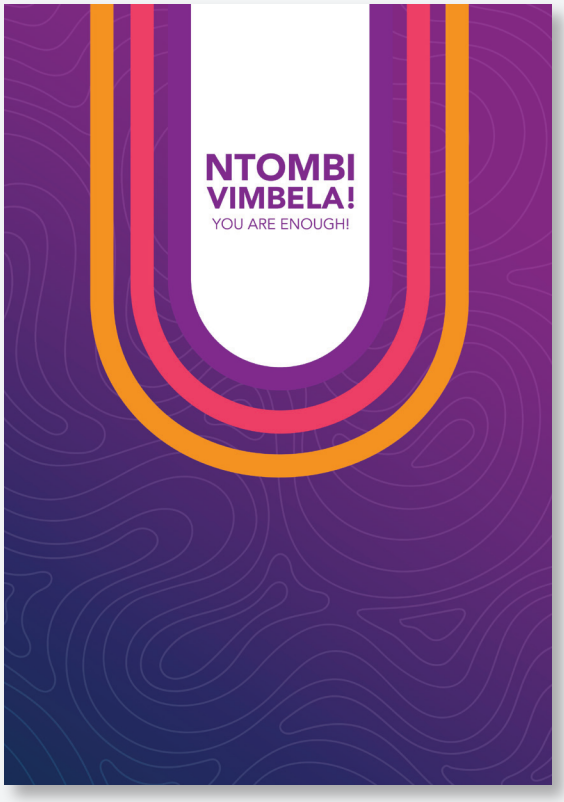
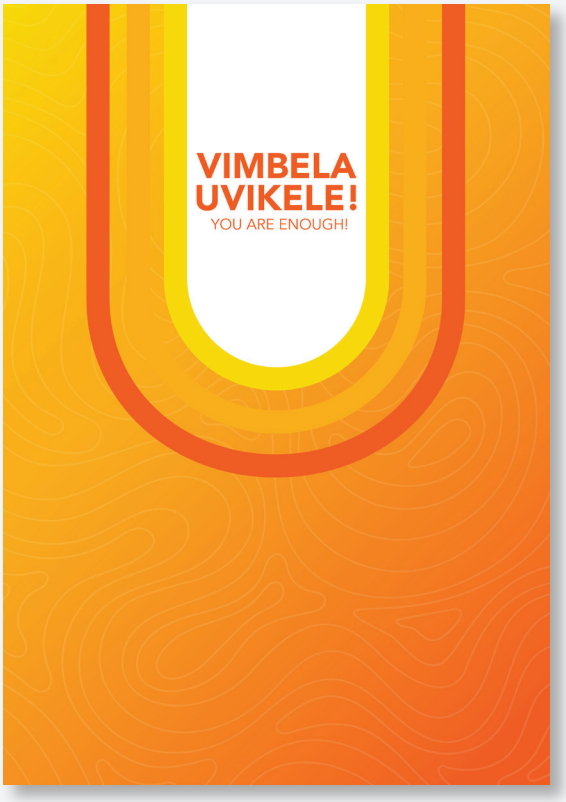
Research Brief

NTOMBI VIMBELA! & VIMBELA UVIKELE!

Promising interventions for sexual violence risk reduction and mental health promotion in South African post school education and training





The South African Medical Research Council has co-developed and successfully conducted pilot studies of two peer-led, evidence-informed interventions Ntombi Vimbela! and Vimbela uVikele! that address sexual violence risk and promote mental health among students in post-school education and training institutions.

Ntombi Vimbela!, which is designed for first-year female students who date men, showed promising outcomes including reduced acceptance of rape myths, shifts towards gender-equitable beliefs, improved self-esteem and communication. Participants also reported enhanced sexual decision-making, assertive resistance to unwanted advances, and increased confidence in assessing sexual assault risk and asserting themselves in relationships.

Vimbela uVikele!, which is developed specifically for lesbian, bisexual and queer (LBQ) women students, provided a confidential and supportive peer-led environment where participants reported gaining communication, problem-solving, conflict resolution and stress management skills. Participants also gained confidence in navigating sexual consent and seeking psychosocial support and these contributed to healthier and non-violent relationships.

Both interventions proved feasible and acceptable in campus settings and showed strong potential to reduce sexual violence and improve mental health among students in post-school education and training institutions.

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YOU ARE ENOUGH!

Background

The Department of Higher Education and Training's GBV-PSET Policy Framework (2020) requires institutions of higher learning to develop, evaluate, and deliver interventions addressing sexual violence and mental health among students[1].

The National Strategic Plan on Gender-Based Violence and Femicide (NSPGBVF) identifies students as an underserved population and prioritizes the prevention, development, and testing of interventions for their protection[2]. Implementing evidence-based interventions will enable South Africa to fulfil its obligations under the Sustainable Development Goals (SDGs), particularly SDG 3 (good health and well-being) and SDG 5 (gender equality)[3].

Experiences of violence reported by female students

The 2018-2019 SAMRC survey conducted in Technical and Vocational Education and Training Colleges (TVET) colleges and public universities with 1293 female students to inform development of interventions found: 43% experienced physical, emotional, or sexual intimate partner violence (IPV); 20% experienced past-year partner sexual violence or non-partner rape. Specifically, 17% experienced partner sexual violence and 7.5% non-partner rape. Past-year sexual violence was significantly higher in TVET colleges (27%) than universities (15%).[4]

43% female students experienced physical, emotional, or sexual intimate partner violence

17% female students experienced partner sexual violence

20% female students experienced past-year partner sexual violence or non-partner rape

7.5% female students experienced non-partner rape

Drivers of sexual violence experienced by female students

Key risk factors for sexual violence include being a first-year student, coming from poor socio-economic backgrounds, and experiencing food or resource insecurity. Additional risks were linked to engaging in risky sexual behaviours such as having multiple sexual partners and transactional sex, suffering from mental ill health, and harmful alcohol use[4]. Students with limited awareness of sexual assault risk, especially in high-alcohol social contexts, and those who accept gender-inequitable or victim-blaming beliefs are more vulnerable. Experiencing less power in relationships with men, as well as facing emotional barriers to assertive communication, further increases risk. Abuse of power by male students and staff, along with institutional failures, such as inadequate policy implementation and poor disciplinary processes, contribute to under-reporting and low use of support services for survivors. Negative experiences when seeking help discourage students from accessing support, reinforcing the cycle of silence around campus sexual violence.[5]

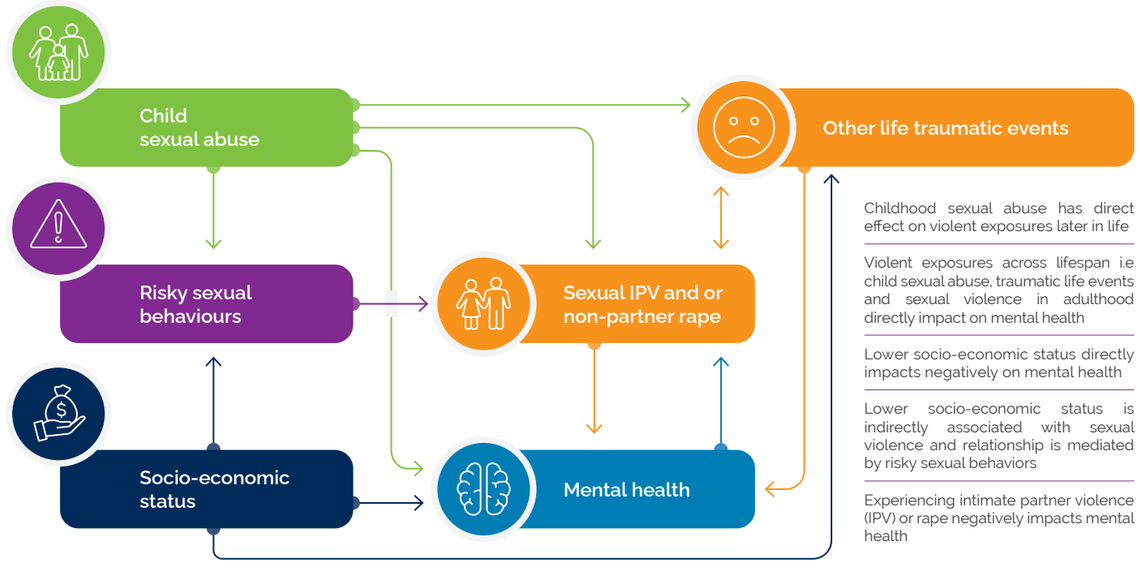

Figure 2: Drivers of violence among female students

Experiences of violence reported by LBQ students

LBQ women in the SAMRC study reported bidirectional IPV, meaning violence experienced by and perpetrated by both partners in the relationship. Many LBQ students described experiences of humiliation, body shaming, insults, and being called derogatory names by their partners. Bisexual women faced distinct emotional violence such as discrimination, prejudice, and disregard based on their sexuality. Non-partner sexual violence including sexual harassment, rape, and threats of rape were reported, perpetrated by both male students and female peer students described as exploring their sexuality in residence settings.[6]

Drivers of violence experienced by LBQ students

> *"Qualitative evidence shows that IPV among LBQ students is associated with past unresolved traumas, poor communication, endorsing societal gender norms, and transference of heteronormativity, including power dynamics, into LBQ relationships."*

Risk for non-partner sexual violence was higher for those with a masculine gender expression, students who were open about their sexuality, and among females in relationships with same sex partners.7 Many LBQ students described campus environments as disrespectful and dismissive of homosexuality. Experiences of homophobic remarks from staff, lack of institutional policies which support diversity and inclusion, and weak accountability for perpetrators of discriminatory behaviour further heighten their vulnerability to violence and discourage help seeking.6,7

Poor mental health reported by female students

In the SAMRC survey conducted among female students to inform the Ntombi Vimbela! And Vimbela uvikele! interventions: 50% of female students reported binge drinking; 43% showed considerable depressive symptoms, with higher rates in TVET students (48.5%) versus university students (40.4%). 21% had suicidal thoughts, with TVET students reporting these more frequently (30.1%) than university students (14.3%); 9% reported symptoms consistent with PTSD.[8]

Drivers of poor mental health among first year female students

Academic stress from heavy workloads, new study methods, and trouble finding a place to stay on campus left students feeling overwhelmed. Social pressure to fit in with their peers added even more stress. Financial concerns like late disbursement of funding and having to support family with "black tax" forced students to make tough choices about what to prioritize financially. Unhealthy relationships, including controlling or emotionally abusive partners and cheating, were reported to lower self-esteem and add to distress. Campus barriers such as hard-to-access support services meant that students often didn't get the help they need during this important transition. All these factors combine to make poor mental health more likely for first-year female students.[8]

Associations between sexual violence, poor mental health and other impacts amongst female students

Poor mental health amongst female students increases the chances of women being targeted by perpetrators, undermining healthy coping strategies by reducing the ability to sense danger, more sexual risk-taking behaviour and increased use of alcohol and drugs.[4,8] Female students' experiences of sexual victimisation were also associated with significant impacts on increased sexual risk behaviours and affected academic performance. Being sexually victimised is strongly linked with a greater risk of contracting HIV and other sexually transmitted infections. Young women who have experienced sexual victimisation often report unwanted pregnancies, are more likely to drop out of their studies, and face an increased risk of later re-victimisation.[10]

Poor mental health among LBQ students

LBQ students described their experience of IPV leading to depression, self-hate, and emotional harm.

> *"Some expressed living with anger, which they sometimes directed outward through violence."*

Non-partner sexual violence and experiences of sexual harassment led to anxiety and fear, and negative self-perception. LBQ students reported experiences of stigma that contributed to minority stress, lowering self-esteem and self-acceptance. Rejection by family, peers and faith communities as well as conflict between religious beliefs and sexual identity intensified mental distress. LBQ students spoke about how they self-medicated or used substances to escape their emotional pain and distress. Being exposed to homophobic beliefs, attitudes, and sexual violence from non-partners on campus meant LBQ students lived in constant fear for their personal safety[10]. Poor mental health among LBQ students was also linked to perpetration of violence within same-sex relationships. They explained that experiencing pain and self-hatred often leads to expressing that pain through violence.[6]

Ntombi Vimbela! intervention for first year female students

Between 2018 and 2019, mixed-methods research was conducted at eight TVET colleges and historically disadvantaged universities across five South African provinces to explore sexual violence and its risk factors among female students. The findings informed the development of the Ntombi Vimbela! sexual violence risk reduction programme for first-year female students. Its theory of change targeted identified vulnerabilities and campus-related risks, refined through collaborative input from students and staff. Ntombi Vimbela! was first piloted and tested across diverse campuses to assess its acceptability and feasibility.[5,12]

The revised manualised Ntombi Vimbela! intervention (2022–2024) comprises 11 participatory workshops each running 3.5 hours to give a total intervention duration of 39 hours. Workshops are implemented by peer co-facilitators with groups of 15-20 female first-year students ages 18-30 years. Content is designed to address key mental health and behavioral factors linked to sexual violence risk among students (Figure 1).[13]

The sessions focus on enhancing self-confidence, communication, and decision-making skills to help participants manage peer pressure and build healthy relationships. Sessions challenge gender inequitable beliefs and rape myths while improving knowledge of sexual rights, legal protections, and reporting procedures. Mental health literacy is strengthened through awareness of signs, symptoms, and coping strategies such as self-care, relaxation, and responsible alcohol use. The program also includes practical life skills, including problem management, and budgeting to deal with financial stress and related social pressures to fit in.[14]

Pilot results

Qualitative feedback indicates that the Ntombi Vimbela! intervention was relevant and effective in improving students' knowledge, attitudes, and behaviors related to sexual violence and mental health. Participants reported increased awareness of sexual rights, recognition of risky situations, and stronger confidence in responding to potential sexual assault. The intervention reduced acceptance of rape myths and promoted more gender-equitable beliefs, enhancing self-esteem, communication, and sexual decision-making skills. Students demonstrated higher self-defence efficacy, applying verbal and physical resistance strategies when needed, and using assertive communication to manage peer pressure and negotiate safer sexual behavior. They also reported strengthened relationship power dynamics and greater vigilance in avoiding risky environments, particularly those involving alcohol use.[5,12] In terms of mental health outcomes, participants showed increased willingness to seek psychological support, improved recognition of mental health symptoms, and adoption of practical coping strategies such as stress management, self-care, and emotional regulation. The group-based setting created a supportive environment that enhanced connection, confidence, and overall adjustment to university life.

Vimbela uVikele! intervention for lesbian, bisexual and queer women students

Vimbela uVikele! (VV) a sexual violence risk reduction and mental health promotion intervention designed for women born female at birth who date either other women or both men and women, thus identifying as lesbian, bisexual, and queer. The intervention was co-developed with LBQ women students, following participatory collaboration between researchers and co-developers, emphasizing decolonial, power-sharing methods. The intervention is an adaptation of the Ntombi Vimbela! intervention and was also informed by the findings of the formative research [15].

Vimbela uVikele! is a 12-session, 42-hour group-based, peer-led intervention designed to address the intersecting risks of sexual violence and mental health challenges among LBQ students. It is implemented using participatory methods, co-facilitated by trained peer facilitators, with groups of 15-20 LBQ women (Figure 2). The sexual violence component builds awareness about sexual violence, sensitizes participants about perpetrators and contexts of sexual violence, and teaches skills to assess risk, avoid harm, and actively resist attacks. It focuses on providing assertive communication, conflict resolution, problem management skills, and empowers students with knowledge about sexual health, sexual rights, reporting procedures, and access to GBV support services.

The mental health component addresses the impact of homophobia and minority stress on well-being, targeting self-acceptance, self-awareness, self-esteem, and resilience. Sessions build skills in coping with discrimination, relationship stress, and emotional violence, and promote mental health literacy through education on emotional regulation, managing depression and anxiety, and responsible help-seeking. Emphasis is placed on utilizing psychosocial support, practicing non-violent behavior, and reducing stigma and barriers to accessing mental health resources[15].

Pilot results

Sexual violence outcomes: LBQ participants described improved communication and problem-solving skills related to navigating relationships and sexual consent. Many reported increased ability to seek help and use strategies to manage anger and avoid violence in their relationships. The groups were seen as a safe space for discussing sexuality openly and addressing experiences of sexual violence, which contributed to greater confidence in speaking up and setting boundaries.

Mental health outcomes: While some found discussions about mental health challenging, especially survivors of sexual violence, most participants valued the supportive and respectful group environment. They reported learning healthier ways to manage emotional stress, communicate their needs, and build trust with peers. The group context also enabled participants to share experiences and reduce feelings of isolation, contributing to emotional relief and greater openness to discussing mental health needs.

Recommendations

Policies

- Post-school education and training institutions need to develop and implement comprehensive GBV policies which adopt a survivor-centered approach and zero-tolerance to GBV. Institutional GBV policies should include procedures for reporting, handling of cases, support, and should consider the different needs of student population groups by gender and sexual orientation.
- Campus safety policies and initiatives need to ensure both physical and psychological safety of students, address the stigma and discrimination of sexual minorities, and ensure that campus environments are inclusive and safe spaces for students of all genders and sexual orientations.
- Procedures around allocation of residences and disbursement of financial aid support need to be revisited, ensuring eligible students are allocated residences, and NSFAS disbursements released on time to buffer the risks that increases vulnerability to sexual violence during integration on campus.

Interventions

- Ntombi Vimbela! and Vimbela uVikele! are evidence-based interventions that can help address the high levels of poor mental health and sexual violence on campuses. It is important that there be investment in roll out across campuses.
- For first-year students, interventions should be rolled out early in the academic year, to enable them to be safe and adjust to campus life.
- For gender-diverse students, interventions need to be gender- and sexuality-affirming, address the challenges of minority stress and homophobic attitudes on campuses.

Campus GBV and mental health support services

- There is a need for training of support staff including campus security and student support services to provide timely and trauma-informed support to survivors, and to make appropriate referrals to promote justice and healing.
- Monitoring and evaluation of services should include gathering students experiences of service, on what works and does not work, and incorporating the feedback for continuous improvement.
- Provide diversity training for campus security and GBV services to ensure provision of appropriate support to sexual minority women who have experienced violence.
- Ensure that counsellors are available from similar socio-cultural backgrounds to the students and they include LGBTQI+ counsellors.
- Psychosocial support services need to reach out to reduce stigma around mental health help-seeking, and reporting GBV among students.

References

1. South African Department of Higher Education and Training. 2019. Policy Framework to address Gender-Based Violence in the Post-School Education and Training System. Pretoria, South Africa

2. South African Department of Women Youth and Persons with Disabilities. 2020. South African National Strategic Plan On Gender-Based Violence & Femicide. NSPGBV. Pretoria, South Africa

3. United Nations. 2015. Transforming our world: the 2030 Agenda for Sustainable Development. Sustainable Development Goals. Retrieved from https://sdgs.un.org/#goal_section

4. Machisa MT, Chirwa ED, Mahlangu P, Sikweyiya Y, Nunze N, Dartnall E, et al. (2021) Factors associated with female students' past year experience of sexual violence in South African public higher education settings: A cross-sectional study. PLoS ONE 16(12): e0260886. https://doi.org/10.1371/journal.pone.0260886

5. Machisa, M.T., Mahlangu, P., Chirwa, E., Nunze, N., Sikweyiya, Y., Dartnall, E., Pillay, M. and Jewkes, R., 2023. Ntombi Vimbela! Sexual violence risk reduction intervention: pre and one-year post assessments from a single arm pilot feasibility study among female students in South Africa. BMC public health, 23(2), p.1242. https://doi.org/10.1186/s12889-023-16149-x

6. Mahlangu, P., Brooke-Sumner, C., Sikweyiya, Y., Dunkle, K., Mabena, N., Jewkes, R., Duma, S., Khuzwayo, N., Dartnall, E., Pillay, M. and Machisa, M.T., 2025. Intimate partner violence among lesbian, bisexual, and queer women students on campuses in South Africa: a qualitative study exploring context, drivers, and impacts. BMC Global and Public Health, 3(2), pp.1-14. https://doi.org/10.1186/s44263-025-00149-7

7. Mahlangu, P; Brooke Sumner, C; Sikweyiya, Y; Jewkes, R; Dartnall, E; Duma, S; Dunkle, K; Mabena, N; Khuzwayo, N; Pillay, M; and Mercilene Machisa. Non-partner sexual violence experiences among lesbian, bisexual, and queer women students at a South African university: recommendations for campus sexual violence prevention for gender-diverse populations. Submitted to BMC Global and Public Health

8. Machisa, M. T., Chirwa, E., Mahlangu, P., Nunze, N., Sikweyiya, Y., Dartnall, E., Pillay, M., & Jewkes, R. (2022). Suicidal Thoughts, Depression, Post-Traumatic Stress, and Harmful Alcohol Use Associated with Intimate Partner Violence and Rape Exposures among Female Students in South Africa. International Journal of Environmental Research and Public Health, 19(13), 7913. https://doi.org/10.3390/ijerph19137913

9. Machisa M.T, Mahlangu P, Sikweyiya Y, Jewkes R, Dartnall E, Duma S, Khuzwayo N, Pillay M, Maoto M, Brooke-Sumner C. In Press. Drivers of psychological distress among first year female public university students in South Africa. PLOS Mental Health

10. Sikweyiya, Y; Mahlangu, P; Brooke-Sumner, C; Jewkes, R; Gibbs, A; Dartnall, E; Pillay M; and Machisa, M. 'It ruined my life': Contexts of sexual violence, impacts, coping mechanisms and pathways to healing among university and college women student survivors. BMC Global and Public Health

11. Brooke-Sumner, C., Mahlangu, P., Dunkle, K.L., Mabena, N., Jewkes, R., Dartnall, E., Pillay, M., Duma, S., Khuzwayo, N., Sikweyiya, Y. and Machisa, M.T., 2025. Mental health and its drivers in lesbian, bisexual and queer-identifying women at a South African higher education institution: a qualitative study. BMC Global and Public Health, 3(2), pp.1-13. https://doi.org/10.1186/s44263-025-00195-1

12. Mahlangu, P., Machisa, M., Sikweyiya, Y., Nunze, N., Dartnall, E., Pillay, M. and Jewkes, R., 2022. Preliminary evidence of promise of a sexual violence risk reduction intervention for female students in South African tertiary education institutions. Global public health, 17(11), pp.2720-2736. https://doi.org/10.1080/17441692.2021.1998574

13. Machisa M.T, Shai N, Mahlangu P, Sikweyiya Y, Nunze N, Dartnall E, Pillay M, Jewkes R. Ntombi Vimbela! Sexual Violence Intervention. Facilitator manual. Pretoria (South Africa): South African Medical Research Council; 2021. ISBN: 978-1-928340-52-2.

14. Machisa M., Brooke Sumner C., Sikweyiya Y., Dartnall E., Pillay M., Jewkes R., Mahlangu P. 2024. Ntombi Vimbela! Sexual Violence Risk Reduction and Mental Health Intervention for first-year female students. Facilitator manual. South African Medical Research Council, Pretoria, South Africa

15. Mahlangu, P, Brooke-Sumner C; Dunkle, K; Mabena, N; Sikweyiya, Y; Dartnall, E; Pillay, M; Duma, S; Khuzwayo, N; Jewkes, R, and Machisa, M. 2024. Sexual violence reduction and mental health promotion intervention for lesbian, bisexual and queer women in higher education institutions in South Africa. Facilitator Manual. SAMRC, Pretoria

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