



# **Sexual Violence Services**

*International Overview*



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## **Sexual Violence Services**

### ***International Overview***

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#### **Disclaimer**

This overview was undertaken as part of an internship to the Department of Health. The report and any views expressed by the author may not necessarily reflect the views or policies of the Department of Health.

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# Executive summary

## Service Models

This report provides an overview of the models of sexual assault service provision across several countries, including the United States of America (USA), Canada, Australia, New Zealand, South Africa and the Nordic countries. In summary, there are largely four models of sexual assault service provision:

- *Sexual Assault Centre Model:* These are specialist sexual assault centre of care or special unit in hospital, which provides the emergency clinical and forensic service response to victims. Typically, all other models are based on this basic model.
- *'One-Stop Shop' Model:*<sup>1</sup> Exist in Canada, Australia, South Africa and some Nordic countries. This is a centre of physical location, which provides a full range of support and services for the victim including: the short-term emergency (clinical and forensic) care, as well as the long-term services, such as counselling and advocacy. Usually a team of professionals provided a range of coordinated services, to guide the victim through clinical, forensic, police and legal matters. These were usually based in a hospital, though if community based, were closely linked to a local hospital.
- *Centres of Excellence Model:* These centres are found mostly in the Nordic countries, and so are described as the 'Nordic Model'. They are similar to the 'One-Stop Shop' model, but as part of their role as a national resource, each undertakes specialist research, provides novel and innovative solutions and is committed to improving the nation's sexual assault service provision.
- *Sexual Assault Referral Team (SART) – Sexual Assault Nurse Examiner (SANE) Model:* The SART-SANE model is the system operated in the United States of America, though also widely existing in Canada. It is similar to the 'One-Stop Shop' Model described above, but centres around the SANE program. The specially trained forensic nurse undertakes the emergency forensic and clinical support, and can be involved in the legal courts as an accredited forensic expert. In the United States (and Canada), regional partnerships provide co-ordination through 'Coalitions' or 'Networks', sharing resources and expertise, and ensuring a consistent route of service provision to victims. The USA Government funds the States directly, or the Coalitions through legislation specifically passed for Sexual Assault and Violence against Women.<sup>2</sup>

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<sup>1</sup> By 'One-Stop Shop', this report refers to any centre that provides support beyond the immediate acute emergency response following sexual assault, by offering longer-term support that may include, counselling, legal advice, and after care.

<sup>2</sup> Note: The SANE Model has been modelled in Canada, Australia and parts of the United Kingdom (UK).

## The role of the Voluntary and Community Services Sector

- Amongst non-governmental organisations (NGOs), the voluntary and community services sector in all the countries looked at except New Zealand, often provided sexual assault services that were characteristic of more 'longer term' needs for victims. These include emergency hotlines, providing advice, counselling and psychosocial help amongst other services. It is rare that they provide primary care/ clinical and forensic services in the stead of the Government funded centres, except in New Zealand where they were directly funded to provide the immediate health response and longer-term support.



# Introduction

## Purpose of Report

1. The purpose of the report is to provide an overview of the models of sexual assault service provision. Information was obtained through online journal searches, Government websites and email contact to Government departments and NGOs. Wider sourcing was constrained by language and the material was therefore limited to English and English translations. Sources of information are referenced where appropriate as footnotes.
2. Over the past three decades, many developed and developing countries across the world have recognised the importance of tackling the social, justice and health implications of sexual violence. This is reflected in the legislation, policy, as well as a rise in published academic studies. At present, the *Daphne* Programmes (*I* and *II* completed, and *III* now in progress), funded by the European Commission, have in particular provided a wide range of reports into the areas relating to violence against women, and is at present drawing information in order to provide best practice in sexual assault service provision across several European countries.<sup>3</sup>
3. This report attempts to give a birds-eye view of models of service provision and funding in the countries for which material was accessible and in particular discusses the roles governments and the Voluntary and Community Services (VCS) sector. It includes information on services in the United States of America (USA), Canada, Australia, New Zealand, South Africa, and the Nordic Countries.

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<sup>3</sup> European Commission, *Daphne*. Accessed 03 September 2011.  
[http://ec.europa.eu/justice/criminal/programme/daphne-programme/index\\_en.htm](http://ec.europa.eu/justice/criminal/programme/daphne-programme/index_en.htm).

# United States of America

- Healthcare in the United States is provided mainly by private or government healthcare insurance schemes. In 2010, the Federal Government provided health insurance cover to 31% of the USA population through government programs such as Medicaid (14.5%), Medicare (15.9%), military health care (4.2%), the Children's Health Insurance Program and individual state health plans.<sup>4</sup> In the same year, the percentage of the USA population covered by private health insurance was 64% and those uninsured was 16.3%.<sup>5</sup> The USA has the third highest public healthcare expenditure per capita, and is the only wealthy industrialised nation not to offer universal health coverage.<sup>6</sup> In 2000, the World Health Organisation (WHO) ranked the US health care system as the highest in cost, first in responsiveness, 37th in overall performance, and 72nd by overall level of health among 191 member nations included in the study.<sup>7</sup>
- The Sexual Assault Referral Team (SART) – Sexual Assault Nurse Examiner (SANE) Model is by far the most widespread model, operating across every state in the USA and mainly with Federal Government funding.
- The SART-SANE model centres on a specially trained forensic nurse who provides the locus of clinical and forensic support to the victim. However, the term 'SANE model' can be confusing, since it usually involves physician support. The SART includes a host of professionals that support the victim from clinical and social settings, to the courts. If the police, or in some instances clinicians, record that the individual was a victim of sexual assault, then the victim is not liable to pay for medical and judicial costs.
- The USA Federal Government has recognised in legislation the need to tackle violence against women since 1994. Most recently in a revision in 2005, it introduced the Sexual Assault Services Program (SASP).<sup>8</sup> The SASP specifically looks to tackling rape and sexual assault. It is the major source of sexual assault funding allocated to States, Territories and Coalitions.
- Federal funds also support an active voluntary sector, which exist across coalitions and

**Comment:** Clarification awaited from John as the juxtaposing of these 5s are rather confusing.

<sup>4</sup> US Census Bureau (2010) *Income, Poverty, and Health Insurance Coverage in the United States: 2010*, 23; 29. <http://www.census.gov/prod/2011pubs/p60-239.pdf>.

<sup>5</sup> Ibid.

<sup>6</sup> Institute of Medicine (IOM) of the National Academies of Science. *Shaping the Future of Health (2004) Insuring America's Health: Principles and Recommendations*.

<http://www.iom.edu/~media/Files/Report%20Files/2004/Insuring-Americas-Health-Principles-and-Recommendations/Uninsured6EnglishFINAL.pdf>.

<sup>7</sup> World Health Organisations (WHO) *The World Health Report 2000. Health Systems: Improving Performance*. Review Article. Press Release/44. Released 21 June 2000. Accessed 03 September 2011. <http://www.who.int/inf-pr-2000/en/pr2000-44.html>.

<sup>8</sup> US Department of Justice. Office on Violence Against Women. 2011. *Sexual Assault Services*. <http://www.ovv.usdoj.gov/docs/sasp.pdf>.

states, but also within small communities. The largest organisation is the Rape, Abuse & Incest National Network (RAINN). RAINN provides a national hotline that is well known across the USA, for victims to call for access to their local sexual assault centre (usually provided for by a SART-SANE).

## USA Government

4. Political Commitment - President Obama's administration has committed to combatting sexual violence in the USA.<sup>9</sup> This is part of the administration's larger commitment to *"coordination and cooperation across the entire government to protect victims of domestic and sexual violence and enable survivors to break the cycle of abuse."*<sup>10</sup>
5. Legislative Commitment - Violence Against Women (VAW) Act passed in 1994 was reauthorized into law in 2000 and 2005.<sup>11</sup> Introduced by Senator Joe Biden (presently Vice President), it doubled penalties for repeat offenders, and made available \$800 million for training and program development over six years from 1994 to 2000.<sup>12</sup> The Department of Justice, Office on Violence against Women (OVW), administers 21 programs authorised by the VAW Act of 1994, 2000, and 2005.<sup>13</sup> One of these programs is the Sexual Assault Services Program (SASP). Created by the VAW Act 2005, it is the first federal funding stream to be solely dedicated to providing direct and indirect assistance for victims of sexual assault.<sup>14</sup> The 2005 Act authorised \$50 million to be made available for the five years from 2007-2011 for SASP. It encompasses five funding streams for States and territories, tribes, state sexual assault coalitions, tribal coalitions and culturally specific organisations.<sup>15</sup> These in turn fund various programs across the USA, including the SART-SANE programs, as well as the VCS Sector.

## Service Provision

6. In the past ten years, two main community intervention models have emerged to assist victims.
  - Sexual Assault Nurse Examiner or SANE, programs;

<sup>9</sup> Center for Education on Violence Against Women (2011) *Sexual Violence in the United States: Summary of the Roundtable Proceedings*, 4. Washington: USA.

<http://library.constantcontact.com/download/get/file/1101938584617-88/Sexual+Violence+Roundtable+Report+FINAL+REPORT+March+2011.pdf>

<sup>10</sup> Ibid.

<sup>11</sup> US Department of Justice, Office on Violence Against Women. Accessed 03 September 2011.

<http://www.ovw.usdoj.gov/overview.htm>; US Department of Justice. Office on Violence Against Women. 2011. *Sexual Assault Services*. <http://www.ovw.usdoj.gov/docs/sasp.pdf>.

<sup>12</sup> US Department of Justice, Office for Victims of Crime (1999) *Sexual Assault Nurse Examiner Development and Operation Guide*, Minneapolis, Minnesota: USA.

<http://www.ojp.usdoj.gov/ovc/publications/infores/sane/sanequide.pdf>

<sup>13</sup> US Department of Justice, Office on Violence Against Women. Accessed 03 September 2011.

<http://www.ovw.usdoj.gov/overview.htm>.

<sup>14</sup> US Department of Justice. Office on Violence Against Women. 2011. *Sexual Assault Services*.

<http://www.ovw.usdoj.gov/docs/sasp.pdf>.

<sup>15</sup> Ibid.

- Sexual Assault Response Teams or SART

### *SANE Program*

7. Most sexual assault service provision is centred on the SANE program, which is adopted across the USA. The SANE program, though having at its core a specially trained forensic nurse, actually encompasses the expertise of a physician doctor. Usually however, SANE programs do not operate alone, and are part of a SART program (discussed below, see SART).<sup>16</sup> Currently the International Association of Forensic Nurse's database shows at least 590 SANE programs operating throughout the United States and its territories.<sup>17</sup> Most programs are based in hospitals and others are located in community settings.<sup>18</sup> SANE programs have been reported by a study to require between one and three years to develop, and initial program costs average \$30,000-40,000, being reportedly more modest by comparison to services staffed by forensic physicians alone.<sup>19</sup>
8. Once a victim comes forward, (through a RAINN operator, Police investigator, or Clinic) the SANE will be informed and immediately attend the SANE designated site to where the victim is directed (this is usually a hospital emergency department or designated sexual assault centre). The SANE will collect forensic evidence, screen, undertake clinical tests and provide limited medical treatment, referring major injuries to physicians.<sup>20</sup>

### *SART*

9. Sexual Assault Response Teams (SARTs) typically include the SANE, law enforcement (police, detective, and prosecutor), rape crisis centre advocate, emergency department personnel, victim advocates, and crisis intervention counsellors to coordinate and improve the community-wide response to rape.<sup>21</sup> Where coalitions or states do not have formal agreements between professionals to form SARTs, they will likely have a local multidisciplinary arrangement, informal or formal, based on this principle.
10. A team co-ordinated response is designed so that the victim does not go through the ordeal of re-reporting the assault to each professional involved in the care pathway, and

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<sup>16</sup> RAND National Defense Research Institute (2009) *A Compendium of Sexual Assault Research*, 89. RAND Corporation, California: USA. [http://www.rand.org/pubs/technical\\_reports/2009/RAND\\_TR617.pdf](http://www.rand.org/pubs/technical_reports/2009/RAND_TR617.pdf)

<sup>17</sup> See Office of Justice Programs, National Institute of Justice, Responses to Sexual Violence: Effectiveness of SANE/ SART Programs. Accessed 03 September 2011. <http://www.nij.gov/topics/crime/rape-sexual-violence/response.htm#note1>.

<sup>18</sup> US Department of Justice, Office for Victims of Crime (1999), xiii.

<sup>19</sup> RAND (2009), iii.

<sup>20</sup> Ibid. It should be noted that the majority of programs did not regularly perform STD cultures, or HIV testing and prophylaxis; the reasons that programs did not offer some services included financial constraint, the relationship between medical care and legal prosecution, and affiliations with Catholic hospitals.

<sup>21</sup> Ibid., 13.

provides more opportunities for efficiency and better collaboration amongst professionals. As of 2005, there were over 800 SARTs in the USA and Canada.<sup>22</sup>

11. Some of the key features of SANE-SART Models are set out below.

### *Features of the USA Model of SANE-SART*

- Studies show that the development of SANE-SART programs have been very successful, in providing better clinical treatment and care service, as well as increased conviction attempts and conviction success rates.<sup>23</sup>
- Successful SANE-SART models had some common features. Most typical are a strong organisational history and partnerships, for example use of sexual assault councils<sup>24</sup>, task forces, affiliation with larger organisations, positive relationships with hospitals, training and collaboration with community systems, and strategies for resolving difficulties.<sup>25</sup>
- Use of *specialist* sexual health professionals/ nurses at emergency site: SANE and non-SANE nurses were reported as having different attitudes and approaches especially to forensic evidence collection. Non-SANE trained nurses viewed that certain required elements of the Sexual Assault Evidence Kit should not be included, and were less likely to consider the evidence of physical injury and collection of semen, which were important for favourable legal outcomes.<sup>26</sup>

12. Some of the growing evidence on the impact of the SANE-SART models are shown in the box below.

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<sup>22</sup> Ibid., 111.

<sup>23</sup> Southern Poverty Law Center (2008) *The SANE-SART Response To Sexual Assault of Immigrant Women*. [http://www.adph.org/ALPHTN/assets/042309\\_08.pdf](http://www.adph.org/ALPHTN/assets/042309_08.pdf); See also

Nugent-Borakove et al., (2006) *Testing the Efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest & Prosecution Outcomes?* <https://www.ncjrs.gov/pdffiles1/nij/grants/214252.pdf>

<sup>24</sup> Sexual Assault Councils are made up of various agencies and organisations that provide services to victims.

They do not provide services directly. Rather they are involved in outlining policies, roles, and sharing better and more efficient methods amongst members to better care for victims, as well as reduce crime. They ensure that a consistent response in each area is provided from the criminal justice system, health system and social system.

<sup>25</sup> RAND (2009), 91.

<sup>26</sup> Ibid., 92.

### *Comment on SANE-SART Model*

- Since 1998 in Massachusetts, SANE's have testified and provided forensic evidence in 54 sexual assault trials, of which 51 have resulted in conviction.<sup>27</sup>
  - The Emergency Nurses Association has endorsed the Massachusetts SANE Program as a national model and this evidence collection kit in Massachusetts is now used by the manufacturer as the national standard.
  - Massachusetts District Attorney's office anecdotally report alleged perpetrators are more likely to plead guilty before trial when the prosecution presents evidence collected by SANEs, saving prosecution costs.
  - Ongoing developments in the science of evidence collection, e.g. DNA testing, require a higher level of expertise and consistency in the collection of evidence for sexual assault cases, which the focus by SANEs provides.
  - Standardizes the preservation of the chain of evidence through providing expertise by quickly and uniformly incorporating improvements in forensic evidence collection techniques and ensuring that SANE evidence is transported properly to the proper crime laboratory.
  - Provides for victim autonomy and being able to opt out of the judicial process.
  - To increase the compliance rate for health care provider mandatory reporting for sexual assault cases, the Executive Office of Public Safety uses the SANE documentation forms as the statewide mandatory reporting form. As a result, there has been an increase in the reporting by 700%.
  - New protocols, which now allow SANEs to see victims outside Emergency Department settings.
- From the start SANEs were found to be credible court witnesses and prosecutors found them to be reliable. In one community where several thousand cases had been documented by SANEs, there was no subpoena requiring physicians to attend on the evidence, and that which was made related to the physical injuries, which they treated in the SANE-SART model of service.<sup>28</sup>

<sup>27</sup> Commonwealth of Massachusetts, Office of Health and Human Services. *SANE Website*. Accessed 03 September 2011.

[http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Provider&L2=Certification%2C+Licensure%2C+and+Registration&L3=Occupational+and+Professional&L4=Sexual+Assault+Nurse+Examiner+\(SANE\)&sid=Eeohhs2&b=terminalcontent&f=dph\\_com\\_health\\_violence\\_sane\\_p\\_overview&csid=Eeohhs2](http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Provider&L2=Certification%2C+Licensure%2C+and+Registration&L3=Occupational+and+Professional&L4=Sexual+Assault+Nurse+Examiner+(SANE)&sid=Eeohhs2&b=terminalcontent&f=dph_com_health_violence_sane_p_overview&csid=Eeohhs2).

<sup>28</sup> US Department of Justice. Office of Justice Programs, Office for Victims of Crime. Development and Operations Guide. Lederay, Linda E., (1999) *Sexual Assault Nurse Examiner (SANE)*. Accessed 16 September 2011. <http://www.ojp.usdoj.gov/ovc/publications/infores/sane/saneguide.txt>

- In most communities, a SANE is a guarantee of a female examiner, a gender which is preferred by most victims.<sup>28</sup>
- The National Institute of Justice has produced studies which have found that SANE and multidisciplinary SARTs:<sup>29</sup>
  - Enhance the quality of health care for victims of sexual assault
  - Improve the quality of forensic evidence
  - Increase the ability of the law enforcement to collect information, file charges and refer to prosecution
  - Increase prosecution rates over time
- Exported to other countries: New South Wales (NSW) Health in Australia adopted the SANE model in 2003, which was first introduced in North America in the 1970s, Canada followed in the 1990s and the United Kingdom in 2002.

## Voluntary and Community Services Sector

13. Alongside Government-funded healthcare provision, there exist in the VCS, Sexual Assault Centres and Rape Crises Centres. These provide long-term services, including healing and advocacy services, as well as community education and training. In most cases, they receive funding from Government, foundations and individual donors. There also exists the largest US anti-sexual assault organisation, RAINN, which provides other programs and services to help victims and operates a 'National Sexual Assault Hotline'.<sup>30</sup> This 24-hour toll-free phone service anonymously links callers to the nearest RAINN-associated rape crisis centre with a counsellor. More than 1,100 local partnerships are associated with RAINN to provide sexual assault services to victims. Most victims call either the Hotline, or emergency services, to be directed to the nearest appropriate centre or emergency department with a SANE/ SART to receive emergency treatment and a forensic response.

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<sup>29</sup> See Office of Justice Programs, National Institute of Justice, Responses to Sexual Violence: Effectiveness of SANE/ SART Programs. Accessed 03 September 2011. <http://www.nij.gov/topics/crime/rape-sexual-violence/response.htm#note1>; Crandall, C.S and Helitzer, D. (2003) *Impact Evaluation of a Sexual Assault Nurse (SANE) Program*. <https://www.ncjrs.gov/pdffiles1/nij/grants/203276.pdf>; Campbell, R., Bybee, D., Ford, J.K., Patterson, D., (2008) *Systems Change Analysis of SANE Programs: Identifying the Mediating Mechanisms of Criminal Justice System Impact*. See <https://www.ncjrs.gov/pdffiles1/nij/grants/226497.pdf>.

<sup>30</sup> Rape, Abuse and Incest National Network (RAINN). Accessed 03 September 2011. <http://www.rainn.org/>.

# Canada

- Healthcare in Canada is provided through a publicly funded system, which is free at the point of use. By far the largest government health program is Medicare, but there are several smaller programs. The system is mainly funded publicly. Most of the healthcare facilities and services are provided by the private sector. Around 75% of Canadians have some form of supplementary employment-based private insurance. Around 27.6% of Canadians' healthcare is provided through the private sector directly. This mostly goes towards services not fully covered by Medicare, such as prescription drugs, dentistry and optometry.<sup>31</sup>
- Sexual Assault Care and Treatment services in Canada are provided through a 'Coalition' or 'Network' System across regions. All Sexual Assault and Treatment Centres funded by the Ministry of Health are part of the Network. They are all hospital based centres, run by a team of clinical and social workers, and provide 24/7 support to victims.
- In the VCS Sector, which is also supported by Government, there is a strong system of providing advocacy and counselling services, through community based projects. These tend to focus on the longer term aspects of care and may include a follow-up discussion with a nurse.

## Canadian Government

14. In 1984, the Ministry of Health opened the first hospital based sexual assault centre in Toronto. This was extended to 34 such hospital-based centres across Ontario.<sup>32</sup> In 1997, a public inquest recommended strengthening the response of the health care system to domestic violence. Subsequently, all centres were funded to provide care to victims of domestic violence. In 2003, under the Early Years Child Initiatives Fund, the centres again expanded their services to include providing specialized care for victims of child sexual assault and their (non-offending) family members.<sup>33</sup>

15. The Ontario Government is developing a Sexual Violence Action Plan for the Province. In July 2011, a meeting brought together service providers and other professionals from key sectors with expertise in sexual violence to discuss best practices and gain insight

<sup>31</sup> Canadian Government. *Health Care System*. Accessed 03 September 2011. <http://www.hc-sc.gc.ca/hcs-sss/index-eng.php>.

<sup>32</sup> Ontario Network of Sexual Assault/ Domestic Violence Treatment Services. Accessed 03 September 2011. [http://www.satontario.com/en/our\\_centres.php](http://www.satontario.com/en/our_centres.php); Ontario Ministry of the Attorney General. Accessed 03 September 2011. <http://www.attorneygeneral.jus.gov.on.ca/english/ovss/faqs.asp>.

<sup>33</sup> Ibid.



into current issues. The contact for this project is Susan Seaby, Executive Director, at Ontario Women's Directorate. The Action Plan was initiated by the Honourable Laurel Broten, Minister of Children and Youth Services and Minister Responsible for Women's Issues.<sup>34</sup>

## Service Provision

16. The Ontario Network of Sexual Assault/ Domestic Violence Care and Treatment Centres was established in 1993 to increase networking and support among Centres across Canada in order to establish standardisation in service provision, and to increase educational opportunities among service providers. All Sexual Assault Care and Treatment Centres funded by the Ministry of Health belong to the Network.<sup>35</sup> It is currently made up of 35 hospital-based centres that provide 24/7 emergency care to women, children and men who have been sexually assaulted or who are victims or survivors of domestic violence (intimate partner) abuse.<sup>36</sup> The service is provided by nurses, physicians and social workers together. Similar, but less extensive programs seem to exist in Quebec and Ottawa, but there is limited information available on these programmes.<sup>37</sup>
17. Services include; emergency medical and nursing care, crisis intervention, collection of forensic evidence, medical follow-up, counselling and referral to community resources. The centres work closely with community agencies to provide a continuum of care.

## Children's Care

18. Regional Centres attached to hospitals provide paediatric services to children. In Toronto, the Sick Children's Hospital under the Suspected Child Abuse and Neglect (SCAN) Program provides expertise and coordination to other regional hospitals.<sup>38</sup> The hospitals and clinics rely on the expertise of SCAN for the medical examination of children under the age of 12, as the hospital is within 20 kilometres of the region. This

<sup>34</sup> Ontario Government, Canada, *Ontario's Sexual Violence Action Plan*. Accessed 03 September 2011. <http://news.ontario.ca/owd/en/2011/03/taking-action-against-sexual-violence.html>; See also ) Ontario Government, Canada (2011) *Changing Attitudes, Changing Lives*; Ontario's Sexual Violence Action Plan (2011) See <http://www.citizenship.gov.on.ca/owd/english/women/svap2011.pdf>.

<sup>35</sup> Ontario Network of Sexual Assault/ Domestic Violence Treatment Services, Accessed 03 September 2011. [http://www.satontario.com/en/our\\_centres.php](http://www.satontario.com/en/our_centres.php).

<sup>36</sup> Centre for Research & Education on Violence against Women and Children (2008) *Surviving the System Handbook*. Canada. <http://www.crvawc.ca/documents/Surviving%20the%20System%20Handbook%20-%20August09.pdf>. See also Ontario Victim Services Secretariat, Ontario Government: Canada. (2010) *Victim Services in Ontario; A Report to the Community, Victims, Survivors and Service Providers*. See [http://www.attorneygeneral.jus.gov.on.ca/english/ovss/victims\\_week\\_2010/victim\\_services\\_report\\_2010\\_en.pdf](http://www.attorneygeneral.jus.gov.on.ca/english/ovss/victims_week_2010/victim_services_report_2010_en.pdf).

<sup>37</sup> Interestingly, though called the 'Ontario' network, it included some centres in Quebec. Ottawa and Quebec seem also to have similar networks though there is limited information regarding these due to lack of online materials, as well as language barriers. See Sante et Services Sociaux Quebec, Accessed 03 September 2011. [http://www.msss.gouv.qc.ca/en/sujets/prob\\_sociaux/sexual\\_assault.php](http://www.msss.gouv.qc.ca/en/sujets/prob_sociaux/sexual_assault.php); See Sexual Assault Network, Ottawa. Accessed 03 September 2011. <http://www.sanottawa.com/index.php?unique=136>.

<sup>38</sup> Sick Kids, Suspected Child Abuse and Neglect (SCAN) Program, Accessed 03 September 2011. <http://www.sickkids.ca/SCAN/>.

particular program has a partnership with a Children's Mental Health Centre to provide the specialized counselling for children and their non-offending parent in their own community.<sup>39</sup>

## Voluntary and Community Services Sector

19. The VCS Sector is funded mainly by the provincial Government. In Ontario, the Ministry of the Attorney General, Victim Services Division, funds 34 community-based centres across the province that provide a broad range of services including 24 hour crisis hotline, court, police and hospital accompaniment, information, referral services and community resources (counselling, legal services, shelters).<sup>40</sup>

20. Many centres have a follow-up nurse who checks on clients a few days after they are seen and this may be a phone call or a one-to-one visit, where the client returns to the centre.

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<sup>39</sup> Ibid.

<sup>40</sup> End Violence Against Women, Step It Up. Accessed 03 September 2011.

<http://www.stepitupontario.ca/english/10-steps/step-9-demand-secure-funding-for-womens-organizations..html>.

# Commonwealth of Australia

- Healthcare in Australia is provided by both private and government institutions. Expenditure on health was 9.1% of GDP in 2007-8.<sup>41</sup> Over two thirds of total health expenditure in Australia is funded by government, with the Australian Government contributing two-thirds of this, and the other third provided on state, territory, and local government level. The Australian Government provides its major contributions through the two national subsidy schemes, Medicare and the Pharmaceutical Benefits Scheme (PBS). Medicare subsidises payments for services provided by doctors,<sup>42</sup> In addition, the Federal Government, States and Territories jointly fund public hospitals. Medicare, the national public health care system, was established in 1984 and coexists with a private health care system.<sup>43</sup> Medicare is funded partly by a 1.5% income tax (exemptions for low-income earners) and an additional 1% for high earners who do not have private insurance, but it is mostly funded from general revenue.<sup>44</sup> It typically covers all hospital costs, 75% of GP costs and 85% of specialist services.<sup>45</sup> Aside from Medicare, there is a Pharmaceutical Benefits Scheme which subsidises prescription medication.<sup>46</sup> In addition to coverage by Medicare and PBS, in 2009, 44.7% of the population had some form of private health insurance coverage.<sup>47</sup>
- The Australian Government is made of the central or Government, six states and two territories. States and territories each have their own federated system of sexual assault services that are funded at the state or territory level. The VCS Sector provides counselling, advice, and other longer-term support.
- The Sexual Assault Services (SAS) provided in the states are essentially on 'One-Stop Shop' model basis with a comprehensive clinical, forensic, social and legal support system. The SAS are hospital based, or if community based, linked closely to a local hospital. In areas which cannot support such a service, forensic nurses are employed to provide the emergency forensic and clinical services. In New South Wales, the SANE model from the USA has been introduced, to opposition from doctor and lawyer groups.

<sup>41</sup> Australian Government, Australian Institute of Health and Welfare. (2010) *Australia's Health 2010*, 5.

<http://www.ato.gov.au/individuals/pathway.aspx?pc=001/002/030>.

<sup>42</sup> Ibid., 9,10.

<sup>43</sup> Australian Government, Department of Foreign Affairs and Trade. (2008) *About Australia: Health Care in Australia*. See <http://www.dfat.gov.au/facts/healthcare.pdf>.

<sup>44</sup> Australian Government, Australian Taxation Office. Medicare Levy – home. Accessed 03 September 2011.

<http://www.ato.gov.au/individuals/pathway.aspx?pc=001/002/030>.

<sup>45</sup> Australian Government. Medicare Australia. (2010) *Medicare*.

<http://www.medicareaustralia.gov.au/public/migrants/language/files/english-medicare.pdf>.

<sup>46</sup> Australian Government. Pharmaceutical Benefits Scheme. Accessed 03 September 2011.

[http://www.pbs.gov.au/info/about-the-pbs#What\\_is\\_the\\_PBS](http://www.pbs.gov.au/info/about-the-pbs#What_is_the_PBS).

<sup>47</sup> Private Health Insurance Administration Council (PHIAC) (2010) *Quarterly statistics December 2009*. Canberra: PHIAC. Accessed 09 September 2010, <http://www.phiac.gov.au/resources/file/qsdec09.pdf>.

## Australian Government

21. Australia's six states represent the six British colonies that joined to create the Commonwealth of Australia. In forming the Commonwealth, the states approved a Constitution that formed a new Commonwealth government. The constitution still grants states and territories rights to convene state parliaments and pass laws. This has had implications on implementation of law, policy and provision of violence and assault services, as well as sexual assault services specifically.
22. It is presently the case that though funded centrally, each state has a different program of Sexual Assault Service. In 2008, recognising the need for a national co-ordinated response, the Commonwealth Government established the 'National Council to Reduce Violence against Women and Children', to advise it on a future plan to tackle the problem of violence against vulnerable people, looking specifically at domestic and family violence and sexual assault.<sup>48</sup>
23. The Council produced a widely acclaimed report in 2009, called *Time for Action*, containing recommendations for a 'National Plan to Reduce Violence against Women and their Children'.<sup>49</sup> The report proposed that all state governments, through the Coalition of Australian Governments, should agree to a long-term plan, with the Commonwealth Government taking a leadership role. Both the Australian Government and the Coalition of Australian Governments have committed to implementing the National Plan through four 'three year' periods, from 2010-2022. The Government is investing \$42m AUD (£27m) into new measures in national services, education, community awareness and the law.
24. SAS provision still depends largely on what states and territory Governments provide as the first phase of this recent Action plan, from 2010-2013, is to implement the strategic changes needed. Therefore, it is too early to see what the implications for service provision and policies might be, and how funding may be channelled.

## Service Provision

25. In general, each state seems to have, essentially, a 'One-Stop Shop' service, though levels of coverage vary. These are funded by the state Government, and are clinically based i.e. in a hospital or in community but linked to the local hospital. Where there is no such service, forensic nurses are employed to deliver necessary services for victims. The timescale available for compiling this overview made it impractical to look at the system in each state and some examples are given below, instead.

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<sup>48</sup> Australian Government. National Plan to Reduce against Women and their Children Website. Accessed 03 September 2011. <http://www.fahcsia.gov.au/sa/women/progserv/violence/nationalplan/Pages/default.aspx>.

<sup>49</sup> Ibid.

### *Western Australia*

In Western Australia, the Department of Health's Sexual Assault Resource (NB *not* 'referral' as in UK) Centres or SARCs combine the sexual assault referral centres (SARC) and rape crises centre concepts in the UK. For 24/7 all year round, they provide services for:

- Counselling: 24-hour hotline, staffed by females, located in metropolitan areas, giving confidential advice, information etc.
- Medical care is by SARCs doctors' who offer treatment and collect evidence which with victim consent, can be stored for three months before deciding whether to report the crime. Medical provision is within the hospital or in partnership, if community-based.

### *New South Wales*

SAS in New South Wales are based in health facilities and:

- Provide An emergency response to sexual assault;
- perform forensic tests;
- provide care, crisis support, ongoing and court support;
- provide a telephone services.<sup>50</sup>

Victims Services, funded from the Department of Attorney General and Justice, provide counselling through contracted counsellors.<sup>51</sup>

### *Nurse Examiners*

26. Where health facilities are not available, sexual assault service providers may link women into services provided by forensic nurses and forensic physicians. In fact, the SANEs seen in the USA context have been trialled in NSW since 2003.

27. In Victoria, forensic nurse examiners (FNEs) offer this same service. Where this service is unavailable, sexual assault counsellors may provide the first point of contact support,

<sup>50</sup> New South Wales Government. Sexual Assault Website. Accessed 03 September 2011. [www.sexualassault.nsw.gov.au](http://www.sexualassault.nsw.gov.au).

<sup>51</sup> New South Wales Government. Victims Services. Website. Accessed 03 September 2011. [www.lawlink.nsw.gov.au/vs](http://www.lawlink.nsw.gov.au/vs).

advice on potential courses of action, liaise between the client and police, accompany during forensic examinations, and support through the legal process.

28. However, there is some opposition to the use of nurse examiners in Australia. The NSW branch of the Australian Medical Association and the NSW Law Society expressed concern that nurse examiners did not have the skills and experience to adequately report and identify signs of sexual assault and this could result in fewer convictions in court.<sup>52</sup>

## Voluntary and Community Services Sector

29. There are rape crisis centres, and other hotlines, and advocacy services, as in other nations such as the UK, USA and Canada. The National Association of Services against Sexual Violence (NASASV) is the peak body for organisations and individuals who work with victim/survivors of sexual violence and on prevention.<sup>53</sup> They work with Governments, lobbying for change, as well as co-ordinate the sharing of information, skills and resources between services and state networks.

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<sup>52</sup> MAKO Australian News Article. Accessed 03 September 2011. <http://www.mako.org.au/ausnews474.html>.

<sup>53</sup> National Association of Services Against Sexual Violence Website. Accessed 03 September 2011. <http://www.nasasv.org.au/Links.htm>.

# New Zealand

- In 2006, New Zealand's expenditure on health was 8.9% of GDP. 77.8% of this was provided by Government expenditure.<sup>54</sup> It spends approximately \$2510 per capita, which is amongst the lowest in the developing countries.<sup>55</sup>
- The VCS, supported by the central Government, are the major providers of Specialist Sexual Violence Services (SSVSs) from forensic and clinical provision through to long-term support and counselling.
- Problems have been reported with the availability of services, quality and cultural responsiveness.

## New Zealand Government

30. New Zealand is unique in having a separate Ministry of Women's Affairs, which also provides a focus on women's health and violence against women. The Government, mainly through the Ministry of Women's Affairs, supports SSVSs, which are essentially NGOs. SSVSs provide forensic and clinical services to victims, as well as offering long-term support including advocacy and counselling. There is no 'Government' or 'clinical' led system, but rather, Government funding to the NGOs to provide services to victims of sexual assault. However, problems have been reported with the quality of provision as well as the referral pathways.<sup>56</sup>

31. New Zealand's health system is based on a public health system that has been reformed to include market and private sector involvement. It is complex in that various organisations are involved for different types of services. The Accident Compensation Corporation covers the treatment deemed as accidents free of charge.<sup>57</sup> Emergency services are provided via the St John New Zealand charity supported with a mix of private and public funds.<sup>58</sup> District Health Boards provide most of the hospital/ medical treatments, but a secondary market of health insurance exists which can provide private treatment, to avoid waiting times.<sup>59</sup> Primary care (e.g. general practice, medication in

<sup>54</sup> World Health Organisation (WHO) WHOSIS Search Engine. <http://apps.who.int/whosis/data/Search.jsp>.

<sup>55</sup> New Zealand Herald. NZ ranks last in medicine use and lowest health spender. Article. Accessed 03 September 2011. [http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=10662259](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10662259).

<sup>56</sup> New Zealand Government. Ministry of Women's Affairs (2009) *Restoring Soul*. Wellington: NZ. 44. <http://www.mwa.govt.nz/news-and-pubs/publications/restoring-soul-part-one>.

<sup>57</sup> Accident Compensation Corporation. Introduction to ACC. Accessed 03 September 2010. <http://www.acc.co.nz/about-acc/overview-of-acc/introduction-to-acc/index.htm>.

<sup>58</sup> St John New Zealand (2010) *Annual Report 2010*, 7. [http://www.stjohn.org.nz/files/201580\\_20101026850.PDF](http://www.stjohn.org.nz/files/201580_20101026850.PDF).

<sup>59</sup> New Zealand Government. Ministry of Health. District Health Boards. Accessed 03 September 2011. See <http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations/district-health-boards>.

the community) is provided by PHARMAC, a government agency, and usually requires co-payments from users, but is subsidized for patients with high user health cards.<sup>60</sup>

## Service Provision<sup>61</sup>

32. In New Zealand, there are generally four service routes available to victims, mostly accessed via self-referral and police-referral.<sup>62</sup>

### Victim services

- SSVSs: such as in rape crisis centres, sexual abuse centres, independent rape and/or sexual assault centres. These are non-government organisations, and there is no Government led initiative or scheme providing sexual assault services for victims.
- Non-specialist: HELP foundation, Victim Support provides support for sexual assault victims where there are no SSVS centres. Women Refuges and shelters provide 24-hour support, advocacy and accommodation to victims; the National Collective of Independent Women's Refuges, is an umbrella organisation for around 50 refuges across New Zealand.

**General medical help** from medical providers such as general practitioners, family planning or other sexual health clinics.

**Mental health** services and counselling.

**Community** or culturally-based agencies.

## SSVS Provision Model

33. SSVSs can be fully or partially funded by government agencies, such as the Ministry of Women's Affairs and the Ministry of Justice, though they are non-governmental organisations.<sup>63</sup> They provide two types of support.

- **Short-term:** Crisis Support services for emergency psychosocial support and in the period immediately after a sexual assault. Some places also provide forensic medical examinations and police interviews.

<sup>60</sup> New Zealand Government. Pharmaceutical Management Agency (PHARMAC) (2008) Introduction to Pharmac. [http://www.pharmac.govt.nz/2008/12/16/01\\_PHARM\\_InfSheet\\_INTRO.pdf](http://www.pharmac.govt.nz/2008/12/16/01_PHARM_InfSheet_INTRO.pdf).

<sup>61</sup> Mossman, E., Jordon, J., MacGibbon, L., Kingi, V., and Moore, L., (2009) Responding to sexual violence: review of literature on good practice. See 97-114 for excellent overview. <http://www.mwa.govt.nz/news-and-pubs/publications/literature-review-pdf>.

<sup>62</sup> Kingi, V., and Jordan, J. (2009) *Pathways to Recovery*. Published by the Ministry of Women's Affairs. Wellington: NZ., 105. <http://www.mwa.govt.nz/news-and-pubs/publications/pathways-to-recovery-pdf>.

<sup>63</sup>



- **Long-term:** Support and recovery services provide ongoing and long term support, such as therapeutic and advocacy services for both recent and historical assault. However, there are clear problems in SSVS service provision. Around 40% of users mentioned they encountered difficulties in arranging counselling, experienced long waiting times, felt there were too few sessions, lack of 24-hour services, and lack of culturally appropriate services.<sup>64</sup> Moreover, victims have complained that they feel unsure of where to go after assault, there are problems are reported with lack of resources and poorly coordinated response.<sup>65</sup>

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<sup>64</sup> Ministry of Women's Affairs (2009) *Restoring Soul*. Wellington: NZ. 44. <http://www.mwa.govt.nz/news-and-pubs/publications/restoring-soul-part-one>; Kingi, V., and Jordan., J. (2009) *Pathways to Recovery*. Published by the Ministry of Women's Affairs. Wellington: NZ, xvii. <http://www.mwa.govt.nz/news-and-pubs/publications/pathways-to-recovery-pdf>.

<sup>65</sup> Ibid.

## South Africa<sup>66</sup>

- Just over a decade ago, South Africa ranked as the highest reported for rapes per capita in the world.<sup>67</sup>
- Healthcare, the forensic response, access to criminal justice and social support to victims of rape are integrated within multidisciplinary 'Thuthuzela Care Centres' (TCCs) which are in close proximity to specialist sexual offences courts.
- Thuthuzela means 'comfort' in Xhosa. TCCs are part of the national anti-rape strategy, and aim to provide victims with a range of services at a single location.<sup>68</sup> It is estimated that approximately 20% of all victims of sexual assault in South Africa are seen at TCCs.<sup>69</sup>
- This model of provision has been hailed by the United Nations as the "world best practice model" in the field of multidisciplinary response to gender based violence.<sup>70</sup> Ethiopia and Chile have adopted similar models from South Africa's experiences.<sup>71</sup>

### South African Government

34. South Africa has a large public health system which is in heavy demand and underfunded.<sup>72</sup> South Africa's expenditure on healthcare is estimated to be 8.8% of GDP in 2009.<sup>73</sup> However, the impact of the HIV/ AIDS pandemic has resulted in relatively poor health outcomes despite investment. South Africa has the highest number of people living with HIV/ AIDS in the world, with approximately 5.2million people, or 10.6% of the population sufferers in 2009.<sup>74</sup> A growing private sector is

<sup>66</sup> South African Government (2011) *South Africa Yearbook 2010/11. Chapter 15. 'Justice and Correctional Services'*. [http://www.gcis.gov.za/resource\\_centre/sa\\_info/yearbook/2010-11/chapter15.pdf](http://www.gcis.gov.za/resource_centre/sa_info/yearbook/2010-11/chapter15.pdf).

<sup>67</sup> United Nations. Office on Drugs and Crime: Division for Policy Analysis and Public Affairs. (2000) *Seventh United Nations Survey of Crime Trends and operation of Criminal Justice Systems, covering the period 1998-2000*. See [http://www.unodc.org/pdf/crime/seventh\\_survey/7sc.pdf](http://www.unodc.org/pdf/crime/seventh_survey/7sc.pdf).

<sup>68</sup> For excellent guide and introduction, see National Prosecuting Authority (2009) *Thuthuzela Care Centres: Turning Victims into Survivors*, [http://www.info.gov.za/events/2009/TCC\\_2009.pdf](http://www.info.gov.za/events/2009/TCC_2009.pdf).

<sup>69</sup> United States Agency for International Development (USAID) South Africa. (2008) *Project Thuthuzela Care Centres*. [http://sa.usaid.gov/south\\_africa/sites/south\\_africa/files/Thuthuzela%20Bara%2008\\_0.pdf](http://sa.usaid.gov/south_africa/sites/south_africa/files/Thuthuzela%20Bara%2008_0.pdf).

<sup>70</sup> UN Women. Progress of the World's Women. Thuthuzela Care Centres in South Africa. Website Article. Accessed 03 September 2011. <http://progress.unwomen.org/2011/06/thuthuzela-care-centres-in-south-africa/>

<sup>71</sup> Ibid.

<sup>72</sup> The Economist. Economist Intelligence Unit (2010) *South Africa: Healthcare and Pharmaceuticals Report*. [http://www.eiu.com/index.asp?layout=ib3Article&article\\_id=87377993&pubtypeid=1152462500&country\\_id=166000166&category\\_id=775133077&rf=0](http://www.eiu.com/index.asp?layout=ib3Article&article_id=87377993&pubtypeid=1152462500&country_id=166000166&category_id=775133077&rf=0).

<sup>73</sup> Ibid.

<sup>74</sup> Ibid,

increasingly used by higher socio-economic groups who are investing in private medical and insurance schemes.<sup>75</sup>

35. According to a survey in the period 1998–2000 compiled by the United Nations, South Africa ranked first for rapes per capita in the world.<sup>76</sup> In 1998, one in three of 4,000 women questioned in [Johannesburg](#) had been raped, according to Community Information, Empowerment and Transparency (CIET) Africa. It is estimated that over 40% of South African women will be raped in their lifetime and that less than 10% or only 1 in 9 rapes are reported.<sup>77</sup>
36. The Sexual Offences and Community Affairs (SOCA) Unit was established in the National Prosecuting Authority of South Africa in 1998.<sup>78</sup> The unit develops strategy and policy, and oversees the management of cases relating to sexual offences, domestic violence, human trafficking, maintenance offences and children in conflict with the law. SOCA aims to improve the conviction rate in gender-based crimes and crimes against children, protect vulnerable groups from abuse and violence and ensure access to maintenance support.
37. SOCA established the TCCs – which have been recognised by the United Nations General Assembly as a “world best practice model” in the field of multidisciplinary response to gender based violence.<sup>79</sup>
38. Funding of TCCs is unknown at present and is probably through various initiatives, but mainly by the South African Government. Initial funding and technical assistance came from UNICEF and the Danish Government.<sup>80</sup>

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<sup>75</sup> Ibid.

<sup>76</sup> United Nations. Office on Drugs and Crime: Division for Policy Analysis and Public Affairs. (2000) *Seventh United Nations Survey of Crime Trends and operation of Criminal Justice Systems, covering the period 1998-2000*. See [http://www.unodc.org/pdf/crime/seventh\\_survey/7sc.pdf](http://www.unodc.org/pdf/crime/seventh_survey/7sc.pdf).

<sup>77</sup> TIME. Article: 'Corrective Rape': Fighting a South African Scourge. Accessed 03 September 2011. <http://www.time.com/time/world/article/0,8599,2057744,00.html>; See also Rapes (per capita) Statistics (2011) Website. [http://www.nationmaster.com/graph/crime/crime\\_rap\\_percap-crime-rapes-per-capita](http://www.nationmaster.com/graph/crime/crime_rap_percap-crime-rapes-per-capita).

<sup>78</sup> South African Government (2011) *South Africa Yearbook 2010/11*; National Prosecuting Authority (2009) *Thuthuzela Care Centres: Turning Victims into Survivors*, [http://www.info.gov.za/events/2009/TCC\\_2009.pdf](http://www.info.gov.za/events/2009/TCC_2009.pdf).

<sup>79</sup> United N Women. Progress of the World's Women. Thuthuzela Care Centres in South Africa. Website Article. Accessed 03 September 2011. <http://progress.unwomen.org/2011/06/thuthuzela-care-centres-in-south-africa/>.

<sup>80</sup> Danish Government. Ministry of Foreign Affairs of Denmark: Udenrigsministeriet. Embassy of Denmark, Pretoria. News Article. Accessed 03 September 2011. <http://www.ambpretoria.um.dk/en/menu/AboutUs/News/ThuthuzelaCareCentresOpeningInKwaZuluNatal.htm?printmode=True>.

## Service Provision

39. TCCs are essentially 'One-Stop Shop' centres located in hospitals or communities where rape cases are particularly high. They aim to provide survivors with a broad range of essential services in one location— including investigative, prosecutorial, medical and psychological services. A range of multidisciplinary personnel including health care professionals, counsellors, police and prosecutors work as a team at the centres.<sup>81</sup> A victim assistance officer, case monitor and site coordinator works with the victim to explain and understand the procedures and services at the centre, ensuring that the victim receives all the necessary services and prevent any secondary victimisation. The victim is usually first seen by a medical practitioner who performs forensic and medical examinations. Afterwards, an investigation officer interviews the victim taking statement; Social worker or nurse provides support and arranges follow up counselling, medical visits and treatment. The victim is able to consult with a specialist prosecutor and is provided with information about the legal process- (opt-out); once the crisis response is dealt with, the victim is provided with transport to home or place of safety. At close proximity to TCCs, are the specialist sexual offence courts.<sup>82</sup>
40. South Africa's specialist 'Sexual Offence Courts', were established in 1993 as a radical measure to increase conviction rates, minimise court delays, and reduce high victim withdrawal rates.<sup>83</sup> These Courts deals with sexual assault matters involving women and children. A dedicated judge and two full time prosecutors are assigned to the court, with specialised case managers to act as a go between with witnesses, police, court staff and prosecutors. The Courts also features close police/prosecutor consultation. There are now more than 50 Sexual Offences Courts operating in regions throughout South Africa.<sup>84</sup> Specialist police units have also been established since 1997 to deal with family violence, child abuse and sexual assault units.

### *Comment on TCCs and Specialist Courts*

The specialist courts have increased conviction rates and reduced delays. Over the five-year period from 2001-2006 conviction rates rose by 9%. In fact, between 2008/9 the sexual offences courts achieved an average conviction rate of 66.7%<sup>85</sup> This may be due to the reduced turnaround time from investigation to prosecution, from up to five years, to

<sup>81</sup> Du Mont J., White D., (2007) *The uses and impacts of medico-legal evidence in sexual assault cases: A global review*. WHO. Sexual Violence Research Initiative. <http://www.svri.org/medico.pdf>

<sup>82</sup> National Prosecuting Authority (2009) *Thuthuzela Care Centres: Turning Victims into Survivors*, [http://www.info.gov.za/events/2009/TCC\\_2009.pdf](http://www.info.gov.za/events/2009/TCC_2009.pdf).

<sup>83</sup> South African Government. South African Government Information. Statement by the Minister of Justice. Accessed 03 September 2011. <http://www.info.gov.za/speeches/1997/08010X70797.htm>.

<sup>84</sup> South African Government. Department of Justice and Constitutional Development (2009) *Annual Report 2008/09*, 7. <http://www.info.gov.za/view/DownloadFileAction?id=124898>.

<sup>85</sup> Ibid.

less than six months, but undoubtedly, the whole system redesign has helped to achieve it.<sup>86</sup>

The Soweto TCC, in Gauteng Province, treats approximately 165 victims every month, including children as young as two years old. The trial completion time for cases dealt with by the Soweto TCC is seven and a half months, compared to the national average of approximately two years, and conviction rates have reached up to 89%.<sup>87</sup>

It is estimated that TCCs treat approximately 20% of all victims of sexual offences in South Africa.<sup>88</sup> The TCC model has been widely acclaimed as a 'best practice model' internationally, with countries such as Chile and Ethiopia adopting similar models.<sup>89</sup>

## Nordic Countries<sup>90</sup>

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<sup>86</sup> Ibid.

<sup>87</sup> UN Women. Progress of the World's Women. Thuthuzela Care Centres in South Africa. Website Article. Accessed 03 September 2011. <http://progress.unwomen.org/2011/06/thuthuzela-care-centres-in-south-africa/>.

<sup>88</sup> United States Agency for International Development (USAID) South Africa. (2008) *Project Thuthuzela Care Centres*. [http://sa.usaid.gov/south\\_africa/sites/south\\_africa/files/Thuthuzela%20Bara%2008\\_0.pdf](http://sa.usaid.gov/south_africa/sites/south_africa/files/Thuthuzela%20Bara%2008_0.pdf).

<sup>89</sup> UN Women. Progress of the World's Women. Thuthuzela Care Centres in South Africa. Website Article. Accessed 03 September 2011. <http://progress.unwomen.org/2011/06/thuthuzela-care-centres-in-south-africa/>.

<sup>90</sup> Amnesty International (2010) *Case Closed. Rape and Human Rights in the Nordic Countries-Summary Report. Stop Violence Against Women*. <http://www.amnesty.org/en/library/asset/ACT77/001/2010/en/5ba7f635-f2c3-4b50-86ea-e6c3428cf179/act770012010eng.pdf>.

- National specialist Centres of Excellence committed to improving sexual assault provision nationally, do not only provide specialist care to victims, but also act as a national resource, actively undertake research and push for improvement through novel and innovative. They are found in Copenhagen, Denmark; Uppsala, Sweden; Oslo, Norway and Reykjavik in Iceland.
- More typical 'Sexual Assault Centres' as in other countries also exist, that provide clinical and forensic help, as well as counselling and longer term help. These are found in Norway, and at regional levels in Denmark.
- Sweden mainly treats rape victims in women clinics based in public hospitals. There are only a few specialised centres for victims of sexual assault and no public system providing specialised support centres for rape and other sexual offences.
- Finland has no state-funded or nationwide support system for victims of sexual violence. They are treated in healthcare centres, but levels of expertise differ greatly between the centres.

## Service Provision Models

41. The 'Centres of Excellence' (CoE) model seems to dominate in the Nordic nations.<sup>91</sup>

They have therefore been described as the 'Nordic model of rape victim centres'. However, similar provisions also exist in Amman in Jordan as well as in Dublin in Ireland.

42. CoEs are usually hospital based. They represent a national resource, usually located in large city. What critically distinguishes a Centre of Excellence is that they are usually well funded, recognised nationally and hold extensive expertise, undertaking important research and publishing findings.

43. There also exists 'Sexual Assault Centres' (SACs) in Denmark and Norway in the major towns and cities, providing specialised medical and psychological help to women victims of sexual violence. SACs provide expert forensic examinations and play important role in obtaining the necessary medical evidence in cases where the rape is reported to the police.

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<sup>91</sup> Kelly and Regan., (2003) *Good Practice in Medical Responses to Recently Reported Rape, Especially Forensic Examinations: A Briefing paper for the Daphne Strengthening the Linkages Project*, London Metropolitan University: London. 16. <http://www.rcne.com/downloads/RepsPubs/Forensic.pdf>.

*Westen Danish Sexual Assault Centre (Aarhus)*<sup>92</sup>

- 24/7 access
- Self-referral with overnight stay, if victim chooses
- Over 12 years old
- nurses and clinicians see victims
- forensic examination
- medical examination for sexually transmitted infections
- legal counselling
- separate room for police questioning
- access to talk to a psychologist the next day and follow-up by nurse, psychologist, Gynaecology services

44. National authorities in both Denmark and Norway are clear in their acceptance that victim rehabilitation and support is a state responsibility.<sup>93</sup> Amnesty International has criticised the poor collection and use of forensic evidence in the Nordic criminal justice systems. In Denmark where systems of collection are in place, forensic evidence does not appear to be a decisive factor in the outcome of rape cases.<sup>94</sup> In Norway, where the evidence is available from SACs, the Police do not appear to factor it into their investigations, partly because they would have to pay for the forensic reports.<sup>95</sup> Police in Sweden seldom ask for forensic reports.<sup>96</sup> There is a variable standard of forensic evidence collection reported for Finland, in the healthcare facilities attended by victims.<sup>97</sup>

45. In Sweden, rape victims are treated in women's clinics in public hospitals.<sup>98</sup> Only a few specialised centres are available to victims and there is no public system providing specialised support centres for rape and other sexual offences. Typically, longer-term support for victims of sexual violence, such as that given by women's shelters in Sweden, is provided by non-profit organisations. Implementation is in early stages for a recently developed national programme on care for victims of sexual violence.<sup>99</sup> This programme is expected to ensure legally secure procedures for sampling and documentation but, it is silent on long-term rehabilitation or psychological help.<sup>100</sup>

<sup>92</sup> Ingemann-Hansen O., (2008) *Assessment of the importance of forensic examination for victims of sexual violence – emphasis on legal consequences and prevention of postassault trauma*. PhD thesis. Faculty of Health Sciences University of Aarhus. [http://www.dadlnet.dk/dmb/dmb\\_phd/doc/Afhandling\\_OIH.pdf](http://www.dadlnet.dk/dmb/dmb_phd/doc/Afhandling_OIH.pdf).

<sup>93</sup> Amnesty International (2010) *Case Closed*, 21.

<sup>94</sup> Ibid. 19

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

<sup>97</sup> Amnesty International (2010) *Case Closed*, 21-2.

<sup>98</sup> Ibid., 22

<sup>99</sup> Ibid.

<sup>100</sup> Ibid.

46. With Finnish governments tending to view gender-based violence as a 'private issue' it is thought that adherence to international obligations to provide rehabilitation for victims of sexual violence is weak.<sup>101</sup> There is no state-funded or nationwide support system for victims of sexual violence in Finland. At acute crisis, rape victims are treated in healthcare centres, but levels of expertise differs greatly between the centres.<sup>102</sup>

End

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<sup>101</sup> Ibid., 21-22.

<sup>102</sup> Ibid.



# Glossary

<b>AUD</b>	Australian Dollars	
<b>FNEs</b>	Forensic Nurse Examiners	Australia
<b>HELP</b>	The Auckland Sexual Abuse HELP Foundation	New Zealand
<b>NGO</b>	Non-governmental organisations	
<b>OVW</b>	Office on Violence Against Women	USA
<b>RAINN</b>	Rape, Abuse & Incest National Network	USA
<b>SACs</b>	Sexual Assault Centres	Denmark, Norway
<b>SANE</b>	Sexual Assault Nurse Examiner	USA, Australia (New South Wales)
<b>SARCs</b>	Sexual Assault Referral Centres	UK
<b>SARC</b>	Sexual Assault Resource Centre	Australia
<b>SART</b>	Sexual Assault Referral Team	USA
<b>SAS</b>	Sexual Assault Services	Australia
<b>SASP</b>	Sexual Assault Services Programme	USA
<b>SCAN</b>	Suspected Child Abuse and Neglect Program	Canada
<b>SOCA</b>	Sexual Offences and Community Affairs Unit	South Africa
<b>SSVSs</b>	Specialist Sexual Violence Services	New Zealand
<b>TTCs</b>	Thuthuzela Care Centres	South Africa
<b>UN</b>	United Nations	
<b>USA</b>	United States of America	
<b>VAW</b>	Violence Against Women	
<b>VCS</b>	Voluntary and Community Services	
<b>WHO</b>	World Health Organisation	





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