HOPE AND HEALING: A PATHWAY TO MENTAL WELLNESS FOR WOMEN SURVIVORS OF GBV

Problem statement

Gender-based violence (GBV) is described as any act of violence directed against a person based on their gender and can be physical, sexual, psychological, social and economic in nature.[1] It remains an important human rights issue affecting women.

Prevalence of GBV

Despite the Sustainable Development Goal of achieving gender equality,[2] globally, it is estimated that one in three women will experience GBV in their lifetime.[3] In South Africa, one in five women (21%) have experienced physical violence at the hands of their partner at some point.[2] In 2018/19 almost 50% of assaults on women were committed by someone close to them such as a friend, spouse or member of their household, compared to 29% committed by an unknown person.[2] The implication of this is that women are often not even safe in their own homes. In 2023, 10.6 women were murdered each day, which is an increase from 8.6 per day in 2021.[4] It is likely that a substantial proportion of these are a result of GBV, as one United Nations report states that the majority of intentional homicides in women are gender-related.[4]

GBV in rural areas

According to 2017 data from a study on femicide*, the Eastern Cape has the highest overall rate for female murders, as well as the highest rates of intimate partner femicide† and non-intimate partner femicide.[5] Other provinces highly affected by intimate partner femicide are the Northern Cape (second highest rate) and KwaZulu-Natal (third highest).[5] This study demonstrated that this critical issue in South Africa disproportionately affects rural areas. Around two-thirds of both intimate partner femicide and non-intimate partner femicide, occur in rural settings (65.9% and 67.2% respectively).[5] Women in rural areas also appear to be more at risk of other types of GBV. A study in KwaZulu-Natal showed that women who had been recently raped were more likely to live in rural areas.[6]

GBV and mental health

GBV does not only result in physical harm but also impacts the survivor's mental health. [7] Women who have been subjected to violence are three to five times more likely to suffer

* The intentional murder of women because they are women.[2]

† Murder of a woman perpetrated by a husband, boyfriend or any intimate partner.[5]

from depression, post-traumatic stress disorder (PTSD), substance abuse or suicidal thoughts.[1]

Access to mental health services

Considering this, women survivors of GBV require access to mental health services to address the impact it has on their mental health. However, accessing these services can be challenging, especially in rural areas. The main demand-side factors that hinder the treatment of mental health disorders are access to care and the shortage of mental health service providers.[8] The latest South African Health Review shows that in 2022, there were a total of 780 psychologists nationwide, with over 60% concentrated in three provinces: Gauteng (243), Limpopo (132) and Western Cape (105).[9] In contrast, many of the more rural provinces had much lower numbers, such as the Northern Cape (16), Free State (29), Mpumalanga (48) and Eastern Cape (65).[9]

These findings highlight the need to address the issue of GBV against women, its impact on mental health and the importance of the accessibility and availability of mental health services in the public sector.

The aim of this policy brief is to:

- Outline the reasons behind ongoing GBV against women in South Africa.
- Increase awareness of the impact of GBV on mental health.
- Highlight the challenges women survivors of GBV face with accessing mental health services.
- Understand the reasons for the shortage of mental health services in rural areas.
- Provide recommendations for addressing ongoing GBV and lack of access to mental health services in rural areas.

Rationale of literature

Many women are still subjected to GBV in South Africa. Police Minister Bheki Cele reported 10,516 rape cases, 1514 attempted murder cases and 14,401 cases of assault against women in the second quarter of 2023/24.[10]

Another concerning form of GBV in South Africa is intimate partner violence (IPV). The World Health Organization describes IPV as “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm”.[11] In 2018/19, 15.2% of women in South Africa were assaulted by a spouse or intimate partner.[2] The Eastern Cape had the highest percentage of women who had ever experienced physical violence (31.6%) by a partner, followed by North West (29.4%) and Mpumalanga (26.4%).[2] In five of the nine provinces, more than 20% of women had experienced physical violence by a partner at some point.[2] North West also had

the highest percentage of women who had ever experienced sexual violence by a partner.[2] This demonstrates the high risk of women in South Africa experiencing IPV.

Furthermore, nearly half of the women in South Africa who have experienced violence also receive a mental health diagnosis.[1]

Reasons for GBV

In this section, some of the reasons for GBV against women will be discussed in more detail. While this is not an exhaustive list, it does shed some light on factors that place women at risk of experiencing GBV.

1. Culture

Many South African cultures follow a patriarchal system in which men believe they have power over women and that women are their possession.[12,13] This cultural and social system has encouraged men to oppress, exploit and dominate women in public and private spaces,[14] contributing to men's belief that they are entitled to women's bodies. In a qualitative study among male inmates in KwaZulu-Natal, a few participants reported that due to their traditional marriages, they did not require consent from their wives to engage in sexual intimacy, but felt entitled to it whenever they wished.[15] In such instances, a woman can be subjected to violence, abuse or rape by her husband and accept it as a cultural norm in her household.

2. Transactional sex

Transactional sex is a separate concept from sex work and is a non-marital, non-commercial sexual relationship where there is an assumption that sex will be exchanged for material support.[16] Between 3% to over 20% of women in South Africa have practiced transactional sex at some point.[16] Transactional sex is driven by gendered poverty where the type of work available to women places them at an economic disadvantage.[16] This gendered poverty is more common in rural areas and in marginalised population groups.[16] The material support which transactional sex provides reinforces the belief that men have control over women, and thus transactional sex has been linked to emotional, sexual and physical abuse.[16] In some instances, the beliefs held by men around transactional sex can lead to women being raped. A man convicted of rape explained that once he and his friends had bought alcohol for some ladies, they felt entitled to have sex in exchange.[15]

3. Poverty, education and unemployment

Women who are living in poverty, have less education or are unemployed are at higher risk of experiencing some form of GBV. In South Africa, the prevalence of physical violence was the highest in the groups of women who had not, at least, completed their secondary education, according to data from 2016.[2] The same data also showed that physical violence in women in the poorest fifth of the population was more than double that of women in the wealthiest fifth, at 29% and 12% respectively.[2] Poverty, education and unemployment are inextricably linked, and thus it follows that unemployment also affects GBV rates. In the second quarter of

2023, 35.7% of South African women were unemployed compared to 30% of men.[17] While unemployment rates have varied since 2016, a gap between the employment of men and that of women has remained.[17] One reason for this may be that the South African job market tends to favour men, leading to more paid work opportunities for men compared to women.[18] This in turn creates a lack of economic independence among women and places them at risk of experiencing violence.[18] While women who are educated and economically independent are not immune to GBV, they are less likely to experience it due to their confidence to leave such relationships and to report incidences of violence to authorities.[18] The association between GBV (particularly IPV) and poverty is well described in literature,[6] which reinforces the importance of education and financial stability for women to effect a meaningful reduction in GBV.

The impact of GBV on women's mental health

Gender-based violence not only results in physical harm but also negatively impacts women's mental health. Post-traumatic stress disorder (PTSD) and depression are two of the common mental health disorders women experience as a result of GBV. In KwaZulu-Natal, one study found that women who had been raped had significantly higher levels of depression and PTSD than those who had not, with 42.2% meeting the criteria for depression and 32.7% meeting the criteria for PTSD.[19] Another qualitative study in a rural district (Vhembe) in Limpopo found that women described feelings of worthlessness, social isolation, experiencing feelings of depression and feeling anger towards their children as a result of GBV.[20] A larger study in South Africa found that GBV resulted in depression and having suicidal thoughts.[20] These studies show that GBV can have a profoundly negative impact on women's mental health.

Policies to address GBV

The South African government has acknowledged the issue of GBV against women and has developed policies, such as the *National Strategic Plan on Gender-Based Violence and Femicide* which was launched in 2020.[21] This strategy seeks to address all forms of violence against women and children.[21] Since its launch, there has been implementation of interventions such as legal reform, establishment of a GBV and Femicide response fund, provision of evidence kits at police stations, provision of psychological and social services, and the support for care centres that provide services to GBV survivors.[21]

Accessibility of mental health services

Considering that women who experience GBV are at risk of developing mental health disorders, it is important that they have access to services to assist them. Yet, with just under a third (31.18%) of South Africa's population living in rural areas,[22] access to mental health services is often challenging. The disproportionate distribution of mental health professionals between rural and urban areas,[23] has long been recognised. With low numbers of specialist mental health professionals in the more rural provinces,[9] rural populations often have to rely on general doctors, occupational therapists and nurses for

mental health services.[23] In 2018, it was described that where there are shortages of mental health professionals, patients are often referred to the nearest city.[23] This most likely adds financial and psychological strain on rural women in need of mental health services. A qualitative study in rural areas of the Northern and Western Cape found that patients experienced mental health services as either expensive or non-existent, with the nearest psychiatric treatment facility often being located in another town.[8]

Possible interventions to increase access to mental health services

Some existing interventions provide examples of how South Africa could address the scarcity of mental healthcare workers for GBV survivors. A randomized controlled trial in Kenya focused on interpersonal psychotherapy (a type of psychotherapy) delivered by trained non-specialists among HIV-positive women affected by GBV.[24] The non-specialists who were trained for this trial only needed to have completed their secondary education.[24] They received a 10 day training, followed by supervised practice cases and ongoing telephonic support from specialists.[24] Women who received this intervention had a significantly reduced risk of experiencing major depressive disorder and PTSD.[24] South Africa could adopt similar interventions to potentially solve the shortage of mental health service providers, especially for GBV-surviving women in rural areas. Task shifting among health workers is another option that could assist in bolstering human resources for mental health in rural areas. One qualitative study in South Africa explored the role clinical associates could play in delivering mental health services, particularly for primary health care facilities and district hospitals.[25] It also discussed the possibility of a mental health specialisation for clinical associates that would not only strengthen service delivery in rural areas, but also provide a path for career advancement for clinical associates.[25] Through this, South Africa could solve the shortage of mental health service providers, employ clinical associates and improve mental healthcare in rural areas.[25]

Conclusion

Women in South Africa continue to experience relatively high levels of GBV, especially in rural areas, negatively impacting both their physical well-being and mental health. In addition, access to mental health services is a challenge in rural areas due to the low numbers of mental healthcare workers. To address this situation a two-fold intervention is required: 1. Hope - prevention of GBV through the empowerment and education of women; and 2. Healing - improving access to mental health services through innovative solutions that involve the training of alternative mental healthcare providers.

Recommendations

1. Empowering women

- Changes in legislation that ensure provision of fair and equal employment for women, to ensure financial independence.
- Create avenues for free education for women to ensure employability
- Provide 'social safety nets', such as cash transfers and food assistance, targeting women in poverty.
- Provide affordable and accessible childcare services to enable women to participate in the workforce.
- Ensure women have access to comprehensive healthcare, including reproductive health services.

2. Improving the availability of mental health services

- Advocate for the increased recruitment and deployment of psychologists, psychiatrists, and counsellors to rural provinces.
- Alternatively, implement task-shifting and develop training programs for clinical associates, nurses, and occupational therapists to provide basic mental health support, with a specific focus on GBV survivors.
- Train non-specialist counsellors to provide mental health support to GBV survivors (as was done in the Kenya study).[24]
- Set government incentives for mental health professionals to work in rural areas, such as higher salaries, housing allowances, and professional development opportunities.
- Implement telepsychiatry and tele-counselling services to reach women in remote areas.

3. Strengthen community support systems

- Establish community support groups and peer counselling networks with local non-governmental organisations (NGOs) and community leaders to provide immediate emotional support.
- Run media and wellness campaigns to raise awareness about mental health issues related to GBV and educate communities about gender equality, utilising media platforms, community events, and school programs to disseminate information.

4. Improve accessibility and affordability of services

- Government-funded vouchers or subsidies for mental health treatment for GBV survivors.
- Deploy mobile clinics equipped with trained mental health professionals and necessary resources, that offer mental health services in rural and underserved areas.

5. Policy integration

- Integrate mental health services into the package of care for primary healthcare, ensuring that mental health is a core component of service delivery.
- Update national healthcare policies to include mental health screening and services in all primary healthcare facilities.
- Strengthen laws and policies to protect GBV survivors and provide comprehensive support, including mental health services.
- Collaborate with legal experts and other advocacy groups to draft and enact necessary legislative changes.

6. Data collection and research

- Conduct regular surveys and research to understand the mental health needs of GBV survivors. Use data from research to inform policy decisions and improve service delivery.
- Establish a central database to collect and analyse data on the prevalence of GBV, as well as the association between GBV and mental health outcomes to constantly improve community healthcare and policies.

7. Multi-sectoral collaboration

- Foster collaboration between various government departments, NGOs, and international organisations to address the multifaceted needs of GBV survivors.
- Develop partnerships with businesses to fund and support mental health programs for GBV survivors.

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