

CMScript

Issue 11 of 2025



Member of a medical scheme? Know your guaranteed benefits!

Focus on Sexual Violence

The national crime statistics released by the South African Police Services (SAPS) show that 13 452 sexual offences were reported in just three months, from January to March 2025. These sexual offences include rape, sexual assault, attempted sexual offences and contact sexual offences.

Overall, it translates to an average of 4 484 cases every month, or nearly 150 people experiencing sexual violence every single day. This only provides a partial view, as many incidents are never reported, meaning the true number is likely much higher.

What is sexual violence?

Sexual violence is defined as “any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, which is defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.” Non-penetrative coerced sexual acts are also considered sexual violence.

Forms of sexual violence include:

- **Rape or Sexual Assault** – Forcing someone to have sex or take part in sexual activity without their agreement.
- **Child Sexual Abuse or Incest** – Any sexual activity involving a child, including abuse by a family member.
- **Sexual Assault by a Partner** – When a current or former partner forces or pressures someone into sexual acts they do not want.
- **Sexual Exploitation** – Taking advantage of someone sexually for personal benefit, money, or power.
- **Unwanted Sexual Touching** – Any sexual touching or physical contact that happens without consent.
- **Sexual Harassment** – Unwanted sexual comments, messages, or actions, whether in person, online, or at work.
- **Watching Someone Without Permission (Voyeurism)** – Secretly watching someone who is undressing or involved in a private act without their knowledge or consent.



- **Public Masturbation** – Touching oneself sexually in public or in front of someone who has not agreed to it.
- **Indecent Exposure** – Showing private parts or being naked in front of others without their consent.

Sexual violence affects people of all genders, ages, races, religions, incomes, abilities, professions, ethnicities, and sexual orientations. Perpetrators of sexual violence can be acquaintances, family members, friends or strangers.

Many people who experience sexual violence choose not to report it. This is often because they feel ashamed, guilty, or embarrassed, and some are afraid of what their family or friends might think. If the perpetrator is someone known to the survivor, like a partner, friend, or family member, it can make it even harder to speak up. Others worry that no

one will believe them, or they fear being blamed for what happened. In some cases, survivors want to keep it private or think they can deal with it on their own. Negative experiences with the police or healthcare workers can also stop people from asking for help. As a result, sexual violence remains significantly underreported, and the actual prevalence is likely much higher than recorded figures suggest.

Effects of sexual violence on health

The World Health Organization defines health as “a *state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*” Sexual violence affects survivors not only physically but also mentally and socially in the short-term and long-term.

Short-term effects

Short term effects can be classified as follows:

Physical Health Effects	Physical injuries like bruises and cuts
	Genital trauma
	Sexually transmitted infections (STIs)
	Unwanted pregnancy
	Miscarriage
	Unsafe abortion
	Stress response symptoms such as stomach problems (nausea, cramps, or diarrhoea)
	Headaches, muscle pain, tiredness, or appetite changes, sleep disturbances
	Physical symptoms due to post-traumatic stress disorder, such as increased blood pressure and heart rate, joint and muscle pain, nausea, fatigue, headaches and pain
Sexual Health Effects	Vaginal infections
	Pain during intercourse
	Chronic pelvic pain
	Urinary tract infections
	Riskier sexual behaviour
	Reduced interest in sex
	Declining sexual satisfaction
Mental Health Effects	Shock and confusion
	Anxiety
	Depression
	Suicidal ideation
	Post-traumatic stress disorder
	Nightmares and disturbed sleep
	Hypervigilance (feeling constantly on alert)
	Loss of self-esteem
	Sexual dysfunctions
Behavioural and eating disorders	

Long-term effects

Sexual violence survivors may be more likely to experience several intertwined mental, behavioural and physical health issues. They may have behavioural challenges and/or engage in risky behaviours such as smoking, alcohol and substance abuse and eating disorders. The prolonged activation of the body's stress response can also contribute to the development of chronic health problems.

Negative long-term effects also include:

- Depression and anxiety.
- Dissociation and dissociative disorders, where a person may feel disconnected from their thoughts, memories, feelings, surroundings, or sense of who they are.
- Difficulty forming relationships due to trust and intimacy issues.
- Substance use and abuse.
- Issues of low self-esteem and low self-worth.
- Increased risky sexual behaviour such as having multiple partners, exchanging sex or money for goods, and having unprotected sex.
- Eating disorders.
- Sexual difficulties such as decreased sexual desire, arousal problems, aversion to sex and pain during intercourse.

Management of sexual violence

Step 1: Informed consent

Management of survivors of sexual violence involves first obtaining informed consent from the survivor. A history is taken, and a physical examination is done to determine and record any urgent or life-threatening injuries to offer immediate life-saving treatments. Only after stabilising the patient should examination for evidence collection proceed.

Step 2: Medical examination for evidence collection

Further consent for evidence collection must be obtained before this step of examination is initiated. This must be conducted by either a doctor or a nurse trained or experienced in medico-legal evidence collection.

Any visible injuries, from head to toe (on the hands, arms, face, neck, chest, stomach, back, legs, or other areas) are noted and documented. A thorough examination of the genital and anal areas is also done, and samples are collected. Blood samples will be taken to help match DNA, to test for HIV and Hepatitis B, if the person agrees. For women and girls of reproductive age, a pregnancy test must be done. If needed, tests for drugs are also carried out.

If the person has not changed clothes, their clothing is carefully examined and may be collected as evidence. If oral contact was involved, swabs from the mouth and throat are taken.

A special kit is used to collect evidence in a way that meets legal and scientific standards. The healthcare provider will document all his/her findings in a legal form called the J88, which is given to the police. This form is important in court, as it helps support the survivor's account of what happened.

Step 3: Medical treatment

Physical injuries are treated appropriately. To help protect against sexually transmitted infections (STIs), HIV and tetanus, preventive medication is offered, along with a Hepatitis B vaccine.

Emergency contraception should be offered to prevent pregnancy. In addition, HIV prevention treatment (known as post-exposure prophylaxis or PEP) should be offered in line with national health guidelines, unless the survivor is already positive for HIV.

Step 4: Emotional and psychological support

Survivors should receive individualised counselling and on-going psychological support according to their needs.

Sexual violence prevention

Sexual violence prevention strategies require multi-sectoral inputs and involvement across all levels of communities and societies. Education, awareness, and promoting respect for others' boundaries are key parts of prevention efforts.

Support for sexual violence survivors

According to the National Department of Health's Sexual Assault Policy (2012), survivors of sexual violence are entitled to comprehensive, free, and immediate medical care. These services are also covered under the Prescribed Minimum Benefits (PMBs).

Survivors of sexual violence require medical, legal and psychological support that can be provided through specialised units and organisations. The specialised units include health units in public, private, non-governmental, community-based, and other facilities providing services specifically for victims of sexual and gender-based violence.

You can contact your medical scheme, visit your nearest clinic or hospital for help. A list of specialised rape centres can also be obtained [here](#).



Oklahoma State Department of Health

Prescribed Minimum Benefits for sexual violence

Sexual abuse, including rape, is a PMB condition under Diagnostic Treatment Pair (DTP) code 237M.

The treatment component is defined as medical management and psychotherapy, which means all diagnosis, treatment, and care costs related to sexual abuse must be covered in full by medical schemes.

This includes:

- All medical consultations and investigations.
- Pregnancy, drug, and infection testing (including HIV).
- HIV, Hepatitis B, and Tetanus vaccinations.
- Post-Exposure Prophylaxis (PEP) for HIV.
- Emergency contraception.

- Treatment for injuries and infections.
- Termination of pregnancy (TOP) if chosen.
- Counselling and psychotherapy.

Survivors have the right to receive these services in full, without additional payment, under the PMB regulations.

The CMS stands in solidarity with survivors and all organisations working to end gender-based violence. From 25 November to 10 December 2025, we join the global 16 Days of Activism under the theme “*UNITE to End Digital Violence against All Women and Girls*”.

As part of this commitment, CMS will highlight and promote this newsletter on sexual violence — our practical guidance for healthcare providers, schemes, and members on recognising, responding to, and referring survivors of sexual and gender-based violence. We call on medical schemes, healthcare professionals, and members to use the CMScript as a resource to strengthen safe, timely, and trauma-informed care, and to help protect patients from harm both offline and online. In solidarity with survivors, the CMS has adopted a blacked-out aesthetic for this edition of the CMScript to symbolise the sombre reality of sexual violence and the silence many survivors face.

Join us: raise awareness, report abuse, support survivors, and ensure that healthcare pathways remain safe and accessible for everyone.

References

1. Department of Health South Africa. (2012). National policy guidelines for the management of sexual assault in South Africa. Pretoria: Department of Health.
2. Department of Justice. Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (South Africa). Available from: <https://www.justice.gov.za/legislation/acts/2007-032.pdf> [Accessed 27 October 2025]
3. Department of Justice and Constitutional Development. (2012). National Policy Framework Management of Sexual Offence Matters. Available from: https://www.gov.za/sites/default/files/gcis_document/201409/36804gon649.pdf [Accessed 27 October 2025]
4. Güler, A., Maas, M. K., Mark, K. P., Kussainov, N., Schill, K., & Coker, A. L. (2024). The Impacts of Lifetime Violence on Women's Current Sexual Health. *Women's health reports (New Rochelle, N.Y.)*, 5(1), 56–64. Available from: <https://doi.org/10.1089/whr.2023.0089> [Accessed 27 Oct 2025]
5. Mayo Clinic (n.d). Dissociative Disorders. Available from: <https://www.mayoclinic.org/diseases-conditions/dissociative-disorders/symptoms-causes/syc-20355215> [Accessed 27 Oct 2025]
6. National Sexual Violence Resource Center (2010). What is Sexual Violence? Fact Sheet. Available from: https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Factsheet_What-is-sexual-violence_1.pdf [Accessed 21 October 2025]
7. Oklahoma State Department of Health. (n.d.) Sexual Violence Prevention. Available from: <https://oklahoma.gov/health/health-education/injury-prevention-service/sexual-violence-prevention.html> [Accessed 22 October 2025]
8. South African Police Service.(n.d) Fourth Quarter 2024/2025 Crime Stats Presentation. Available from: https://www.saps.gov.za/services/downloads/2024/2024-2025_Q4_crime_stats.pdf [Accessed 21 October 2025]
9. Tavarez, L (2021). Waiting to Tell: Factors Associated with Delays in Reporting Sexual Violence. City University of New York (CUNY) Academic works. Available from: https://academicworks.cuny.edu/cgi/viewcontent.cgi?article=1211&context=jj_etds#:~:text=The%20most%20common%20barriers%20to,or%20taken%20seriously%2C%20being%20able [Accessed 21 October 2025]
10. The Advocate for Human Rights. (2023). Health Consequences of Sexual Assault. Available from: https://www.stopvaw.org/Health_Consequences_of_Sexual_Assault [Accessed 23 October 2025]
11. World Health Organization. (2020). Clinical management of rape and intimate partner violence survivors. Available from: <https://www.who.int/publications/i/item/9789240001411> [Accessed on 23 October 2025]
12. World Health Organization. (n.d) Sexual Violence. Available from: <https://apps.who.int/violence-info/sexual-violence/> [Accessed 16 October 2025]
13. World Health Organization & Pan American Health Organization (2012). Understanding and addressing violence against women: sexual violence. World Health Organization. Available from: <https://iris.who.int/items/e047584f-7359-436b-b073-2bfc7b7b06f4> [Accessed 27 October 2025]

Contact information:

www.medicalschemes.co.za
information@medicalschemes.co.za
Hotline: 0861 123 267
Fax: 012 430 7644