SA Federation for Mental Health

GENDER BASED VIOLENCE SHELTERS AND MENTAL HEALTH

The South African Federation for Mental Health (SAFMH) runs an information desk where members of the public, family members and mental health care users (MHCU) are able to contact the organisation in order to obtain information regarding mental health services. Through the information desk, SAFMH is able to identify pertinent issues that need more investigation and bring awareness around mental health issues through our various platforms. In response to one such issue which emerged prominently in recent times, SAFMH conducted a brief information gathering exercise during July 2020 by contacting different gender-based violence (GBV) shelters to enquire about their services for GBV survivors diagnosed with a mental illness.

The scourge of violence against women in South Africa has raised concerns in all sections of the society. The effects of GBV do not only impact individuals but have far-reaching ripple effects, with costs to the country's economy estimated to be between R28.4 billion and R42.4 billion per year according to a 2014 study by KPMG. These costs include health, justice, and other service costs, lost earnings, lost revenues and lost taxes. Women and girls around the world have experienced increased levels of violence during the COVID-19 pandemic (MSF, 2020). In South Africa, during the early stages of the lockdown, which started in March, survivors of domestic abuse began seeking refuge in shelters that house women and children left displaced after fleeing from violence where they lived. A 2018 global study from the United Nations Population Fund found that women with disabilities face up to 10 times more gender based violence than women without disabilities. Women with pre-existing psychosocial and intellectual disabilities face an extra layer of challenges when looking for alternative accommodation after fleeing from abuse. During the COVID-19 lockdown, the heightened intersection of domestic violence and mental health in women came to the attention of SAFMH through the organisation's help desk function.

As a result, the organisation contacted various GBV shelters to find out how they were assisting survivors with a mental illness.

They needed to understand the frequency of incidents where female survivors of GBV, and who had a mental illnesses found themselves facing interconnected problems. SAFMH sent out a survey to a total of 81 shelters across the country and only eight responses from different shelters, all of whom expressed challenges with their capacity to care for survivors with serious mental health conditions.

Only two shelters admitted to not accepting GBV survivors with a mental illness diagnosis. Most of the shelters approached by SAFMH appreciated the opportunity to connect with SAFMH and expressed an interest in collaborating with a mental health organisation to help develop their capacity. From the short survey, six shelters had taken in women diagnosed with a mental illness who had also been survivors of domestic violence. The shelters dealt with a number of such cases, while some survivors without a mental health diagnosis were struggling with mental health problems such as Depression, Anxiety, Post-Traumatic Stress Disorder and Bipolar Disorder. Some of the survivors were undiagnosed upon arrival, in which case the shelter worked with the local psychiatric clinic or other local organisations to try and assist.

Some shelters expressed the need to be informed beforehand of a survivor's mental health status because they would not accommodate such individuals as they were not equipped to deal with women diagnosed with a mental illness. The shelters would have preferred to have referred the survivors to an appropriate facility, such as a residential facility for persons with a mental illness. The shelters noted a need for more psychiatric services at local clinics as more trauma cases were being observed. Challenges notwithstanding, the shelters told SAFMH they always did their best to assist all survivors of GBV to the best of their ability. From the responses, it was clear shelters have played an important role in ensuring that MHCUs in their care adhered to treatment. In one instance, a woman who had defaulted on treatment was referred back to the hospital for a prescription of her medication. In some cases, MHCUs that were taken to hospital by an ambulance from the shelters were able to return to a shelter upon discharge. Despite trying as much as possible to monitor survivors who are also MHCUs treatment adherence, shelters have admitted that ongoing

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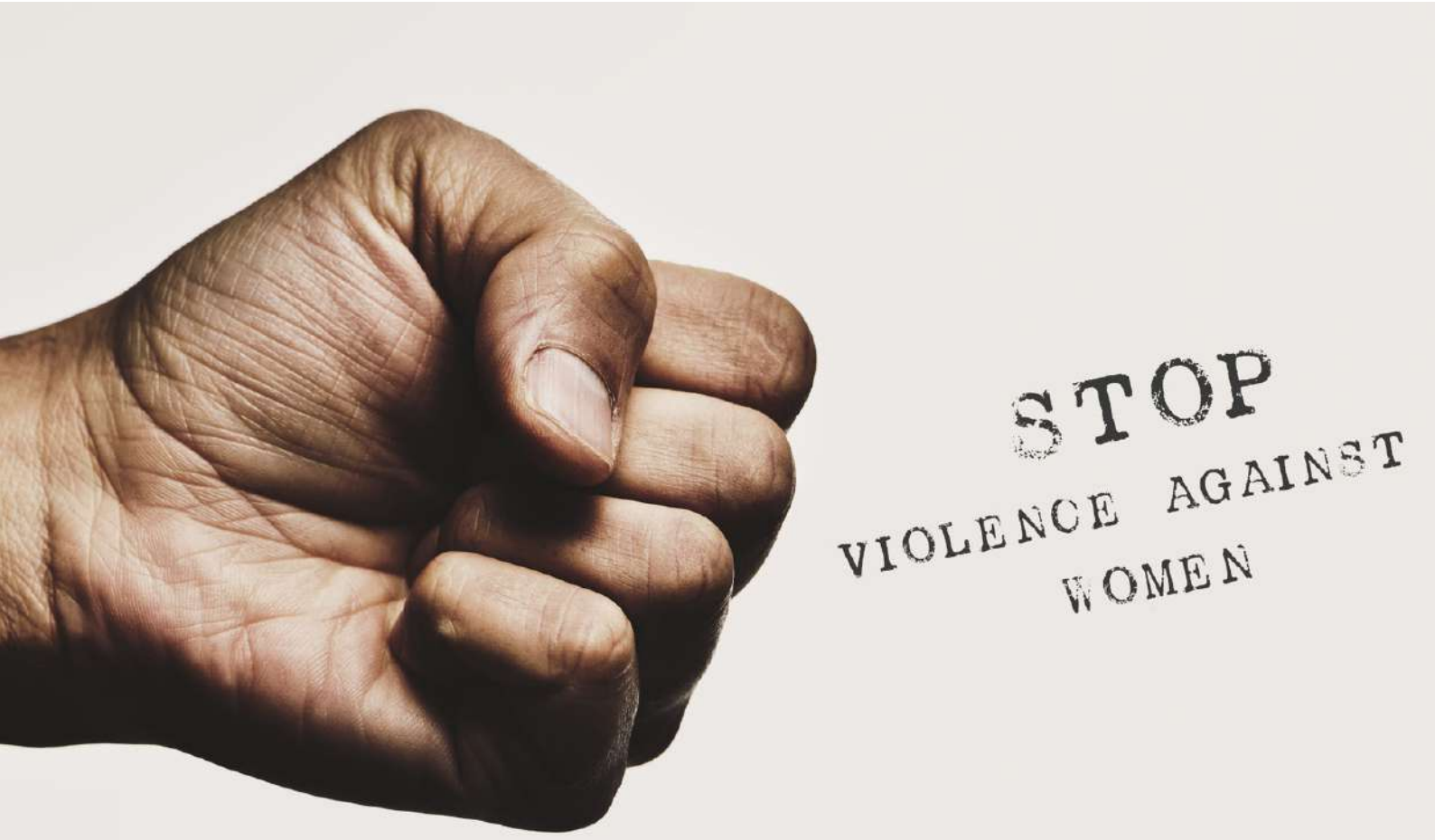

monitoring is difficult. Shelters admitted that it was difficult to take care of women with a mental illness despite trying as much as possible to monitor the MHCUs treatment adherence. A few shelters reported having two categories of GBV survivors who were also MHCUs.

The first group were those who had been diagnosed and were on medication. These were easier to manage as the medication and treatment allowed them to function on the same level as other women in the shelters. The second group were women who had not yet been diagnosed or who had defaulted on their treatment and were more difficult to manage. One of the harmful beliefs around people with mental illness is that they are violent and dangerous, and that treating them differently is therefore justified. According to the United Nations' Toolkit on Disability for Africa, such beliefs can result in stigma and discrimination, which can then lead to these individuals facing exclusion, dehumanising treatment, as well as inviting other forms of abuse. Shelters said they have always treated women with a mental illness the same way they would other women, although they sometimes caused disturbances due to occasionally becoming violent and aggressive.

In their responses, some shelters reported to have assisted survivors with a mental illness in one way or another. This included help with obtaining medicolegal services, preparations to testify in sexual offence cases, assistance with completing victim impact reports for the criminal justice system, completing special schools applications, and providing comprehensive victim services, including arranging for alternative care, emotional support, psychological interventions, 72-hour observations and admissions, grant applications, family support and education. While some shelters didn't have staff with mental health training, others had full time social workers and professional nurses in their employment who provided therapeutic and psychosocial services to the beneficiaries. For those with the capacity to deal with it, if a case of mental illness was suspected, the beneficiary would be referred for a psychological assessment or would be referred to a hospital equipped to deal with mental illness. Some shelters reported they have social workers and nurses who are regularly trained on mental health and related issues. The shelters also networked and consulted with different hospitals and mental health organisations.

The survey findings showed there was a need for shelters to undergo training to equip staff members with the ability to deal with GBV survivors who are also affected by mental illness. Most staff at the shelters have training to handle human trafficking, gender based violence and other domestic violence related cases, but training is needed on mental health and other types of disabilities in order to cater for a wider range of abused women and children. Some of the shelters, specifically those who didn't take in women diagnosed with a mental illness, mentioned that their admission criteria excluded women diagnosed with a mental illness as the focus was on abused women and their children, thus neglecting the fact that there were women who were abused and simultaneously had a mental illness. The question then becomes what happens to these women in need of emergency accommodation due to a domestic violence situation? Further attention needs to be given to this fact urgently. Women with disabilities (including mental disabilities) are extremely vulnerable to violence, and their disabilities are often the reason why they're targeted. Therefore, strong partnerships among GBV shelters and mental health organisations are of critical importance. MHM

References available upon request