



**Reframing
interventions to
end gender-based
violence in
South Africa**

LESSONS LEARNT
FROM CSI-FUNDED
PROGRAMMES



FIRSTRAND

EXECUTIVE SUMMARY

This is the third research paper commissioned by the FirstRand Foundation as part of its communications strategy to document and share learnings under the theme: CSI that Works. The overall purpose of the communications strategy is to positively influence corporate social investment (CSI) in South Africa.

RESEARCH OBJECTIVES

The overall aim of this research is to highlight the lessons learnt from CSI-funded interventions designed to prevent and mitigate the impact of gender-based violence (GBV) in South Africa. The specific objectives of the research are to: deepen the understanding of GBV and its impact on business, the economy and society; evaluate current response strategies to GBV; and to explore alternative approaches to addressing GBV to achieve long-lasting solutions.

This research is based on the understanding that GBV is no longer a family or private matter but a national social pathology. As such, the causes and drivers of violence against women must be isolated and addressed in order to minimise the impact of this menace on individuals, families, communities, business and development efforts.

RESEARCH METHODS

The research relied primarily on qualitative research methods. These included a desktop study conducted to gather secondary data and information from literature and in-depth interviews with key professionals in selected organisations implementing programmes to mitigate GBV. The research benefited from participating in roundtable discussions on GBV organised and conducted as part of the First National Bank Fund's community care programme. Finally, three case studies were developed through profiling organisations identified during the research process. The detailed research methodology is shown in appendix 1.

RESEARCH FINDINGS

The research findings indicate that GBV remains a national challenge in South Africa despite years of implementing programmes in communities across the country. Violence against women is largely driven by a patriarchal society that perpetuates male dominance through social practices that maintain inequality between men and women. Domestic violence has also become normalised in most communities making it 'acceptable' for men to use violence against women as a means of resolving conflict in the home. Unfortunately, the criminal justice system has failed to effectively provide support to victims and survivors of GBV.

The research has also shown that GBV is generally framed as a women's issue, leaving out the primary perpetrators; men. Furthermore, most of the programmes in GBV focus on secondary and tertiary prevention, providing services and activities designed to prevent further abuse and victimisation of survivors of GBV. There are still few programmes focused on primary prevention to ensure that GBV does not occur in the first place.

Various stakeholders working to address GBV in the country are beginning to realise the enormity of the challenge and are advocating for collaborative partnerships and reviewing their approaches to programming. Men and boys are slowly being included in GBV initiatives to transform them from perpetrators to being part of the solution. Working with men and boys has been found to be effective in addressing GBV as such programmes begin to challenge cultural norms and definitions of masculinity.

The lessons learnt in implementing interventions in GBV that donors should consider in making funding decisions include the following:

- ✦ Design GBV programmes informed by research-based evidence.
- ✦ Support programmes that target the victims of GBV and their families.
- ✦ Promote programmes that focus on parenting and building family relationships.
- ✦ Align NGOs with relevant government institutions involved in GBV.
- ✦ Support multi-sectoral action-oriented professional learning communities on GBV.
- ✦ Support programmes that focus on boys and men.
- ✦ Target perpetrators of GBV to be part of the solution through rehabilitation and reintegration in the communities.
- ✦ Support workplace GBV programmes.
- ✦ Donors should commit to multi-year support if they intend to bring about systemic change.
- ✦ Insist on monitoring and evaluation of programmes to ensure accountability and high impact CSI.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	I
TABLE OF CONTENTS	III
ACRONYMS	IV
1. INTRODUCTION	5
1.1 Problem statement	5
1.2 Research objectives	5
1.3 Scope of the research	6
2. THE CONTEXT OF GENDER-BASED VIOLENCE	6
2.1 Defining gender-based violence	6
2.2 The multiple dimensions of gender-based violence	6
2.2.1 Domestic violence	6
2.2.2 Sexual violence	7
2.2.3 Lesbian, gay, bisexual, transgendered and intersexed people	8
2.2.4 Violence in schools	9
2.2.5 Gender-based violence in the workplace	9
2.3 Underlying causes of gender-based violence	10
2.4 Impact of gender-based violence	11
3. RESPONSES TO GENDER-BASED VIOLENCE	12
3.1 The policy framework	12
3.1.1 Domestic Violence Act 116 of 1998	12
3.1.2 Sexual Offences Act of 2007	13
3.1.3 Children's Act 2005	13
3.1.4 365 National Action Plan to End Gender Violence	14
3.2 Gender-based violence programmes	14
3.2.1 Approaches to gender-based violence	14
3.3 Alternative approaches to gender-based violence	14
3.3.1 Rationale for working with men and boys	15
3.3.2 Redefining masculinity	15
3.3.3 Rehabilitating perpetrators of gender-based violence	16
4. CONFRONTING GENDER-BASED VIOLENCE	16
4.1 Case study 1: Sonke Gender Justice Network	16
4.1.1 One Man Can Campaign	16
4.1.1.1 Programme background	16
4.1.1.2 Activities	17
4.1.1.3 Project impact	18
4.1.1.4 Lessons learnt	18
4.2 Case study 2: Masimanyane Women's Support Centre	18
4.2.1 Crisis intervention and support services	19
4.2.1.1 Program description and background	19
4.2.1.2 Programme activities	19
4.2.1.3 Achievements	19
4.2.1.5 Lessons learnt	20
4.3 Case study 3: Tshwaranang Legal Advocacy Centre to End Violence against Women	20
4.3.1 About Tshwaranang Legal Advocacy Centre to End Violence against Women	20
4.3.3 Research	20
4.3.3.1 Research findings	21
5. DISCUSSION	22
5.2 Lessons learnt	23
Appendix 1: Research approach and methodology	26

ACRONYMS

CEDAW	Committee on the Elimination of Discrimination against Women
CSVR	Centre for the Study of Violence and Reconciliation
GBV	Gender-based violence
IMF	International Monetary Fund
LGBTI	Lesbian, gay, bisexual, transgendered and intersexed
MDG	Millennium Development Goals
MWSC	Masimanyane Women's Support Centre
NCGBV	National Council on Gender-Based Violence
SADC	Southern African Development Community
UCSF	University of California, San Francisco
UNC	University of North Carolina
WB	World Bank
WHO	World Health Organisation

1. INTRODUCTION

Poverty remains a major obstacle to human development in the world today. Despite the implementation of development programmes by international, regional and community development institutions, the majority of African people continue to be vulnerable to cyclic poverty.¹ Furthermore, there is considerable evidence that most African countries will miss the Millennium Development Goals (MDGs) targets in 2015. One of the major gaps in development relates to the lack of sustained focus on gender issues as a strategy for tackling poverty. Increased focus on gender equality and women empowerment is more likely to increase access to education, employment and various economic opportunities by women thereby reducing vulnerability and poverty.^{2,3}

1.1 Problem statement

Violence against women is a persistent and universal problem.⁴ The predominance of GBV in South Africa reflects the high level of inequality between women and men in society.⁵ The effects of GBV are widespread and expressed on the one hand through the victim's physical and psychological trauma, loss of opportunities such as income and education, and denial of justice. On the other hand, GBV affects development and business through increased state expenditure and reduced productivity. This is reflected through costs associated with health care and legal services for victims, prosecution and rehabilitation of perpetrators, and lost productivity through extended absenteeism from work by both victims and perpetrators.

Despite the demonstrated serious consequences of GBV to society, efforts to prevent and mitigate this scourge remain fragmented. Where interventions have proved to be effective, their impact has remained localised due to underfunding. There is also a lack of analysis and documentation to generate evidence of what works thereby limiting the potential of taking such interventions to scale. It is further conceded that GBV policy and legislation alone are inadequate to curb the impact on society.

1.2 Research objectives

The overall aim of this research is to highlight the lessons learnt from CSI-funded interventions designed to prevent and mitigate the impact of GBV.

The specific objectives of the research are to:

- ✦ deepen the understanding of GBV and its impact on business, the economy and society;

- ✦ evaluate current response strategies to GBV; and
- ✦ explore alternative approaches to addressing GBV to achieve long lasting solutions.

1.3 Scope of the research

GBV is a broad concept with multiple dimensions. This research will primarily focus on profiling interventions in GBV to generate evidence of articulation of underlying causes, effect and cost to society, development of programme interventions and impact of GBV interventions. The research will also highlight and evaluate the magnitude of the gaps that require alternative approaches to optimise impact.

2. THE CONTEXT OF GENDER-BASED VIOLENCE

2.1 Defining gender-based violence

GBV is a human rights violation and form of discrimination against another person on the basis of gender. Violence may be physical, sexual, psychological, economic or sociocultural. Globally, it has been observed that most acts of GBV are perpetrated by men on women and girls. For this reason, GBV is largely viewed as violence against women. However, it also encompasses the infringement of the rights of individuals who do not conform to mainstream definitions of masculinity and femininity in society. Lesbian, gay, bisexual, transgendered and intersexed (LGBTI) people are often victimised based on their sexual preferences that diverge from dominant gender-based roles.⁶

According to the World Health Organisation (WHO) violence is:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

According to the WHO, at least one in five women has experienced violence in their lives. Violence against women is the major cause of death and disability for the 15 – 44 age group; one in three teenage girls have suffered sexual abuse by a boyfriend and one in four has experienced violence in a relationship.⁷

Violence against women occurs and is perpetuated within the family and community, and also by the state. Sexual harassment and

1 Sachs, J., Mearthur, J.W., Schmidt-Traub, G., Kruk, M., Bahadur, C., Faye, M. & Mccord, C. 2004. Ending Africa's Poverty Trap. UN Millennium Project. *Brookings Papers on Economic Activity*, 1:2004

2 Kabber, N. 2003. *Gender Mainstreaming in Poverty Eradication and the Millennium Development Goals: A Handbook for Policy-Makers and Other Stakeholders*. Commonwealth Secretariat.

3 Grown, C. 2005. “Answering the Skeptics: Achieving Gender Equality and the Millennium Development Goals”. *Development* 48(3): 82–86.

4 World Health Organisation, 1997. Violence and Injury Prevention: Violence against women: A Priority Health Issue. WHO Information Kit on Violence and Health. Geneva: www.who.int/violence_injury_prevention/vaw/infopack.htm

5 Mannak, M. (2009). “Report: South Africa most unequal society”, Digital Journal, 28 September, available at www.digitaljournal.com/article/279796 (accessed 6 December 2013).

6 World Health Organization. 2002. *World report on violence and health*. Geneva: WHO.

7 Heise, L., Ellsberg, M., & Gottemoeller, M. 1999. Ending Violence Against Women. Population Reports. Series L, No. 11. Baltimore, MD: Johns Hopkins University School of Public Health, Population Information Program.

intimidation also occurs in the workplace and schools.⁸ Within the family GBV includes spousal beatings, marital rape, forced marriage, sexual abuse of a child by a parent or other relative, verbal abuse and traditional practices harmful to women such as female genital mutilation and dowry-related violence. Initiation ceremonies have also been noted to be harmful to boys and, in some cases, has resulted in death. At a community level, GBV is typically perpetrated by individuals often unknown to the victim. Such violence may include rape, sexual harassment, forced prostitution or trafficking and public humiliation. In some cases GBV is perpetrated by the state through policies or actions of civil servants such as the police, prison guards or immigration authorities.

2.2 The multiple dimensions of gender-based violence

GBV transcends the boundaries of age, race, culture, wealth and geography. It takes many forms and occurs in different settings from the individual to the home, community and workplace. This section provides definitions and context of some of the multiple forms of violence against women.

2.2.1 Domestic violence

Domestic violence is the most common manifestation of GBV.⁹ The family, considered as a key building block of society, has now become one of the primary sites of gender violence. Domestic violence includes any abuse that occurs within the family context where the perpetrator is known to the girl or woman. Common examples include spousal beatings, marital rape, forced marriage, sexual abuse of a girl by a father, uncle or stepfather, verbal abuse and trauma related to 'dowry' and 'not giving birth to a son'. The control of a woman's sexuality through either forced pregnancy or abortion also constitutes gender violence.

South Africa has one of the highest rates of violence against women in the world.¹⁰ Despite being the most pervasive form of GBV, domestic violence is very difficult to address. Because it occurs in the home, it is often considered a 'private' matter which should be addressed by the feuding parties. Between 30% and 50% of men in the sub-Saharan Africa region are physically violent toward a partner.¹¹ Besides, many women being abused in the home are unlikely to

report the abuse for fear of further violence from the perpetrator.⁹ Many women are unaware of their rights regarding domestic violence. But it has also been shown that even those women who are fully aware of their rights often fail to report cases of abuse because of the trauma associated with such incidences.¹² Sadly, domestic violence has resulted in an increase in the number of women being murdered by their intimate male partners. Research conducted by the Medical Research Council in 2004 showed that every six hours a woman died at the hands of her intimate partner in South Africa⁹. A more recent study indicates that 57% of women murdered are murdered by an intimate partner.¹³

Although many cases of GBV are reported to the police, many more go unreported.¹⁴ There is lack of clarity of what constitutes domestic violence when such cases are captured by the police. Although there is provision for reporting murder under domestic violence in the Domestic Violence Act, there is no clarity on the proportion of intimate femicide (the killing of a woman by her partner) and homophobic femicide (the killing of lesbians by heterosexual men) by the police. Therefore, the statistics held by SAPS are often inadequate to describe the magnitude of domestic violence in general or femicide in particular.¹⁵

Domestic violence is a demonstration of the culture of male violence against women, sexism and gender inequality that still pervades our society. This reality indicates that the family, while harbouring some of the most abhorrent abuses, is also the target for interventions seeking to reduce and ultimately end GBV.

2.2.2 Sexual violence

WHO defines sexual violence as:

"Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work."¹⁶

Studies conducted in South Africa indicate that the country has one of the highest rates of sexual violence in the world.¹⁷ Nearly 33% of

-
- 8 Human Rights Watch. 1995. Violence against women in South Africa: State Response to Domestic Violence and Rape. New York: Human Rights Watch.
- 9 Mathews, S., Abrahams, N., Martin, L., Vetten, L. van der Merwe, L. & Jewkes, R. 2004. 'Every Six Hours a Woman is Killed by Her Intimate Partner': A National Study of Female Homicide in South Africa, Tygerberg, South Africa: Gender and Health Research Group, Medical Research Council.
- 10 Dunkle, K. L., R. K. Jewkes, M. Nduna, J. Levin, N. Jama, N. Khuzwayo, M. P. Koss, & N. Duvvury. 2006. 'Perpetration of Partner Violence and HIV Risk Behaviour among Young Men in the Rural Eastern Cape, South Africa.' *Aids* 20:2107-14.
- 11 Morrell, R. & R. Jewkes. 2011. "Carework and Caring: A Path to Gender Equitable Practices among Men in South Africa?" *International Journal of Equity Health* 10:17.
- 12 Women in Action. 2010. Statistics on Domestic Violence in South Africa. Accessed on: <http://www.womeninaction.co.za/social-affairs/statistics-on-domestic-violence-in-south-africa>
- 13 Machisa, M., Jewkes, R., Lowe-Morna, C. & Rama, K (Eds). 2011. The war at home. Genderlinks & MRC.
- 14 Jewkes, R. *et al.* 1999. Violence against women in three South African provinces. Medical Research Council.
- 15 Andersson, N. *et al.* 2004. National cross-sectional study on views on sexual violence and risk of HIV infection and AIDS among South African school pupils. *BMJ*: 329: 952-957.
- 16 World Health Organization. 2002. World report on violence and health (Geneva: World Health Organization, 2002), 149.
- 17 Jewkes, R., Sikweyiya, R., Morrell, & K. Dunkle. 2009. Understanding Men's Health and Use of Violence: Interface of Rape and HIV in South Africa. Pretoria, South Africa: Medical Research Council.

men report raping a woman during their lifetime.¹¹ The majority of sexual violence incidences in South Africa occur between people who know each other. For example, a study in Gauteng revealed that friends, acquaintances and neighbours accounted for 43.4% of those who rape adolescents.¹⁸ There are also reported cases of forced sexual initiation, particularly among girls. Studies in South Africa indicate that as much as 28% of girls reported being forced to undergo sexual initiation.¹⁶

Nationally, reported sexual offences increased by 2.9%, from 64 514 in 2012 to 66 387 in 2013. According to a survey conducted by Interpol, rapists in South African often go unpunished because rape is one of the most under-reported crimes and has one of the lowest conviction rates.¹⁹ More than 90% of rapists and nearly two thirds of men who kill their intimate partner go unpunished in the country.⁹

Given the lack of effective policing to bring perpetrators of sexual violence to book, women are increasingly afraid to report abuse or leave an abusive relationship.¹⁵ Statistics indicate that one in nine rape victims report such incidents and less than 10% of the reported cases lead to conviction.⁹

While the majority of instances include males as the chief perpetrators of sexual violence, it should be emphasised that sexual abuse is also perpetrated by females. Women can be responsible for coercing males, particularly adolescents, into sexual acts.^{20,21} A study in the Eastern Cape showed that almost 3% of boys reported having been coerced into sex by a man and 12% reported being coerced by a woman.²² However, there is a dearth of data on the experiences of sexual violence against men.²³ Unfortunately, men are less likely to report incidences of sexual assault due to societal perceptions of male sexuality that induce shame.²¹

2.2.3 Lesbian, gay, bisexual, transgendered and intersexed (LGBTI) people

LGBTI people experience widespread discrimination, harassment and violence. Lesbians and gay men are raped to 'make them straight' or to 'correct' their sexuality. Black lesbians in townships are particularly targeted for rape. It is estimated that more than ten lesbians are raped or gang-raped weekly.²⁴ It is further estimated that at least 500 lesbians become victims of corrective rape annually.²⁵ Cases of violence against LGBTI people are often under-reported due to fear of secondary victimisation, resulting in most victims avoiding or delaying accessing healthcare or criminal justice services. Many LGBTI people are also afraid of further abuse by the police and other service providers because of their sexual orientation. This is despite the Constitution guaranteeing the right to personal safety to everyone regardless of sexual orientation or gender identity.²⁶

2.2.4 Violence in schools

Violence, physical and sexual abuse, and gang-related activities are prevalent in many South African schools.^{27,28} The culture of violence in schools has in part resulted in the escalation of negative learner behaviours such as vandalism, bullying, intimidation, and assault.²⁹ Violence in communities also undermines the running of schools, especially when learners become targets of rape, sexual harassment and bullying. The high incidence of violence in the country, often regarded as a remnant of the apartheid era, has resulted in increased levels of GBV in school.³⁰

Violence in schools is a global phenomenon which both affects and is perpetuated by schools through continued exposure of learners to violence.^{31,32,33} Educators use their age and power to 'normalise'

18 Vetten, L., Jewkes, R., Sigsworth, R., Christofides, N., Loots, L. & Dunseith, O. 2008. Johannesburg: *Tracking Justice: The Attrition of Rape Cases through the Criminal Justice System in Gauteng*. Tshwaranang Legal Advocacy Centre, the South African Medical Research Council and the Centre for the Study of Violence and Reconciliation

19 Interpol. <http://www.interpol.int>

20 Ganju, D. et al. 2004. *Sexual Coercion: Young men's experiences as victims and perpetrators*. Population Council.

21 Jejeebhoy, S. & S. Bott. 2003. *Non-consensual Sexual Experiences of Young People: A Review of the Evidence from Developing Countries*. New Delhi: Population Council. <http://www.popcouncil.org/pdfs/wp/seasia/seawp16.pdf>.

22 Sikweyiya, Yandisa, Rachel Jewkes, Nwabisa Jama, and Nelisiwe Khuzwayo. 2005. "Men's Experience of Being Coerced into Sex". Medical Research Council. Paper presented at the Third South African Gender-Based Violence and Health Conference, Stellenbosch, South Africa.

23 Barker G, Ricardo C (2005). Young men and the construction of masculinity in sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC, World Bank.

24 South African lesbians at risk for 'corrective rape.' *Contemporary Sexuality*. 45.7 (2011): 8.

25 Di Silvio, L. 2011. "Correcting Corrective Rape: Carmichele and Developing South Africa's Affirmative Obligations to Prevent Violence against Women." *Georgetown Law Journal* 99: 1469-515.

26 Mieses, A. 2009. "Gender Inequality and Corrective Rape of Women Who Have Sex with Women." *GMHC Treatment Issues*: 1-3.

27 Akiba M., Le Tendre, G.K., Baker, D.P., & Goesling, B. 2002. School victimization: national and school system effects on schools violence in 37 nations. *American Educational Research Journal*, 39, 4, 829-853.

28 Zulu, BM, Urrbani, G & Van der Merwe, A. 2004. Violence as an impediment to a culture of teaching and learning in some South African schools. *South African Journal of Education* 24(2):170 -175.

29 Eliasov, N. & Frank, C. (2000) *Crime and violence in schools in transition: a survey of crime and violence in twenty schools in the Cape Metropole and beyond*. Cape Town: University of Cape Town, Institute of Criminology.

30 Mncube, V. & Harber, C. 2012. *The Dynamics of Violence in South African schools: Report*. UNISA: Pretoria

31 Harber, C. 2004. *Schooling as Violence*. London: Routledge Falmer.

32 Pinheiro, P. 2006. *World report on violence against children*. Geneva: United Nations.

33 Plan. 2008. *Learn without fear: the global campaign to end violence in schools*. Woking: Plan.

certain aspects of male and female behaviour. Using their authority and the power of role modelling, teachers influence learner behaviours related to the use and acceptance of violence in daily life.³⁴ Without protection from such consistent abuse young girls and boys inevitably accept violence as part of their lives.⁸ In South Africa, crime and violence have become endemic in primary and secondary schools in some provinces as learners carry weapons and engage in acts of physical violence, vandalism, bullying, intimidation, gangsterism and assault.²⁹ As a result, learners often feel unsafe attending school.³⁵

Both girls and boys are victims of GBV in schools although girls tend to be disproportionately affected owing to the predominance of sexual violence. Girls are more likely to be sexually assaulted and raped in addition to corporal punishment, verbal and psychological abuse, and bullying. Most girls eventually drop out of school with further risks of falling pregnant or contracting HIV/AIDS.^{27,36}

2.2.5 Gender-based violence in the work place

Violence in the home often surfaces in the workplace as victims are stalked or further threatened by perpetrators. In some cases, acts of violence actually occur in the work place, resulting in physical harm and sometimes fatalities for victims and co-workers, as well as destruction of property. In a broader context, GBV, whether in the workplace or not, has far reaching consequences. These include reduced productivity due to increased absenteeism, employee turnover and resignations without prior or adequate notice.³⁷ Victims may be absent from work because they may be incapacitated by the perpetrator or ashamed or embarrassed to confront workmates. However, even when victims of GBV stay employed, their productivity may be reduced if they are continuously being threatened by telephone calls, emails or texts during business hours.³⁸

2.3 Underlying causes of gender-based violence

GBV is a very complex phenomenon and one that is perpetuated by factors that have not been well understood. The UN Declaration on the Elimination of Violence against Women (1993) states that:

“Violence against women is a manifestation of historically unequal power relations between men and women, which has led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men”.

The causes of violence are complex, multi-faceted and reflect a mixture of interrelated factors including social norms about gender roles (e.g. manhood), family relations, exposure to violence as a child, women’s ability to exercise autonomy, laws related to violence and the ability to enforce such laws. In most cultures, traditional beliefs, norms and social institutions legitimise and, therefore, perpetuate violence against women.³⁹ The preservation and perpetuation of patriarchal values and behaviours in communities is a major cause of GBV.⁴⁰ The skewed power relations between men and women often manifest as gender inequality and this further fuels the problem.

Families and communities often perpetuate GBV by preserving social, cultural and religious practices that are sustained by power inequalities. In many cases communities justify and defend male abusers, and oppressive and harmful traditional practices that reinforce men’s authority and dominance over women (e.g. wife battering and expectations of female subservience).⁴¹

At national level, the state often supports and entrenches GBV by rendering legitimacy to power inequalities in family and society through enactment of discriminatory laws and policies. The state or departments such as the police or army help to perpetuate GBV, especially in times of civil unrest through using rape as a weapon of subjugation.⁴² It is government’s responsibility and role to enact laws that protect individuals from abuse and apply such laws without discrimination.⁴³

A study conducted by the Centre for the Study of Violence and Reconciliation (CSVR) concluded that the country is exposed to high levels of violence as a result of different factors, including⁴⁴:

-
- 34 Dunne, M., Humphreys, S. & Leach, F. 2006. Gender violence in schools in the developing world. *Gender and Education*. Vol. 18, No. 1. January 2006. United Kingdom.
- 35 Reddy, S. P., Panday, S., Swart, D., Jinabhai, C. C., Amosun, S. L., & James, S. 2003. *Umthenthe Uhlaba Usamila: The South African Youth Risk Behaviour Survey 2002*. Cape Town: South African Medical Research Council.
- 36 Human Rights Watch. 2001. Scared at school: Sexual Violence against girls in South African Schools. New York: Human Rights Watch.
- 37 Di Martino, V. “Violence at the workplace: The global response”, *Africa Newsletter on Occupational Health and Safety*, issue 12, city not specified, 2002, page 5.
- 38 United Nations. 2011. Gender-Based Violence and the Workplace. Report of the Expert Group Meeting. United National Entity for Gender Equality and Empowerment of Women (UN Women).
- 39 Heise L, Ellsberg M, & Gottemoeller M. 1999. Ending violence against women. Population Reports. Series L, No. 11. Baltimore, Maryland: Population Information Program, Johns Hopkins University School of Public Health)
- 40 Ratele, K., Smith, M., van Niekerk, A. & Seedat, M. 2011. ‘Is it race, age or sex? Masculinity in male homicide victimisation in South African cities’, National and International Perspectives on Crime and Policing Conference Proceedings, Institute for Security Studies.
- 41 Heise, L. 2012. ‘What works to prevent partner violence? An evidence overview prepared for DFID’, United Kingdom, DFID.
- 42 Makombe, K.(ed). 2009. Reporting Gender Based Violence: A handbook for Journalists. Inter Press Service.
- 43 Winrock International, 2001. Prevention of Domestic Violence and Trafficking in Human Beings. Training Manual. Kyiv, Ukraine. Accessed at: http://www.winrock.org/GENERAL/Publications/Dos_manual.pdf.
- 44 Centre for the Study of Violence and Reconciliation. 2009. *Why South Africa is so violent and what we should be doing about it*. Johannesburg.

- ❖ The normalisation of violence. Violence has come to be seen as a necessary and justified means of resolving conflict, and males believe that coercive sexual behaviour against women is legitimate.
- ❖ The reliance on a criminal justice system that is ineffective and marred by corruption.
- ❖ A subculture of violence and criminality, ranging from individual criminals who rape or rob to informal groups or more formalised gangs. Those involved in the subculture are engaged in criminal careers and commonly use firearms, with the exception of the Western Cape where knife violence is more prevalent. Credibility within this subculture is related to the readiness to resort to extreme violence.
- ❖ The vulnerability of young people linked to inadequate child rearing and poor youth socialisation. As a result of poverty, unstable living arrangements and being brought up with inconsistent and uncaring parenting, some South African children are exposed to risk factors which increase the chances of becoming involved in criminality and violence.
- ❖ The high levels of inequality, poverty, unemployment, social exclusion and marginalisation.

Other research has noted that there is a link between inequality and violence; the higher the level of economic inequality, the higher the level of violence.^{45,46} In social and economic terms, South Africa is considered to be one of the most unequal countries in the world with a very high Gini coefficient of 0.70.⁴⁷ These economic realities continue to buoy the curse of violence in South Africa.

2.4 Impact of gender-based violence

Gender inequality and violence against women undermine democracy, impede development and compromise the quality of life of people across the social and economic spectrum of society.⁴⁸ The impact of GBV is felt most at the individual level:

- ❖ Victims often suffer physical injury and psychological trauma as a result of violent abuse. Female victims of GBV often suffer from

depression, low self-esteem, fear of intimacy and post-traumatic stress disorder.^{49,50}

- ❖ Women who have suffered violence also tend to exhibit risk behaviours such as unhealthy eating habits, substance abuse and suicidal tendencies.^{49,51}
- ❖ In certain circumstances, violent abuse results in death of the victim.
- ❖ Rape and domestic violence account for 5%-10% of healthy years lost by women.⁵²
- ❖ Women's opportunities to attain education, work and income are curtailed as a result of GBV.
- ❖ Where traditional cultures and dysfunctional or ineffective systems of justice enable perpetrators of violent acts against women to go unpunished, women fail to speak up.⁵³ This silence exacerbates the epidemic, further denying individuals, families and communities social justice and healing.

Both the private and public sector experience reduced productivity as a result of GBV. Violence and the fear of violence severely limits women's contribution to social and economic development.⁵² As a country, the impact of GBV is illustrated by huge health costs as victims seek medical and psychosocial assistance from private and public institutions. Government, through SAPS and the justice system, also carry the costs of GBV through the prosecution and rehabilitation of perpetrators.

Violence is one of the most expensive public health problems in the world today.⁵⁴ According to a study carried out by the Health Economics and AIDS Research Division (HEARD) at the University of KwaZulu-Natal, the annual cost of violence against women in South Africa is R105 billion.⁵⁵ However, this figure is conservative and only includes the health costs associated with GBV. Other costs such as the cost of treatment and support for abused women, and prosecution and rehabilitation of perpetrators have not been included owing to the complexity of conducting such an exercise. In Canada, the cost of domestic violence amounts to \$1.6 billion per

45 Khan, N.H. 2009. Socio-Economic Inequality Leads To Gender-Based Violence. *Countercurrents.org*. Accessed at: <http://www.countercurrents.org/haiderkhan300709.htm>.

46 Moser, Caroline and Cathy McIlwaine (2004) *Encounters with Violence in Latin America: Urban Poor Perceptions in Colombia and Guatemala* London: Taylor and Francis

47 OECD. 2013. *OECD Economic Surveys: South Africa 2013*, OECD Publishing. http://dx.doi.org/10.1787/eco_surveys-zaf-2013-en

48 Dean, P. 2013. South Africa's Sonke Gender Justice Network: Educating men for gender equality, Agenda: Empowering women for gender equity, DOI: 10.1080/10130950.2013.808793

49 Plichta, S. B. 2004. Intimate partner violence and physical health consequences: policy and practice implications. *Journal of Interpersonal Violence: 19 (11): 1296-323*.

50 Seedat, S., Stein, M. B. & Forde, D. R. 2005. Association between physical, posttraumatic stress, childhood trauma and suicide attempts in a community sample of women. *Violence and Victims: 20(1): 87-98*.

51 Heise, L. & Garcia-Moreno, C. 2002. Violence by intimate partners. In Krug, E., Dahlberg, L.L., Mercy, J.A. et al. (eds). *World Report on Violence and Health*: Geneva: WHO

52 World Health Organization. 2001. Putting women first: Ethical and safety recommendations for research on domestic violence against women. Geneva: WHO.

53 Tolan, P., Gorman-Smith, D., & Henry, D. 2006. Family Violence. *Annual Review of Psychology: 57: 557-83*.

54 Dalal, K. 2008. Causes and Consequences of Violence Against Child Labour and Women in Developing Countries. Stockholm: Karolinska Institute.

55 Dalal, K. & Dawad, S. 2011. Economic costs of domestic violence: A Community Study in South Africa. *HealthMED*, Vol 5, No. 6 – Supplement 1.

year, including medical care and lost productivity. Estimates of the annual cost of gender based violence in the United States are between \$10 and \$67 billion.⁵⁶ In non-financial terms, GBV deepens the economic and social inequalities worldwide and perpetuates negative stereotypes about women's role in the home and participation in the workplace.

3. RESPONSES TO GENDER-BASED VIOLENCE

There has been recognition that violence against women and children is increasing and that ending such violence will require the collective efforts of individuals, families, communities, faith-based organisations, traditional leadership, civil society, private sector and government. Policies have been put in place to guide the development of interventions to address GBV. Laws have also been promulgated to criminalise acts of violence against women. However, the awareness of these laws and rights is often low among women and girls: the primary victims of GBV.

3.1 The policy framework

The government of South Africa has acknowledged the need to continue raising awareness of GBV and support for organisations dealing with related issues. At the international level, South Africa is a signatory to international and regional charters and protocols that seek to protect the rights of women.⁵⁷

Locally, the government has put in place legislation and policies to guide the implementation of GBV interventions. These include the following:

- ✦ Domestic Violence Act 116 of 1998;
- ✦ Sexual Offences Act of 2007;
- ✦ Children's Act; and
- ✦ 365 National Action Plan to End Gender Violence.

3.1.1 Domestic Violence Act 116 of 1998

This Act responds to the high incidence of domestic violence in South Africa and attempts to protect victims by making provision for the issuing of protection orders. The Act recognises that domestic violence is not a private matter – it is a serious crime against society, and the Act aims to give greater protection to victims by broadening the definition of domestic violence to include not only married women and children, but unmarried women who are involved in relationships or living together, people in same-sex relationships, mothers who live in fear of their sons and people sharing the same living space.

The Domestic Violence Act makes it a legal duty for SAPS to help victims of violence. This includes helping them to find suitable accommodation and medical help. In addition, SAPS must explain the victims' rights to him or her (either by handing them a notice in their language of choice or through verbal explanation) and explain

how to get a protection order. The Act makes provision for a police officer to arrest any person who may have committed an act of domestic violence (without a warrant of arrest) and to seize any weapons from the premises. Applications for protection orders can also be made on behalf of the victim with their written consent, unless the victim is a minor, has intellectual disabilities or is unconscious.

Disobeying a protection order is a crime and the offender can be sentenced to imprisonment of up to five years. Many of the acts that constitute domestic violence are also criminal offences, and the abuser can be charged with a criminal offence even if a protection order has already been granted.

3.1.2 Sexual Offences Act of 2007

The Act came into effect on 16 December 2007 and provides for the creation of statutory sexual offences, special protection measures for children and persons who have intellectual disabilities, certain transitional arrangements and evidence-related matters. The Act helps intensify South Africa's efforts to fight sexual crimes against all persons and, especially, those being committed against vulnerable groups, including women, children and people with disabilities.

Amongst other critical things, it repeals the common law offence of rape and replaces it with a new expanded statutory offence of rape, applicable to all forms of sexual penetration without consent, irrespective of gender. This simply means that a woman, a man (or a child) can now report rape by another woman or man.

Another development in the Act is the enactment of new, expanded or amended sexual offences against children and persons who have disabilities, including offences relating to sexual exploitation or grooming, exposure to or display of child pornography or pornography to children, and the creation of child pornography.

3.1.3 Children's Act 2005

The Children's Act was created to help protect children and ensure that their rights are respected. This Act aims to help keep families together and make sure a child is cared for by family or parents, or is placed in alternative care when there is no family. The Act talks about protecting children from abuse, harm and neglect and to do this, many different services and resources need to be made available for children.

Some of the pronouncements in the Act that strongly relate to GBV are as follows:

- ✦ to give effect to certain rights of children as contained in the Constitution;
- ✦ to set out principles relating to the care and protection of children;
- ✦ to define parental responsibilities and rights and to make further provision regarding children's courts;

56 United Nations Population Fund (UNFPA). 2000. *The State of the World Population 2000*. New York: UNFPA, available at <http://www.unfpa.org/swp/swpmain.htm>.

57 These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the SADC Protocol on Gender and Development (2008)

- ✦ to provide for partial care of children;
- ✦ to provide for early childhood development;
- ✦ to provide for the issuing of contribution orders;
- ✦ to provide for children in alternative care;
- ✦ to provide for foster care; and
- ✦ to prohibit child abduction and to give effect to the Hague Convention on International Child Abduction.

3.1.4 365 National Action Plan to End Gender Violence

This plan is a follow up to the May 2006, 365 Days of Action to End Gender Violence conference that adopted the Kopanong Declaration, in which a broad cross section of South Africans committed to a joint campaign for eradicating this gross human rights violation. The Kopanong Declaration envisaged that each year the 16-day campaign on gender violence would become a platform to heighten awareness and take stock of gaps and achievements, and to ensure sustained, measurable efforts to end gender violence.

The plan seeks to extend the 16-day campaign into a year-long campaign addressing all aspects of GBV: prevention, response and support. The plan was launched on 8 March 2007 (International Women's Day) and is reviewed annually during the 16-day campaign, with plans for the forthcoming year presented every International Women's Day until such time as gender violence has ended.

3.2 Gender-based violence programmes

3.2.1 Approaches to GBV

The escalation of GBV resulted in the emergence of interventions by a variety of stakeholders including community-based organisations, faith-based organisations, civil society organisations, and research and advocacy institutions. The majority of these organisations responded by developing programmes to assist victims and survivors of GBV. Such interventions were based on human rights, health, and development approaches.

These programmes generally provided the following services:

- ✦ gender rights awareness and awareness of the various acts promulgated to address the plight of women (as noted above);
- ✦ provision of shelters for abused women and girls;
- ✦ skills development for abused women and girls;
- ✦ psychosocial support services; and
- ✦ paralegal and court support for victims seeking justice

While these programmes provided much needed services for women experiencing GBV, they provided only secondary and tertiary prevention.⁵⁸ Very few programmes focused on primary prevention.

The other key focus of these early approaches was the focus on GBV as a women's issue. Although men were noted to be the primary perpetrators, programmes interventions continued to exclude men as part of the solution.

3.3 Alternative approaches to gender-based violence

After years of implementing GBV interventions both locally and internationally, it is apparent that very little progress has been made on a macro-level. In many African countries, particularly those in conflict and post-conflict phases, GBV has escalated.⁵⁹ More innovative interventions are being sought to address this challenge. Some of the innovative approaches emerging and gaining popularity include the following:⁶⁰

- ✦ Working with men and boys in finding solutions to confront GBV. This is based on the realisation that GBV is not a women's issue only, but also includes men. Such programmes are also challenging cultural norms and definitions of masculinity.
- ✦ Focusing on prevention and early intervention to minimise effects of GBV in communities. This is based on the realisation that the costs of GBV are not centred on individual women but on families and whole communities.
- ✦ Working with perpetrators to rehabilitate and reintegrate them in society to prevent reoffending. This is based on the emerging knowledge that it is not effective to only focus on the abused.

3.3.1 Rationale for working with men and boys

Organisations are slowly beginning to engage men in programmes addressing GBV. There are various reasons why men and boys should be involved, including⁶¹:

- ✦ Boys and men are the primary perpetrators of violence against women.
- ✦ GBV is a community problem, not only a women's problem and change requires a holistic community investment – including both men and women.
- ✦ It can reinforce the work being done with girls and women to address GBV.
- ✦ Men still hold the majority of decision-making positions in government, business and family environments, making their leadership in eradicating violence central.
- ✦ Leaving men and boys out of efforts to end violence separates them from the solutions to violence, reaffirms gender norms around male violence and leaves the burden of addressing violence squarely on women's shoulders.
- ✦ Most men in the world do not commit violence, but also do not do anything to stop it. These men must be enlisted in creating

58 Secondary and tertiary prevention refers to services and activities designed to prevent further abuse and victimisation of survivors of GBV.

59 UN Women. 2011. Violence Against Women Prevalence Data: Surveys by Country. United Nations.

60 World Health Organization (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. Geneva

61 World Health Organisation (n.d.). *Why engage men in the fight to end violence against women and girls?* Retrieved from: http://www.who.int/gender/topics/why_engage_men/en/index.html.

positive peer influence and an understanding that if men are not part of the solution, they are part of the problem.

- ✦ Men and boys are also brothers, fathers, sons, and uncles, all of who have a vested interest in the well-being of the females in their communities.
- ✦ Men experience violence and suffer from the rigidity of gender roles as well as woman.

3.3.2 Redefining masculinity

There is increasing research-based evidence indicating that transforming masculine norms positively impacts on gender equality in relationships.⁶² Current definitions of masculinity equate manhood with dominance, aggression and sexual conquest.⁶³ Men and boys require a new perspective on what it means to be a man. According to WHO, “Male violence is a learned behaviour and men are socialised in much of the world to be violent. Men’s use of violence is in itself usually part of an affirmation of male norms and masculinities, in addition to being part of a power structure in which men with more power (e.g. older boys and men, men in dominant social classes) subjugate younger boys and men with violence”⁶¹.

Violence is a learned behaviour. Research has shown that boys who witness or experience violence as children are more likely to use violence against women as adults. Thus violent behaviour is a social construct. In essence, the socio-cultural construction of manhood or masculinity lies at the core of men’s violence against women, as well as the basis of potential sources of prevention. Men and boys can be socialised into new behaviours.

3.3.3 Rehabilitating perpetrators of GBV

When convicted perpetrators of GBV are released from prison they must be assisted during the reintegration process. Unfortunately, legislation governing domestic violence in South Africa appears to exclude rehabilitation for men and focuses on protecting women and children from abuse. As a result there are limited programmes for assisting male perpetrators of domestic violence.⁶⁴ Rehabilitation programmes are important in reducing the risk of reoffending. Several risk factors related to domestic violence that have been identified include the following: history of violent behaviour; anti-social behaviours and attitudes; relationship instability; employment instability; mental health problems; personality disorder; abusive childhood; low self-esteem; and hostile attitudes towards women.⁶⁵

The most common approach towards assisting perpetrators is through social workers working with groups of offenders to assist

them in negotiating with their partners, understand their behaviour, controlling violent behaviour, take responsibility for their behaviour, notice when the abuse occurs and learning how to stop it.⁶⁶ However, research has not yet clearly indicated which interventions in GBV are most effective in reducing reoffending.

4. CONFRONTING GENDER-BASED VIOLENCE

4.1 Case study 1: Sonke Gender Justice Network

Sonke Gender Justice Network (Sonke) was established in 2006 and has offices in Johannesburg and Cape Town. Sonke works across Africa to strengthen government, civil society and citizen capacity to support men and boys in taking action to promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV and AIDS. The organisation also focuses on and works directly with men and boys across Africa, supporting them to participate in the promotion of gender equality, prevention of GBV, and sexual violence, and to reduce the spread of HIV and AIDS.

Sonke is one of the few organisations in the sector who work directly with men and boys with a view to transforming male perceptions of masculinity and reviewing their roles in solving social problems. This work is guided by a human rights approach focusing on gender equality and the development of just and democratic societies.

4.1.1 One Man Can Campaign

4.1.1.1 Programme background

The One Man Can (OMC) campaign is Sonke’s flagship programme. The programme is housed within the Community Education and Mobilisation Unit. The OMC campaign targets individuals and community groups to raise awareness about gender and HIV/AIDS issues and to train them to address gender inequality and the spread and impact of HIV and AIDS in their communities. The OMC campaign is based on the premise that each member of society has a role to play in creating a more equitable and just society. The campaign encourages men to work together with other men, and with women in their communities to curb GBV and other social ills.

In order to promote change in communities, Sonke works through community action teams, mainly volunteers trained on the OMC philosophy. These volunteers get regular support from Sonke staff and conduct community mobilisation activities around areas relevant to different communities. For example, the volunteers may conduct

62 Barker, G. B., Ricardo, C., Nascimento, M., Nascimento, A. M. & Santos, C. 2010. ‘Questioning gender norms with men to improve health outcomes: evidence of impact’, *Global Public Health* 5(5): 539-553

63 van den Berg, W., Hendricks, L., Hatcher, A, Peacock, D., Godana, P. & Dworkin, S. 2013. One Man Can’: shifts in fatherhood beliefs and parenting practices following a gendertransformative programme in Eastern Cape, South Africa, *Gender & Development*, 21:1, 111-125

64 Brown, J. 2004. Shame and domestic violence: Treatment perspectives for perpetrators from self-psychology and affect theory. *Sexual and Relationship Therapy*, 19(1), 39-56.

65 Ministry of Justice. 2010. What Works with Domestic Violence Offenders? National Offender Management Service.

66 Gondolf, E. W. 2007. Theoretical and research support for the Duluth Model: A reply to Dutton and Corvo. *Aggression and Violent Behaviour*, 12, 644-657.

door-to-door awareness campaigns or mobilise the public to support victims of sexual violence when they go to court.

4.1.1.2 Activities

The OMC campaign is implemented in many sites through a variety of activities. Examples include the following:

- ❖ **OMC Community Radio Project:** Sonke is partnering with 12 community radio stations in six of South Africa's provinces and provides radio station staff with training on gender and HIV/AIDS. The radio programmes feature a series of OMC weekly radio episodes on the promotion of male involvement in issues relating to gender equality and HIV/AIDS. The radio stations have a combined footprint of five million people every week.
- ❖ **OMC Access to Justice Project:** This is a partnership between Sonke and the Thohoyandou Victim Empowerment Programme aimed at supporting victim empowerment in Limpopo province, and especially including men and boys in advocacy and support initiatives. In its 11-year history, the organisation has assisted over 12 000 survivors of violence through their 24/7 trauma centres in the Thulamela region of Limpopo province, South Africa.
- ❖ **OMC Prisons Project:** This project was piloted in the Western Cape in partnership with the provincial Department of Correctional Services. The programme aims to raise awareness around GBV and HIV/AIDS among prisoners. It provides them with the opportunity to reflect on their attitudes towards women before they are released back into the community.
- ❖ **OMC Soccer Project:** Sonke is working closely with three organisations in the Soweto and Alexandra townships of Johannesburg to host a series of soccer tournaments that are accompanied by Sonke trainings. The aim of this work is to increase their skills and scope in working with men and boys on gender equality and HIV/AIDS.
- ❖ **Community Mobilisation – Bushbuckridge:** This project forms part of a four-year randomised control trial being undertaken by Wits, University of California, San Francisco (UCSF) and University of North Carolina (UNC) and seeks to show how Sonke's OMC community mobilisation model can reduce the levels of violence in these communities and ultimately reduce the levels of HIV infection amongst young women.

In keeping with its philosophy and values, Sonke believes that their work with men and boys must:

- ❖ Promote the rights of women and girls and link with efforts to empower them.
- ❖ Enhance the lives of boys and men and help them to see the benefits of transforming gender norms.
- ❖ Include and respond to diversities among men – such as sexual, ethnic and class differences – and address *inter alia*, the specific needs of male prisoners, migrants and men (and women) affected by conflict.

- ❖ Show the effects of gender norms and inequalities on men and women.
- ❖ Explore ways to transform gender relations by engaging women and men.
- ❖ Address structural and social determinants of gender inequality, first and foremost income inequality and the unequal division of labour.

4.1.1.3 Project impact

The OMC campaign reaches nearly 25 000 men annually through workshops and community dialogues; nearly 5 million listeners a week via community radio shows and up to five million through print media articles. In 2012, the programme reached 7 423 men through workshops and an estimated 16 615 people through community dialogue programmes. Beyond the numbers of people reached, Sonke has registered real change in communities. It has been proven that working with men and boys can effectively address gender inequality. The OMC campaign has demonstrated changes in behaviours and attitudes among men participating in the programmes.⁶⁷ For example, after attending OMC activities it has been noted that “25% of respondents had accessed voluntary counselling and testing, 50% reported an act of GBV, 61% increased their use of condoms, and over 80% talked to friends or family members about HIV/AIDS, gender and human rights issues.”

Another assessment of OMC participants in Limpopo and Eastern Cape indicated changes in masculine ideologies and health beliefs and behaviours.⁶⁸ The research further indicated that “men who have participated in OMC activities afterwards embrace trends towards equality for women, understand their male identity differently and are more involved in household labour and child care.” The assessment indicated a reduction in alcohol use, increased condom use, reduction in the number of partners, and an increase in intervention in situations of violence between men and women.

4.1.1.4 Lessons learnt

The OMC campaign has attracted much attention locally, regionally and globally. The interest around this initiative is the focus on the range of possibilities offered by changing male behaviours in addressing GBV.

The following lessons have been learnt through the OMC campaign:

- ❖ Approaches that are designed to assist men and boys to examine and reflect on specific rigid societal norms and further examine that the consequences of such norms for men, women and children in their communities are effective in changing mindsets.
- ❖ Programmes for engaging men and boys must be tailored to the local context in order to be based on everyday practical realities of men and women. Understanding the socio-cultural context is key in addressing the underlying causes of GBV.
- ❖ Engaging men and boys in providing solutions to GBV should include building the capacity of communities to sustain the

67 World Health Organisation entitled Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions (2010)

68 Shari Dworkin (forthcoming).

changes taking place. This includes building capacity of civil society organisations and government departments providing services to these communities.

- ✦ In order for men and boys to participate in programmes developed to end GBV, there must be safe spaces for them to reflect on their masculinity and changing roles. Within these spaces and in addition to confronting their male identities, the benefits of changing their mindsets must be demonstrated at an individual level as well as societal level (women and children).

4.2 Case study 2: Masimanyane Women's Support Centre

Masimanyane Women's Support Centre (MWSC) was established in the Eastern Cape in 1996 to provide counselling to women and girls who are victims and survivors of GBV, including domestic violence, rape, and sexual assault. The Eastern Cape has a high prevalence of GBV and sexual violence¹⁷. From the onset, the organisation focused on provision of its services to women and girls from marginalised communities. Over time the organisation became an advocate for a healthy, safe, secure, responsible and supportive society for all women and girl children. MWSC is currently focused on addressing GBV, sexual reproductive health rights and the effects of HIV/AIDS on women.

MWSC runs four core programmes:

- ✦ crisis intervention and support services;
- ✦ primary prevention and raising awareness;
- ✦ women leadership and development training; and
- ✦ social justice programme.

4.2.1 Crisis intervention and support services

4.2.1.1 Programme description and background

Masimanyane's crisis intervention and support services programme mainly targets communities in the Eastern Cape. The programme is focused on strengthening community-based responses to violence against women and children, especially in remote areas where service provision is extremely limited. The programme provides secondary and tertiary prevention services to victims of GBV. These include counselling, paralegal and court support. The model targets and assists individual women and girls who have experienced GBV. These women are often unaware of their rights, unable to access the necessary services or are sometimes too traumatised to seek help or demand justice.

Masimanyane operates in the provinces from nine advice centres; five of which are based in the communities, two in police stations and two in magistrate's offices. The strategic approach of locating advice centres in these communities is intended to bring service delivery systems closer to those who need them. Location in SAPS and magistrate's offices is to ensure that victims are attended to and justice is served.

4.2.1.2 Programme activities

Premised on a community approach, the programme provides counselling and trauma support, paralegal and court support services to victims of GBV. The counselling services are conducted through face-to-face one-on-one sessions or via telephone where appropriate. The programme acknowledges the role of family in crisis management and also offers group or family counselling to that effect.

The programme also provides paralegal support by assisting victims to report cases at the police stations. The victims are further assisted

through programme representation when required to appear in court. In order to offer the best services to victims, Masimanyane has employed a lawyer and psychologist to provide support and mentorship to the members of staff and volunteers who work closely with victims on various cases. Where cases reported are complex, or when victims require specialised support, the lawyer and psychologist provide their services directly to such victims.

These services are provided within the context of assisting victims to cope with their experiences as well as facilitating healing and delivery of justice.

4.2.1.3 Achievements

In the year 2010/2011, the programme provided 102 clients with direct psychological support services and 40 clients with legal representation. However, since its inception in 1996, the programme has reached 11 363 people of whom 10 212 are women who have experienced some form of violence or abuse. The programme also reached a smaller proportion of males in Limpopo. The number of reports of cases of violence against women has increased due to increased awareness and good working relations between Masimanyane and other stakeholders in the province. These include the Department of Justice, SAPS, Department of Health and Department of Correctional Services.

4.2.1.5 Lessons learnt

The following lessons have been learnt based on the experiences of implementing programmes and through interacting with the victims of GBV.

- ✦ Working with women alone results in only limited impact. There is need to engage with men who have a genuine interest to participate in programmes and processes focused on ending GBV.
- ✦ Women who have suffered GBV and are provided with short- to medium-term psychosocial support in order to cope with their experiences are more likely to report abuse and seek justice than those women who fail to access such services. Without psychosocial support even assertive women shaken by the trauma of violence may not report such violence for fear of further victimisation.
- ✦ The justice system does not always deliver justice for the victims of GBV. In some cases, survivors suffer secondary victimisation at the hands of the police or in the courts. Therefore, in addition to enabling women to know their rights, they must also have access to legal assistance to ensure justice.
- ✦ Although victims of GBV are the centre of most programmes, family members also require support to cope with the victimisation of a relative. Provision of family and group counselling helps collective healing and ability to support each other within the family structure.

4.3 Case study 3: Tshwaranang Legal Advocacy Centre to End Violence against Women

4.3.1 About Tshwaranang Legal Advocacy Centre to End Violence against Women

The Tshwaranang Legal Advocacy Centre to End Violence against Women (TLAC) is a non-profit organisation that promotes and defends the rights of women to be free from violence and to have access to appropriate and adequate services. Their key activities include research and policy development, litigation and advocacy, training and public awareness.

The organisation was established in 1996. Its first director became a member of the South African Law Reform Commission's Project Committee, which drafted the 1998 Domestic Violence Act. Since then the organisation has argued before the Constitutional Court and the Supreme Court of Appeal, as well as appeared before a number of parliamentary committees to present its research and law reform proposals. In 2011, Tshwaranang was accredited as a law clinic.

4.3.3 Research

Although there is a considerable body of literature regarding the causes and nature of GBV, there is very little research on women's help-seeking attitudes and behaviours. TLAC conducted this research entitled: "Abused Women's Help Seeking" in order to contribute towards understanding the plight of women in abusive relationships.

The specific research objectives are:

- ✦ Develop a clear understanding of violence in intimate relationships, by enabling agencies to move away from approaches that treat such violence as a static, linear phenomenon and to understand it as a dynamic process where women move through various states of rationalisation, change and decision-making.
- ✦ Address the need to rethink and reconceptualise how organisations should understand and respond to women in abusive relationships.
- ✦ Understand different forms of violence and the various motivations women have for wanting to deal with violence in different ways.

A phenomenological research design was used to establish an in-depth understanding of how abused women or women in abusive relationships endure such abuse and how they interacted with service providers when seeking help. TLAC identified the research participants through their partner organisations working with victims of domestic violence. Data was collected through 33 semi-structured interviews and five focus groups with abused women in Gauteng.

4.3.3.1 Research findings

Impact on children

The research findings indicated that children are often involved in abuse and witness their mother's abuse. In some cases their involvement is unintended while in other cases they are the intended targets of abuse. In such violent homes, the relationship between the mother and children often deteriorates as she becomes violent towards them due to frustration. The mother is often unwilling or unable to leave the abusive relationship despite her authority being constantly undermined. Usually the decision to stay is as a result of a deep reluctance to leave children behind or pressure from relatives.

The above findings combine and often result in negative impact on academic life, behavioural problems, and deprivation of physical needs of the children.

Help-seeking behaviours

- ✦ **Family and friends:** The women in abusive relationships sought help from family members, friends, neighbours and religious leaders. Family and friends played a key role in linking women to services by accompanying them to the police, courts, social workers and shelters. Neighbours provided food and shelter for women and their children. However, the women were often advised to return to the abusive partner to work things out.

- ✦ **Police:** The abused women also sought help from the police. The research findings indicate that police officers are amongst the least helpful. They colluded with the perpetrator, preferred to mediate rather than follow criminal law procedures and viewed the violence as culpable if the female victim fought back in an effort to defend herself. However, other women reported being taken to shelters, helped with protection orders and removed children from abusive partner's care.
- ✦ **Court:** Women felt alienated and defeated with lengthy court processes and bureaucracy. Some of the women struggled to understand court processes and felt uncomfortable in having to repeatedly face the perpetrator.
- ✦ **Health workers:** Health workers were often unsympathetic, provided negligible support to women and, as such, most women did not see them as a possible avenue for help.
- ✦ **NGOs:** Most women had very positive experiences of NGOs and found their services to be invaluable and provided at no cost. These organisations played an important role in the recovery of abused women. These NGOs provided advice, counselling, guidance and referral to shelters where necessary. However, NGOs tended to focus on the abused party, while largely ignoring personal networks (i.e. family, friends, neighbours, and religious institutions). The NGOs were also not properly networked with other organisations such as SAPS, DoH, DSD and the courts.

General recommendations and lessons learnt

- ✦ Leaving abusive relationships is often suggested although it does not always happen. However, the emerging question is, should leaving be the only option? Perhaps there might be other ways of resolving and eliminating conflict that should be explored.
- ✦ Children are a key consideration to women making decisions either to stay in or leave an abusive and violent relationship. There is a general reluctance to leave children behind.
- ✦ Children are always affected whatever a parent decides. Children are affected by the violence in the home even if both parents are present. If the mother leaves an abusive relationship, whether or not the children stay with her, they are still affected; only this time not by violence but by the instability introduced by the absence of one parent.
- ✦ Effective responses require key stakeholders to work collaboratively. Victims of GBV often require simultaneous access to health, psychosocial and legal services. These services, whether provided through NGOs or directly, must be well coordinated.
- ✦ It is also important to understand the abuser. It is necessary to engage with the abuser both to enable the victim to access justice but also to provide services that will help the perpetrator reform.
- ✦ Laws and policies can help, but poor implementation and capacity leads to secondary victimisation. Good laws are not adequate on their own. Responsible officials must be equipped and prepared to provide the necessary support services to victims.
- ✦ Psychosocial support is critical but not always accessible. This aspect is often overlooked but it is crucial in facilitating the recovery of victims from the trauma of abuse.
- ✦ Capacity building of stakeholders and the sector is very important in ensuring that victims receive the services that they require. Furthermore, capacity building enhances the ability of stakeholders to explore and implement strategies that could result in the curbing of GBV.

5. DISCUSSION

5.1 Emerging issues

South Africa is one of the most unequal societies in the world today. Despite the peaceful transition to democracy, the country continues to be tainted by high levels of violence. Crime statistics continue to make headlines in the news locally and globally. Efforts by SAPS remain inadequate despite the various attempts to curb crime. Violence against women remains a sore issue in communities, especially where the majority of previously disadvantaged groups are resident. This research indicates that despite the range of interventions by various stakeholders in the last two decades, the scourge remains. There are various reasons that explain why GBV continues to be a challenge and why interventions are failing. It must be noted, however, that some interventions are beginning to demonstrate a deeper understanding of GBV and implementing innovative solutions. The government has also put in place legislation to guide the responses to GBV, but inadequate resources have resulted in parts of the legislation not being implemented.

There is a general perception that there is a lack of understanding of the underlying causes or risk factors of GBV. This is further compounded by the fact that not enough research has been conducted on the nature and trends of GBV in order to understand the dynamics that fuel this societal menace. Ironically, where such research has been conducted, it has not been used effectively to develop new programmes. For instance, in many communities research has shown that the abuse of alcohol and drugs fuels crime and domestic violence, and yet few communities have responded with programmes that address these challenges together.

The discourse on GBV is slowly beginning to bring together various stakeholders who previously worked in silos. There are still few reflective spaces where organisations meet and discuss programmes across organisations and sectors. However, organisations are beginning to challenge conventional GBV programmes and encouraging stakeholders to reach out and engage in communities of practice while also engaging in partnerships that are more likely to result in greater impact. Essentially, the focus should be on all stakeholders working together as a sector.

The research indicates that the greatest obstacle in addressing GBV is the patriarchal nature of society and the inherent power inequalities between men and women. This inequality has made it possible for men, for instance, to defend perpetrators and normalise GBV through perpetuation of harmful and discriminatory traditional practices and norms.

Proposed solutions to GBV do not primarily seek to challenge male dominance but rather to involve them in finding the solution through shifting mindsets towards gender equality. GBV can be distilled down to be a social problem caused by a fundamental failure to manage personal and family relationships. Therefore, possible solutions to GBV can be developed around promoting good parenting and working with whole families to build better relationships. It is also critical to specifically focus on redefining masculinity among men and boys, in order to reorient their perception of and relationships with women. It should be noted, however, that work around challenging cultural norms and practices is complex and delicate, and takes it time to begin to see changes. Once-off interventions are therefore not effective and should be discouraged.

5.2 Lessons learnt

GBV remains a national challenge in South Africa, despite years of implementing programmes in communities across the country. However, some important lessons have emerged that can inform future responses to GBV. The lessons highlighted here are not exhaustive, but represent the most critical and perhaps the most immediate issues in need of attention. These lessons are intended to guide donors financing CSI initiatives but are also equally useful to other stakeholders working in the sector.

✧ **Design gender-based violence programmes informed by research-based evidence.**

Research on GBV has been conducted in the country and much data and information have been accumulated and documented. However, research findings have not been used effectively to develop new programmes to address GBV. For instance, in many communities, research has shown that the abuse of alcohol and drugs fuels crime and domestic violence, and yet few organisations have responded with programmes that address these challenges together.

GBV programmes should be based on what we know rather on what we think is ideal. Therefore, donors should ensure that they fund evidence-based programmes. Although many corporates do not fund development research, it is important for NGOs implementing GBV programmes to partner with research institutions in order to access current information and knowledge for application in programme management.

✧ **Support programmes that target both the victims and their families**

Victims of GBV suffer abuse within the family environment. Although victims are the centre of most programmes, family members also suffer, especially children, and they require support to cope with the victimisation of a relative or parent. Donors should therefore support programmes that provide family support, such as family or group counselling to help the family deal with the trauma and challenges associated with witnessing GBV.

✧ **Promote programmes that focus on parenting and building family relationships**

One of the underlying causes of GBV is the breakdown of relationships between individuals and families. Building and maintaining good relationships is critical for promoting functional families and healthy societies. Children raised in a family where GBV is rife and experience abuse at a young age are more likely to be perpetrators as adults. Boys who grow up without positive role models at home and lack the requisite skills to relate to women are also likely to be abusive to their partners. In this regard, parenting becomes very important in supporting and socialising children to grow up to be adults who can create and value relationships with others.

Donors should encourage and support programmes that focus on promoting parenting skills and building families. The involvement of fathers is especially important in strengthening and stabilising families, creating a healthy environment for the development of children. The involvement of men through sharing of responsibilities for raising children is also important as it relieves the burden on women and girls, who are often the primary caregivers in most families. Fathering and caregiving roles need to be strengthened and men need to be supported and enabled to achieve this.

✦ **Align NGOs with relevant government institutions involved in gender-based violence.**

Many NGOs are involved in providing support to victims and survivors of GBV. Victims often require assistance with reporting incidences of violence to the police, legal support in court and accessing health services. While NGOs are providing critical services, they are often not properly networked with relevant organisations such as SAPS, DoH, DSD and the courts. Donors should support increased collaboration between NGOs and government to optimise support services to victims of GBV.

✦ **Support multi-sectoral action-oriented professional learning communities on gender-based violence**

GBV is a multi-faceted and highly complex issue. Therefore, addressing GBV requires deeper understanding of the underlying risk factors and drivers of this societal menace. Based on this knowledge, multiple approaches are required in order to bring about sustainable solutions.

Donors should, therefore, contribute towards understanding GBV by supporting professional learning communities where role players from various sectors meet to share new knowledge, analyse trends in GBV and legislation in order to focus these towards initiating systemic change. The learning communities should be coordinated by carefully selected professionals, who are actively engaged in programme development and reviews, implementation and evaluation in order to be effective. They should thus act as a reservoir of knowledge, informing research and promoting sharing of knowledge at various levels within communities, civil society and relevant government departments.

✦ **Support programmes that focus on boys and men**

The majority of programmes designed to curb GBV focus on supporting victims and survivors. Despite men being the chief perpetrators of GBV, this scourge has remained a women's issue. While it is important to provide for the needs of those affected by GBV it is also necessary and, perhaps much more important, to direct more effort and resources towards prevention and early intervention. Such initiatives, if successful, can result in huge societal benefits.

GBV should also focus on men and boys in order to challenge and negotiate changes concerning the patriarchal nature of our society. Patriarchy, traditional norms and practices, as well as the current perceptions of masculinity can only be challenged and solutions proposed if men and boys are involved in GBV programmes. Redefining masculinity can help socialise young boys into a new paradigm where relationships with women are less influenced by gender and power dynamics and more by the desire to build fulfilling relationships, and sustainable families and communities.

✦ **Target perpetrators of gender-based violence to be part of the solution through rehabilitation and reintegration in communities**

In order to curb GBV within families and communities, programmes must also target the perpetrators of such violence as part of the solution. The justice system alone cannot prevent perpetrators from engaging in acts of violence against women. When perpetrators return to their communities there is often fear among victims and survivors and chances of reoffending are also high. It is, therefore, imperative for civil society to engage in programmes that focus on rehabilitation and reintegration of perpetrators. This includes offering psychosocial counselling and support to both victims and perpetrators.

✦ **Support workplace gender-based violence programmes**

In general, the workplace leadership structure is still dominated by men despite the legislation for equal opportunities for all. With respect to GBV in the workplace, women are still more vulnerable than men and much more likely to experience some form of violence than men. The costs of GBV are also felt in the workplace through reduced productivity owing to prolonged absenteeism and staff turnover.

Donors should encourage the development and implementation of workplace GBV programmes. While GBV may in most cases not occur in the workplace, GBV in the home often manifests in the workplace. Workplace GBV programmes essentially complement community programmes and further provide an opportunity to target and include men in search of sustainable solutions.

✦ **Donors should commit to multi-year support if they intend to bring about systemic change**

Addressing GBV requires exploring and addressing social and cultural norms that guide relationship building. These issues are complex and take a long time to understand and influence change. Indeed, it takes time to change mindsets and social systems in communities. It is, therefore, important for donors to consider and understand these issues when funding interventions to curb GBV. Multi-year funding ensures that implementing partners can sustain their interventions in communities long enough to effect initial response and long-term impact. However, where donors are interested in funding micro-level activities, these should be supported within the context of a broader context of effecting systemic change.

✦ **Insist on monitoring and evaluation of programmes**

Implementing development programmes such as GBV requires significant financial and human resources. The commitment of such resources is often based on perceived social and economic gains to society. Given this commitment, systems should be put in place to ensure that the targeted gains are achieved. The role of M&E in development becomes central in this respect. Donors should demand that programmes be benchmarked against good practice from experiences locally and elsewhere. All programmes should be implemented based upon a baseline survey and progress tracked through periodic monitoring and evaluation of activities.

Despite the obvious importance of monitoring and evaluation, it is acknowledged that evaluating social programmes is a daunting task. It is fairly easy to determine the numbers of victims and types of services. It is much more difficult to qualitatively evaluate the impact of services such as GBV awareness raising, psychosocial counselling and victim empowerment. However, when GBV programmes are developed, these should be accompanied by practical and detailed outcome and impact indicators to provide guidance during the evaluation of programmes.

APPENDIX 1: RESEARCH APPROACH AND METHODOLOGY

A. RESEARCH APPROACH

This research relied primarily on literature review on GBV, quantitative data and qualitative information gathered through interviews with organisations implementing GBV programmes. Information on specific GBV programmes was collected through in-depth interviews and the case study approach.

B. RESEARCH METHODS AND PROCESS

Desktop research

Desktop research was conducted to gain an understanding of the complexity and context of GBV. The literature review highlighted the nature of GBV and its various manifestations in the family, community and workplace; underlying causes and impact of GBV; and responses to GBV including legislation and alternative approaches to dealing with violence.

Workshops

The study benefited from two workshops on GBV organised by the FNB Fund at Tshikululu Social Investments. These workshops brought together organisations implementing interventions including advocacy programmes in the GBV sector. The workshops generated valuable information regarding the underlying causes and the persistent challenges in dealing with GBV, and alternative approaches that some organisations are adopting to address GBV. Some of the lessons learnt in implementing GBV programmes were derived from these workshops and based on organisational experiences in dealing with victims and survivors of GBV.

In-depth interviews

The in-depth interviews were conducted with individuals within organisations that were managing, implementing or funding GBV programmes. Initial interviews were conducted with experts in

Tshikululu Social Investments with knowledge and experience in designing and managing GBV programmes in communities. Outside Tshikululu, individuals from various organisations that participated in the roundtable discussions organised through the FNB Fund were identified and interviewed. These practitioners provided insights in designing and implementing GBV programmes.

Case studies

Based on the interactions with various organisations implementing GBV programmes, three were identified for inclusion in the research report as case studies. These are: Sonke Gender Justice Network, Masimanyane Women's Support Centre and Tshwaranang Legal Advocacy Centre to End Violence against Women. Sonke was included on the basis of their approach of including boys and men in GBV programming. Masimanyane was profiled to highlight their programme on providing support services to victims and survivors of GBV. Tshwaranang was included to highlight the significance of research in generating evidence to inform GBV programmes.

The case studies are intended to provide an opportunity for reflection and discussion, and to guide CSI entities in making decisions concerning supporting GBV programmes.



FIRSTRAND

WWW.FIRSTRAND.CO.ZA