



### **Responding to sexual violence on South Africa's platinum belt, where 1 in 4 women has been raped**

Friday late afternoon in the community of Boitekong on South Africa's platinum belt: the bare-earth streets are busy with off-duty mineworkers in multi-coloured overalls. In yards and on street corners men work on television sets and car engines, their end of week beer quarts in hand. A group of men on the plot of an auto-repair business invites two female MSF employees to sit a while. They are community health workers (CHWs) – daily walkers of these streets, who have been raising awareness about the serious potential health consequences of sexual violence, and how related illness can be prevented or reduced with timely access to proper healthcare. The women hand the men several information cards, and two condom packs – yellow and pink, banana and strawberry.

“Often when a woman says she is raped, it isn't actually rape,” says the owner of the yard, a mechanic. “A woman might sleep with a man, and then say ‘pay me R5000, or I will lay a charge of rape’. I'm telling you, the government does not build prisons for women – only men.”

The mechanic's attempt to cast men as victims is immediately undermined when his friends wolf whistle at a woman strolling hand in hand with her partner on the road. Her clothes are not especially revealing but the mechanic still says, “I'm telling you, in five years the women here will be walking naked in the streets.”

Sexual violence is a major problem on South Africa's platinum belt. To give some sense of the scale of the crisis: in 2015, MSF conducted a survey around Rustenburg, where Boitekong lies, and found that one in two women between the ages of 18-49 had experienced some form of sexual violence, while one in four women had been raped in their lifetime.

The CHWs could brow beat the men with these statistics but they are drunk and becoming confrontational – it is time to move on.

“People drink heavily here and it is a problem, because a lot of rape happens near taverns,” says Lydia, one of the CHWs.

“There is also a lot of anger and frustration, because living conditions are harsh - most men and women are unemployed and living in *mkhukhus* [tin shacks] next to the mines.”

Alcohol played a part in Dineo Lekone's\* rape by a male acquaintance on the night of her birthday in September 2016.

“We had been drinking in Brits with my girlfriend and some of his friends. When my girlfriend disappeared, my male friend offered to take me to a petrol station to buy airtime so that I could call her,” Lekone recalls.

Instead of returning her to the club, Lekone’s male friend drove to his apartment, where he threatened to kill Lekone and throw her body in the Crocodile River, unless she “let him do whatever he wanted to me”.

Approximately 11,000 women and girls are raped in Rustenburg and surrounds every year, from a female population of 247,780. Eight percent of women surveyed by MSF said they were raped before the age of 15. It is a context of extreme vulnerability for women and children.

Among many lamentable statistics a shocking figure stands out: 95% of rape victims do not report to a health facility, in spite of the fact that HIV and other sexually transmitted infections are caused by rape, as are depressive disorders and unwanted pregnancy. Stigma is partly to blame, as is the fact that healthcare services for rape survivors are largely centralized in hospitals, making access difficult for many rape survivors. Poor treatment literacy compounds the problem – a full 50% of women do not know that HIV is preventable after rape, and even if they did, essential services for survivors of sexual violence are lacking. According to a recent MSF survey, nearly three-quarters of South African public health facilities that have been designated to provide care to rape survivors are unable to provide all essential services.

“Too few women know that antiretrovirals can prevent HIV if given early. Antibiotics and vaccination can address infections, unwanted pregnancy can be avoided, and with counseling psychological suffering can be reduced. Sadly, most of those who are raped never receive these things,” says MSF forensic nurse Cecilia Lamola.

Sitting with Lamola is Constance Phiri\*, who struggled to find care after being gang-raped by three house intruders on the 26 May 2015. She was taken by police to the nearest Community Health Centre, where it was discovered “the clinic had no forensic nurse and no sexual assault kits”. Phiri had to be driven some distance to Brits Hospital, where she was able to access the medical and clinical forensic services she needed.

“I went back for counselling and after three sessions I found I was strong. A lot of women do not go to a properly equipped facility after being raped because they don’t see any mark on their body, but I would be dead today if it wasn’t for the counselling I received - I would’ve killed myself. We need to be able to get these services as women, and we need to use them,” she says.

Since 2015 MSF has been working with the North West Provincial Department of Health in Bojanala District to capacitate designated facilities on the platinum belt as ‘Kgomotso\*\* Care Centres’, providing a comprehensive package of medical and clinical forensic services to survivors of sexual violence. For a long period, however, case numbers remained low—stigma and low levels treatment literacy kept many away—and so a secondary wave of community-based initiatives is currently being rolled out to further raise awareness, break down stigma, and link more survivors to care. These include positioning staff in

police stations, schools and grassroots welfare organizations, who are able to refer more survivors of sexual violence to care.

“That is why you find me out here in the streets of this community, instead of in the clinic,” says CHW Lydia.

“We need more and better health services for survivors of sexual violence, but for these services to make a difference survivors need to know where to find them, and why they are so important. It might seem a simple thing but achieving this actually requires social change, and for this to happen civil society, grass roots organizations and other community structures all need to work together. It is a long road but we are walking it,” she says.