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Verwysing / Reference / Isalathiso: 19/2/6/1

Datum / Date / Umhla: 26 **September** 2001

Departement van Gesondheid
Department of Health
iSebe lezeMpilo

TO: DDG: Operations
DDG: Administration
DDG: Special Health Projects and Transversal Responsibilities
Chief Director: Metropole Region
Chief Director: Regional Health and EMS
Chief Director: Professional and Support Service
Regional Directors
Heads of Institutions and Hospitals, including AAH and APH
Heads of Local Authorities
District Surgeons
Department of Social Services
Department of Justice
South African Police Services

Circular No: H 9112001

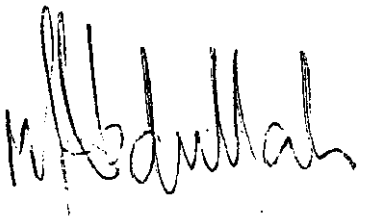
SURVIVORS **OF** RAPE AND SEXUAL ASSAULT: POLICY AND STANDARDISED MANAGEMENT GUIDELINES

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*** - ***new document***



F ABDULLAH
DEPUTY DIRECTOR GENERAL: TRANSVERSAL RESPONISBILITIES AND SPECIAL SERVICES
For THE HEAD OF HEALTH

Enq: L Olivier
Tel: 021-4833737
Date: November 2000

PROVINCIAL POLICY ON THE MANAGEMENT OF SURVIVORS OF RAPE

DEPARTMENT OF HEALTH: WESTERN CAPE PROVINCE

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".

For children younger than 14 years refer to the Child Abuse policy and management guidelines in Circular H102/2000 (dated 21 September 2000).

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 end 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.)

- "Health **workers"**

  Refers to medical officers and professional nurses, unless otherwise stated.

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 Form

- 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 roomlarea, which is adequately equipped for the purpose of examination and treatment of survivors and for the initial counseling of the survivor and hislher support system.
- Hold regular meetings (e.g. 3 – 4monthly) 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.

- Lobby for the establishment of at least one rape service in each district.

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 participantslworkshop) 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 adequate 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 roomlarea.
- 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 28
  - 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 bathlshower andlor toilet facilities.
- Emergency clothing andlor 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 chooses to have immediate HIV-testing
- Provision of anti-retroviral post exposure prophylactic treatment.

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 Plessis (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 Jano (Medical Officer: CHSO): Ms S Kleintjes (Programme Manager: Mental Health): Prof G J Knobel (Forensic Pathologist: UCT); Ms S Lapinsky (HRD & Training Directorate); Dr L 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.

   For children younger than 14 years refer to the Child Abuse policy and management guidelines in Circular H102/2000 (dated 21 September 2000).

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 memoir to compiling an additional affidavit to complement your J88 notes that will provide the court with good medical evidence.

13. Complete the J 88 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 : ☐

Patient Name: ..... **Folder** No.:

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: ..... / ..... / .....

Community Health Centre/ Hospital Stamp

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.)

....

.....

.....

.....

Perpetratorls

Rapist/s known to patient Yes 1 ☐ Unknown >1 ☐ ☐ Unknown ☐ Uncertain ☐ ☐

Any further comment

.....

.....

.....

Details of alleged rape incident: If patient knows or remembers circle choice

/ictim's Home Rapist's Home Work Place Motor Car Beach Alley
Terminus Open Space Public Toilet

Other: .....

Surface/s on which rape occurred e.g. bed, carpet, tar, sand .....

Abducted to another place: Yes / No *(circle choice)*

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 *(circle choice)*

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:-

.....

.....

.....

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.

- 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 her/him, 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 – throughly 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 a 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 examing Doctorlhealth worker. This ensures that a preserved blood sample reaches the laboratory.
7. Druglalcoholltoxicology screen always to be done (need special sodium fluoride/Calcium 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: .....

Gait: .....

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: ....

....

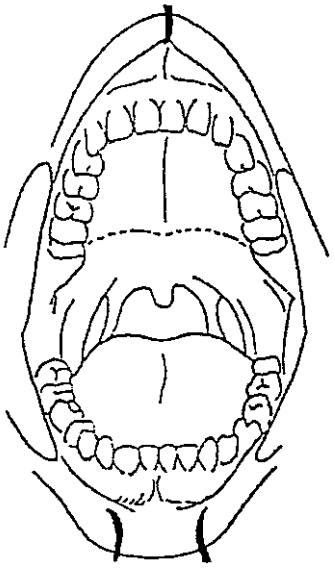
Neck (bruises/lacerations etc): Yes ☐ No ☐

Describe: ....

....

ther: .....

.....



Body:

Bruises/scratches/lacerations/abrasions: Yes ☐ No ☐

Indicate which of the above: .....

Size: .....

Number: .....

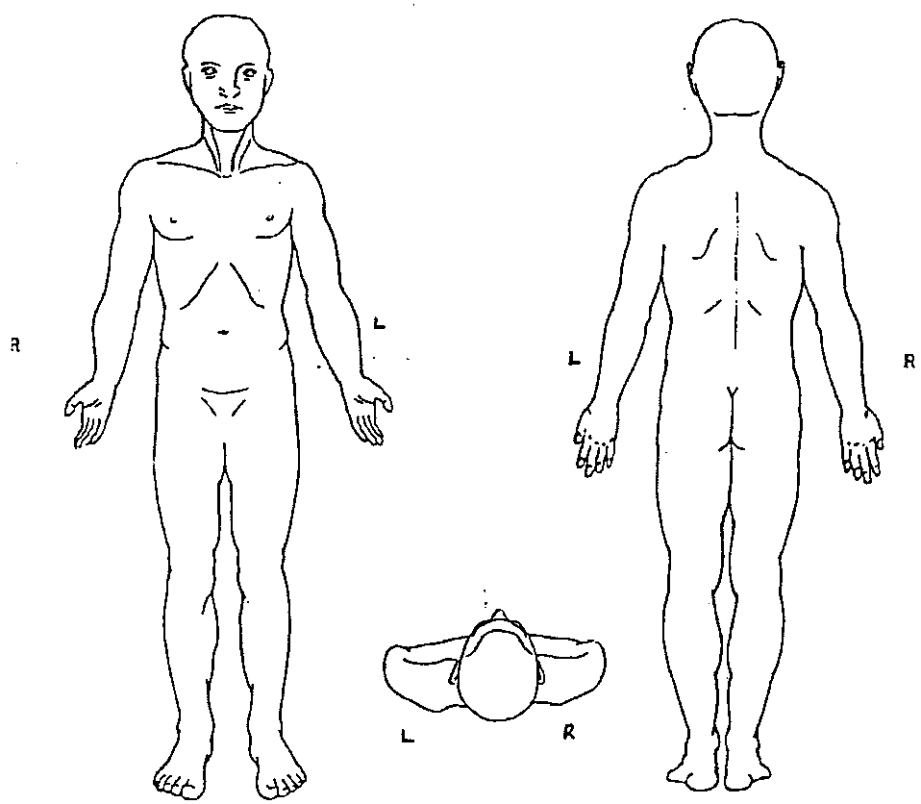
Location (note on anatomical drawing): .....

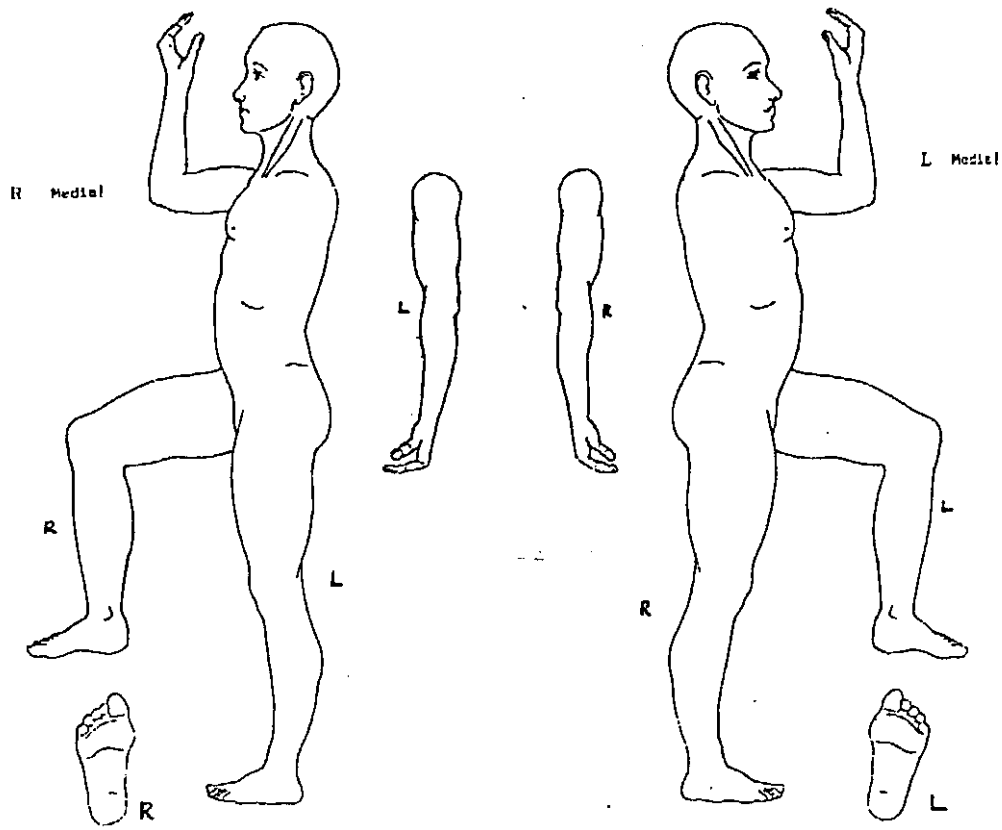
....

.....

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

Anatomical sketch:





Injuries:

Elbows	Yes ☐	No ☐
Ulna aspect of forearms	Yes ☐	No ☐
Hands	Yes ☐	No ☐
Fingers	Yes ☐	No ☐
Fingernails	Yes ☐	No ☐
Breast (especially bite marks)	Yes ☐	No ☐
Thighs (especially inner aspects)	Yes ☐	No ☐
Back, buttocks, calves (struggle while lying on back)	Yes ☐	No ☐

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)***

	Anus:		**Vulva:**	
Swelling	Yes ☐	No ☐	Yes ☐	No ☐
Redness	Yes ☐	No ☐	Yes ☐	No ☐
Bruises	Yes ☐	No ☐	Yes ☐	No ☐
Lacerations	Yes ☐	No ☐	Yes ☐	No ☐
Tenderness	Yes ☐	No ☐	Yes ☐	No ☐
Bleeding	Yes ☐	No ☐	Yes ☐	No ☐
Discharge	Yes ☐	No ☐	Yes ☐	No ☐

Other (specify):

.....

Describe in detail any of lesions noted above: .....

.....

.....

.....

.....

.....

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:,. ....

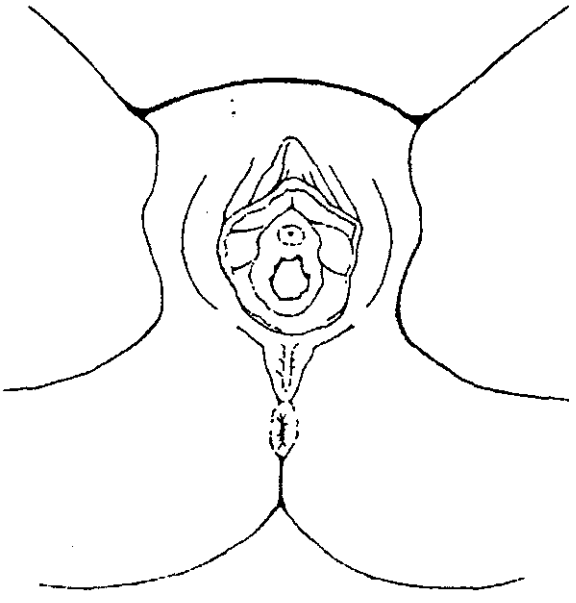
.....

.....

.....

.....

.....



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

	Penis / scrotum		Anus:	
Swelling	Yes ☐	No ☐	Yes ☐	No ☐
Redness	Yes ☐	No ☐	Yes ☐	No ☐
Bruises	Yes ☐	No ☐	Yes ☐	No ☐
Lacerations	Yes ☐	No ☐	Yes ☐	No ☐
Tenderness	Yes ☐	No ☐	Yes ☐	No ☐
Bleeding	Yes ☐	No ☐	Yes ☐	No ☐
Discharge	Yes ☐	No ☐	Yes ☐	No ☐

Areas for special consideration:

Foreskin:.....

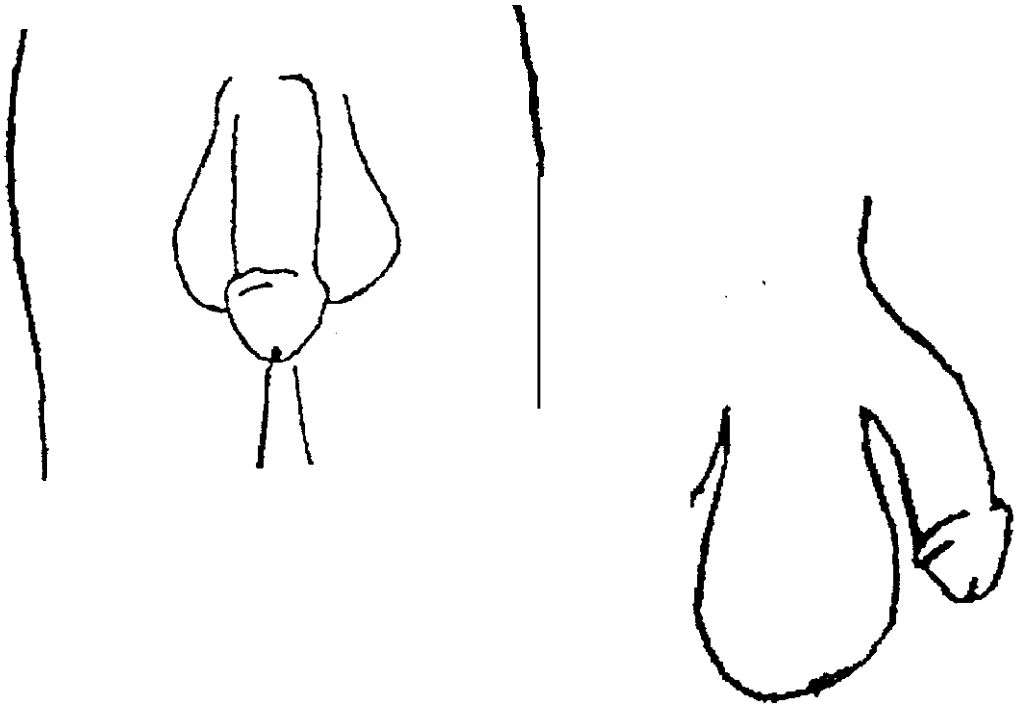
.....

Glands:. .....

.....

Shaft:.....

.....



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

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	☐	Comb	☐
Control pubic hair	☐	Control scalp hair	☐	Foreign Fluid	☐
Foreign hair	☐	Catch paper	☐	Tampon etc.	☐

Other: .....

.....

.....

If taken, put number taken in yes box below: Swabs: **Slides:**

External genitalia	Yes ☐ No ☐	Yes ☐	No ☐
Deep vaginal	Yes ☐ No ☐	Yes ☐	No ☐
Cervical	Yes ☐ No ☐	Yes ☐	No ☐
Oral	Yes ☐ No ☐	Yes ☐	No ☐
Anal	Yes ☐ No ☐	Yes ☐	No ☐
Body surface	Yes ☐ No ☐	Yes ☐	No ☐

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: .....

....

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 Ovral 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 { Stemetil supps. 25mg 8 hourly PR / Maxolon 10mg 8 hourly PO }
   or
   Insert IUCD if > 72 hours and < 5 days.

2. 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)

3. 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
  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
  3. Psychologist
  4. Local resource
  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 anti-retrovirals, 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.

3.3 Routine testing with a full blood count and liver enzymes for patients on AZT is not recommended. Any blood tests should be performed according to the survivor's symptoms and only if indicated by the clinical condition of the patient.

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.

CLINIC STAMP

To: Rape Counselling Services

_____

_____

Dear colleague

Please assist _____, aged _____
(Name of survivor)

(S)he was rapedlassaultedon _____ at _____
(Date) **(Place)**

and was examined at _____ on _____
(Time) **(Date)**

at _____
(Health Facility)

- The necessary documentation and forensic examination has been completed.

(Delete sections which are not applicable)

- (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

CLINIC STAMP

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

FORM A

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?	Yes	No
Has the survivor undergone HIV testing?	Yes	No
If yes, what type	Rapid	Routine
What was the result?	Pos	Neg
Was the survivor given AZT?	Yes	No
If yes, did (s)he take the AZT in the prescribed dose?	Yes	No
If yes, did (s)he experience any side effects?	Yes	No

If yes, describe:

_____

_____

_____

_____

Did the survivor stop using AZT?	Yes	No

If yes, what was the reason?

_____

If not given AZT state reason:

Known HIV positive	Yes	No
Presented after 72 hours	Yes	No
Other: _____		

Was a further 3-week course of AZT given to the survivor?	Yes	No

If no, state reason:

Survivor refused	Yes	No
Other: _____		

Date for visit at 6 weeks	
Date for visit at 3 months	

FORM B

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]

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

Clinic stamp

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?
Date for 3 month visit (if relevant)

Yes	No
Pos	Neg

HEALTH FACILITIES IN THE METROPOLE REGION FOR THE MANAGEMENT OF SURVIVORS OF RAPE AND SEXUAL ASSUALT

HEALTH FACILITY	POSTAL ADDRESS	PHYSICAL ADDRESS	CONTACT PERSON	TEL. NO.	FAX NO.	HOURS OF SERVICE
Grootte Schuur Hospital	Dept. of Obstetrics and Gynaecology, Grootte Schuur Hospital, Observatory, 7937	Dept. of Obstetrics and Gynaecology, Grootte Schuur Hospital, Observatory, 7937	Prof L Denny Dr L Schoe-man	(021) 404 4488	(021) 448 6921	24 hours
Tygerberg Hospital	Private Bag X3, Tygerberg, 7505	Francie Van Zyl Drive, Parowvalley, 7500	Ms. H Louw	(021) 938 4164 (021) 938 4911	(021) 938 4473	24 hours
Red Cross Hospital	Klipfontein Road, Rondebosch, 7700	Klipfontein Road, Rondebosch, 7700	Dr Moster Dr van As	(021) 658 5111	(021) 685 3891	24 hours
Somerset Hospital	Private Bag, Greenpoint, 8051	Beach Road, Greenpoint, 8001	Dr Steyn	(021) 402 6911	(021) 402 6000	24 hours
G.F. Jooste Hospital	P.O. Box 66, Manenberg, 7767	Duinefontein Road, Manenberg, 7764	Person in charge	(021) 690 1000	(021) 691 7962	24 hours
Victoria Hospital	Private Bag X2, Plumstead, 7801	Alphen Hill Road, Wynberg, 7800	Person in charge	(021) 799 1111	(021) 799 1212	24 hours
Hottentots Holland Hospital	Private Bag X2, Somerset West, 7129	Lourens Ford Way, Somerset West, 7130	Ms Evans	(021) 852 1334 083 484 9409	(021) 852 5392	24 hours
False Bay Hospital	Private Bag, Valyland, 7978	17th Avenue, Fish Hoek, 7975	Person in charge	(021) 782 1121	(021) 782 2306	24 hours
Wesfleur Hospital	Private Bag X, Reygersdal, Atlantis, 7349	Wesfleur Circle, Atlantis, 7349	Dr A Fox	(021) 572 6063	(021) 572 4420	24 hours
Karl Bremer Hospital	Private Bag X1, Bellville, 7530	Mike Pienaar Boulevard, Bellville, 7530	Sr C Dolby	(021) 918 1911/ 1258	(021) 949 0296	24 hours
Lady Michaelis CHC	P.O. Box 690, Plumstead, 7801	Burnham Road, Plumstead, 7800	Dr Trope	(021) 797 8171	(021) 762 8020	08H00-15H00 (Mon-Fri) (after hours and weekends Victoria)
Robbie Nurock CHC	89 Buitenkant Street, Cape Town, 8000	89 Buitenkant Street, Cape Town, 8000	Dr Hahms	(021) 461 1124	(021) 461 7962	08H00-15H00 (Mon-Fri) (after hours and weekends Somerset)
Mitchell's Plain CHC	1st Avenue, Eastridge, Mitchell's Plain, 7798	1st Avenue, Eastridge, Mitchell's Plain, 7798	Dr Manual Dr Trope	(021) 392 5161	(021) 391 2803	24 hours
Hanover Park CHC	c/o Surran and Hanover Park Avenue, Hanover Park, 7780	c/o Surran and Hanover Park Avenue, Hanover Park, 7780	Person in charge	(021) 692 1240	(021) 692 3921	08H00-15H00 (Mon-Fri) (after hours and weekends Victoria)
Vanguard CHC	c/o Candlewood and Citrus Street, Bontheuwel, 7764	c/o Candlewood and Citrus Street, Bontheuwel, 7764	Sr I Matinise	(021) 694 5559/ 60	(021) 694 5584	24 hours
Elsies River CHC	29th Avenue and Halt Road, Elsies River, 7490	29th Avenue and Halt Road, Elsies River, 7490	Sr Miggel	(021) 931 0211	(021) 931 8359	24 hours
Kraaifontein/ Eikendal CHC	203 6th Avenue, Kraaifontein, 7570	203 6th Avenue, Kraaifontein, 7570	Sr Stein	(021) 987 0080	(021) 987 2310	24 hours
Delft CHC	Main Road, Delft, Voorbrug, 7100	Main Road, Delft, Voorbrug, 7100	Dr Perez Sr Kiewiets	(021) 954 2235	(021) 954 1207	24 hours
Goodwood CHC	c/o Dingle Avenue and Church Street, Dirkie Uys Plein, Goodwood, 7460	c/o Dingle Avenue and Church Street, Dirkie Uys Plein, Goodwood, 7460	Dr Gautam Sr Rametsi	(021) 590 1620/ 44	(021) 590 1645	07H00-16H00 (Mon-Fri) (after hours and weekends Elsies River)

HEALTH FACILITIES IN THE WEST COAST/WINELANDS REGION FOR THE MANAGEMENT OF SURVIVORS OF RAPE AND SEXUAL ASSUALT

HEALTH FACILITY	POSTAL ADDRESS	PHYSICAL ADDRESS	CONTACT PERSON	TEL. NO.	FAX NO.	HOURS OF SERVICE
Stellenbosch Hospital	76 Andringa Street, Stellenbosch, 7600	76 Andringa Street, Stellenbosch, 7600	Dr J Adendorf	(021) 883 3805/ 082 7559999	(021) 887 2517	24 hours
Paarl Hospital	Private Bag X3012, Paarl, 7620	Hospital Street, Paarl, 7620	Dr M Wallace	(021) 872 1711	(021) 872 4841	24 hours
Swartland Hospital	Private Bag X2, Malmesbury, 7300	PG Nelson Street, Malmesbury, 7300	Dr AM Jacobs	(022) 482 1161	(022) 482 1505	24 hours
Radie Kotze Hospital	P.O. Box 261, Piketberg, 7320	Main Road, Piketberg, 7320	Dr B Smit	(022) 913 1175	(022) 913 1858	24 hours
Lapa Munnik Hospital	Voortrekker Way, Porterville, 6810	Voortrekker Way, Porterville, 6810	Dr JP Noeth	(022) 931 2140	(022) 931 2711	24 hours
Medical Centre	P.O. Box 70, Moorreesburg, 7310	Church Street, Moorreesburg, 7310	Dr HM van Rooyen Dr PW van Heerden	(022) 433 2200	(022) 433 3452	24 hours
Vredenberg Hospital	Private Bag X3, Vredenburg, 7380	Witteklip Way, Vredenberg, 7380	Dr N Fortuin	(022) 713 1261	(022) 713 3423	24 hours
Citrusdal Hospital	Private Bag X14, Citrusdal, 7340	Voortrekker Way, Citrusdal, 7340	Dr P Burger	(022) 921 2153	(022) 921 2155	24 hours
Clanwilliam Hospital	P.O. Box 113, Clanwilliam, 8135	Ou Kaapse Weg, Clanwilliam, 8135	Dr F Strauss	(027) 482 2166	(027) 482 2168	24 hours
Vredendal Hospital	Private Bag X21, Vredendal, 8160	Koperasie Street, Vredendal, 8160	Dr J van Dyk	(027) 213 2039	(027) 213 3706	24 hours
Medical Centre	P.O. Box 43, Lamberts Bay, 8130	Dwars Street, Lamberts Bay, 8130	Dr J Hayes	(027) 432 1136	(027) 432 2526	24 hours

HEALTH FACILITIES IN THE SOUTHERN CAPE/KAROO REGION FOR THE MANAGEMENT OF SURVIVORS OF RAPE AND SEXUAL ASSAULT

HEALTH FACILITY	POSTAL ADDRESS	PHYSICAL ADDRESS	CONTACT PERSON	TEL. NO.	FAX NO.	HOURS OF SERVICE
Riversdal Hospital	Private Bag X421, Riversdal, 6670	Hospital Way, Riversdal, 6670	Ms J Cupido	(028) 713 2445	(028) 713 2010	24 hours
Mosselbay Hospital	Private Bag X34, Mosselbay, 6500	12th Avenue, Mosselbay, 6500	Ms A van Tonder	(044) 691 2011	(044) 691 2001	24 hours
George Hospital	Private Bag X6534, George, 6530	Davidson Road, George, 6530	Dr M Viljoen	(044) 874 5122	(044) 874 5017	24 hours
Knysna Hospital	Private Bag X015, Knysna, 6570	Main Street, Knysna, 6570	Dr . Matthys	(044) 382 6666	(044) 382 3733	24 hours
Oudtshoorn Hospital	Private Bag X609, Oudtshoorn, 6620	Park Way, Oudtshoorn, 6620	Dr A Louw	(044) 272 8921	(044) 279 2757	24 hours
Uniondale Hospital	Private Bag X52, Uniondale, 6460	Hospital Way, Uniondale, 6460	Ms E Adendorff	(044) 752 1042	(044) 752 1042	24 hours
Alan Blyth Hospital	Private Bag X214, Ladismith (WK), 6655	Bo Kerk Street, Ladismith, 6655	Ms L Kennel	(028) 551 1010	(028) 551 1555	24 hours
Laingsburg Hospital	Private Bag X2, Laingsburg, 6900	Voortrekker Street, Laingsburg, 6900	Ms L Van Der Walt	(023) 551 1237	(028) 551 1528	24 hours
Prince Albert Hospital	Private Bag X64, Prince Albert, 6930	Hospital Street, Prince Albert, 6930	Ms E Smit	(023) 541 1300	(023) 541 1640	24 hours
Beaufort-Wes Hospital	Private Bag X549, Beaufort-Wes, 6970	Voortrekker Street, Beaufort-Wes, 6970	Dr O van der Westhuizen	(023) 415 2188	(023) 414 2466	24 hours
Murraysburg Hospital	Private Bag X318, Murraysburg, 6995	c/o Graaff-Reinett and Pienaar Road, Murraysburg, 6995	Ms A Botha	(049) 844 0053	(049) 844 0142	24 hours
Heidelberg CHC	Private Bag X2, Heidelberg, 6665	Hospital Street, Heidelberg, 6665	Sr I Joseph	(028) 722 1649	(028) 722 1920	08H00-16H30 (Mon-Fri) after hours and weekends to Riversdal
Beaufort-Wes CHC	Private Bag X549, Beaufort-Wes, 6970	David Street, Beaufort-Wes, 6970	Ms A Jonker	(023) 415 2188	(023) 414 2466	07H30-16H15 (Mon-Fri) after hours and weekends to Beaufort-Wes
Dysselsdorp CHC	Private Bag X127, Oudtshoorn, 6620	Bokkraal Way, Dysselsdorp, 6628	Ms T Sitzer	(044) 251 6201	(044) 272 2241	07H30-16H00 (Mon-Fri) after hours and weekends to Oudtshoorn
Plettenberg Bay CHC	Private Bag X26, Plettenberg Bay, 6600	Marine Drive, Plettenberg Bay, 6600	Ms Y Samuel	(044) 533 4421	(044) 533 3846	07H30-16H30 (Mon-Fri) after hours and weekends to Knysna

HEALTH FACILITIES IN THE BOLAND/OVERBERG REGION FOR THE MANAGEMENT OF SURVIVORS OF RAPE AND SEXUAL ASSAULT

HEALTH FACILITY	POSTAL ADDRESS	PHYSICAL ADDRESS	CONTACT PERSON	TEL. NO.	FAX NO.	HOURS OF SERVICE
Caledon Hospital	Private Bag X25, Caledon. 7230	N2. Caledon. 7230	Ms M du Toit	(028) 212 1070	(028) 212 1294	24 hours
Ceres Hospital	Private Bag X54, Ceres. 6835	d o Theron and Rivlerkant Street, Ceres. 6835	Ms R Neethling	(023) 312 1116	(023) 316 1135	24 hours
Eben Dönges Hospital	Private Bag X3058, Worcester. 6850	Murray Street. Worcester. 6850	Ms C van Deventer	(023) 348 1100	(023) 348 1211	24 hours
Hermanus Hospital	Private Bag X2, Hermanus. 7200	Hospital Way. Hermanus. 7200	Ms N Jones	(028) 312 1161	(028) 312 4006	24 hours
Montagu Hospital	Private Bag X11, Montagu. 6720	Church Street. Montagu. 6720	Ms H Brink	(023) 614 1660	(023) 614 2704	24 hours
Otto du Plessis Hospital	Pnvate Bag X10, Bredasdorp. 7280	c/o van Riebeeck and Dorpsig Street. Bredasdorp. 7280	Ms S Owens	(028) 424 2652	(028) 425 1239	24 hours
		6705				
Swellendam Hospital	Private Bag X7. Swellendam. 6740	18 Drostdy Street. Swellendarn. 6740	Ms G Hoving	(02815141142	(028) 514 2504	24 hours