

Participant wearing a "You hurt a woman, You hurt a Nation" t-shirt at a women's day event in Johannesburg.
Photo by Colleen Lowe Morna

Key facts

- Effects of GBV in the study include injuries, depression, suicidal thoughts, unwanted pregnancy, miscarriage and other pregnancy related complications and STI including HIV.
- Sixteen per cent of women who experienced physical abuse suffered injuries.
- Women who experienced IPV in their lifetime were more likely to be diagnosed with an STI than women who never experienced IPV in their lifetime.
- A significantly higher proportion of IPV and rape survivors reported a HIV positive status when compared to non survivors.
- Depression is the most common mental health problem among GBV survivors.
- One in six women who participated in the study, reported experiencing depression a week prior to the study.
- A higher proportion of IPV survivors or rape survivors attempted suicide in their lifetime than non survivors.
- More men than women blame or stigmatise rape survivors.



I (Mabricado) am a 25-year-old single woman. I don't have a job but I have studied heavy current electrical engineering. I was raped on 14 July 2012.

I was coming from Thohoyandou. I passed through a *Chesanyama* to grab some food as I was hungry. I then got a lift on a bakery van. When I got off the van it was late.

While I was walking, I saw a guy standing next to me holding a white piece of metal. That guy started pushing me. When I looked around there was another guy. Those guys started to beat me on my face. I began bleeding and was swollen.

While the one guy was busy raping me, the other one was busy beating me again and again. When the one was done raping me, then the one who was beating me began to rape me. The worst part of it was that they were not using condoms. I tried to fight back while they were raping me but because there were two of them they overpowered me and they used a piece of metal to beat me on my head which is why I couldn't run away.

Once they were done they took my phone, money, my keys and shoes. My hand was broken because one of the guys had twisted it. My head, breasts and back were sore and my face was swollen and bruised. After the incident I went home and slept in my pain. The following day I woke up and went to where they had raped me. I wanted to check if I could find my phone or shoes but I couldn't find them. Then I came back home and slept again. When my sister came back she found me in my bed crying. She asked me what had happened and I told her, "I was raped last night." She told me we must go to the police station to open a case against those guys. I told her that I don't know them and that even if they walked past me I don't think I would recognise them. She begged me but I refused to go there. She urged me to go to the hospital to get help and treatment but I refused. She went to

talk to my younger sister and asked her to convince me to go to hospital. I eventually gave in.

First, I went to a clinic and told them what had happened and they referred me to the trauma centre because that was where I could get help. When I went there I met a victim advocate who helped me. She said I must have an HIV test first. When I was still at the trauma centre they advised me to open a case against those guys but I refused. The reason why I didn't want to open the case is that I didn't want the community to know that I was raped by two guys whom I don't even know. I also didn't want my mother to know about it.

After being raped, I was so angry at any men that I met. I even ended up breaking up with my boyfriend since I didn't tell him what happened and he found out from a friend. He broke up with me because he was ashamed of me and he thought I knew the guy who raped me and that was why I didn't want to open a case. I started having nightmares and I was always scared when I met with strangers or going to public places like parties. Sometimes I will just cry alone, blaming myself. I returned for more counselling at the trauma centre, which really helped me. My counsellor asked me to join a survivor workshop and it helped so much. I got support from my friends. I have found myself again.

This story of Mabricado is an account of a woman who finds herself helpless when she is attacked by two rapists. Like many rape victims, her boyfriend rejects her. She further tortures herself with self-blame, anger and hatred towards men. She eventually overcomes the experience through trauma counselling and with support from friends and family.

This chapter analyses women's responses about the effects of GBV. Researchers asked women questions on a range of indicators about their health, including on contraceptive use, condom use, HIV testing and results, sexually transmitted infections and aspects of mental health.

Abuse may result in damage to a woman's physical health and it could have long-term emotional impacts such as depression and insomnia. Women may also experience difficulty forming relationships with their children, whilst others may develop dependency on drugs or alcohol.¹⁷ The stigma associated with being a victim produces other effects, including post-traumatic stress. Women experiencing these effects may not be aware they can be traced back to the abuse.

Physical injuries

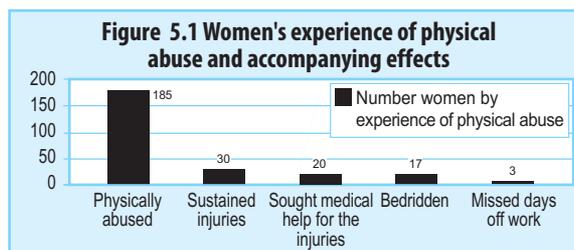
The effects of physical abuse include permanent disability such as blindness, deafness, epilepsy, loss of mobility, hospitalisation for broken bones, concussion, head and spinal injuries, gynaecological problems, losing an unborn baby or birth defects, infertility, treatment for broken teeth, cuts, headaches, concussion, bruises, pain, trauma and staying home so people don't see the bruises. Many women reported that the violence left them with physical scars that range with severity. For survivors, these scars become a source of shame, especially if they appear on the face or arms.¹⁸

Mulalo* who was raped shared *"I was in pain. My vagina was injured because the rapist forced himself into me even though I was tense. I had pain in my back from when he pushed me to the ground and raped me while I lay on top of thorny branches and stones. I was hurt emotionally because I never thought it would happen to me. After the incident I was always afraid to go on errands alone. I was scared that I will get raped again."*

This research associated experiences of GBV with immediate genital and bodily injuries. The survey asked women about the injuries they sustained as a result of physical abuse.

Figure 5.1 shows that 30 (16%) women who had been physically abused suffered injuries. Only 20 (11%) went to a health facility after sustaining these injuries.

Seventeen (10%) had serious injuries which left them bedridden as a result of the assault. Three (2%) women had to take time off work because of the injuries sustained.



Sexual and reproductive health

Effects of GBV reported in this study include pregnancy, miscarriage, sexually transmitted infections including HIV and pregnancy-related problems. The survey asked women about their experiences of sexually transmitted infections in their lifetime including questions about whether they had ulcers on the vagina or discoloured, smelly, itchy or uncomfortable discharge from the vagina. The survey also asked women whether a health worker had ever told them they had an STI.

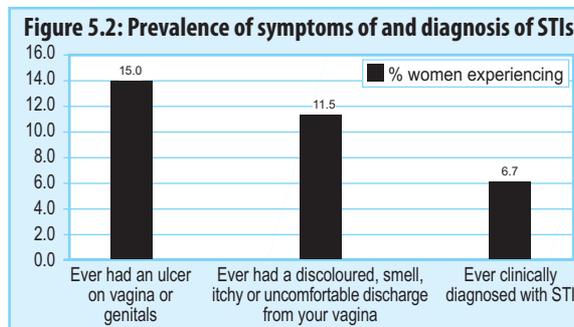


Figure 5.2 illustrates that 15% of women had a vaginal ulcer at some point in their lifetime while 12% experienced symptoms including a discoloured, smelly and itchy vaginal discharge. Seven percent of the women interviewed had been diagnosed with an STI at some point in their lifetime.

¹⁷ Fox S .2003.Gender Based Violence and HIV/AIDS in South Africa. Centre for AIDS Development, Research and Evaluation.

¹⁸ GL Speaking out can set you free.

Table 5.1: Association between symptoms of sexually transmitted infections and experience of IPV by women

	Never experienced IPV	Ever experienced IPV	Never experienced physical IPV	Ever experienced physical IPV	Never experienced sexual IPV	Ever experienced sexual IPV	Never raped	Ever raped
Ever diagnosed of STI %	4.3	10.0	5.0	12.8	6.2	14.3	6.4	12.3
P value	0.006		0.00		0.06		0.2	

Table 5.1 shows that a significantly higher proportion of women who experienced physical IPV in their lifetime had also been diagnosed with an STI. The survey did not find a significant difference in the proportion of women who had been diagnosed with STIs between rape survivors and non survivors.

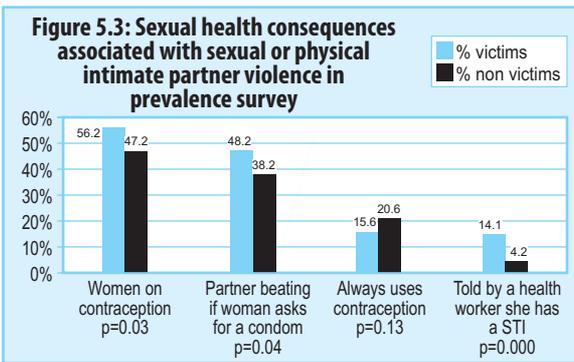


Figure 5.3 shows that a significantly higher proportion of women who experienced sexual or physical IPV used contraception at the time of the research, agreed that their partners would beat them for asking to use a condom and had been diagnosed with an STI. The survey also collected data on the prevalence of condom use. It found no differences in this measure between victims and non-victims of IPV.

HIV and AIDS

The impact of gender violence on risk of HIV infection has been well documented among South African women.^{19,20} Previous research in different settings has shown positive association between GBV and HIV.

This study did not test for HIV but the survey asked women if they had tested for HIV and, if so, what result they obtained.

Table 5.2: HIV testing and results

When did you last have an HIV test	% Women
Never tested	24.1
Last 12 months	64.4
2-5yrs ago	9.6
More than 5 years ago	1.9
HIV Status	
Negative	95.1
Positive	4.9

Table 5.2 shows that 24% of women had never been tested for HIV. The majority of women (64%) had been tested for HIV within the 12 months prior to taking the survey. Of the women who collected their test results, 5% reported an HIV-positive status.



It is essential to get tested for HIV within 72 hours after a sexual assault. Photo by Gender Links

¹⁹ Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet*. 2004 May 1;363(9419):1415-21.

²⁰ Jewkes R, Dunkle K, Nduna M, Shai N. Intimate partner violence, relationship gender power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet*. 2010;367:41-8.

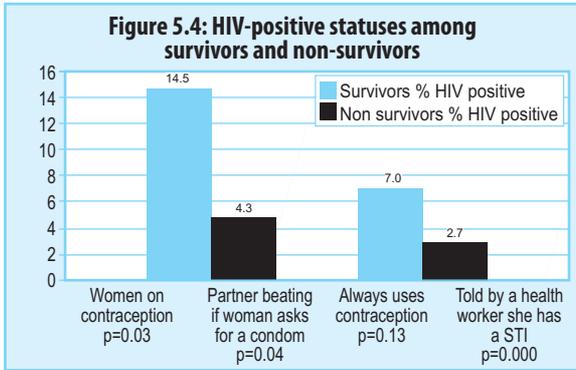


Figure 5.4 shows that a significantly higher proportion of IPV and rape survivors reported an HIV-positive status compared to non survivors. One in seven (15%) rape survivors and 7% of IPV survivors reported an HIV-positive status.

Mental health

The survey results also explored the serious and negative health impacts of GBV on women's mental health. Women in the study showed symptoms of mental health problems.

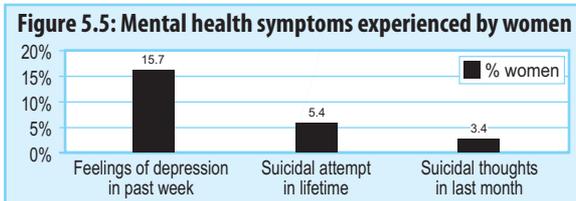


Figure 5.5 shows that one in six women (16%) participating in the study reported feeling depressed in the week before the survey. More than 5% of women attempted suicide in their lifetime and more than 3% experienced suicidal thoughts in the month before the survey.

Figure 5.6 illustrates the proportion of women who experienced physical or sexual intimate partner violence and had current mental health problems. Depression is the most common mental health problem among women who had experienced intimate partner violence. Thirty percent of survivors

compared to 11% of non-survivors expressed high levels of depressive symptomatology at the time of interview. About a tenth of women who had been abused disclosed attempting suicide. This proportion is double that found among women who had not experienced physical or sexual IPV. Six percent of survivors compared to three percent of non-survivors experienced suicidal thoughts. These findings indicate a particularly high burden of mental ill health among women who have been sexually or otherwise abused by their partners.

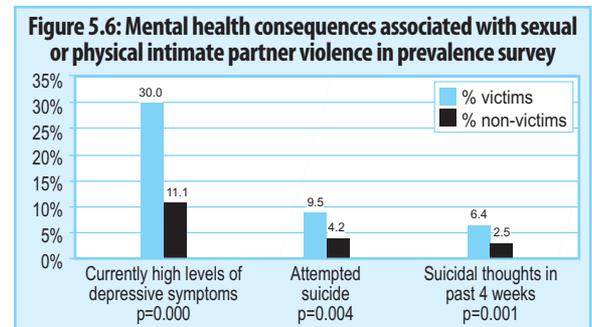


Figure 5.7 illustrates that women who have been raped by a non-partner also had very high levels of mental ill-health, especially when compared with women who had not been raped. In interpreting these results it is important to remember that many of the women who had not been raped had experienced intimate partner violence. More than a third of women who had been raped expressed very high levels of depressive symptomatology. A higher proportion of women who had been raped by a non-partner attempted suicide and had suicidal thoughts.

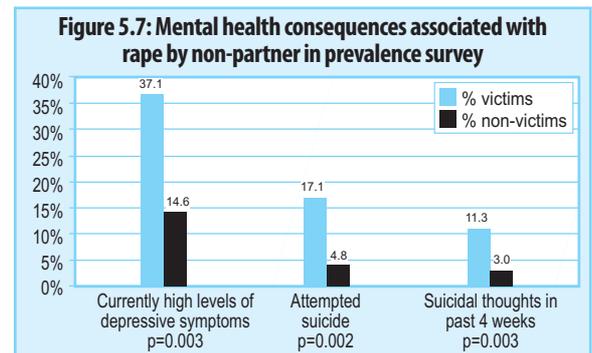


Table 5.3: Mental health consequences associated with physical IPV and rape experience in 12 months before the survey

	% Non-survivors	% Non-survivors
IPV experience		
Feeling depressed P=0.002	15.0	31.2
Suicidal attempt in lifetime P=0.02	5.1	12.9
Suicidal thoughts P=0.000	2.3	18.4
Rape experience		
Feeling depressed P=0.03	15.5	41.3
Suicidal Attempt in lifetime P=0.02	5.2	28.7
Suicidal thoughts P=0.2	3.3	13.0

Table 5.3 shows that a significantly higher proportion of physical IPV and rape survivors attempted suicide in their lifetime and experienced recent symptoms of depression or suicidal thoughts ($p < 0.05$). About a third (31%) of women who experienced physical IPV in the 12 months before the survey reported feeling depressed compared to 15% of women who did not

experience physical IPV in a similar period. Nineteen percent of physical IPV survivors compared to 2% of non-survivors had suicidal thoughts. A higher proportion of rape survivors (41%) compared to non-survivors (16%) felt depressed. Twenty-nine percent of survivors attempted suicide and 13% had suicidal thoughts.



Tumela is a rape victim and student who spoke of the negative effects she suffered as a result of being raped, including emotional instability and crying spells.

"The rape incident has negatively affected me because my life changed and I became a different person. Before the incident I was outgoing but after it I became quiet and my classmates thought it was because I am pregnant. Sometimes my mind gets lost. One day in class (Grade 9) a teacher gave out class work for us to write. He asked each student to write the answers on the board in front of the class. He chose me to go first even though I was very shy because of what happened. I knew the right answer but I wrote the wrong thing. I wrote "body" instead of "day." The teacher became angry with me and he started insulting me and I began to cry. My classmates were surprised because they knew me as a person who doesn't care about others hurting

my feelings - they thought I was a tougher person. The teacher then changed his way, he called me and said he realised that I look like someone who has a problem. I explained what had happened to me and from then on the teacher was careful to be kind to me. He tried to help me in any way so that I would be able to deal with what had happened. I kept my rape story a secret and have only told my mum, neighbour, my best friend and teacher. I didn't want my boyfriend to find out, that's why I kept it a secret because if other people knew they would have told him. Even now he doesn't know about it, he just thinks that I opened a case against a person who had beaten me. The rape has caused me a lot of pain and stress. When I think about it I just cry. During exams I wasn't able to write answers and could only copy the questions. When I am with other friends my age I get angry and insult them easily. I tried to kill myself by taking a lot of tablets. I didn't eat and started losing weight.

The results from this study show high prevalence of mental health problems among women who experienced GBV. This is indicative of the long-term and ongoing effects of GBV on women's lives, which is often not considered or addressed. There is a gap in the current health sector response that fails to meet women's mental health needs. It is essential that services meet abused women's needs for psychological support and, where indicated, for treatment of mental health problems.

Stigma and secondary victimisation

One of the effects of rape is that women can be blamed for it and condemned by their communities. Apart from being blamed, there is stigma or labelling attached to those who have been raped. Women and men participating in the survey responded to questions about their personal views of rape survivors as well as their perceived view of how their community sees rape survivors.

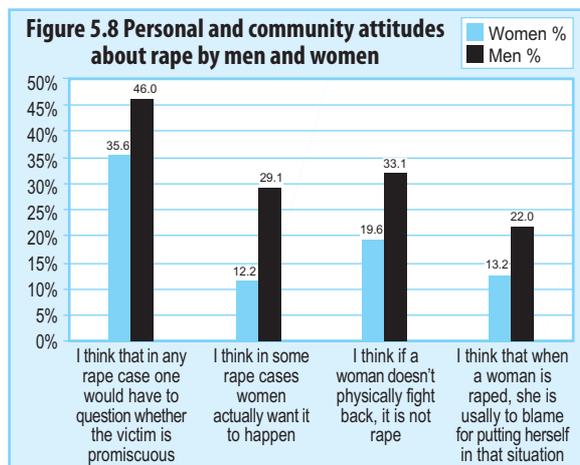


Figure 5.8 shows that a greater proportion of men exhibit attitudes that blame and stigmatise rape survivors. Almost half the men (46%) believed that rape survivors may have been promiscuous, 29% said in some cases women wanted it to happen and 22% said the survivors put themselves into compromising situations. A third of men (33%) said if women did not fight back then they had not actually been raped.

The negative attitudes indicate an increased likelihood that victims will be blamed and face stigma.

Some rape survivors have not spoken out of fear of stigma. Mulalo wrote about her fear that her community would discriminate against her, but in the end they accommodated her.



When I'm alone I wonder if other people know that I've been raped. The medication that I was given made me vomit when I tried to eat. It no longer feels like my body. When I see people laughing, in my mind I think that they are laughing at me because I was raped. I lost weight because of this problem of not accepting what happened to me. I even thought of committing suicide but it was not easy. I couldn't do that because I know God doesn't want me to kill myself. I find strength in prayer and going to church. When I am at church I feel free and I feel that Jesus is present with me and I am really alive. I am now able to sit down with other people and talk about what happened because I have accepted that. People in the community helped by searching for the man and even now they are still trying to help and they are not discriminating against me at all. They accept me even as they did before I was raped.

Conclusion

This chapter highlighted women's responses to GBV in relation to mental health, contraceptive use, HIV testing and STI history.

GBV compromises women's mental health and the results show that women who have experienced violence are more likely to face mental health challenges. Depression is the most common mental health issue. There is a need to strengthen support systems for victims, including such as counselling, therapy and medical diagnosis and treatment.

Consistent with other studies on VAW, this research found women who have experienced violence are more likely to be HIV-positive or have an STI. This

could be explained by the results of the study which show that survivors have often been beaten if they ask for condom use. These women do not have the power to negotiate for condom use to protect themselves from sexually transmitted infections, including HIV.

High levels of stigmatisation exist for rape survivors. It is important to target entire communities, especially men, in raising awareness about VAW. This will help tackle the stigmatisation of rape survivors and encourage more women to open up about their experiences. This will enable survivors to better overcome the ordeal, thereby promoting their mental health.