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REPUBLIC OF SOUTH AFRICA

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2030 NDP

Initial management of all victim-survivors of sexual offences: Use APC to practise safely

15 October 2025

10AM – 11AM | 1 Hour

Programme Overview

Time	Duration	Topic	Presented by
10:00 – 10:05	5 mins	Welcoming and Background	Ms Thabile Msila
10:05 - 10:15	10 mins	Key note address	Dr Shiba
10:15 - 10:25	10 mins	Overview of the policy and monitoring	Dr Ncha
10:25- 10:35	10 mins	Overview of the course content Options of training – KH and face-to-face	Knowledge Translation Unit (KTU)
10:35 - 10:45	10 mins	Demo on the KH of online course and F2F resources, and reporting	Knowledge Hub (KH)
10:45 -10:55	10 mins	Questions	Dr Rene De Villers
10:55 – 11h00	5 mins	Closure	Ms Thabile Msila

Thank you for your interest in this webinar.

- The chat has been disabled for the attendees.
- **Please use the Q&A box to post questions for our panel of experts.**
- The session is recorded and will be shared with all the presentations on the Knowledge Hub – www.knowledgehub.health.gov.za/lms.

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Ms Thabile Msila

Dip Nursing (UNISA) BA :Public Admin
M.A: Education Administration (MSU,USA)
Post Grad Dip: Leadership and Management (UCT)
Deputy Director: Human Resource Development (NDOH)

She is an accomplished health professional, passionate about adult learning with diverse work experience in developing and implementing learning programs. She has extensive knowledge and skills in human resource development and continuing education initiatives to empower multidisciplinary professionals.

Dr Dudu Shiba

BA Cur Degree in Nursing Sciences (UNISA), BA Degree in Health and Social Services (UNISA), Master's Degree in Public Health (SMU), PhD in Public Health (SMU).

Dr Shiba has 31 years' experience in the mental health field both at implementation and policy level having worked in primary health care facilities, inpatient mental health facility, community psychiatric services and later as a mental health programme manager at District level, Provincial level and now at National level. She is the Director for the Mental Health and Substance Abuse Programme at the National Department of Health, South Africa. Dr Shiba was instrumental in the establishment of the Othandweni violence referral and management center attached to KaNyamazane Community Health Center in Mpumalanga Province which she managed for three years.

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Dr Relebohile Ncha

Dip. Analytical Chemistry, MBChB (UCT), MPH (SMU), Mmed(Public Health), FCPHM (SA)

Chief Director: Hospitals and Tertiary Health Services, Quality Improvement, EMS, Trauma and Violence, FPS and Implementation of Chapter 8 of NHA (NDOH)

Dr Ncha is a health systems and preventative medicine specialist and has extensive experience within the public and private health sector. Currently, she holds a position of a Chief Director of Hospitals and Tertiary health services and is also responsible for quality assurance and improvement, emergency medical services and forensic pathology services at the National Department of Health.

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Dr Vanessa Mudaly

(MBBCH and FCPHM/MMed)
is the Clinical Content Team lead at the Knowledge Translation Unit (KTU).

She oversees the development and updating of clinical decision support tools and supports the development of training materials. She is passionate about patient-centred primary healthcare and aims to promote effective & impactful evidence-based clinical practice among health workers.

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Dr Candice Daniels

(MBChB, DipHIVMan)
is the Learning Innovation Lead at the Knowledge Translation Unit (KTU).

She is currently involved with expanding the KTU online learning platform to support the growing need for remote learning. Her role includes developing, supporting and evaluating training programmes, including APC, for both healthcare workers and students.

Dr Rhene De Villiers-Coleman is a clinical forensic examiner with special interest in supporting survivors of gender-based violence, sexual offences and child sexual abuse.
In her current, non-clinical role within the Western Cape Department of Health and Wellness, she is focussed on aspects of training, clinical governance, and policy support within services to survivors of sexual violence, domestic violence and sexual abuse.
She believes improvement of medical and psychosocial services to survivors, adults as well as children, is paramount.

'Optimal care when our patients first present could improve criminal justice outcomes, but more importantly, improve the long-term health and psychosocial outcomes for our survivors'.

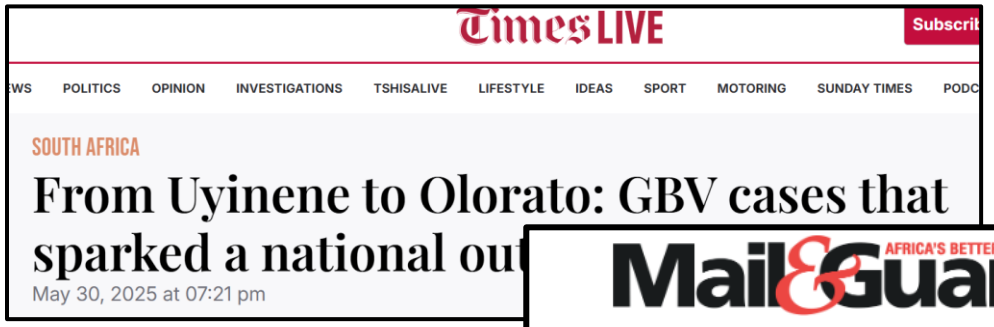
Keynote Address

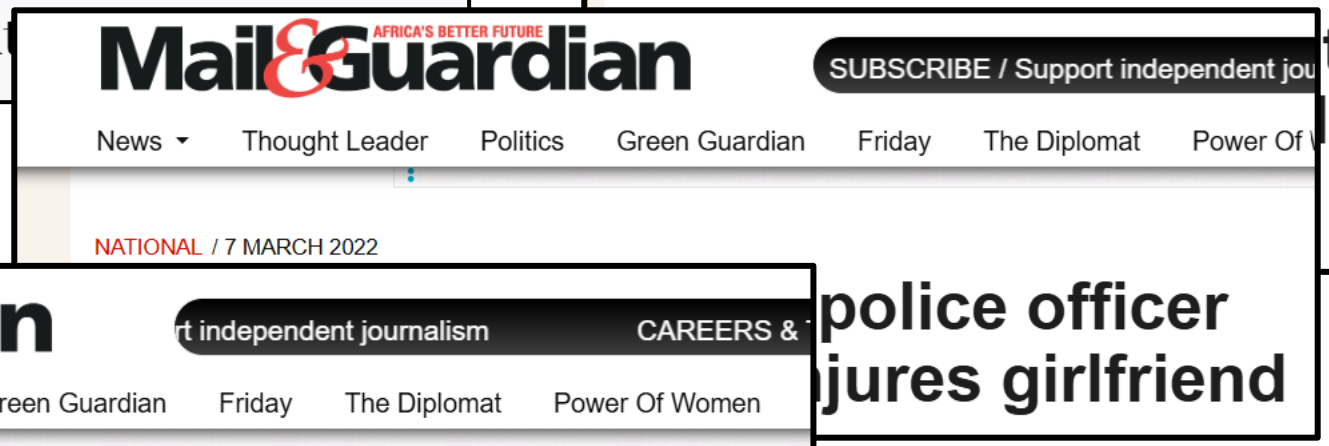
Dr Dudu Shiba

HEALTH DIRECTIVES UNDER THE DOMESTIC VIOLENCE ACT, 1998
(Act No. 116 of 1998) as amended

Dr Relebohile Ncha

Situation in the country





Background

- SA is facing a crisis: Gender Based Violence and Domestic Violence
- The Justice, Crime Prevention and Security Cluster (JCPS) special Ministerial meeting held on 14 April 2025 to reflect on the magnitude of Gender Based Violence & Femicide (GBVF) in the country.
- JCPS Directors-General Cluster resolved that a NATJOINTS Priority Committee should be established to outline these priorities, set up institutional mechanisms to translate the priorities into practice.
- In line with the national strategic plan on GBVF, the NATJOINTS Priority Committee was established to address this crisis with a focused 90-day Action Plan.
- Chairperson of NATJOINTS **convened a meeting** on 15 April and 16 April 2025.
  NATJOINTS Instruction 11 of 2025: Government's Response To Gender Based Violence & Femicide (GBVF) issued.
- **Seven (7) Work Streams** were identified with clear objectives aimed at development of an integrated government response/ action plan on GBVF.

Workstreams

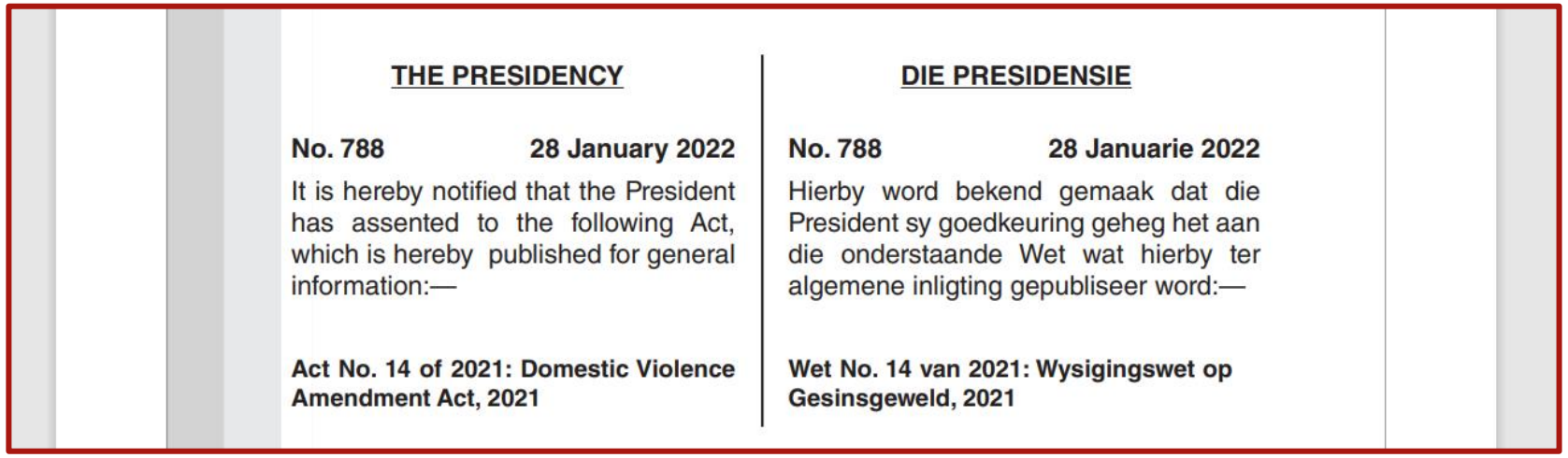
WORK STREAMS / SEVEN PILLAR APPROCH STATUS

- Workstream 1: Prevention and Rebuilding Social Cohesion – Department of Social Development
- **Workstream 2: Enforcement, Care, Support - Department of Social Development, NATJOINTS**
- **Workstream 3: Legal and Regulatory Framework, DoJ & CD, SAPS**
- Workstream 4: Statistics and Systems – Integrated Justice System (IJS), SAPS
- Workstream 5: Funding and Costing – National Treasury
- Workstream 6: Communication, Partnership and Community Mobilisation, GCIS
- Workstream 7: Monitoring and Evaluation – DPME

Workstream 2: Provision of health services at health facilities, Designated health facilities and Thuthuzela Care Centres

Workstream 3: Policy and legal frameworks and the development of Directives for Domestic Violence

Domestic Violence Directives



THE PRESIDENCY

No. 788 28 January 2022

It is hereby notified that the President has assented to the following Act, which is hereby published for general information:—

Act No. 14 of 2021: Domestic Violence Amendment Act, 2021

DIE PRESIDENSIE

No. 788 28 Januarie 2022

Hierby word bekend gemaak dat die President sy goedkeuring geheg het aan die onderstaande Wet wat hierby ter algemene inligting gepubliseer word:—

Wet No. 14 van 2021: Wysigingswet op Gesinsgeweld, 2021

- Developed Directives under the Domestic Violence Amendment Act 14 of 2021
- The amended Act significantly enhances protections against domestic violence, introducing new definitions and processes to better support victims
- Directives for Health Department include instructions on how to support victims of Domestic Violence when the come to our facilities

What has changed?

Expanded Definitions: The amendment broadens the definition of domestic violence to include new forms of abuse such as spiritual abuse, elder abuse, and coercive and controlling behavior. This means that more actions can now be classified as domestic violence, providing greater protection for victims.

Electronic Applications: Victims can now apply for protection orders electronically, which simplifies the process and reduces the need for in-person court appearances. This is particularly beneficial for those seeking urgent protection.

Mandatory Reporting: The Act introduces a provision requiring adults who are aware of domestic violence incidents to report them to authorities, such as social workers or the police. Failure to do so may result in criminal charges. This aims to encourage reporting and intervention but has faced criticism regarding potential impacts on victims' willingness to disclose abuse.

What has changed?

Integrated Electronic Repository: The establishment of an integrated electronic repository for domestic violence protection orders aims to streamline the management and accessibility of these orders, enhancing the enforcement of protections.

Protection for Related Persons: The amendments also extend protections to related persons, ensuring that threats or acts of violence against family members are addressed under the same legal framework

- From these new amendments we have developed Directives that outlines the role of the Department of Health
- The Directives outlines the roles that health care workers should play in the case where they encounter a Domestic Violence Victim

Conclusion

- We have developed the Directives and waiting for the final legal processes
- We will need assistance with training, and the online platform will be one of the platforms we will use
- We are finalizing the module
- We encourage people to access the modules and be trained on the Directives

Introduction to the course

Introduction to this course

What is the purpose of this course?

- This course is to empower healthcare workers to safely treat all victim-survivors of sexual offences during the initial consultation.

Who is it for?

- This course is designed for nurses, but it will be valuable to all healthcare workers.

What to know:

- This is NOT a competency course and completing it will not alter your scope of practice or prescriber level.
- There is an online option to take this course on the KH OR it will be available in person via the RTCs.

Overview of the course outcomes

By the end of this course, you will:

- Understand the trauma response and the importance of self-care and communication skills, when managing victim-survivors.
- Know how to apply the step-by-step emergency management of victim-survivors of a sexual offence. This includes the medical management, referral and mandatory reporting processes, making use of APC.
- Identify health system strengthening opportunities and available community resources.
- Know how to identify self-care needs and ask for help.

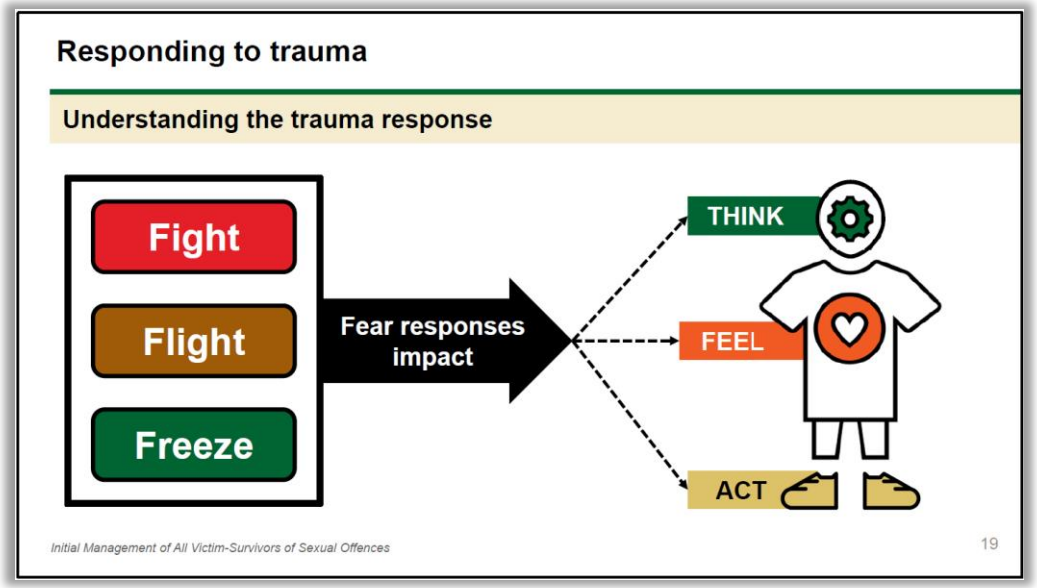
Course content

- This course contains **4 content chapters** in the form of video presentations.
- It will take you **approximately 4-6 hours** to complete.
- There is a final **quiz** that requires you get at least **70%** before getting the certificate. It is open book.
- This course references the Adult Primary Care (APC) Guide, so it is advisable that you complete the APC training on the KH too.
- You need to complete this course using **your own** personal account, so you get your certificate.

Course content

1. Responding to trauma

- Introductions: Training learning outcomes, How this training works
- Understanding the trauma response: Thoughts, feelings and behaviours, Fight, flight, freeze responses. Self-reflection on how these impact on how to care fully in a consultation
- Self-care: How to care for oneself so that you can care for others.
- Communicating with care: Reiterate the do's and don't's of communicating effectively from APC
- Medicolegal responsibilities: Batho Pele principles, Confidentiality, Reporting obligations, Consent

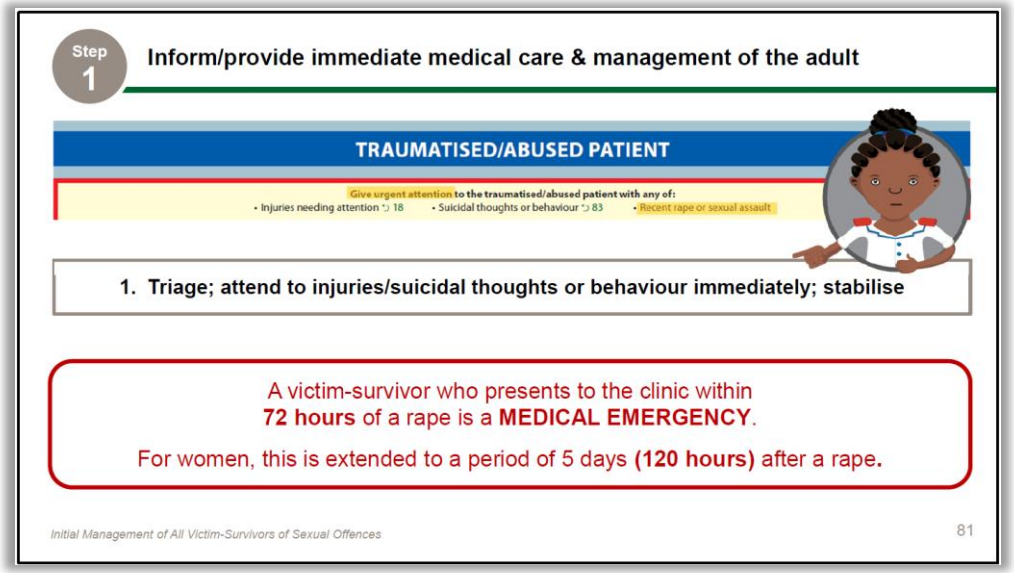


Course content cont…

2. Steps to guide safe practice

PART 1: definitions and management of the adult victim-survivor

- Legal definitions of sexual offences
- Your approach to victim-survivors of sexual offences
- The path a victim-survivor follows to get the right help
- Step 1: Inform/provide emergency medical care and management of the adult.

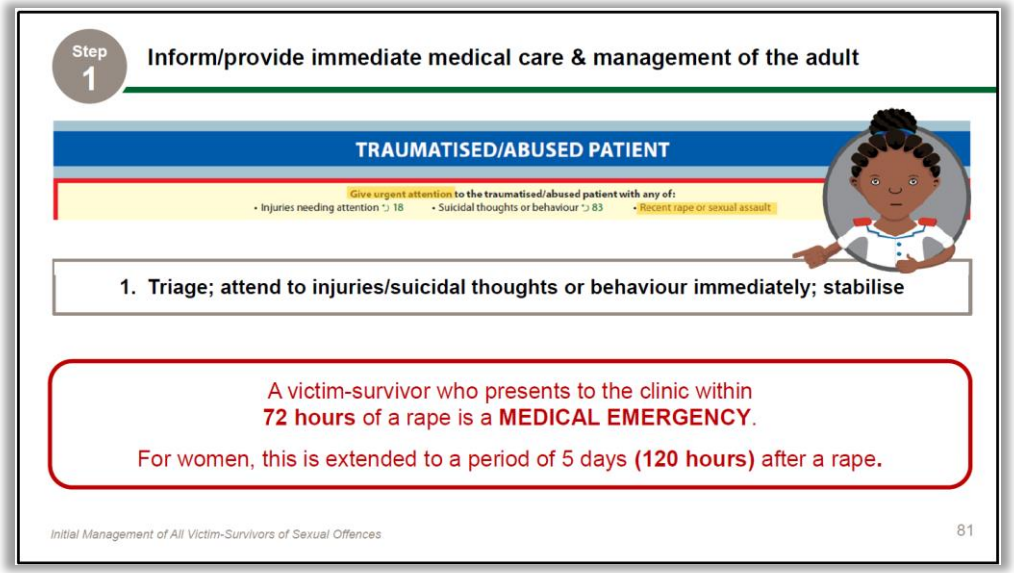


Course content cont…

2. Steps to guide safe practice

PART 2: Management of the adult victim-survivor continued

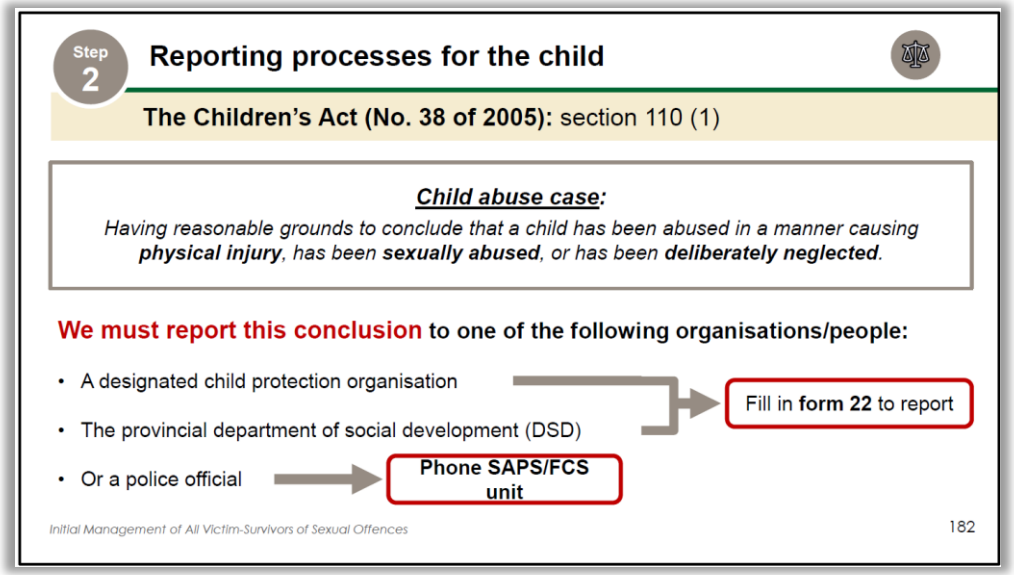
- Step 2: inform adult about legal options/mandatory reporting if applicable.
- Step 3: non-urgent medical care, referral, recording and follow up of the adult victim-survivor.



Course content cont…

PART 3: management of children who have been sexually abuse *(appropriate guidelines for those <18 years old)*

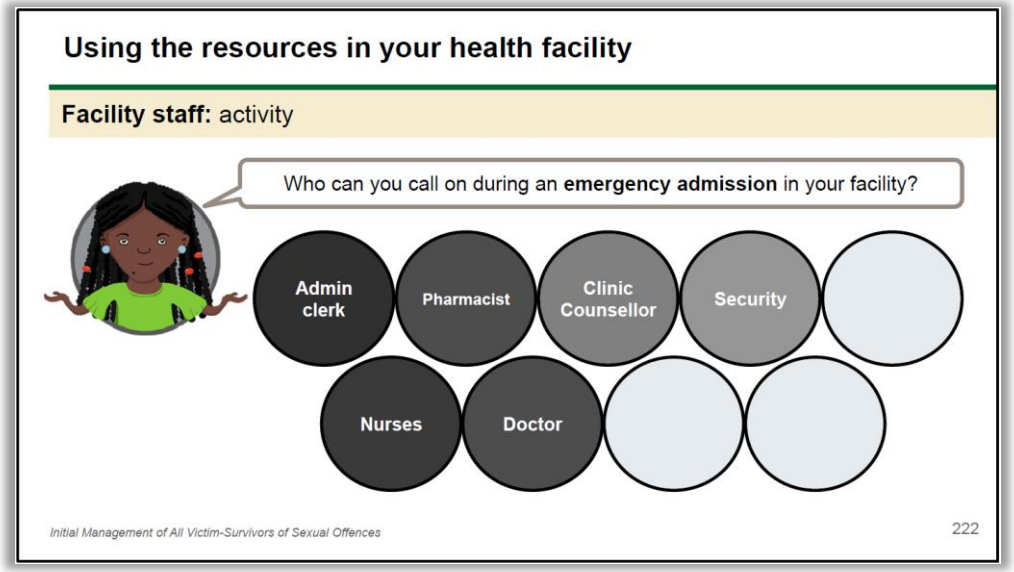
- Step 1: provide emergency medical care & management of the child.
- Step 2: reporting processes for the child.
- Step 3: non-urgent medical care, referral, recording, and follow up, of the child.



Course content cont…

3. Working within your facility: health system strengthening

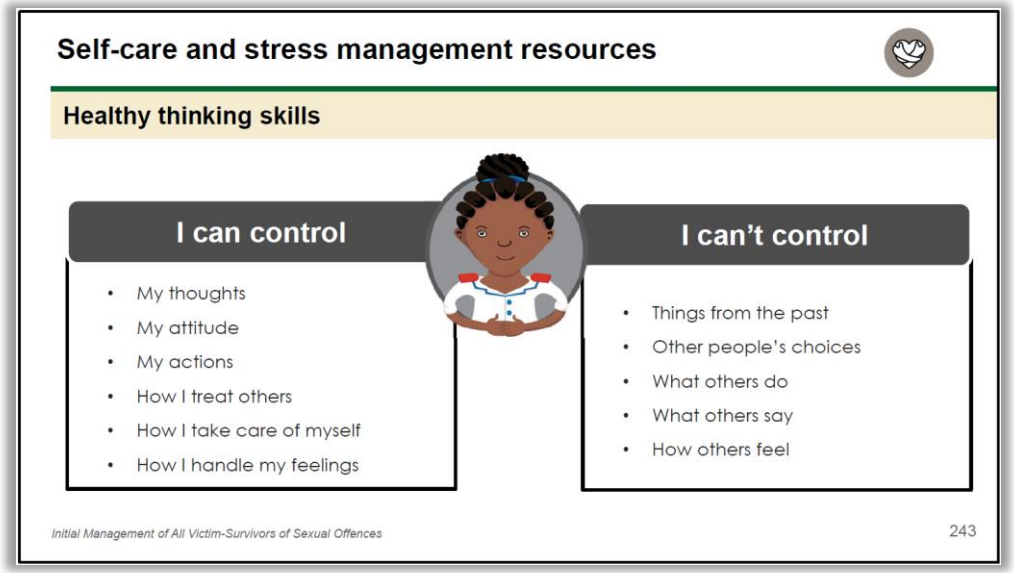
- Using the resources in your health facility: Facility supplies, facility staff, essential services and process flow.
- Using the resources in your community: Mapping support networks in the community.



Course content cont…

4. Self-care for the HCW: utilising the services available

- Self-care and stress management resources
- How to have a supportive team conversation
- Useful support services

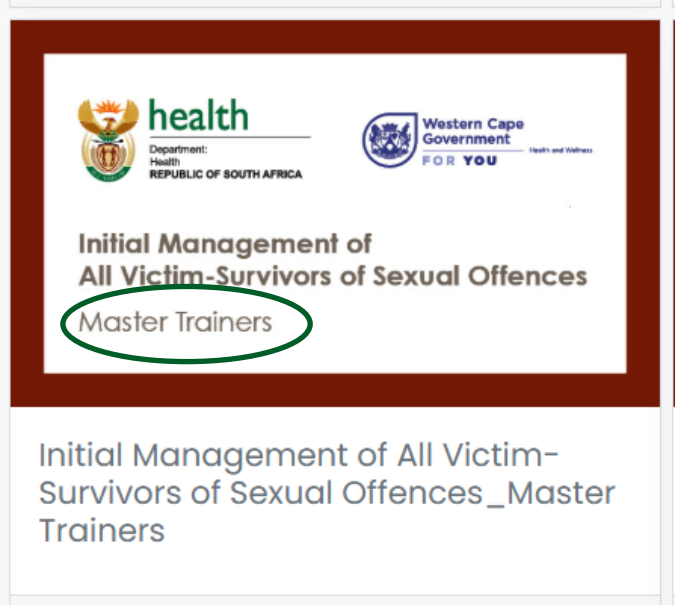


Options to access the course

1. On the Knowledge Hub – demo to follow

2. In-person training via the RTCs.

The resources for Master Trainers are available to download from the KH - demo to follow



Monitoring and evaluation of the training

- Completion of the training needs to be reported to Facility Managers.
- Reporting templates for in-person training is included in Master Trainers resources
- Once uploaded certificates will be generated from Knowledge Hub – demo to follow

Navigating the course on the Knowledge Hub

Q&A

Acknowledgements and Closure

THANK YOU