SURVIVORS OF RAPE AND SEXUAL ASSAULT: POLICY AND STANDARDISED MANAGEMENT GUIDELINES

Please ensure that the following is brought under the attention of all health workers in the Western Cape Province:

Circular No H144/2000, dated 30 November 2000, is hereby recalled and replaced by the attached document consisting of:

- Policy - no changes
- Standardised Management Guidelines - new document
- Report on Sexual Assault Examination - new document
- AZT Treatment Guidelines - no changes
- Referral letters - no changes
- Post Rape Monitoring Forms - no changes
List of PAWC Health Facilities for the Management of Survivors of Rape and Sexual Assault
1. INTRODUCTION

A policy on the management of survivors of rape and sexual assault must give cognizance to the historical deficiencies that these survivors have been exposed to at every level – Health, Justice, SAPS, etc.

Central to the policy on medical, psychological and forensic management is the recognition that the management of rape survivors requires special training and expertise, as well as an integrated management approach. This guiding principle will impact on the consequences of a survivor's future mental and physical well being and in the arrest and ultimate conviction of the perpetrator of such violence.

This policy therefore recognizes that violence (including sexual violence against women, men and children) is one of the most pervasive and common public health problems and deserves to be prioritized in the allocation of resources and in the services available to such survivors.

This policy aims to provide health managers and health workers with a clear framework on the management of female and male survivors (14 years and older) of rape and sexual assault within the Comprehensive Primary Health Care Services of the Department of Health in the Western Cape Province. The policy is further supported by the "Standardized guidelines for the management of rape survivors in the Western Cape Province".


2. BACKGROUND

On request of health workers and NGO’s a Provincial Reference Group was established in 1999 to develop a provincial policy and standardized guidelines for the management of rape survivors (male and female, aged 14 years and older) at the health care facilities in the Western Cape Province. This Reference Group consisted of PHC workers, gynecologists, forensic pathologists, psychologists, health managers, NGO’s and legal advisors (see foot note).

The MEC of Health and the Chief-Director: Professional Support Services extended the above-mentioned terms of reference in October 2000 to include guidelines on the provision of anti-retroviral drugs.

Drafts of both the policy and the guidelines were distributed to the regions, districts, NGO’s and other relevant role-players for comments and input. The implementation of the guidelines was piloted in the Thuthuzela (24-hour) rape centre at GF Jooste Hospital, Cape Town.
The same Reference Group is currently developing a Training Manual for health workers based on the policy and standardized management guidelines. Drafts of this manual have been used in the training of health workers in the Metropole and Boland/Overberg Regions.

3. EXTENT OF THE PROBLEM

Rape is a common crime with often long-term and serious consequences for those who are raped. The estimated incidence of reported rape cases in the Western Cape Province is 311 per 100,000 women living in the province. (Based on SAPS statistics and the 1996 population census. No reliable statistics are currently available for men.)

At present there is no national/provincial health information available to assess the problem within the Department of Health.

WHY DO WE NEED A POLICY AND STANDARDIZED MANAGEMENT GUIDELINES?

Historically the management of rape survivors has been sub-optimal on many levels that include:

- Lack of access to adequate facilities for examination and treatment.
- Inadequate knowledge and understanding and/or guidelines on the management and consequences of rape.
- Poor quality performance and documentation of the forensic examination resulting in poor quality evidence presented to the courts thus contributing to the low conviction of rapists.
- Secondary traumatization of survivors by fragmented, dysfunctional systems resulting in survivors who are either sub-optimally cared for or not cared for at all.
- In some areas District Surgeons have provided a forensic service but not a clinical one, resulting in survivors being referred to other institutions for treatment of sexually transmitted infections and pregnancy prevention, this caused unacceptable delays and increased trauma to the survivors.
- Examination of the survivor in an emergency room or trauma unit has meant that the person has to queue for services resulting in delays and increased psychological trauma.

4. DEFINITIONS APPLICABLE TO THIS POLICY

- “Sexual assault”
  
  Refers to the intentional and unlawful act of sexual penetration with another person under coercive circumstances.

- “Sexual penetration/rape”
  
  Includes an act, which causes penetration to any extent by the penis or an object used by one person into the anus, mouth or vagina of another person.

  *(N.B. The onus does not rest on the survivor to prove to the health worker that *(s)he had been raped.)*

- “Age”
  
  Survivors of sexual assault will apply to all persons 14 years and older. 
  *(Refer to the Child Abuse Guideline: Circular H102/2000 (dated 21 September 2000) for the management of children younger than 14 years.)*
5. VISION

Survivors of rape or sexual assault (including partners and family members) will be provided with coordinated, holistic, expert and humane care, which ensures the prevention of secondary traumatization and serves the needs of the individual, the community and justice.

6. OBJECTIVES

Implementation of the policy and management guidelines should achieve the following objectives:

- To provide an integrated and comprehensive service to survivors of rape or sexual assault that incorporates the best possible clinical, psychological and forensic care available at a minimum of one health facility per district by the end of 2001.
- To provide on-going training, support and supervision of health workers involved in the management of survivors of rape or sexual assault to ensure a consistently high standard of care. This will also ensure that the courts are provided with high quality evidence to assist with the prosecutions and conviction of rapists.
- To provide health information to survivors and families which promotes ease of use of available services in the community and to inform them of their rights.

7. IMPLEMENTATION

One of the first steps in creating a management system for survivors of rape and sexual assault would be to establish rape forums on provincial, regional and district level. The broad functions of these forums would be to:

7.1 Provincial Rape Forum

- Determine and regularly re-view a Provincial Rape Policy involving all the relevant stakeholders (e.g. Departments of Justice, SAPS, Social Services, Health and NGO's) in order to share information, facilitate cooperation and to avoid duplication.
- Lobby for the development of an appropriate intra-departmental central compliant mechanism to manage complaints of non-compliance to the policy and guidelines.
- Provide and update standardized guidelines for medical, nursing, psychological and forensic management of rape survivors.
- Annual evaluation on the implementation of the rape forums, and if appropriate, lobby for the national implementation thereof.

7.2 Regional Rape Forum

- Liaise with the Provincial Rape Forum.
Assess existing facilities to evaluate whether they are appropriate for the establishment of rape services.

Ensure equitable access to all survivors to a rape service based on rape statistics and population density.

Monitor the implementation and adaptation of the policy and standardized guidelines and ensure that adequate standards of care are maintained.

Identify deficiencies and obstacles in the care of rape survivors and develop strategies to address these.

Work in collaboration with other initiatives, which focus on the prevention and management of victims of violence and abuse to coordinate service provision.

Keep accurate statistics and demographic data on the service and rape survivors.

Convene regular meetings (e.g., 3 – 4 monthly) to ensure fluid cooperation and to support rape service providers at district level.

Coordinate regional inter-departmental cooperation.

7.3 District Rape Forum

- Liaise with the Regional Rape Forum.
- Monitor the provision of a 24-hour health service for rape survivors within designated health facilities in the district.
- Monitor accessibility of facilities to the majority of survivors in a district.
- Monitor the implementation and adaptation of the policy and standardized guidelines and ensure that adequate standards of care are maintained.
- Ensure that sufficient health workers are trained to provide an appropriate service to rape survivors.
- Ensure that a trained person is available on call for consultation when a survivor is brought in for management.
- Coordinate roles and responsibilities of different agencies e.g., SAPS, Justice, Social Services and NGO’s at district level.
- Each facility offering a service to rape survivors should have a designated room/area, which is adequately equipped for the purpose of examination and treatment of survivors and for the initial counseling of the survivor and his/her support system.
- Hold regular meetings (e.g., 3 – 4 monthly) to ensure proper implementation of the rape policy and guidelines and to adapt these to local circumstances.

a. MONITORING AND EVALUATION

In the Provincial Department of Health the Maternal, Child and Women’s Health Sub-directorate, supported by the Mental Health and Reproductive Health Sub-directorates, was tasked with the responsibility for driving this process. In order to facilitate, monitor and evaluate the implementation of this policy the following is needed:

- Coordinate on-going inter- and intra-departmental collaboration (e.g., Departments of Justice, SAPS, Social Services, Health, NGO’s, etc.)
- Distribution of the policy and standardized guidelines to all the relevant stakeholders.
- Monitor correct implementation and regular up-date thereof.
- Serve as a central departmental centre for reports regarding non-compliance and/or problems.
- Establish (together with the Directorate Health Information) a provincial database for rape statistics to monitor and evaluate on-going provision of services. Provide regular feedback to the stakeholders.
- Facilitate appropriate training of health workers.
9. **TRAINING**

The Provincial Reference Group is developing a training manual. This manual will be made available to the Human Resource Development Directorate and regional offices. The regional HRD & Training officers will be responsible for the facilitation of the continued in-service training of health workers.

Initially 4 training workshops (30 participants/workshop) are planned for 2001. These workshops could be offered in the regions on request via the MCWH Sub-directorate.

10. **EQUIPMENT AND DRUGS NEEDED**

To enable health workers to adequately manage survivors of rape and sexual assault the following are needed at the designated service points which should be located in facilities offering a 24-hour service:

- **Private/designated room/area.**
- Equipment required to perform forensic examination e.g. pus swabs, slides, tubes for blood sampling, combs, nail scissors.
- Adequate stationary, preprinted management guidelines (Addendum A), referral letters and an affidavit for crime kits to ensure that chain of evidence is not broken.
- Lockable cupboard and register for forensic evidence.
- AZT-Register and preprinted forms (Addendum B).
- Access to a telephone and fax machine.
- Access to emergency care.
- Medical cupboard stocked with packaging containing:
  - Emergency contraception, e.g. Ovral
  - Syndromic management for the prevention of STI/STDs, e.g. doxycycline stat dose, ciproflaxin and flagyl.
  - AZT for post exposure prophylaxis as per guidelines.
  - Analgesia anti-inflammatory or analgesic (paracetamol).
  - Tranquilizers in individual circumstances (may cause problems as it can affect memory of the incident).
- A traditional cup of tea for alleviating shock.
- Access to bath/ shower and/or toilet facilities.
- Emergency clothing and/or underwear, sanitary towels, soap and towels
- Posters, pamphlets and information about rape, counseling and human rights.
- Directory/List of local resources.

11. **BUDGET**

11.1 **Service provision**

As far as possible existing staff and health facilities should be used. Some items could be donated (e.g. clothing, toiletries) and the rape forums could coordinate such an effort.
11.2 Equipment and medicine

All the drugs (except the AZT) are on the EDL list and should be readily available at the health facilities.

The equipment needed to perform the examinations should also be available at the health facilities.

The relevant forms and referral letters can be ordered from the central stores.

11.3 Training budget

See item 8 above. The training should form part of the continued in-service education programme for health workers.

12. AREAS FOR FURTHER DEVELOPMENT

The following are some of the aspects that need further investigation and/or development:

- Support to health workers, especially regarding psychological support.
- Training of health workers in basic counseling, especially on pre- and post-test counseling should the client choose to have immediate HIV-testing

13. MANAGEMENT OF SURVIVORS OF RAPE AT HEALTH CENTRES

Refer to the attached Addendum A "Standardized Guidelines for the Management of Survivors of Rape or Sexual Assault".

Provincial Reference Group:

Provincial MCWH Coordinator: Ms L Olivier
Ms M Adamo (Programme Manager: Reproductive Health); Ms E Arends (Programme Manager: MCWH);
Mr S Blom (Psychologist: Boland/Overberg Region); Prof L Denny (Gynecologist: Groote Schuur Hospital);
Dr A Deva (Medical Officer: CHSO); Ms K Dey (Rape Crisis); Ms R du Piessis (MCWH Manager: Boland/Overberg Region); Ms R Freeth (Manager: Network on Violence Against Women); Ms K Hillman (District Health Manager: Metropole Region); Dr M Hurst (Forensic Pathologist: Southern Cape/Karoo Region); Dr Y Jako (Medical Officer: CHSO); Ms S Kleintjes (Programme Manager: Mental Health); Prof G J Knobel (Forensic Pathologist: UCT); Ms S LapinsKy (HRD & Training Directorate); Dr I J Martin (Forensic Pathologist: UCT); Ms B Pithey (Lawyer: National Director of Public Prosecutions); Ms T Qukula (MCWH Manager: West Coast/Winelands Region); Ms D Quenet (Lawyer: Women’s Legal Centre); Dr L Schoeman (Gynecologist: Groote Schuur Hospital); Ms N Tinto (Counselor: Rape Crisis); Dr M Wallace (Gynecologist: West Coast/Winelands Region); Prof S A Wadee (Forensic Pathologist: US)
Addendum A

STANDARDISED GUIDELINES FOR THE MANAGEMENT OF SURVIVORS OF RAPE OR SEXUAL ASSAULT

DEPARTMENT OF HEALTH: WESTERN CAPE PROVINCE

1. All patients aged 14 years or older, who present to a health facility, with a complaint of rape or sexual assault must be assessed as soon as possible using the attached management guidelines.


2. Under no circumstances should any patient be turned away to seek help from another facility.

3. NOTE: This document constitutes the confidential medical record of the patient. It may however be subpoenaed as a court document if the court deems it necessary. It is essential to record all information and findings accurately, legibly and to remember that the original document could become part of a court record.

4. Remember to label each page with the patient’s name and folder number.

5. A J88 form must be filled in for all cases. The J88 form will be used for the court record in the first instance, and must be given to the SAPS after examination.

6. If you are subpoenaed to give medical evidence in a rape case, you are strongly advised to consult with the prosecutor and other medico-legal experts before giving testimony in court.

7. All rape survivors are to be interviewed by the appropriate health worker in a private room. It is advisable that a trusted friend, relative or nurse supports him/her during the interview, according to the patient’s wishes.

8. Establish whether the patient has reported the matter to the police. Explain to her/him the advantages and disadvantages of reporting the incident.

9. If the survivor declines to report the rape to the police or to undergo the forensic examination, this choice should be respected and no undue pressure exerted upon her/him.

10. If (s)he chooses to report the case to the police, phone the police station in the area in which the rape or assault occurred and ask for a police officer to come to the health facility to take a statement from the patient.

11. It is important to note that in terms of the National Police Instructions on Sexual Offences (NI022/1998) that a medical examination must take place as soon as possible. It is not necessary for an in-depth statement to be taken
from the survivor should (s)he have reported the matter to the police, before the examination is done. The in-depth statement should only be taken from the survivor as soon as (s)he has recuperated sufficiently, ideally within 24 – 36 hours.

12. All forensic specimens are to be locked away in a designated cupboard, in which a register must be kept. The register must record the name of the patient and the health worker, and the date and time of collection. The Sexual Assault Examination form attached must be delivered by hand to the health worker-in-charge of the health facility. The form must be placed in a special envelope marked "Private and Confidential".

**PLEASE NOTE: Detailed notes made on the J88 form, may obviate the need to testify in court at a later date. However, if court testimony is necessary, the detailed notes on the Sexual Assault Examination form will serve as an aide d memoria to compiling an additional affidavit to complement your J88 notes that will provide the court with good medical evidence.**

13. Complete the J88 form.

14. **NOTE:** Routine clerking notes of the patient should be kept in the patient’s folder.

15. Rape survivors should be given the option of going for counseling to:

- Social worker
- Trained counselor (regional specific)
- Private therapist, e.g. psychologist
- Rape Crisis or other local services

The survivor and family should be given an updated list of local resources.

16. The survivor and family should receive literature on rape to take home and read later.
Note: This document constitutes the confidential medical record of the patient. It may however be subpoenaed as a court document if the court deems it necessary. It is essential to record all information and findings accurately, legibly and to remember that the original document could become part of a court record.

Report on Sexual Assault Examination

Name: ..............................................................................................................................

Folder No: ................................................................................................................................

Date of examination: ..... / ..... / ..... 

Time of examination: ..... h ..... 

Examination performed by: (Print name, phone no. and/or bleep no.)

1. District Surgeon: ........................................................ Contact Tel. no........................

2. Medical officer: ........................................................ Contact Tel. no........................

3. Registered nurse: ........................................................ Contact Tel. no........................

4. Other: ........................................................ Contact Tel. no........................

Additional information:

Has a charge been laid?

- If yes: SAPS Station ................................

   MAS No. ................................

- If no: does patient intend laying a charge

   Yes: ☐

   No: ☐

   Unsure: ☐

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Consent

Authorisation for collection of evidence and release of Information:

I hereby authorise ................................................................. CHC/Hospital
(name of clinic or hospital)

and ................................................................. to collect any blood, urine, tissue or any other specimen needed
(health worker’s name)

And to supply copies of relevant medical reports, including laboratory reports to the South African Police if requested. (delete if not applicable)

I recognise that the Sexual Assault Examination Form is solely to direct the appropriate clinical and forensic management of me. I understand that the medical and forensic information handed over to the South African Police Service will be contained in the J88 form.

Person examined: ................................................................. .................................................................
(print name) (signature)

Witness: ................................................................. .................................................................
(print name) (signature)

Parent/guardian: ................................................................. .................................................................
(print name) (signature)

Date: ...... / ...... / ......
**History of Assault**

Name: ......................................................  Age ..........  Sex ..............

Date of alleged rape:  

Time of alleged rape:  h

Was patient conscious at the time of rape?  Yes  /  No
If no, specify details: ..........................................

Patient's description of assault:  (e.g. walking home, at work, on a date, etc.)

Perpetrator(s)

<table>
<thead>
<tr>
<th>Rapist(s) known to patient</th>
<th>Yes</th>
<th>Unknown</th>
<th>Uncertain</th>
</tr>
</thead>
</table>

Any further comment:

Details of alleged rape incident:

<table>
<thead>
<tr>
<th>Victim's Home</th>
<th>Rapist's Home</th>
<th>Work Place</th>
<th>Motor Car</th>
<th>Beach</th>
<th>Alley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terminus</td>
<td>Open Space</td>
<td>Public Toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

Surface(s) on which rape occurred: e.g. bed, carpet, tar, sand

Abducted to another place:  Yes  /  No

Can patient remember experiencing any of the following? Being punched, throttled, kicked, hit or other? (circle which)

Other: (Specify),

Was a weapon seen or used?  Yes  /  No

If yes, was it a knife, gun, bottle, screwdriver or other? (circle which)

If other, specify: .................................................................
Sexual acts performed during rape:
Does patient remember the type of Sexual act, if any, that occurred during the attack? State whether oral, genital, anal or any other

Since rape, has patient:

- Douched: Yes [ ], No [ ], Unknown [ ]
- Bathed: Yes [ ], No [ ], Unknown [ ]
- Urinated: Yes [ ], No [ ], Unknown [ ]

Personal history

Gynaecological History:
Parity: ...... LNMP: .... / .... / ..... 
LMP: .... / .... / ...... Cycle: ... / ...

Pregnant now? Yes [ ], No [ ] If yes, gestational age: .........................

Current Contraception Usage:
Oral Contraceptive: Yes [ ], If yes, type: ................................. No [ ]
Injectable Contraceptive: Yes [ ], Date last injection:......................... No [ ]
IUCD: Yes [ ], Date insertion:............................................... No [ ]
Coitus within 72 hours rape Yes [ ], If yes, date: .............. Time: ................. No [ ]
Condom used during that coitus: Yes [ ], No [ ], Does patient practice douching Yes [ ], No [ ]

Relevant Medical History:-

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Allergies (note antibiotics):

Current Medication:

History given by: (patient herself, friend, nurse)

History taken by:

Designation/Qualifications:
Biological specimens to be collected

Use the Sexual Assault Evidence Collection Kit if available, follow instructions in the package inserts. OR -Crime Kit 1 - for complete evidence collection, Crime Kit 3 - for vaginal swab and slide only, Crime Kit 4 - for hair collection, crime sample and control sample.

If the SAECK or Crime Kits are not available, use ordinary throat swabs and slides. Use envelopes for the particulate evidence, labelling them carefully. Swabs and slides must be air dried only, do not use preservatives.

1. Oral swabs - collect in the event of oro-genital contact. Carefully swab under the tongue, along the gum line of the teeth, the cheeks and the palate.

2. Clothing - any article of clothing that is stained or soiled, the underwear is especially important. Ask the survivor to undress on a large catch sheet. If clothing can be kept, place this in paper bags, clearly labeled and sealed. Label a corner of the catch paper, fold, and place into an envelope. If a sanitary napkin was worn at the time of the assault, collect in a paper bag labelled 'sanitary napkin'.

3. Evidence on patient's body - any evidence present on patient's hair, fingernails or skin.
   - Any foreign debris on the skin e.g. soil, leaves, grass, hairs, must be placed in catch paper/envelope.
   - Saliva on skin - ask patient if attacker licked or kissed here/them, moisten a swab and swab area(s) indicated. Indicate on collected sample the position on body. Visible bite marks should be similarly swabbed for the presence of saliva.
   - Semen on skin - again ask the patient for possible location and take swab.
   - Fingernails - if the patient has scratched the assailant. Moisten a small swab (ear bud) and swab under the nails.
   - Take a control sample of pulled scalp hair.

4. Anal examination - this must be carried out prior to the genital examination to avoid transfer of evidence during collection. Collect an external swab and a rectal swab, each clearly labelled as to site.

5. Genital examination -
   - Pubic hair - any matted hair should be carefully cut off and placed into catch paper/envelope, clearly labelled. Comb the pubic hair with comb provided in Crime Kit and place into marked envelope. Collect at least 10 pulled pubic hairs for reference.
   - Genital swabbing
     - External genital swab - thoroughly swab the external and internal surfaces of the labia majora and minora, and the clitoral region.
     - Tampon - if in place collect.
     - Deep vaginal swabs - before any internal examination takes place, swab the vaginal fornix.
     - Cervical swabs - swab the cervix, usually under speculum guidance.

Each swab taken should have its site of origin clearly marked. Roll it onto a slide and allow to air dry. The swab and slides should be placed into an envelope together or into a Crime Kit, clearly labelled, and sealed. Do not place two slides, specimen side up, together.

6. Reference Blood - must be taken from the survivor in an EDTA tube (purple top) as a control DNA sample. In the new Crime Kit 1 (pink), there is a card of paper which has small blotting areas for the deposition of blood droplets from the EDTA tube. There is an instrument in the box (diff-safe) with which the blood is dropped onto the paper by the examining Doctor/health worker. This ensures that a preserved blood sample reaches the laboratory.

7. Drug/alcohol/toxicology screen always to be done (need special sodium fluoride/CaCl₂ oxalate tubes and urine for drug screening).

8. VDRL/ HIV (with patient's consent).
   - Consider asking police photographer to come out with patient's consent.

Fill out 588 form.
**Physical Examination**

1. **Patient to change into clinic gown.** Undress over large catch sheet of paper, fold and place in envelope.
2. Remember to take all forensic specimens simultaneously with examination to avoid contamination and losing evidence.

General appearance of patient: Height: .................... Mass: ....................

Body build: ........................................................................................................................................

Appearance & description of clothing, including underwear etc: ..........................................................

..................................................................................................................................................

..................................................................................................................................................

..................................................................................................................................................

**VOTE:** All clothing to be kept in separate paper bag for forensic tests if possible, otherwise advise to change when at home and give clothing to SAPS investigating officer,

Emotional status (describe e.g.: withdrawn, crying, hysterical etc): ..................................................

..................................................................................................................................................

..................................................................................................................................................

..................................................................................................................................................

Evidence that patient under influence of alcohol/drugs: Yes [ ] No [ ]

If yes, describe condition: (distinguish between use of alcohol and inebriation)

..................................................................................................................................................

..................................................................................................................................................

..................................................................................................................................................

Speech: ...........................................................................................................................................

.................................................................

.................................................................

Temperature: ........... Pulse: ........... BP: ........... HB: ...........

Pregnancy test: Positive: [ ] Negative: [ ]

CVS/RS: (note any abnormality detected): ..........................................................................................

..................................................................................................................................................

..................................................................................................................................................

Head and neck examination (tick box if abnormality detected):

Check eyes for haemorrhages (throttling) Yes [ ] No [ ]

Describe: ..............................................................................................................................................
Patient Name: .................................... Folder No.: ...

Mouth & Lips (abrasions/bruising/cuts):  Yes ☐ No ☐ (take oral swab)
Describe: ...........................................................

Scalp (lacerations etc):  Yes ☐ No ☐
Describe: ...........................................................

Neck (bruises/lacerations etc):  Yes ☐ No ☐
Describe: ...........................................................

Body:
Bruises/scratches/lacerations/abrasions:  Yes ☐ No ☐
Indicate which of the above: ...........................................................
Size: ................................................................................................
Number: ...............................................................................................
Location (note on anatomical drawing): ..................................................................................
.............................................................................................................................................
Anatomical sketch:
Injuries:

Elbows

Ulna aspect of forearms

Hands

Fingers

Fingernails

Breast (especially bite marks)

Thighs (especially inner aspects)

Back, buttocks, calves (struggle while lying on back)

Other (describe details noted above)

Genital examination

External genital and anal examination:  
(Take specimens simultaneously with examination in the following order—anal, rectal, external genital, deep vaginal, cervical)

<table>
<thead>
<tr>
<th>Anus:</th>
<th>Vulva:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swelling</td>
<td></td>
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<tr>
<td>Redness</td>
<td></td>
</tr>
<tr>
<td>Bruises</td>
<td></td>
</tr>
<tr>
<td>Lacerations</td>
<td></td>
</tr>
<tr>
<td>Tenderness</td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td></td>
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<tr>
<td>Discharge</td>
<td></td>
</tr>
</tbody>
</table>

Other (specify):

Describe in detail any of lesions noted above:  

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Special areas for attention:

**Labia Majora/Labia Minora:**

Inner aspects of the labia (may be injuries from assailant's fingers – fingernail scratches):

Urethral Orifice / para-urethral folds:

Clitoris / Prepuce of clitoris:

Check posterior commissure, perineum, natal cleft and rectum for tears/bruises:

Describe in detail:

Check hymen (need good light and examine hymen through 360°):

- Note shape, bumps, synechiae, clefts
- Tears (look for extension to vagina)
- Bruising
- Size of vaginal opening (whether admits 1, 2 or 3 fingers with ease or with difficulty alternatively estimate / measure in mm - NB in children).

Describe findings below:
Check vagina (preferably use plastic speculum and good light - do not use if painful, a virgin or presence of obvious trauma to vulva and hymen e.g. tears):

- look for tears
- seminal fluid
- discharge
- bleeding

Describe findings below:

Cervix (erosion, bleeding, discharge etc.)

Colposcopic examination:

Evidence of microtrauma: Yes ☐ No ☐ Was toludine blue used? Yes ☐ No ☐

If yes, describe findings

Was a photograph of injuries taken? Yes ☐ No ☐
### Male Genitalia

<table>
<thead>
<tr>
<th></th>
<th>Penis / scrotum</th>
<th></th>
<th>Anus:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Swelling</td>
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<td>Bruises</td>
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<td>Lacerations</td>
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<td>No [ ]</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
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<tr>
<td>Tenderness</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
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<td>Discharge</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
</tbody>
</table>

Areas for special consideration:

**Foreskin:**

........................................................................................................................................
........................................................................................................................................

**Glands:**

........................................................................................................................................
........................................................................................................................................

**Shaft:**

........................................................................................................................................
........................................................................................................................................
**Record of forensic specimens taken:**

Sexual Assault Evidence Collection Kit  Yes / No

Crime Kit used (circle choice):  1  3  additional envelopes

Seal numbers: FSL (Forensic Science Laboratory).................................................................

**Specimens:**

- Blood (DNA)  
- Fingernail scrapings  
- Control pubic hair  
- Control scalp hair  
- Foreign hair  
- Catch paper  
- Foreign Fluid  
- Tampon etc.

**Other:** ..................................................................................................................................

..........................................................................................................................................

..............................................................................................................................

If taken, put number taken in yes box below:  

**Swabs:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>External genitalia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep vaginal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral</td>
<td></td>
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<td>Anal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body surface</td>
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</tr>
</tbody>
</table>

**Slides:**

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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

If additional samples were taken, place into a clearly labelled official brown envelope, seal, sign across seal and hand in.

Any other evidence handed in e.g. clothes .....................................................................................

...............................................................................................................................................

**Disposal of biological specimens (NB for chain of evidence):**

1. Handed to SAPS: Name: ...............................................................

   Yes  

   Number: ...............................................................

   Station and telephone number: ...........................................

2. Placed in cupboard: By whom – Name: ...............................................................

   Yes  

   Contact details: ...............................................................

3. Other disposal: ...............................................................................................

...............................................................................................................................................

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Treatment for pregnancy, STD's and HIV (please record treatment as given in check boxes)

- Immediate assessment and treatment of injuries.
- Treat for:
  1. Pregnancy prevention  Yes [ ]  No [ ]

  2. Oral 28 stat and again 12 hours later (EGen-C also an option) if rape < 72 hours prior to treatment. –

  Provide anti-emetic and inform patient of side effects

  or

  Insert IUCD if > 72 hours and < 5 days.

- Sexually transmitted diseases: Yes [ ]  No [ ]

  Nan-pregnant:
  ciprofloxacin 500mg po stat dose
  doxycycline 100mg 8 hourly for seven days
  metronidazole 2g stat (warn re alcohol intake)

  Pregnant:
  ceftriaxone 125mg imi stat dose
  erythromycin 500mg 6 hourly for seven days
  metronidazole 2g stat (warn re alcohol intake)

- Anti-retroviral post exposure prophylaxis: Yes [ ]  No [ ]

  In individual cases discuss the possibility of AZT prophylaxis against HIV transmission if rape occurred less than 72 hours before presentation. (Refer to Addendum B: Treatment Guidelines for the use of AZT).

Post treatment Referral Options (use pre-printed referral letters, and record in check boxes as provided)

- Ward admission  Yes [ ]  No [ ]

- Clinic Outpatients
  1. For results of VDRL and HIV  Yes [ ]  No [ ]
  2. Assessment of medical and emotional condition and need for psychological/psychiatric or other referral  Yes [ ]  No [ ]
  3. Contraception counselling

- Family Planning Clinic  Yes [ ]  No [ ]

- Counselling service  Yes [ ]  No [ ]
  1. Social worker
  2. District social services  4. Local resource
  3. Psychologist  5. Private therapist

If during office hours refer to social worker on call. After hours provide immediate counselling, transfer patient to hospital if necessary/ admit to ward, or ask patient to return to clinic next morning.

Give phone number for Rape Crisis (Mowbray: 4471467 or 4479762 or Khayelitsha: 3619228 or Trauma Centre 4657373), or any other local counselling service in area. Provide patient and family with the Western Cape literature on rape.

NOTE: If no bruises noted consistent with the patient's history, then should be re-examined in 48 hours to reassess the extent of injuries that may not be immediately apparent.
TREATMENT GUIDELINES FOR THE USE OF AZT (ZIDOVUDINE) FOR THE PREVENTION OF THE TRANSMISSION OF THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN WOMEN AND MEN WHO HAVE BEEN RAPED OR SEXUALLY ASSAULTED

1. PROMOTING INFORMED CONSENT

1.1 All women and men, aged 14 years and older, presenting to a health facility after being raped should be counselled by the examining health worker, about the potential risks of HIV transmission post rape.

If the survivor present within 72 hours of being raped AZT should be offered to prevent HIV transmission.

The following points should be covered in the counselling:

- The risk of transmission is not known, but it exists.
- That it is important to know the survivor’s own HIV status prior to using any antiretrovirals, as using AZT in a known HIV positive patient is not adequate therapy and may lead to resistance.
- That it is the survivor’s choice to have immediate HIV testing or, if she/he prefers, this could be delayed until the one week post examination visit.
- The efficacy of AZT in preventing HIV sero-conversion is not known, but there is strong non-experimental support that the use of AZT could be effective in preventing HIV transmission (from occupational exposure and maternal to child transmission). The survivor should be made aware that the efficacy of AZT prophylaxis is still under study and that the drug itself is not yet licensed for use in post-rape prophylaxis.
- The common side effects of the drug should be explained, with particular reference to feelings of tiredness, nausea, and flu-like symptoms. These are temporary, vary in intensity and do not cause long-term harm.
- All women who choose to use AZT should undergo pregnancy testing – pregnancy is not a contra-indication to the use of AZT and should be prescribed in the same manner as for non-pregnant women. Ensure that pregnant women have been booked and are undergoing appropriate antenatal care.
- The use of AZT in the first trimester of pregnancy has not been shown to be teratogenic. It is not possible however to guarantee the safety of the drug regarding the fetus in the first trimester of pregnancy. Women who are less than 12 weeks pregnant should be informed of this and be allowed to make a choice as to whether they are prepared to use the drug or not.
- Taking other medication such as for pregnancy prevention and other antibiotics may also compound the side effects of AZT.
- The importance of compliance should be emphasised.

1.2 Survivors presenting after 72 hours should be counselled about the possible risk of transmission and be given a follow-up appointment date for 6 weeks and 3 months post rape for HIV testing and counselling. For survivors who still request AZT, it should be explained that there is good evidence that the use of AZT so long after the rape will have NO impact on preventing HIV sero-conversion.
2. **HIV-TESTING**

2.1 Rapid HIV testing should be made available where feasible and offered to patients who request it. Where not feasible, blood should be drawn, consent for routine laboratory HIV-testing obtained and a date given to the survivor to receive his/her result. The result can also be made available (if the survivor prefers) at the one-week post-rape examination.

2.2 If the survivor do not want immediate HIV testing (either rapid or routine testing), this issue can be re-addressed at the first one-week post-rape visit. If (s)he still refuses HIV testing and is not known to be HIV positive (prior to the rape/sexual assault), (s)he should still be offered AZT.

3. **AZT REGIME**

3.1 The dose for AZT is 300 mg twice a day for a period of 28 days.

3.2 The following should be taken into consideration:

- Survivors who qualify for a private script, should be given a 3-day supply of the drug and a prescription (this is determined by the admitting clerk of each health facility and is based on the patient's income).
- Survivors who do not qualify for private scripts should be given a one-week supply of AZT and a date to return for reassessment in one week.
- For those who cannot return for a one-week assessment due to logistical or economic reasons, a one-month supply should be given.

3.3 All survivors who have been supplied with AZT should be seen one-week post rape to obtain results of all blood tests and for an evaluation. The remainder of the AZT should be given at this visit (that is a 3-week supply).

3.4 The next visit should be at 6 weeks and then 3 months after the rape. HIV testing should be performed at both the 6-week and the 3-month visit.

3.5 Survivors who are either known to be HIV positive or found to be HIV positive should not be offered AZT. They should be appropriately counselled and referred an appropriate health facility for long-term management of their HIV status.

3.6 Relative contra-indications to the use of AZT include significant renal or liver impairment. Where in doubt about the use of AZT in individual patients, contact your local physician or referral centre for advice.

4. **COMPREHENSIVE MANAGEMENT**

4.1 It is strongly suggested that AZT be administered only in the context of using the comprehensive Provincial Policy and Standardised Management Guidelines for Rape Survivors.

5. **MONITORING AND EVALUATION**

5.1 The implementation of AZT for post-rape prophylaxis should be carefully monitored and evaluated. All centres administering AZT must keep a register of survivors given AZT as well as their HIV status at the initial visit, the 6-week and the 3-month visit.
5.2 Any documented sero-conversions in survivors taking AZT should be reported to:

The Deputy Director: MCWH Sub-directorate
Department of Health
PO Box 2060
CAPE TOWN
8000
In order to preserve patient confidentiality this should be a register stripped of any information that could identify the patient. (See the attached forms: Form A and Form B)

5.3 It is anticipated that a computerised system could be introduced soon, this will enable a more efficient monitoring of the programme.

5.4 In monitoring the AZT prophylaxis programme the following factors should be audited:

- The number of survivors accepting HIV testing.
- The number of survivors who are HIV positive and HIV negative at the initial visit.
- The number of survivors who return for the one-week, 6 week and 3 month visit (a measure of compliance).
- The number of survivors who stop taking AZT due to side effects of the medication or other reasons should be documented.
- The severity of side effects should be evaluated.
- All sero-conversions in survivors using or not using AZT should be documented and this data kept at a central registry, in order to review the programme.

5.5 Attached are two forms for monitoring survivors using and not using AZT post rape. These forms will be kept until the survivor has completed all three visits. It will be filled out in duplicate and the second copy will be sent to the MCWH Sub-directorate without any patient identifying information on the form.

5.6 Each health facility that provides AZT to rape survivors should keep a register to note when patients are due for post-rape check-ups and whether they arrive for their check-ups. If the survivors have not returned after 3 months of the initial post-rape examination, the duplicate forms should be removed from the folder and sent to the MCWH Sub-directorate stripped of all patient identifying information.
To: Rape Counselling Services

Dear colleague

Please assist ______________________, aged ______________

(S)he was raped/assaulted on __________________ at ______________________

and was examined at __________________ on ______________________

at ______________________

- The necessary documentation and forensic examination has been completed.

- (S)he has / has not been treated for pregnancy prevention, and prevention of sexually transmitted diseases.

- The matter has / has not been reported to the police.

Yours sincerely

MEDICAL OFFICER ON CALL
To: Family Planning Clinic

Dear Colleague

Please assist __________________________ with a follow-up consultation.

(Name of survivor)

She was given __________________________ as post-coital contraception

(Treatment)

on __________________________ at __________________________

(Date) (Time)

Please offer her whatever examination and contraceptive counselling you deem necessary

Yours sincerely

MEDICAL OFFICER
Post Rape Examination at One Week

[Fill out in duplicate (both forms to remain in survivors folder until all 3 post rape visits completed. Once all visits completed, then forms lacking any patient identification to be sent to central registry]

Patient Sticker – only label page that will remain in the patient's file

Clinic stamp

Date of examination:

Date of examination:

Date of Rape:

Date of Initial clinical and forensic examination:

Is the survivor pregnant?

Has the survivor undergone HIV testing?

If yes, what type

What was the result?

Was the survivor given AZT?

If yes, did (s)he take the AZT in the prescribed dose?

If yes, did (s)he experience any side effects?

If yes, describe:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

Did the survivor stop using AZT?

If yes, what was the reason?

<table>
<thead>
<tr>
<th>Yes</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

If not given AZT state reason:

Known HIV positive

Presented after 72 hours

Other: ________________________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was a further 3-week course of AZT given to the survivor?

If no, state reason:

Survivor refused

Other: ________________________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date for visit at 6 weeks

Date for visit at 3 months
Post Rape Examination at 6 weeks/ 3 months
(Encircle appropriate visit)

[Fill out form in duplicate (both forms to remain in patient folder until all 3 post rape visits completed. Once all visits completed, then forms lacking any patient identification to be sent to central registry)]

Date of examination: ________________________________

Date of Rape: ________________________________

Date of Initial clinical and forensic examination: ________________________________

Did the survivor undergo HIV testing post rape?

If yes, what was the result?

Did the survivor use AZT for one month? Yes

Was HIV testing done at 6 weeks/ 3 months (circle which)

What was the result?

Yes  No

Pos  Neg

If sero-conversion occurred, has this been reported to the MCWH Sub-directorate, stripped of any information that can identify the patient?

Yes  No

Has a pregnancy test been performed?

What is the result?

Yes  No

Pos  Neg

Date for 3 month visit (if relevant)
<table>
<thead>
<tr>
<th>HEALTH FACILITY</th>
<th>POSTAL ADDRESS</th>
<th>PHYSICAL ADDRESS</th>
<th>CONTACT PERSON</th>
<th>TEL. NO.</th>
<th>FAX NO.</th>
<th>HOURS OF SERVICE</th>
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<tbody>
<tr>
<td>Grootte Schuur Hospital</td>
<td>Dept. of Obstetrics and Gynaecology, Grootte Schuur Hospital, Observatory, 7937</td>
<td>Dept. of Obstetrics and Gynaecology, Grootte Schuur Hospital, Observatory, 7937</td>
<td>Prof L Denny Dr L Schoeeman</td>
<td>(021) 404 4488</td>
<td>(021) 448 6921</td>
<td>24 hours</td>
</tr>
<tr>
<td>Tygerberg Hospital</td>
<td>Private Bag X3, Tygerberg, 7505</td>
<td>Francie Van Zyl Drive, Parowvalley, 7500</td>
<td>Ms. H Louw</td>
<td>(021) 938 4164</td>
<td>(021) 938 4911</td>
<td>(021) 938 4473</td>
</tr>
<tr>
<td>Red Cross Hospital</td>
<td>Klipfontein Road, Rondebosch, 7700</td>
<td>Klipfontein Road, Rondebosch, 7700</td>
<td>Dr Moster Dr van As</td>
<td>(021) 658 5111</td>
<td>(021) 658 3891</td>
<td>24 hours</td>
</tr>
<tr>
<td>Somerset Hospital</td>
<td>Private Bag, Greenpoint, 8001</td>
<td>Beach Road, Greenpoint, 8001</td>
<td>Dr Steyn</td>
<td>(021) 402 6911</td>
<td>(021) 402 6000</td>
<td>24 hours</td>
</tr>
<tr>
<td>G.F. Jooste Hospital</td>
<td>P.O. Box 66, Manenberg, 7767</td>
<td>Duinefontein Road, Manenberg, 7764</td>
<td>Person in charge</td>
<td>(021) 690 1000</td>
<td>(021) 691 7962</td>
<td>24 hours</td>
</tr>
<tr>
<td>Victoria Hospital</td>
<td>Private Bag X2, Plumstead, 7801</td>
<td>Alphen Hill Road, Wynberg, 7800</td>
<td>Person in charge</td>
<td>(021) 799 1111</td>
<td>(021) 799 1212</td>
<td>24 hours</td>
</tr>
<tr>
<td>Hollenbok Holland Hospital</td>
<td>Private Bag X2, Somerset West, 7129</td>
<td>Lourens Ford Way, Somerset West, 7130</td>
<td>Ms Evans</td>
<td>(021) 852 1334</td>
<td>(021) 852 3186</td>
<td>24 hours</td>
</tr>
<tr>
<td>False Bay Hospital</td>
<td>Private Bag, Vatyland, 7978</td>
<td>17th Avenue, Fish Hoek, 7975</td>
<td>Person in charge</td>
<td>(021) 782 1211</td>
<td>(021) 782 2306</td>
<td>24 hours</td>
</tr>
<tr>
<td>Wesfleur Hospital</td>
<td>Private Bag X, Riversdale, Atlantis, 7349</td>
<td>Westfleur Circle, Atlantis, 7349</td>
<td>Dr A Fox</td>
<td>(021) 572 8063</td>
<td>(021) 572 4420</td>
<td>24 hours</td>
</tr>
<tr>
<td>Karl Bremer Hospital</td>
<td>Private Bag X1, Bellville, 7530</td>
<td>Mike Plenaar Boulevard, Bellville, 7530</td>
<td>Sr C Dobly</td>
<td>(021) 918 1911/ 1259</td>
<td>(021) 949 0206</td>
<td>24 hours</td>
</tr>
<tr>
<td>Lady Michelle's CHC</td>
<td>P.O. Box 650, Plumstead, 7801</td>
<td>Burnham Road, Plumstead, 7800</td>
<td>Dr Trope</td>
<td>(021) 797 8171</td>
<td>(021) 782 8020</td>
<td>(021) 820 1500 (Mon-Fri) (after hours and weekends Victoria)</td>
</tr>
<tr>
<td>Robbie Nurock CHC</td>
<td>89 Buitenkant Street, Cape Town, 8000</td>
<td>89 Buitenkant Street, Cape Town, 8000</td>
<td>Dr Hahms</td>
<td>(021) 461 1124</td>
<td>(021) 461 7802</td>
<td>(021) 820 1500 (Mon-Fri) (after hours and weekends Somerset)</td>
</tr>
<tr>
<td>Mitchell's Plain CHC</td>
<td>1st Avenue, Eastridge, Mitchell's Plain, 7998</td>
<td>1st Avenue, Eastridge, Mitchell's Plain, 7998</td>
<td>Dr Manual Dr Trope</td>
<td>(021) 392 5161</td>
<td>(021) 391 2803</td>
<td>24 hours</td>
</tr>
<tr>
<td>Hanover Park CHC</td>
<td>c/o Surran and Hanover Park Avenue, Hanover Park, 7780</td>
<td>c/o Surran and Hanover Park Avenue, Hanover Park, 7780</td>
<td>Person in charge</td>
<td>(021) 692 1240</td>
<td>(021) 692 3921</td>
<td>(021) 694 5559</td>
</tr>
<tr>
<td>Vanguard CHC</td>
<td>c/o Candlewood and Cirus Street, Bonthuexel, 7764</td>
<td>c/o Candlewood and Cirus Street, Bonthuexel, 7764</td>
<td>Sr I Mathinise</td>
<td>(021) 692 1240</td>
<td>(021) 692 3921</td>
<td>(021) 694 5559</td>
</tr>
<tr>
<td>Elsies River CHC</td>
<td>29th Avenue and Halt Road, Elsies River, 7490</td>
<td>29th Avenue and Halt Road, Elsies River, 7490</td>
<td>Sr Migge</td>
<td>(021) 931 0211</td>
<td>(021) 931 8359</td>
<td>24 hours</td>
</tr>
<tr>
<td>Kraaifontein / Eklanda CHC</td>
<td>203 6th Avenue, Kraaifontein, 7570</td>
<td>203 6th Avenue, Kraaifontein, 7570</td>
<td>Sr Stein</td>
<td>(021) 987 0080</td>
<td>(021) 987 2310</td>
<td>24 hours</td>
</tr>
<tr>
<td>Delft CHC</td>
<td>Main Road, Delft, Voortuin, 7100</td>
<td>Main Road, Delft, Voortuin, 7100</td>
<td>Dr Perez Sr Kiewiets</td>
<td>(021) 954 2235</td>
<td>(021) 954 1207</td>
<td>24 hours</td>
</tr>
<tr>
<td>Goodwood CHC</td>
<td>c/o Dingie Avenue and Church Street, Dirkie Uys Plein, Goodwood, 7400</td>
<td>c/o Dingie Avenue and Church Street, Dirkie Uys Plein, Goodwood, 7400</td>
<td>Dr Gautam Sr Rametsi</td>
<td>(021) 590 1620/ 44</td>
<td>(021) 590 1645</td>
<td>(021) 590 1645</td>
</tr>
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</table>
HEALTH FACILITIES IN THE WEST COAST/WINELANDS REGION FOR THE MANAGEMENT OF SURVIVORS OF RAPE AND SEXUAL ASSAULT

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<th>PHYSICAL ADDRESS</th>
<th>CONTACT PERSON</th>
<th>TEL. NO.</th>
<th>FAX NO.</th>
<th>HOURS OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stellenbosch Hospital</td>
<td>76 Andringa Street, Stellenbosch, 7600</td>
<td>76 Andringa Street, Stellenbosch, 7600</td>
<td>Dr J Adendorf</td>
<td>(021) 883 3805/082 7559999</td>
<td>(021) 887 2517</td>
<td>24 hours</td>
</tr>
<tr>
<td>Paarl Hospital</td>
<td>Private Bag X3012, Paarl, 7620</td>
<td>Hospital Street, Paarl, 7620</td>
<td>Dr M Wallace</td>
<td>(021) 872 1711</td>
<td>(021) 872 4841</td>
<td>24 hours</td>
</tr>
<tr>
<td>Swartland Hospital</td>
<td>Private Bag X2, Malmesbury, 7300</td>
<td>PG Nelson Street, Malmesbury, 7300</td>
<td>Dr AM Jacobs</td>
<td>(022) 482 1161</td>
<td>(022) 482 1505</td>
<td>24 hours</td>
</tr>
<tr>
<td>Radie Kuske Hospital</td>
<td>P.O. Box 261, Piketberg, 7320</td>
<td>Main Road, Piketberg, 7320</td>
<td>Dr B Smit</td>
<td>(022) 913 1175</td>
<td>(022) 913 1858</td>
<td>24 hours</td>
</tr>
<tr>
<td>Lapa Munnik Hospital</td>
<td>Voortrekker Way, Porterville, 6810</td>
<td>Voortrekker Way, Porterville, 6810</td>
<td>Dr JP Noeth</td>
<td>(022) 931 2140</td>
<td>(022) 931 2711</td>
<td>24 hours</td>
</tr>
<tr>
<td>Medical Centre</td>
<td>P.O. Box 70, Mooneeberg, 7310</td>
<td>Church Street, Mooneeberg, 7310</td>
<td>Dr HM van Rooyen</td>
<td>(022) 433 2200</td>
<td>(022) 433 3452</td>
<td>24 hours</td>
</tr>
<tr>
<td>Vredenburg Hospital</td>
<td>Private Bag X3, Vredenburg, 7380</td>
<td>Witteklip Way, Vredenburg, 7380</td>
<td>Dr N Fortuin</td>
<td>(022) 713 1261</td>
<td>(022) 713 3423</td>
<td>24 hours</td>
</tr>
<tr>
<td>Citrusdal Hospital</td>
<td>Private Bag X14, Citrusdal, 7340</td>
<td>Voortrekker Way, Citrusdal, 7340</td>
<td>Dr P Burger</td>
<td>(022) 921 2153</td>
<td>(022) 921 2155</td>
<td>24 hours</td>
</tr>
<tr>
<td>Clanwilliam Hospital</td>
<td>P.O. Box 113, Clanwilliam, 8135</td>
<td>Cu Kaapse Weg, Clanwilliam, 8135</td>
<td>Dr F Strauss</td>
<td>(027) 482 2166</td>
<td>(027) 482 2168</td>
<td>24 hours</td>
</tr>
<tr>
<td>Vredendal Hospital</td>
<td>Private Bag X21, Vredendal, 8160</td>
<td>Koperasie Street, Vredendal, 8160</td>
<td>Dr J van Dyk</td>
<td>(027) 213 2039</td>
<td>(027) 213 3765</td>
<td>24 hours</td>
</tr>
<tr>
<td>Medical Centre</td>
<td>P.O. Box 43, Lamberts Bay, 8130</td>
<td>Dwars Street, Lamberts Bay, 8130</td>
<td>Dr J Hayes</td>
<td>(027) 432 1130</td>
<td>(027) 432 2528</td>
<td>24 hours</td>
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</tbody>
</table>
## HEALTH FACILITIES IN THE SOUTHERN CAPE/KAROO REGION FOR THE MANAGEMENT OF SURVIVORS OF RAPE AND SEXUAL ASSAULT

<table>
<thead>
<tr>
<th>HEALTH FACILITY</th>
<th>POSTAL ADDRESS</th>
<th>PHYSICAL ADDRESS</th>
<th>CONTACT PERSON</th>
<th>TEL. NO.</th>
<th>FAX NO.</th>
<th>HOURS OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riversdale Hospital</td>
<td>Private Bag X421, Riversdale, 6670</td>
<td>Hospital Way, Riversdale, 6670</td>
<td>Ms J Cupido</td>
<td>(028) 713 2445</td>
<td>(028) 713 2910</td>
<td>24 hours</td>
</tr>
<tr>
<td>Mosselbay Hospital</td>
<td>Private Bag X34, Mosselbay, 6500</td>
<td>12th Avenue, Mosselbay, 6500</td>
<td>Ms A van Tonder</td>
<td>(044) 691 2011</td>
<td>(044) 691 2001</td>
<td>24 hours</td>
</tr>
<tr>
<td>George Hospital</td>
<td>Private Bag X6534, George, 6530</td>
<td>Davidson Road, George, 6530</td>
<td>Dr M Viljoen</td>
<td>(044) 874 5122</td>
<td>(044) 874 5017</td>
<td>24 hours</td>
</tr>
<tr>
<td>Knysna Hospital</td>
<td>Private Bag X015, Knysna, 6570</td>
<td>Main Street, Knysna, 6570</td>
<td>Dr Mathys</td>
<td>(044) 392 6666</td>
<td>(044) 382 3733</td>
<td>24 hours</td>
</tr>
<tr>
<td>Oudtshoorn Hospital</td>
<td>Private Bag X609, Oudtshoorn, 6620</td>
<td>Park Way, Oudtshoorn, 6620</td>
<td>Dr A Louw</td>
<td>(044) 272 8921</td>
<td>(044) 279 2757</td>
<td>24 hours</td>
</tr>
<tr>
<td>Uniondale Hospital</td>
<td>Private Bag X52, Uniondale, 6460</td>
<td>Hospital Way, Uniondale, 6460</td>
<td>Ms E Adendorff</td>
<td>(044) 752 1042</td>
<td>(044) 752 1042</td>
<td>24 hours</td>
</tr>
<tr>
<td>Alan Blyth Hospital</td>
<td>Private Bag X214, Ladismith (WK), 6655</td>
<td>Bo Kerk Street, Ladismith, 6655</td>
<td>Mr L Kennel</td>
<td>(028) 551 1010</td>
<td>(028) 551 1555</td>
<td>24 hours</td>
</tr>
<tr>
<td>Laingsburg Hospital</td>
<td>Private Bag X2, Laingsburg, 6900</td>
<td>Voortrekker Street, Laingsburg, 6900</td>
<td>Ms L Van der Walt</td>
<td>(023) 551 1237</td>
<td>(023) 551 1528</td>
<td>24 hours</td>
</tr>
<tr>
<td>Prince Albert Hospital</td>
<td>Private Bag X64, Prince Albert, 6930</td>
<td>Hospital Street, Prince Albert, 6930</td>
<td>Ms E Smit</td>
<td>(023) 541 1300</td>
<td>(023) 541 1640</td>
<td>24 hours</td>
</tr>
<tr>
<td>Beaufort-Wes Hospital</td>
<td>Private Bag X549, Beaufort-Wes, 6970</td>
<td>Voortrekker Street, Beaufort-Wes, 6970</td>
<td>Dr O van der Weathuizen</td>
<td>(023) 415 2185</td>
<td>(023) 414 2466</td>
<td>24 hours</td>
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<tr>
<td>Murraysburg Hospital</td>
<td>Private Bag X318, Murraysburg, 6995</td>
<td>o/c Graaff-Reinet and Plemann Road, Murraysburg, 6995</td>
<td>Ms A Bonna</td>
<td>(049) 844 0053</td>
<td>(049) 844 0142</td>
<td>24 hours</td>
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<tr>
<td>Heidelberg CCH</td>
<td>Private Bag X2, Heidelberg, 6665</td>
<td>Hospital Street, Heidelberg, 6665</td>
<td>Sr Joseph</td>
<td>(028) 722 1649</td>
<td>(028) 722 1920</td>
<td>08h00-16h30 (Mon-Fri) after hours and weekends to Riversdale</td>
</tr>
<tr>
<td>Beaufort-Wes CCH</td>
<td>Private Bag X549, Beaufort-Wes, 6970</td>
<td>David Street, Beaufort-Wes, 6970</td>
<td>Ms A Jonker</td>
<td>(023) 415 2186</td>
<td>(023) 414 2466</td>
<td>07h30-16h15 (Mon-Fri) after hours and weekends to Beaufort-Wes</td>
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<tr>
<td>Dysselsdorp CCH</td>
<td>Private Bag X127, Oudtshoorn, 6620</td>
<td>Bokkraal Way, Dysselsdorp, 6620</td>
<td>Ms T Sitzer</td>
<td>(044) 251 6201</td>
<td>(044) 272 2241</td>
<td>07h30-16h10 (Mon-Fri) after hours and weekends to Oudtshoorn</td>
</tr>
<tr>
<td>Plettenberg Bay CCH</td>
<td>Private Bag X26, Plettenberg Bay, 6600</td>
<td>Marine Drive, Plettenberg Bay, 6600</td>
<td>Ms Y Samuel</td>
<td>(044) 533 4421</td>
<td>(044) 533 3846</td>
<td>07h30-16h30 (Mon-Fri) after hours and weekends to Knysna</td>
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</tbody>
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### HEALTH FACILITIES IN THE BOLAND/OVERBERG REGION FOR THE MANAGEMENT OF SURVIVORS OF RAPE AND SEXUAL ASSAULT

<table>
<thead>
<tr>
<th>HEALTH FACILITY</th>
<th>POSTAL ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>Caledon Hospital</td>
<td>Private Bag X25, Caledon. 7230</td>
<td>N2. Caledon. 7230</td>
<td>Ms M du Toit</td>
<td>(028) 212 1070</td>
<td>(028) 212 1294</td>
<td>24 hours</td>
</tr>
<tr>
<td>Ceres Hospital</td>
<td>Private Bag X54, Ceres. 6835</td>
<td>d o Theron and Rivierkant Street, Ceres. 6835</td>
<td>Ms R Neethling</td>
<td>(023) 312 1116</td>
<td>(023) 316 1135</td>
<td>24 hours</td>
</tr>
<tr>
<td>Eben Dorp Hospital</td>
<td>Private Bag X3058, Worcester. 6850</td>
<td>Murray Street, Worcester. 6850</td>
<td>Ms C van Deventer</td>
<td>(023) 348 1100</td>
<td>(023) 348 1211</td>
<td>24 hours</td>
</tr>
<tr>
<td>Hermanus Hospital</td>
<td>Private Bag X2, Hermanus. 7200</td>
<td>Hospital Way, Hermanus. 7200</td>
<td>Ms N Jones</td>
<td>(028) 312 1161</td>
<td>(028) 312 4006</td>
<td>24 hours</td>
</tr>
<tr>
<td>Montagu Hospital</td>
<td>Private Bag X11, Montagu. 6720</td>
<td>Church Street, Montagu. 6720</td>
<td>Ms H Brink</td>
<td>(023) 614 1660</td>
<td>(023) 614 2704</td>
<td>24 hours</td>
</tr>
<tr>
<td>Otto du Plessis Hospital</td>
<td>Private Bag X10, Bredasdorp. 7280</td>
<td>do van Riebeek and Dorpsig Street, Bredasdorp. 7280</td>
<td>Ms S Owens</td>
<td>(028) 424 2652</td>
<td>(028) 425 1239</td>
<td>24 hours</td>
</tr>
<tr>
<td>Swellendam Hospital</td>
<td>Private Bag X7, Swellendam. 6740</td>
<td>18 Drostdy Street, Swellendam. 6740</td>
<td>Ms G Hoving</td>
<td>(02815141142</td>
<td>(028) 514 2504</td>
<td>24 hours</td>
</tr>
</tbody>
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