



# CMScript

**Member of a medical scheme?  
Know your guaranteed benefits!**

Issue 14 of 2014

**South Africa struggles with high rates of sexual violence. The South African Police Service (SAPS) indicated that overall sexual offences have decreased by 11.2% since 2008/9 when 70 514 cases were recorded. In 2013/14, 62 649 cases were recorded. Reported cases of rape stabilised with a slight decrease of 3%, since 2008/9 from 47 588 to 46 253 in 2013/14. The Medical Research Council has estimated that only one in nine rapes are reported to the police. Thus the actual number of rapes in South Africa is much higher than numbers recorded by the police.**

## Introduction and background

The World Health Organisation (WHO) defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Reasons cited for non-reporting of sexual violence are inadequate support systems; shame; fear or risk of retaliation; fear or risk of being blamed; fear or risk of not being believed; and fear or risk of being mistreated and/or socially ostracized.

South Africa is involved in the global initiative of 16 Days of Activism for No Violence Against Women and Children, held from 25 November to 10 December every year. The campaign is aimed to challenge the perpetrators of violence to change their behaviour; involve men in helping to eradicate violence; provide survivors with information on services and organisations that can help lessen the impact of violence on their lives.

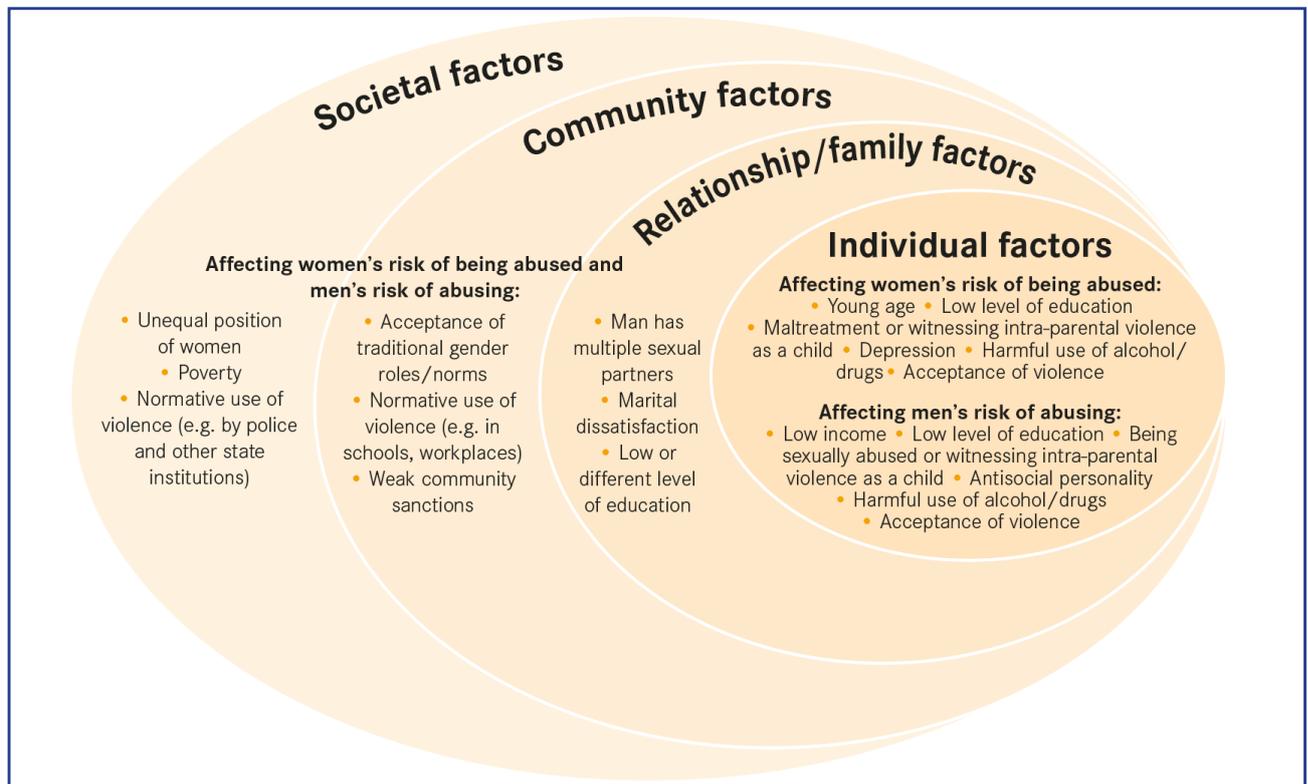
**16 DAYS**  
**of Activism**  
for no violence against  
Women and Children

**countmein!**  
together moving a non-violent  
South Africa forward

**25 November – 10 December**  
Together we move South Africa forward

REPUBLIC OF SOUTH AFRICA

20 YEARS OF FREEDOM



Source: WHO (2012:4)

Sexual violence is influenced by a complex interplay of factors namely individual, relationship, political, cultural, and environmental. The diagram above explains the relationship between these factors.

### The effect of sexual violence on health

The diagram below depicts the effects of sexual assault on health. Sexual assault can profoundly affect the physical, emotional, mental and social wellbeing of women, men and children. Genital and other bodily injuries often result from the force used in the rape. However, many patients may have no visible injuries especially when they were threatened through

|                            |   |
|----------------------------|---|
| <b>Reproductive health</b> | <ul style="list-style-type: none"> <li>• Gynaecological trauma</li> <li>• Unintended pregnancy</li> <li>• Unsafe abortion</li> <li>• Sexual dysfunction</li> <li>• Sexually transmitted infections including HIV</li> <li>• Traumatic fistulae</li> </ul>   |
| <b>Mental health</b>       | <ul style="list-style-type: none"> <li>• Depression</li> <li>• Post-traumatic stress disorder</li> <li>• Anxiety</li> <li>• Sleep difficulties</li> <li>• Somatic complaints</li> <li>• Suicidal behaviour</li> <li>• Panic disorder</li> </ul>   |
| <b>Behavioural</b>         | <ul style="list-style-type: none"> <li>• High-risk behaviour (e.g. unprotected sexual intercourse, early consensual sexual initiation, multiple partners, alcohol and drug abuse)</li> <li>• Higher risk of perpetrating (for men) or of experiencing subsequent sexual violence (for women)</li> </ul> |
| <b>Fatal outcomes</b>      | Death from: <ul style="list-style-type: none"> <li>• suicide</li> <li>• pregnancy complications</li> <li>• unsafe abortion</li> <li>• AIDS</li> <li>• murder during rape or for 'honour'</li> <li>• infanticide of a child born of rape</li> </ul>  |

Source: WHO (2012:7)

the use of weapons. All patients of sexual assault are at risk of a range of medium and long-term social and health problems irrespective of symptoms and signs present immediately after sexual assault.

### Management of survivors

Under no circumstances may a complainant be turned away from the hospital without medical assistance. The survivors should be offered the following services:

#### **Counselling and psychological support**

During the acute phase, counselling is usually restricted to an explanation of the examination, specimens needed and the risks of pregnancy, STIs/HIV, and treatment/prophylaxis needed. Detailed counselling and support is not always appropriate in the acute phase, that is, soon after the sexual assault. After the acute phase, ongoing detailed psychological support and counselling may be needed.

#### **Evaluation of a patient of sexual assault**

A preliminary assessment should be made first to determine any potentially serious injury or illness before taking the full history. If serious physical injuries are found, they should be attended to first. The clothing must be examined and abnormalities documented if the patient has not changed. Clothing should be collected for forensic evidence if possible. Swabs of the oropharynx and mouth are collected if oral penetration was reported.

The presence of injuries on hands, wrists, arms, mouth, throat, head, face, neck, breasts, chest, abdomen, buttocks, thighs and legs should also be noted. Genital and anal examinations and collection

of genital specimen are vital. Additionally, reference DNA specimen blood must be taken from the survivor as a control DNA sample. HIV test should be done in all patients who agree to have the test done. Blood should also be taken at the same time to screen for Hepatitis B antibodies. Other investigations include urine or blood pregnancy test in female children and women of child bearing age who are otherwise sexually active, urine or blood collection for drugs screening if indicated.

The sexual assault collection kit is used to collect evidence to comply with legal and scientific specifications. The collection of the forensic evidence needs to be carried out at the same time as the medical examination. The healthcare provider must also complete J88 form and provide it to the South African Police Service (SAPS) after examination. This form will be used in court. South African courts rely very heavily on medico-legal evidence in many cases to support the patient's account of what happened.

### Treatment

Treatment should be provided for physical injuries, Tetanus prophylaxis where necessary, prophylactic treatment for sexually transmitted infections (STIs), Hepatitis B vaccination, emergency contraception and HIV post-exposure prophylaxis (PEP) according to National Guidelines. Additionally, termination of pregnancy (TOP) should be provided when needed.

### Service Delivery Points (SDPs)

There are a number of SDPs that provide medical, psychological, and legal support including referrals necessary to meet the needs of survivors. The SDPs include health units in public (primary, secondary or tertiary care), private, non-governmental, community-based, and other facilities providing services specifically for victims of sexual and gender based violence.

You can contact your medical scheme, visit your nearest clinic or hospital for help. You can also visit [www.justice.gov.za/vc/docs/2005\\_nationaldirectory\\_dsd.pdf](http://www.justice.gov.za/vc/docs/2005_nationaldirectory_dsd.pdf) for help in locating facilities nearest to you.

### Building the knowledge base and raising awareness about sexual violence

Children should be taught self-esteem, assertiveness and self-protection skills. They should always tell an adult about any situation which they find unsafe, upsetting, threatening, dangerous or abusive. They should be given the skills necessary to enable them to recognise and resist abuse/victimisation/ bullying. Importantly, they should be taught the rules to say *No, Get Away and Tell, and Never Keep Touch A Secret*.

### What is covered by the PMBs?

Sexual abuse, including rape is a PMB condition under Diagnostic Treatment Pair (DTP) code 237M. The treatment component of this DTP is specified as *Medical management; psychotherapy*. All medical schemes are required by law to pay for the diagnosis, treatment and care costs of PMB conditions in full. Therefore, the management of sexual abuse, including rape constitutes PMB level of care.

Consultations, investigations or tests such as reference DNA specimens, Hepatitis screening, oral and genital swabs, screening for STIs, HIV Tests, urine and blood for pregnancy test, urine and blood specimens for drugs screening, treatment of injuries and STIs, HIV PEP, Hepatitis B and Tetanus vaccination, TOP, counselling and psychological support, that is psychotherapy, should be funded according to the PMB regulation.

It is very important to confirm with the medical scheme about the benefits available for the condition. If the doctor deems it necessary for the medication, tests or procedures to be done that the medical scheme does not normally fund, the doctor should write a clinical motivation to the scheme for payment to be considered as PMB.

### References

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## PMBs

Prescribed minimum benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our website by accessing the link provided ([www.medicalschemes.com/medical\\_schemes\\_pmb/index.htm](http://www.medicalschemes.com/medical_schemes_pmb/index.htm)).

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