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SOCIAL IMPACT

Increasing Services for Survivors of Sexual Assault in South Africa

Background

South Africa has one of the highest rates of gender-based violence (GBV) in the world. The reported rate of sexual assaults was a high 118 of 100,000 persons in 2013/2014, and the actual rate is believed to be many times this amount. Half of all female homicides in South Africa are committed by an intimate partner, and the rate of such homicides is six times the global average.

In response, USAID has been working with the Government of South Africa since 1999 to establish the Thuthuzela Care Center (TCC) model. The TCCs provide a range of essential services to survivors of sexual assault and other forms of GBV, including emergency medical care, psychosocial counseling, post-exposure prophylaxis, counseling and testing for HIV, as well as case reporting and court preparation in an integrated and victim-friendly manner.

The Problem

Despite the advances made in establishing and strengthening the TCCs, it is clear that they are underutilized. There are many potential explanations. For example, the majority of the population is not aware of the TCC services and locations, and social stigmas discourage survivors from seeking help. In addition, victims of gender based violence often receive poor institutional support on the part of police, teachers, and medical professionals, as many of these support staff have not received GBV training or comprehensive information about the TCCs. How then can TCC utilization be increased? What interventions will be most effective?

The Interventions

This randomized controlled trial, impact evaluation examines two different approaches to increasing utilization, representing a subset of the USAID-funded “Increasing Services for Survivors

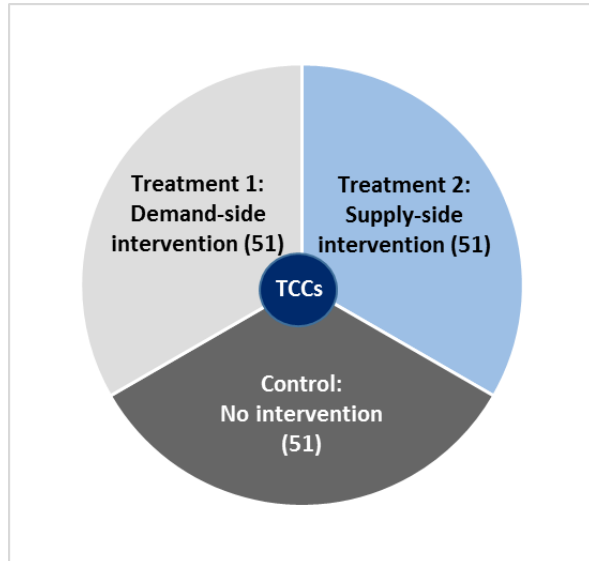
of Sexual Assault in South Africa (ISSASA)” program, implemented by the Foundation for Professional Development and its partner civil society organizations (CSO).

- **Demand-side intervention, Multi-media Community Dialogues:** This bottom-up intervention provides information (e.g., flyers, posters) about TCCs and TCC services to local communities, educates community members about sexual assault and GBV issues, and dispels common misperceptions of TCC services. The CSOs host dialogues for women and girls; dialogues for men and boys; and mixed community events about TCCs and GBV.
- **Supply-side intervention, Multi-disciplinary Training Programs:** This top-down intervention provides training for the professionals in TCC referral and care networks. Within each community, approximately thirty multi-disciplinary professionals, including police officers, teachers, and TCC staff are being trained on the legal framework and support standards for sexual assaults and GBV, child protection, and court/litigation preparation. Roving teams provide follow-up with the trainees at their home institutions.



Design

The intervention targets 51 TCC catchment areas. Three communities in each of the TCC catchment have been randomly assigned to one of three groups: a control group, which do not receive an intervention, a demand-side treatment group, and a supply-side treatment group.



The research uses a variety of data sources to track changes in the utilization of TCC services, GBV reporting and litigation, attitudes towards sexual assault and GBV, and survivors' satisfaction with TCC services.

- **Administrative data:** The evaluation team is compiling and analyzing TCC intake data regarding utilization and GBV in each of the TCCs.
- **Community survey:** A randomized household survey is being administered to adult women in treatment 1 and control communities at baseline and endline for a total sample size of 1,530.
- **Professionals survey:** Surveys are being administered to all professionals attending trainings in each of the 51 communities both at baseline and endline.

Baseline Findings

Community Survey findings include the following:

- Consistent with other sources, the baseline finds a strong need for the TCCs. 25% of respondents report personally knowing women or girls who have been raped or sexually assaulted in the last year.
- Only 18% of respondents have heard of the TCCs, although there was considerable variation by location. A lack of knowledge of the centers was identified as the main barrier to use, ahead of factors like

fear of punishment by perpetrators or stigma related concerns.

- There are several misperceptions of TCCs that might further inhibit their use. 80% of those aware of the TCCs incorrectly believe that clients visiting the TCC must report the name of her/his attacker, and 87% incorrectly believe that the TCC requires her/him to take legal action.
- While the survey reveals generally positive attitudes toward gender roles (only 3.9% agree there are times when a woman deserves to be beaten), there are some areas of concern: 46.3% disagree that a woman can refuse sex and 20.9% agree that a woman in a mini-dress out late at night is partially to blame if raped.

Following the collection of endline data, the evaluation will be able to test if either or both of the two interventions are able to increase TCC utilization and if the demand side intervention can increase knowledge and change attitudes.



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