



SURVIVORS STILL AT RISK

IN SOUTH AFRICA, SURVIVORS OF SEXUAL VIOLENCE STRUGGLE TO GAIN ACCESS TO COMPREHENSIVE CARE AND TREATMENT

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WE LIVE IN FEAR. THERE IS
NOTHING WE CAN DO TO
PROTECT OURSELVES.

L.E., a rape survivor living with HIV, May 2007

Women's lives in South Africa continue to be scarred by violence or the threat of violence in under-policed, unsafe communities and in their homes. Police recorded 75,500 incidents of rape between April 2006 and September 2007. Moreover, local organizations believe that the actual figures are much higher, because of the social and economic pressures which discourage women from reporting rape to the police.

Sexual violence is associated with an increased risk of a range of sexual and reproductive health problems. In South Africa, rape puts women at increased risk of HIV infection, because of the prevalence of HIV, the high levels of sexual violence and the frequency of women being raped by a number of men in a single attack.

The physical and mental health of survivors is also threatened by the lack of accessible and comprehensive health care facilities, particularly for women in rural areas. Police sometimes fail to act impartially or with a sense of urgency in response to reports of rape, deepening the problem.

NGO support organizations and health professionals have long campaigned for improved health care services for survivors of sexual violence. They have documented many problems, including health care workers who display unsympathetic, judgemental and impatient attitudes and gaps in training and in equipment.

National health policy is for all rape survivors to receive comprehensive treatment, care and forensic medical examination at public health facilities. Several provinces have established specialized rape crisis centres to provide medical care, social support and a safe environment for police interviews.

South Africa has made commitments under the International Covenant on Economic, Social and Cultural Rights, the UN Convention on the Elimination of All Forms of Discrimination against Women, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. South Africa's obligations include taking all appropriate measures to ensure that women's right to health, including sexual and reproductive health, is respected and promoted. This includes the right to self-protection and the right to be protected from sexually transmitted infections, including HIV.

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RAPE IS A VERY SERIOUS
OFFENCE, CONSTITUTING AS
IT DOES A HUMILIATING,
DEGRADING AND BRUTAL
INVASION OF THE PRIVACY,
THE DIGNITY AND THE
PERSON OF THE VICTIM.

South African Supreme Court of Appeal, 1997

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T.K., who was raped in March 2006, told Amnesty International that when she tried to report the crime, she found the police station was closed. The next day, a police officer took her statement in the public charge office. He questioned her about her clothing, why she was out late at night and implied she was making a false allegation. He told her to return the next day. Police then took her to a general practitioner's surgery. She was alone when the doctor examined her. *"I was crying... and did not feel comfortable... He did not tell me anything... He did not take my history... He just did a [genital] examination with his hand."* The whole visit took 10 to 15 minutes. She later had to be re-examined at a hospital, but still did not receive adequate treatment and care.

Under a new law on sexual offences passed in 2007, survivors who have been exposed to the risk of HIV have the right to treatment to reduce the risk of infection (PEP or post-exposure prophylaxis). The survivor must first have reported the assault to the police or a designated health facility. Government regulations issued in 2008 protect survivors' right to access health services before making a criminal complaint, and set out the obligations of health professionals and police towards them.

However, rape survivors continue to face obstacles. Some women cannot reach appropriate health facilities because they are far away and they cannot afford to travel. Some survivors are still told that they must report to the police before they can have treatment.

S.W. was abducted at night from the family home by a young man armed with a knife. He raped her in a football field. She told Amnesty International that she had been given a four-day starter pack of PEP treatment and told to return for her HIV test results and further medication. However, her employers told her she must choose between keeping her job and looking after her "problems". As she was the sole supporter for her family, she stayed at work and could not return to collect her results and complete her treatment.

The authorities must take into account the poverty of many survivors of sexual violence, the need for accessible facilities providing comprehensive care including PEP treatment, and the need for continuing social support for many rape survivors.

For more information, please see Amnesty International's report, *'I am at the lowest end of all': Rural women living with HIV face human rights abuses in South Africa*, Index: AFR 53/001/2008, available online.

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