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GUEST EDITORIAL

The epidemic of sexual violence in South Africa

Sexual violence in South Africa (SA) has reached epidemic proportions. Clinicians need to be fortified with knowledge and skills to meet the challenge of caring for those who have suffered or are at risk of gender-based violence (GBV). This issue of CME focuses on sexual violence as the second of three special editions on violence against women and children in SA. Sexual violence involves a continuum that is far broader than sexual assault, mirroring the complex phenomenon of sexuality itself. Our recent human rights review identified entrenched stigma against persons based on their sexual or gender orientation, gender identity or bodily diversity, highlighting such persons' ongoing experience of harassment, discrimination and sexual and physical violence.[1] In addition, irregular migrants, trafficked and refugee women, orphans and other vulnerable girls such as those living with disabilities, face increased risk of GBV.[2] Health professionals need to remain mindful of the inherent dignity of each patient, particularly those marginalised and neglected by mainstream society.

The United Nations Special Rapporteur's report[2] on her visit to SA in December 2015 acknowledges our progressive constitution, legislation and policies to deal with GBV, as well as our commitment to international agreements such as the Convention on the Elimination of all Forms of Discrimination Against Women. But she states unequivocally that GBV is unacceptably pervasive, revealing systematic violation of women and children's human rights within SA.[2] Her report is extensive and revealing. For example, regarding the extreme levels of sexual violence experienced by girls commuting to school, and during school by teachers and classmates, she points to the 'culture of silence' as a fundamental obstacle to holding educators accountable. Reference is also made to the lack of knowledge on reporting mechanisms, such as Section 54(1) of the Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007, which makes it a crime for anyone who knows about a sexual offence against a child not to report it.[3] In response she recommends that the Department of Basic Education and the SA Council of Educators jointly discipline educators who have perpetrated such acts, and implement disciplinary sanctions against teachers and principals who fail to report cases. Furthermore, a list of sexual offending educators should be made available to all public and private schools, and a nationwide programme on sexual violence and human rights be implemented.

Overall, the development (via an inclusive consultative process) and adoption of a National Strategic Plan on GBV with clear strategic priorities and core measurable goals is her primary recommendation. Adequately funded, this could either be led by an independent multisectoral oversight and accountability mechanism to monitor progress in implementation or disseminated and implemented at provincial and district levels. Šimonović[2] also advocates the establishment of *provincial femicide watches*, where each case is analysed to ascertain any failure of protection to improve and develop further preventive measures. She recommends that the Gender Equality Commission compile combined provincial data and take responsibility for a *national femicide watch*.[2]

Returning to our specific theme of sexual violence, a 2011 Gauteng study found that only one in 13 women raped by a non-partner reported the matter to the police. When raped by their partners, only one in 25 women report the offence.[4] Clearly the categories of sexual violence and intimate partner violence are far from discreet. Women and girls are at far higher risk of sexual and other violations from men they know, thereby disproving the prevalent stranger danger myth. Woollett and Thomson[5] dwell on such intersections by asking why it is that those who experience violence early in life are likely to repeat and re-experience it; and why it is so difficult to change this trajectory. Mapping practice onto theory, they offer specialised guidance on how to improve clinical care, including a comprehensive range of inspired, yet practical, clinical recommendations.

Tiemensma's[6] systematic article aims to refresh health professionals' knowledge about current approaches to care for adult survivors of sexual offences. Addressing the double responsibility of attending to healthcare and medicolegal needs of the survivor, she provides a detailed, step-wise guideline to collection of evidence, medical management and treatment. Van As[7] sensitively addresses the complex challenges involved in attending to sexually and/or physically abused children. His article prepares health professionals to select the most appropriate and comfortable management for this patient population. These practical sets of recommendations make the care of those who have suffered from GBV, as well as those who are at risk, feasible within our SA context.



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