

# UNTREATED VIOLENCE:

Critical gaps in mental health care for survivors of sexual violence in South Africa



VOLUME 3

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## UNTREATED VIOLENCE:

The Need for Patient-Centred Care  
for Survivors of Sexual Violence  
in the Platinum Mining Belt



## UNTREATED VIOLENCE:

Critical gaps in medical and clinical forensic care  
for survivors of sexual violence in South Africa



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Critical gaps in mental health care for survivors  
of sexual violence in South Africa



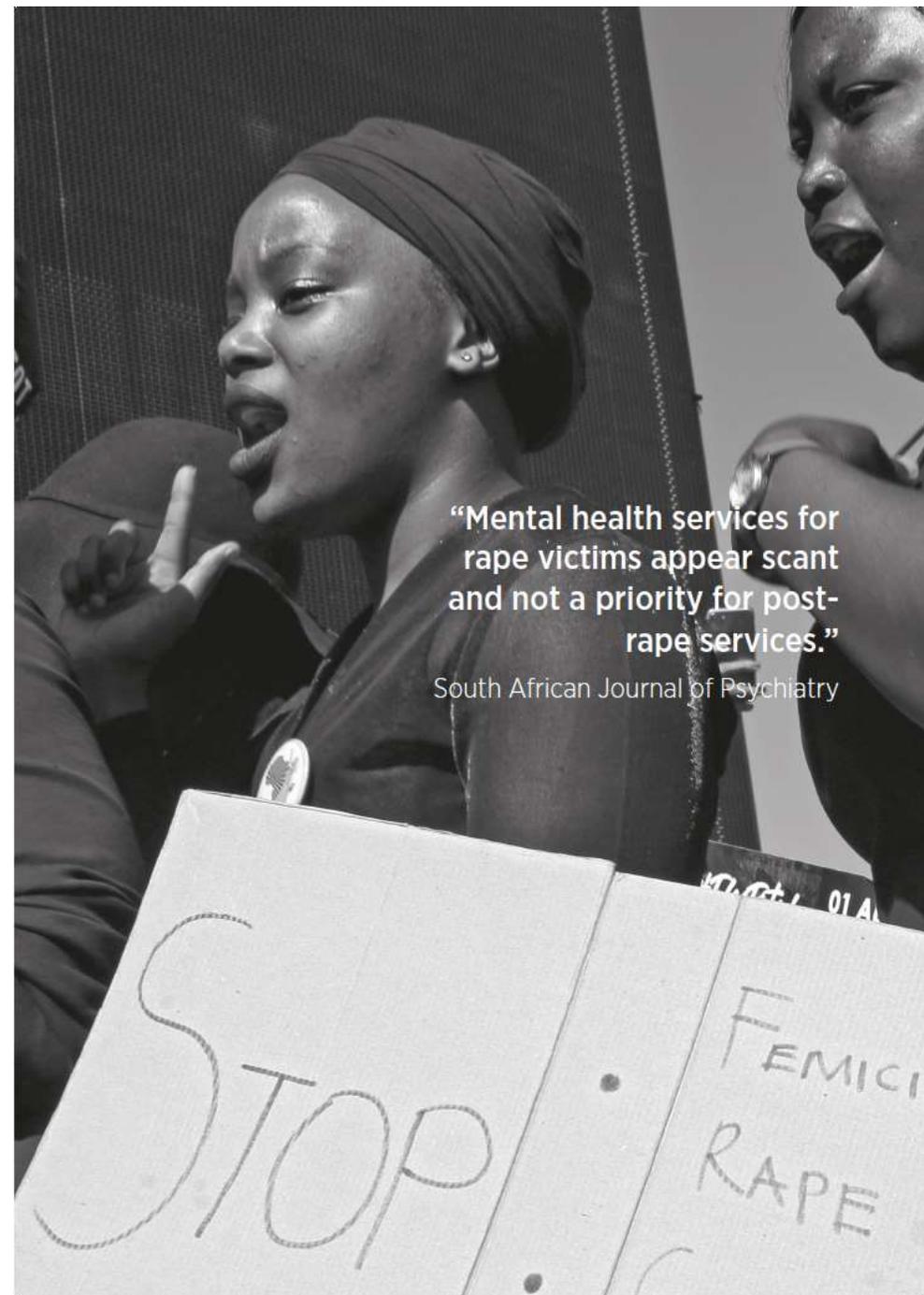
# Sexual violence in South Africa



- South Africa has one of the highest rates of violence against women in the world
- According to the latest South African Police Services (SAPS) data, there are 71 rapes per 100,000 of the population (roughly 50,000 rapes a year).
- Only 5% present for care.
- 35.4% of the young people interviewed in schools had been sexually abused at some point in their lives

***“Only experiences of political torture match or exceed the severity of rape’s psychological effects – yet little local research has been undertaken to explore rape’s psychological impact.”***

Lisa Vetten, Mellon doctoral Fellow, University of the Witwatersrand





# Mental health consequences of sexual violence

- Sexual violence can cause severe health consequences, including **physical injuries, disabilities, and mental health consequences**, including **post-traumatic stress disorder, depression, anxiety and suicidality**.
- Many victims of sexual violence suffer severe mental health consequences, which are often debilitating.

# What mental health services should be provided?

The World Health Organization recommends the following approach for victims of sexual violence:

## 1. Health-care providers should, as a minimum, must offer first-line support, including:

- providing practical care and support that responds to their concerns
- helping them access information about resources, including legal and other services that are helpful.
- assisting them to increase safety for themselves and their children, where needed
- providing or mobilising social support.

## Providers should ensure:

- that the consultation is conducted in private
- confidentiality, while informing of the limits of confidentiality (e.g. when there is mandatory reporting)

2. Unless the person is depressed, has alcohol or drug use problems, psychotic symptoms, is suicidal or self-harming, or has difficulties functioning in day-to-day tasks, apply “**watchful waiting**” for 1–3 months after the event.

3. If the person is incapacitated by the post-rape symptoms (i.e. they cannot function in day-to-day tasks), arrange for cognitive behaviour therapy

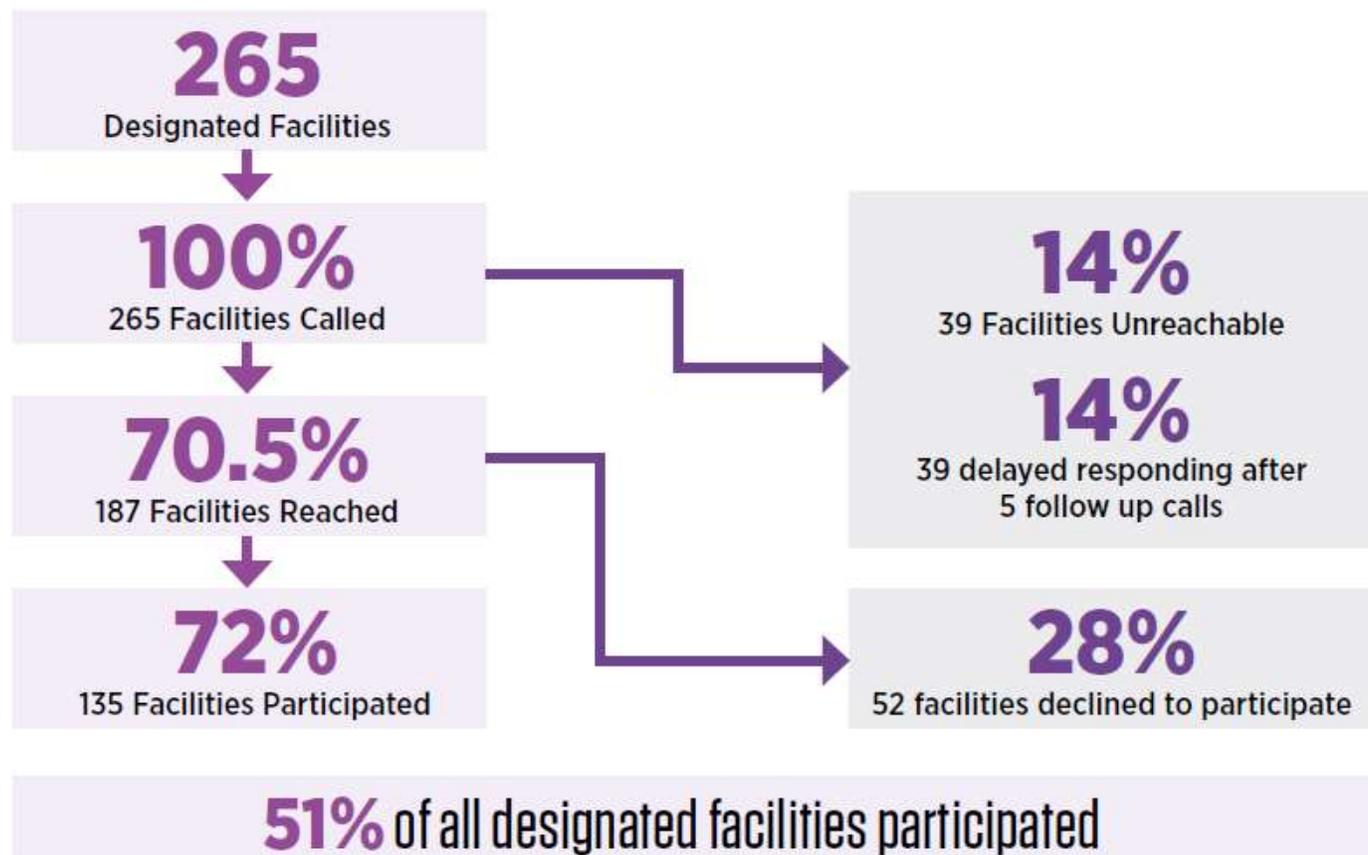
4. Cognitive behavioural therapy (CBT) delivered by **health-care professionals with a good understanding of sexual violence** are recommended for individuals who are no longer experiencing violence but are suffering from post-traumatic stress disorder (PTSD).



# Methods

- Public health facilities were evaluated against the **WHO-recommended guidelines** on service provision for victims of SGBV
- The evaluation of designated facilities was conducted through a telephonic survey in September-October 2018
- Interviewer asking to speak to, in the following order: operational manager or counterpart; nurse in charge, or the focal contact persons on the list of designated facilities.
- 265 of the designated facilities nationwide were contracted to a maximum of 5 times and standardized telephonic survey questionnaire was utilized.

# Survey Results



Flowchart outlining participation in national telephonic mapping exercise

# Absence of Mental Health Services

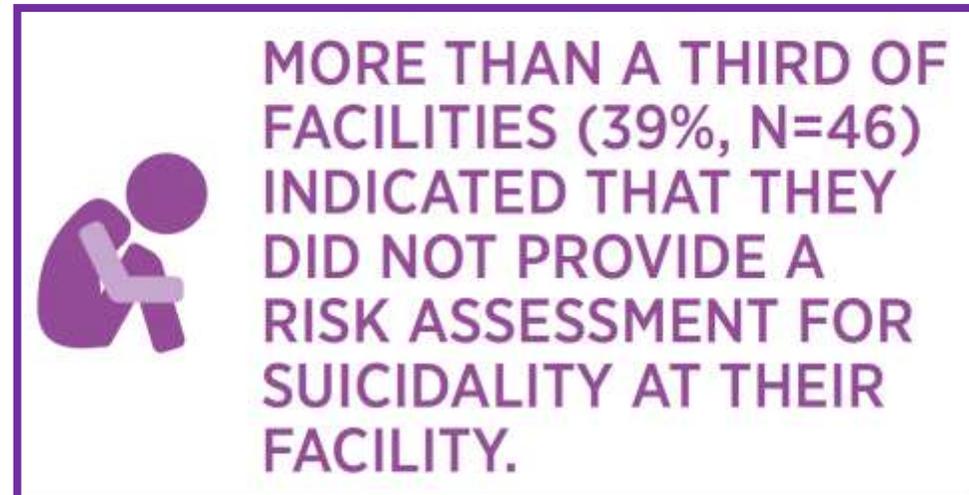
- **1 in 5 (20,5%, n=24)** stated that they **do not provide trauma counselling for victims of acute sexual violence.**
- **33%** of facilities (n=39) stated they **did not offer counselling** for individuals of past incidents of sexual violence.



Mental health services for victims of Intimate Partner Violence (IPV) :

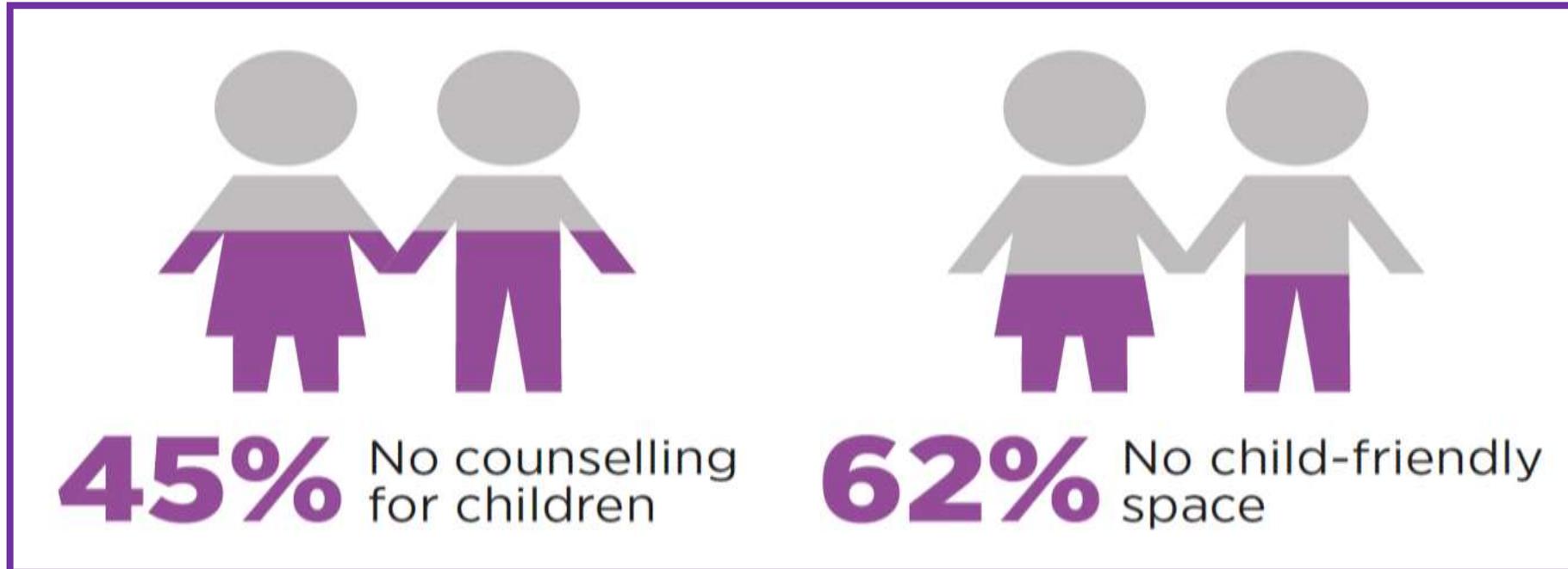


Risk assessments for suicidality:



## COUNSELLING FOR CHILDREN:

- 45% (n=53) of designated facilities indicated that they did not provide counselling for children.
- 62% (n=69) of the facilities did not have a child-friendly space.

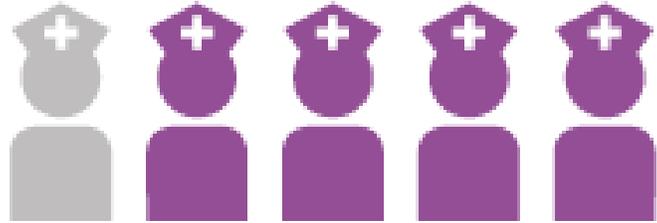


# Follow up Counselling Sessions:



- 25% of facilities (n=30) reported they did not provide any follow up mental health counselling sessions for victims of sexual violence.
- Only 13% (n=16) of facilities had indicated that they had social care groups for victims of sexual violence.
- Only 20% (n=24) of facilities conducted home visits for victims or had any kind of community outreach activities.

# Insufficient Services



One in five (21%, n=25) facilities stated that there was no health care provider available at the facility to conduct men health counselling.

- **17% (n=20)** of the facilities indicated that there no was health care provider on call 24 hours per day, seven days per week available to provide mental health counselling.
- A third (**33%**) of facilities stated they did not offer counselling for individuals of past incidents of sexual violence
- Only one in four (**24%, n=29**) of the facilities had a health provider that could provide mental health counselling on duty at the facility at all times.

# Limitations

- Self-reported results may present a more positive picture about services than exists in reality.
- Respondents potentially seek to respond in a way that reflects favorably on themselves or their place of work.
- Therefore, while the mapping indicates that there is a significant gap in services, the results may actually underestimate how common gaps in service are.
- **Telephonic surveys do not provide an accurate measure of the quality of service provision.**

# Recommendations

- The findings highlight that **access to mental health services following rape** is lottery in South Africa.
- All 265 designated facilities should take necessary steps to **ensure that counseling services are available 24 hours, 7 days a week, and that service providers have adequate qualifications (registered counselor level) and experience.**
- There is an urgent need to **institute a consistent approach for screening for conditions such as suicidality, major depression and post-traumatic stress disorder**

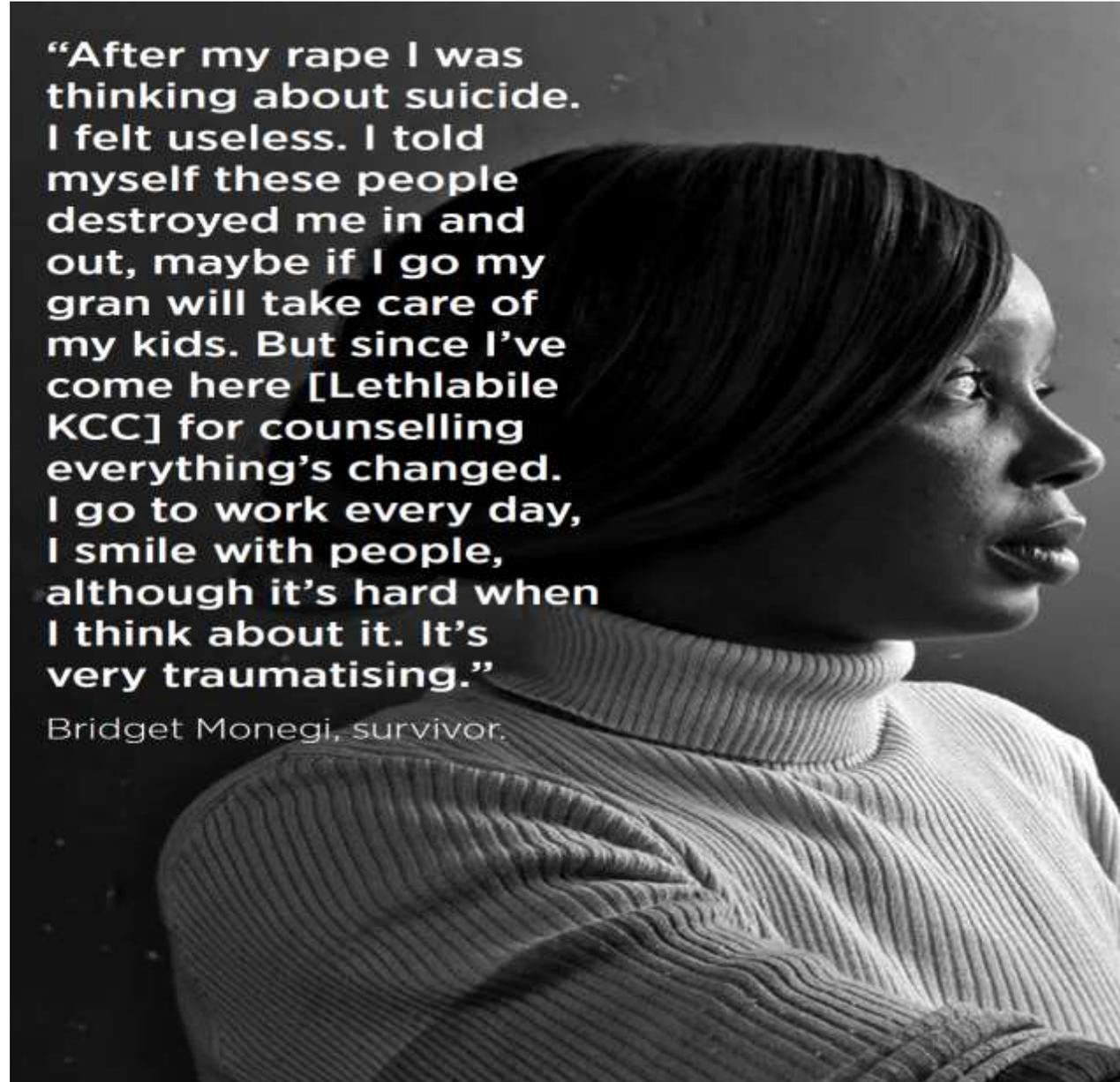
# Recommendations

- These findings highlight the **need for an interdepartmental review and action plan concerning where, how, and by whom mental health support to survivors of sexual violence are provided**
- To ensure the allocation of adequate resources for mental health care for survivors of sexual violence, **a costing exercise should be undertaken, leading to the allocation of sufficient dedicated funding by all stakeholders providing**

## Testimony after receiving counselling

**“After my rape I was thinking about suicide. I felt useless. I told myself these people destroyed me in and out, maybe if I go my gran will take care of my kids. But since I’ve come here [Lethlabile KCC] for counselling everything’s changed. I go to work every day, I smile with people, although it’s hard when I think about it. It’s very traumatising.”**

Bridget Monegi, survivor.





Patient Rest Room

# KCC ESSENTIAL PACKAGE OF MENTAL HEALTH CARE



## Psychological Care

- Provide initial containment after crisis
- Provide short-term supportive counseling and therapy
- Conduct psychological risk assessment and manage behavioural risks identified
- Provide follow-up psychological care and make referral for advanced psychological care as and when required
- Ensure continuity of mental health care
- Prevent secondary traumatisation

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