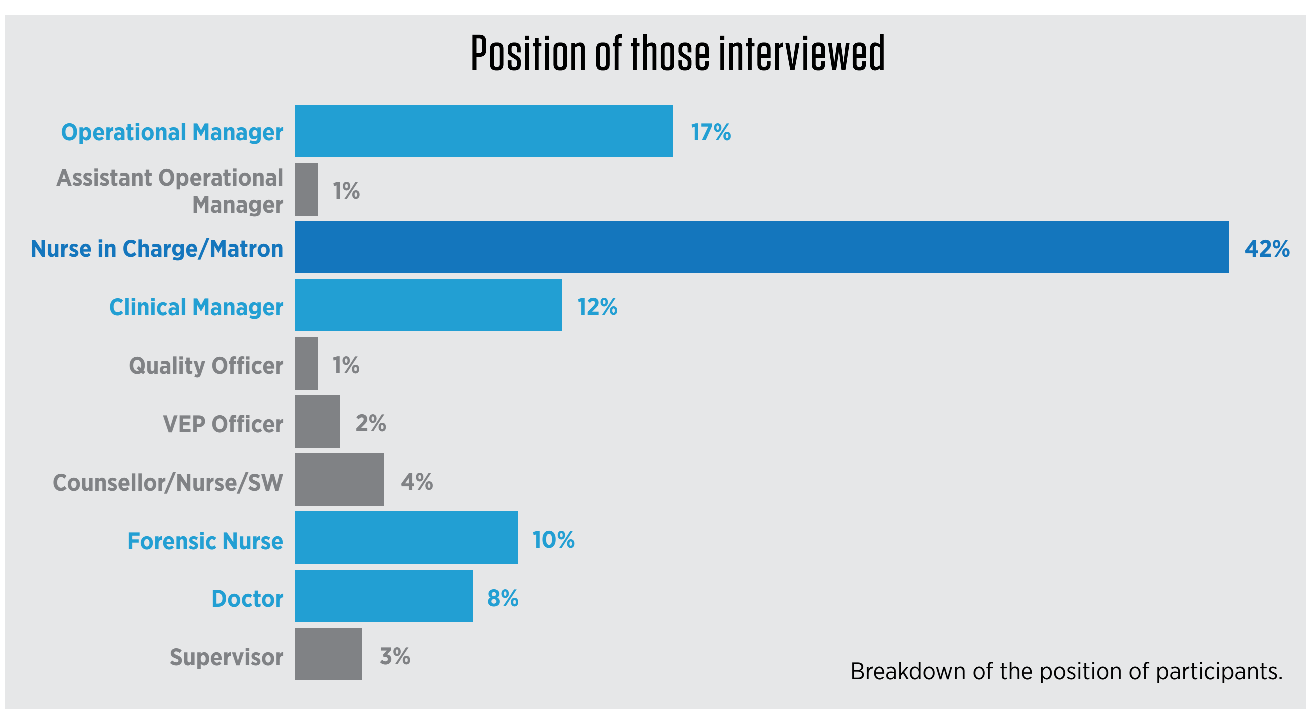


"Providing a comprehensive package of care to survivors of sexual violence is a medical imperative."

Dr. Amir Shroufi, MSF Medical Co-ordinator

APPENDIX 1: MAPPING DATA



Breakdown of the position of participants.

		EC	FS	GP	KZN	L	Mp	NC	NW	WC	Total
Comprehensive Package, incl. choice of termination of pregnancy information	Yes	0	2	9	12	4	5	4	2	5	43
	No	2	19	9	11	14	7	18	21	17	118
	Total	2	21	18	23	18	12	22	23	22	161
	% Available	0	9.52	50	52.17	22.22	41.66	18.18	8.69	22.72	26.70
	% Unavailable	100	90.47	50	47.82	77.77	58.33	81.81	91.30	77.27	73.29
Comprehensive medical testing and treatment, excl. choice of termination of pregnancy information	Yes	0	9	13	14	5	6	8	5	8	68
	No	2	12	5	9	13	6	14	18	14	93
	Total	2	21	18	23	18	12	22	23	22	161
	% Available	0	42.85	72.22	60.86	27.77	50	36.36	21.73	36.36	42.23
	% Unavailable	100	57.14	27.77	39.13	72.22	50	63.63	78.26	63.63	57.76

Where are services located?										
	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mapumalanga	Northern Cape	North West	Western Cape	TOTAL
Hospital-based	5	21	15	48	39	18	26	20	35	227
Primary health level	0	4	12	0	0	7	1	9	5	38
TOTAL	5	25	27	48	39	25	27	29	40	265
%HB	100.00	84.00	55.56	100.00	100.00	72.00	96.30	68.97	87.50	85.66
%PH	0.00	16.00	44.44	0.00	0.00	28.00	3.70	31.03	12.50	14.34

		Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mapumalanga	Northern Cape	North West	Western Cape	TOTAL
Provision of services for survivors	Yes	2	20	16	23	17	12	20	31	14	155
	No	0	1	2	1	1	0	2	3	2	12
	total response	2	21	18	24	18	12	22	34	16	167
	% yes	100.00	95.24	88.89	95.83	94.44	100.00	90.91	91.18	87.50	92.81
	% no	0.00	4.76	11.11	4.17	5.56	0.00	9.09	8.82	12.50	7.19

		Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mapumalanga	Northern Cape	North West	Western Cape	TOTAL
Where is care for survivors being provided?	Separate unit/room	1	5	13	17	5	5	6	9	7	68
	Integrated	1	15	3	6	12	7	14	12	11	81
	total response	2	20	16	23	17	12	20	21	18	149
	% Separate Unit/ Room	50.00	25.00	81.25	73.91	29.41	41.67	30.00	42.86	38.89	45.64
	% Integrated (casualty/opd/etc.)	50.00	75.00	18.75	26.09	70.59	58.33	70.00	57.14	61.11	54.36

What services are currently offered in your health facility for survivors?											
		Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mapumulanga	Northern Cape	Northern Cape	North West	Western Cape
HIV	Yes	2	20	16	23	17	12	20	21	18	149
	No	0	0	0	0	0	0	0	0	0	0
	total response	2	20	16	23	17	12	20	21	18	149
	% yes	100	100	100	100	100	100	100	100	100	100
	% no	0	0	0	0	0	0	0	0	0	0
PEP	Yes	2	20	16	23	17	12	20	21	18	149
	No	0	0	0	0	0	0	0	0	0	0
	total response	2	20	16	23	17	12	20	21	18	149
	% yes	100	100	100	100	100	100	100	100	100	100
	% no	0	0	0	0	0	0	0	0	0	0
Pregnancy Testing	Yes	2	20	16	23	17	12	20	21	18	149
	No	0	0	0	0	0	0	0	0	0	0
	total response	2	20	16	23	17	12	20	21	18	149
	% yes	100	100	100	100	100	100	100	100	100	100
	% no	0	0	0	0	0	0	0	0	0	0
Emergency Contraception	Yes	2	19	16	23	17	12	20	21	18	148
	No	0	0	0	0	0	0	0	0	0	0
	total response	2	19	16	23	17	12	20	21	18	148
	% yes	100	100	100	100	100	100	100	100	100	100
	% no	0	0	0	0	0	0	0	0	0	0

Termination of pregnancy information/ counselling	Yes	0	5	10	16	8	9	13	9	12	82
	No	2	15	6	7	9	3	7	12	6	67
	total response	2	20	16	23	17	12	20	21	18	149
	% yes	0.00	25.00	62.50	69.57	47.06	75.00	65.00	42.86	66.67	55.03
	% no	100.00	75.00	37.50	30.43	52.94	25.00	35.00	57.14	33.33	44.97
STI Prophylactic treatments	Yes	1	19	14	23	17	12	19	21	17	143
	No	0	1	0	0	0	0	1	0	0	2
	total response	1	20	14	23	17	12	20	21	17	145
	% yes	100	95	100	100	100	100	95	100	100	98.62
	% no	0	5	0	0	0	0	5	0	0	1.37
Tetanus toxoid vaccine	Yes	0	13	15	18	8	9	12	15	15	105
	No	1	7	1	5	9	3	8	6	3	43
	total response	1	20	16	23	17	12	20	21	18	148
	% yes	0.00	65.00	93.75	78.26	47.06	75.00	60.00	71.43	83.33	70.95
	% no	100.00	35.00	6.25	21.74	52.94	25.00	40.00	28.57	16.67	29.05
Hepatitis B Vaccination	Yes	1	9	15	15	5	7	10	9	9	80
	No	0	11	1	8	12	4	10	12	9	67
	total response	1	20	16	23	17	11	20	21	18	147
	% yes	100.00	45.00	93.75	65.22	29.41	63.64	50.00	42.86	50.00	54.42
	% no	0.00	55.00	6.25	34.78	70.59	36.36	50.00	57.14	50.00	45.58

Forensic assessment for survivors?	**Yes**	**2**	**18**	**14**	**21**	**16**	**11**	**18**	**15**	**16**	**131**
	No	0	3	4	3	2	1	4	9	6	32
	total response	2	21	18	24	18	12	22	24	22	163
	% yes	100.00	85.71	77.78	87.50	88.89	91.67	81.82	62.50	72.73	80.37
	% no	0.00	14.29	22.22	12.50	11.11	8.33	18.18	37.50	27.27	19.63

Who conducts the forensic assessment for survivors of sexual violence at your facility?										
Doctor	1	8	5	16	6	1	16	7	14	74
Doctor & registered nurse	1	9	8	5	7	7	1	6	2	46
Registered nurse	0	1	1	0	2	3	1	1	0	9
Total response	2	18	14	21	15	11	18	14	16	129
% Doctor	50	44.44	35.71	76.19	40	9.09	88.88	50	87.5	57.36
% Doctor & registered nurse	50.00	50.00	57.14	23.81	46.67	63.64	5.56	42.86	12.50	35.66
% Registered nurse	0.00	5.56	7.14	0.00	13.33	27.27	5.56	7.14	0.00	6.98

"Survivors of sexual violence should not have to travel forever and pay a lot of money to receive emergency care."

Cecilia Lamola, MSF Forensic Nurse

Médecins Sans Frontières / Doctors Without Borders (MSF) is an international, independent, medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF observes strict principles of neutrality, impartiality and independence. 95% of MSF's funding comes from 6.1 million individual donors. MSF does not accept funding from the extractive industry and has a policy against forming partnerships with mining companies.

MSF has pioneered approaches to treat HIV in South Africa since 1999. MSF was one of the country's first providers of antiretroviral treatment in the public sector and has since led efforts to decentralise treatment strategies for HIV and tuberculosis, including drug-resistant tuberculosis. Since June 2015, MSF has partnered with the Department of Health to provide medical and psychosocial care to survivors of sexual violence in Bojanala Health District, North West Province.

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