Gender links (GL) is a Southern African NGO that is committed to a region in which women and men are able to participate equally in all aspects of public and private life in accordance with the provisions of the Southern African Development Community (SADC) Protocol on Gender and Development.

The South African Medical Research Council (MRC) Gender and Health Research Unit, aims to improve the health status and quality of life of women through high quality scientific research on gender and health which informs the development of policy, health services and health promotion.

Gender Based Violence Indicators Study
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ACKNOWLEDGEMENTS

The Gender Based Violence Indicators Project is a regional research study aimed at measuring and monitoring the extent, effect, cost of and efforts to end violence against women in light of the Southern African Development Community Protocol on Gender and Development’s target to halve levels of gender based violence by 2015. This is a report of the pilot study conducted in Gauteng Province in 2010 and to be cascaded to the remaining South African provinces and other SADC countries such as Botswana and Mauritius.

Our appreciation goes to the women and men that consented to participate in this study, more so given the traumatising experiences they went through which this study uncovered.

GL worked with South African Medical Research Council (MRC) in the conceptualisation and implementation of the prevalence and attitudes household survey. Professor Rachel Jewkes, Director of the MRC Gender & Health Unit and Nicola Christofides, a senior Lecturer at the Wits University School of Public Health were part of the working group that conceptualized the study and periodically met to review research progress. They analysed the survey data and wrote this report substantially.

Yandisa Sikweyiya, Senior Researcher at MRC conducted research ethics training for fieldworkers.

Nwabisa Jama Shai, GBV Indicators Research Manager contributed to the development of research tools and managed the survey fieldwork and other research components during her tenure. Working as a consultant she assisted in the collection of administrative data. She was part of the reference group that met regularly to review progress and contribute to the research and writing up.


GL co-ordinated the remaining project components and drafted the reports.

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We extend our gratitude to all partners who were part of the reference group that conceptualized and that reviewed the results. (Names to follow)

Kellelo Tekateka, GL Justice programme officer conducted and wrote up the political discourse analysis. She also co-ordinated and facilitated focus groups on audience research linked to the political discourse research.
Lukhanyo Nyati of Ukhanyo Research and Consulting created the data capturing tool and analysed the data.

Mercilene Machisa, GL GBV Indicators Research Manager assisted with the data management and analysis. She compiled this draft report.

GL Executive Director Colleen Lowe Morna, Deputy Director Kubi Rama and Justice Programme manager Loveness Jambaya Nyakujarah, oversaw the research, data analysis, report writing and stakeholder consultations.

Colleen Lowe Morna and publications manager Danny Glenwright edited the report. Many thanks to the United Nations Trust Fund, the funder of the conceptualisation phase of this project.

We are deeply indebted to UKAID through the Department for International Development (DFID), Irish Aid, Norwegian Church Council, for funding the research and report.
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Nwabiswa Jama Shai is currently a Senior Researcher at the Gender and Health Research Unit of the Medical Research Council, South Africa. She is doing her doctoral studies, has an MPH, and began her career as a gender violence and HIV trainer. She was engaged in the management of the GBV Indicators project for Gender Links for a period of 13 months. Her major research contribution and management include the household survey on gender based violence in Gauteng Province, the pilot and evaluation of a HIV and gender violence prevention intervention, Stepping Stones. Her interests include use of quantitative and qualitative methods in developing and strengthening gender equitable and HIV prevention interventions.

Loveness Jambaya Nyakujarah is GL Gender Justice Programme Manager. Prior to joining GL this she worked for the Zimbabwe Elections Support Network as an intern before joining the Media Monitoring Project in Zimbabwe (MMPZ) where she worked for five years as a Senior Media Research officer. Among other achievements she formed the Gender Desk at MMPZ for which she became responsible and worked closely with GL on a number of projects. She served as the first country representative for the Gender and Media Southern Africa Network – Zimbabwe Chapter (GEMZi) and now serves as founding trustee. She is also a board member of the Federation of the African Media Women in Zimbabwe (FAMWZ). Loveness holds a BSc Economics Honours degree from the University of Zimbabwe and is studying towards a Postgraduate Diploma in Monitoring and Evaluation at Stellenbosch University.

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### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>African National Congress</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-retroviral drugs</td>
</tr>
<tr>
<td>CS</td>
<td>Court Services</td>
</tr>
<tr>
<td>DA</td>
<td>Democratic Alliance</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DSD</td>
<td>Department of Social Development</td>
</tr>
<tr>
<td>DV</td>
<td>Domestic violence</td>
</tr>
<tr>
<td>DVA</td>
<td>Domestic violence Act</td>
</tr>
<tr>
<td>GBH</td>
<td>Grievous Body Harm</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender based violence</td>
</tr>
<tr>
<td>GL</td>
<td>Gender Links</td>
</tr>
<tr>
<td>GCIS</td>
<td>South African Government Communication and Information System</td>
</tr>
<tr>
<td>GMPS</td>
<td>Gender and Media Progress Study</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno deficiency Virus</td>
</tr>
<tr>
<td>IDMT</td>
<td>Inter-Departmental Management Team</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organisation for migration</td>
</tr>
<tr>
<td>IPV</td>
<td>Intimate partner violence</td>
</tr>
<tr>
<td>MRC</td>
<td>South African Medical Research Council</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
</tr>
<tr>
<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
</tr>
<tr>
<td>NAP</td>
<td>National Action Plan to end violence against women and children</td>
</tr>
<tr>
<td>NPA</td>
<td>National Prosecuting Authority</td>
</tr>
<tr>
<td>RVO</td>
<td>Regional victim support centres</td>
</tr>
<tr>
<td>SAPS</td>
<td>South African Police Services</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
</tr>
<tr>
<td>SOCA</td>
<td>Sexual Offences and Community Affairs Unit</td>
</tr>
<tr>
<td>STATSA</td>
<td>Statistics South Africa</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td>TCC</td>
<td>Thuthuzela Care Centre</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
</tr>
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<td>VAM</td>
<td>Violence against men</td>
</tr>
<tr>
<td>VAW</td>
<td>Violence against women</td>
</tr>
<tr>
<td>VEC</td>
<td>Victim Empowerment Center</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
FOREWORD

Maloshoane to write foreword

Maleshoane Motsiri, I stories participant, 16 Days, November 2007
UN special rapporteur on VAW, Rashida Manjoo to write opening message
EXECUTIVE SUMMARY

Over half the women interviewed in Gauteng (51.3%) have experienced some form of violence (psychological, emotional, economic, physical or sexual) in their lifetime while 75.5% of men interviewed in the province admit to perpetrating some form of violence against women at some point in their lifetime. Most of this violence has occurred within intimate relations and only 3.9% of the victimised women reported to the police.

Table of key summary findings

<table>
<thead>
<tr>
<th>Name of indicator</th>
<th>Prevalence and attitudes survey</th>
<th>Population prevalence of SAPS reported domestic violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lifetime experience estimate</td>
<td>Lifetime perpetration estimate</td>
</tr>
<tr>
<td>Rate of violence</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Rate of sexual violence</td>
<td>51.3</td>
<td>75.5</td>
</tr>
<tr>
<td>Rate of intimate sexual violence</td>
<td>25.3</td>
<td>37.4</td>
</tr>
<tr>
<td>Rate of non-intimate sexual violence</td>
<td>18.2</td>
<td>18.8</td>
</tr>
<tr>
<td>Rate of physical violence</td>
<td>33.1</td>
<td>50.5</td>
</tr>
<tr>
<td>Rate of economic violence</td>
<td>22.3</td>
<td>28.5</td>
</tr>
<tr>
<td>Rate of emotional violence</td>
<td>43.7</td>
<td>65.2</td>
</tr>
<tr>
<td>Rate of femicide</td>
<td>1.4</td>
<td>2.7</td>
</tr>
<tr>
<td>Rate of violence in schools</td>
<td>2.7</td>
<td>1.4</td>
</tr>
<tr>
<td>Rate of sexual harassment at work</td>
<td></td>
<td></td>
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</tbody>
</table>

* These are negligible percentages
√ Not measured/reported

The most common form of violence experienced or perpetrated was emotional violence - a form of violence not well defined in domestic violence legislation and thus not well reflected in police data. 43.7% women experienced and 65.2% men admitted to perpetration of this form of violence.
Sexual violence the most common form of violence referred to by politicians and reported by the media was perpetrated by both intimate partners and or strangers. One in four women in the province has experienced sexual violence in their lifetime. An even greater proportion of men (37.4%) disclosed perpetrating sexual violence. Despite experiencing sexual violence only one in 13 of the women raped by strangers had reported to police. Women that were raped by strangers were more likely to contract Sexually Transmitted Infections (STIs) and Human immunodeficiency Virus. (HIV). Apart from its effects on sexual and reproductive health, experience of rape was associated with poor mental health.

Physical violence is the most common violence reported to police and witnessed by community members. However VAW is still regarded as a private affair as shown by only one in 10 people that witnessed violence intervening by calling the police.

Human trafficking, harmful cultural practices, hate crimes against lesbians and intimate femicide- “the killing of a woman by her partner”, are serious forms of GBV that are still inadequately documented in Gauteng and South Africa as a whole. There are therefore huge gaps in knowing the full extent of VAW in the province. Recently commissioned research studies by the National Prosecuting Authority (NPA) and improved data collection by SAPS provide opportunity to provide reliable statistics on trafficking and femicide.

These are some of the stark findings of the Gauteng Gender Violence Indicators Pilot project conducted by Gender Links and the Medical Research Council in 2010. These findings show that while political conflict in the country has subsided, homes are still far from safe, especially for women.

Inspired by the Southern African Development Community Protocol on Gender and Development that aims to halve gender violence by 2015, the study is the first comprehensive, community-based research study of the incidence of GBV in the province. The intention is to roll the indicators study across all of South Africa (plans are already well advanced for doing so in Kwa Zulu Natal and Western Cape). Within the SADC region, the GBV indicators research is already under way in Mauritius and Botswana.

Population based surveys like the one just conducted in Gauteng are the only way to obtain meaningful data against which the targets of the SADC Gender Protocol can be measured. The findings of the prevalence survey show the inadequacies of police and other administrative statistics which either fail to cover many forms of VAW or under state the extent of the problem.

Unlike police data that relies on reported cases, the study involved in-depth interviews with a representative sample of 511 women and 487 men, which reflected the racial and demographic composition of the province. Two separate questionnaires, one for women focusing on their experiences and the other for men focusing on perpetration of violence against women, were used. Comparing what women say they experience to what men say they do adds credibility to
the findings. In almost all cases, as will be elaborated in this report, men confirmed what women said even more strongly than the women themselves.

The focus on women is justified by overwhelming evidence from the routinely collected SAPS data that shows that 80% of domestic violence victims are women. This is indicative that the majority of GBV cases consist of violence against women (VAW).

In addition to the prevalence survey, other research tools used include interrogating administrative data (like police, court and shelter statistics); qualitative research; a costing exercise; political discourse analysis and media monitoring that will establish a range of baseline indicators on VAW for the province.

While VAW is rampant in Gauteng Province in South Africa there is a great extent of underreporting of VAW to police. The abuse by intimate partners or family member is usually not reported and there is conspiracy to silence. Issues are either concealed or resolved within the family set up. Community members witnessing abuse often choose not to intervene treating the incident as a private affair.

VAW is enforced through social norms and attitude which accept equality in the public domain but maintain traditional patriarchal values in the home. There is general belief of male sexual entitlement and the legitimization of violence in relationships based on these values. In a society that has the highest levels of alcohol consumption worldwide, alcohol and substance use is unsurprisingly an exacerbating factor associated with perpetration of VAW in Gauteng.

Experiencing sexual abuse is associated with poor mental and reproductive health in women. Negative outcomes included post-traumatic stress disorder, suicidal thoughts, depression, binge drinking, contracting STIs and testing HIV+.

Despite the exceptionally high levels of VAW experienced in the province, the subject does not feature in most of the official speeches by government and political leaders. Politicians choose to be silent about violation of marginalised groups and some have expressed homophobic utterances. Of the 1956 selected official speeches made by key political leaders including the president, cabinet, provincial administration and political party leaders between April 2009 and March 2010, only a marginal 4.8% made passing reference to GBV; very few actually focused on the subject. Cabinet ministers speak the most about GBV. Reference to GBV is predominant during the 16 days of Activism or during days to commemorate women.

Off the cuff statements made by some political leaders, notably comments by ANC Youth League Leader Julius Malema on women who have been raped not asking for taxi money in the morning have sparked off a spirited public debate on what constitutes gender violence. The case taken up against Malema in the Equality Court by Sonke Gender Justice, a men’s group, is an example of the important watch dog role of civil society in shaping gender discourse.

Media coverage of GBV is often sensationalist and trivialises the women’s experiences of GBV, perpetuating rather than challenging society’s attitudes and response to GBV. Although showing some improvements in quality media coverage, GBV is not covered consistently on a year round basis but is mainly addressed during the annual 16 days campaign.
Despite the launch of the 365 Day National Action Plan to End Gender Violence in March 2007, coordination and implementation remain weak. The research shows that national commitments and instruments together with effective leadership is essential to reducing and ending gender violence.

An important immediate outcome of this research is the commitment made by the research department of the South African Police Service (SAPS) to improve on its data gathering, quality monitoring and reporting in the following ways:

- Introducing a field for recording relationships in the gathering of domestic violence data from 1 April 2011 (the new reporting year). This will make it possible to analyse this data far more meaningfully. For example if a woman is murdered, and the relationship is an intimate partner, this will make it possible to determine straight way (without going to docket analysis) that this is a case of femicide.
- Collaborating with NGOs such as Gender Links in determining how gender violence data is analysed.
- Introducing a chapter on GBV in the annual crime report starting in 2011.

Key recommendations made in the report are that

- The GBV indicators form a key component of 365 Day National Action Plan of the Gauteng province, to be repeated at regular intervals for effective monitoring and evaluation.
- The indicators be cascaded to all provinces of South Africa and be similarly used to strengthen the NAP.
- NGOs work closely with SAPS in improving the quality of police reporting and analysis to ensure that useful data and insights are derived from administrative data.
CHAPTER ONE: INTRODUCTION

The pilot for the Gender Based Violence Indicators Project was conducted in Gauteng Province, the economic powerhouse of South Africa. The province is home to an estimated 11.2 million people, translating to 22.4% of the total South African population (Statistics South Africa Midyear population estimate 2010).¹

This introductory chapter covers the key definitions; country context; key conceptual issues and research questions. It also provides a brief outline of the report.

Country context
Gender violence continues to be one of the most common and serious human rights violations occurring in South Africa. The scourge is a social problem entrenched in gender inequity at both a community and personal relationship level. All of South Africa’s ethnic groups are patriarchal with men dominating over subservient women. Men’s control over women is seen as a sign of masculinity. Apart from the contribution of culture and tradition to gender disparity, religion and the media tend to reinforce these masculinity norms.

South Africa has a national history of interpersonal violence linked to conflict and political struggles. Violence in South Africa is used frequently to settle feuds in all areas, including schools and even in the workplace. Service delivery protests are also marked by violence including the destruction of property. Violence is also common in settling salary disgruntlement conflict. All this contributes to the acceptance of violence as a way of dealing with conflict.

Political context
Being a leader in any context places responsibility and accountability expectations on an individual. Similarly in any society there is expectation placed on leaders and in a national context on the president to be seen to be addressing and committing to addressing social problems. Despite the existence and known effects of GBV to a society government and political functionaries still do not speak enough and in depth about GBV in most of their official speeches.

¹ www.statssa.gov.za
GBV remains a missing subject in most of the official speeches by government and political functionaries.

Figure 1.1 shows that of the 1956 selected official speeches made by key political functionaries between April 2009 and March 2010, only a marginal 4.8% mentioned or were about GBV in any form. Of these, 83.8% simply made a passing reference to GBV as opposed to having GBV as the main topic of concern. An example of these passing remarks is one speech by President Zuma on the occasion of celebrating the 35th anniversary of Mitchells Plein, Westrigde Gardens, where he casually made reference to “The poverty unemployment, domestic violence, abuse as well as crime must be attended to with much vigor by all spheres of government.”

In a time when there is a push to elevate the 365day National Action plan reference to GBV in speeches is not an all-year round practice.

GBV talk is mostly during 16days of activism

Figure 1.2 shows that the majority of speeches (26.4%) addressing GBV in any form are made during specific commemorative days primarily during the 16 days of activism and days commemorating women with 90.7% of the speeches on commemorative days being made on
these occasions. GBV in this context is often not referred to as a human rights issue but rather as a women’s issue.

The only other time that GBV is a dominant discourse is during the annual Sixteen Days Campaign of Activisms of No Violence against Women and Children. During this time, media pick up on GBV stories is very high and the politicians often find a way of including it in their official platforms in addition to wearing the white ribbon which is used as part of the symbol during this time.

Formation of Ministry of women, children and people with disabilities.

**Gender stereotypes and sexual identity**

The 19 year old award winning middle distance runner Caster Semenya sparked debate around gender stereotypes in South Africa when after winning the women’s 800 meter at the World Athletics Championships was questioned on her sexual identity. The International Association of Athletics Foundation (IAAF) demanded that she undergo what they called ‘gender verification’ tests in order to determine if she was in fact a woman.

The IAAF suspended Semenya from competing professionally pending results of the ‘gender verification’ test. Semenya’s case received a great deal of positive local media attention. Many high profile political figures, especially from the ANC publicly spoke out about the derogatory treatment she had received. However, the ANC turned the matter into one of race (even though several white women athletes globally have been similarly treated) and remained silent on the gender dimensions.

While the South African public came out in support of “our golden girl”, male supporters at the airport offered to marry her as a way of “normalising” the situation and preferred not to deal with the complex issues raised in this case concerning intersex and transgendered individuals. The Semenya case represents a missed opportunity to educate and sensitise the public on gender stereotypes; the societal expectations and norms that are at the root of gender violence. Violence takes on many forms; it can be argued that Caster Semenya was publically and unapologetically violated in direct response to her ‘sexual identity’ and failure to conform to gender norms.

**Sex work under the spotlight**

2010 also witnessed one of the greatest sporting events to hit African shores, with South Africa hosting the 2010 FIFA World Cup. The event brought thousands of football supporters and tourists to the country and sparked debate around sex work in South Africa. Sex work in the country is a delicate issue shrouded in disgrace and discrimination. Sex workers are often abused and violated by their clients. Not only are they in danger of being physically and sexually abused by those that solicit them, they are also often victim to police. Sex workers are often unable to negotiate safe sex and are discriminated against at health care facilities.

The issue of whether or not sex work should be decriminalised received massive attention prior to the World Cup. The benefits of this regulation would be the empowerment of sex workers, and, in theory a safer trade. Ensuring the empowerment and safety of all women, regardless of their sexual orientation or trade is critical as a vehicle to eradicating VAW.
Key definitions

Gender-based violence
The term gender-based violence is commonly used interchangeably with violence against women, in order to highlight the gender inequality in which the violence is rooted (IGWG of USAID, 2006). In the South African set up violence against women in a relationship set up is also referred to in some instances as ‘family violence’, ‘intimate partner violence’ or ‘domestic violence’ (in line with national constitution).

For the purpose of this study the 1993 UN Declaration on the Elimination of Violence against Women below will be used. The term ‘violence against women’ means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life.

This definition encompasses, but is not limited to:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

---

Acts of violence against women also include forced sterilisation and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.

**Box 1: Types of VAW at different life stages**

**Prenatal**  
Sex-selective abortion; battering during pregnancy (emotional and physical effects on women; effects on birth outcome); coerced pregnancy

**Infancy**  
Female infanticide; emotional and physical abuse; differential access to food and medical care for girl infants

**Childhood**  
Child marriage; genital mutilation; sexual abuse by family members and strangers; differential access to food and medical care; child prostitution.

**Adolescence**  
Dating and courtship violence; economically coerced sex (schoolgirls having to take up with “sugar daddies” to afford school fees); sexual abuse in the workplace; rape; sexual harassment; forced prostitution; trafficking in women.

**Reproductive**  
Abuse of women by intimate male partners; marital rape; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities.

**Old Age**  
Abuse of widows; elder abuse


**Statement of the problem**

Measuring and monitoring the extent, effect, cost of and efforts to end VAW is a huge challenge given that most cases take place in the home and are often never reported.

Reported cases are often dragged in the criminal justice system, get withdrawn, or do not result in convictions. As much as the number of police reported cases show a tip of the extent of the problem they do not promote an in-depth understanding of the current multifaceted aspects and extent of gender-based violence.

Existing data from research surveys is often either dated or not as comprehensive. More depth is necessary particularly on the characteristics of the various forms of gender-based violence, on the physical and mental consequences and on the effectiveness of support services provided to victims of violence.

This project is aimed at providing baseline data of VAW in Gauteng province of South Africa to be used to monitor and evaluate the efforts of government and civil society to halve the current levels of gender-based violence by 2015, as provided in the SADC Gender and Development protocol signed in 2008.
Key conceptual issues

**Stand alone survey versus one linked to existing surveys**

While there are cost and logistic arguments for a prevalence survey being attached to another broad population survey (such as Demographic Health Survey; HIV and AIDS) this dilutes the focus. GBV is a complex, specialised area requiring dedicated attention. By conducting a stand alone GBV prevalence survey (the first of its kind) GL and the MRC hope to establish the principle that such studies and analysis must be routinely conducted.

**Gender based violence versus violence against women**

The study made use of two separate questionnaires for women (focusing on their experiences) and men (focusing on perpetration) of violence. The focus on women is justified by overwhelming evidence (from the routinely collected SAPS data that shows that 80% of domestic violence victims are women) that the majority of gender violence cases consist of violence against women. Comparing what women say they experience to what men say they do adds credibility to the findings. In almost all cases, as will be elaborated in this pamphlet, men confirmed what women said even more strongly than the women themselves.

Key research questions

Unlike many prevalence surveys that have been conducted which focus on few aspects of gender based violence at a time, multiple research methods were used in this project to comprehensively address the following questions:

- What is the scope and extent of GBV; specifically addressing the perspectives of women as survivors and men as perpetrators of gender-based violence in Gauteng province?
- What is the impact of VAW on society; this including the physical, social, and economic effects at the individual and institutional levels?
- What is the response of public services to VAW in Gauteng province?
- What is the level of political commitment to address VAW shown by the national and Gauteng provincial government?
- To what extent is the media helping to end or to perpetuate VAW in Gauteng?
- What is the impact of prevention interventions and mainstream media on VAW in Gauteng?

What makes this pilot project unique

While anecdotal evidence shows that VAW is still widespread in South Africa, there is a lack of up-to-date and comprehensive research. The Medical Research Council conducted the last comprehensive research study on the extent and effects of GBV in 3 provinces of South Africa in 1998. Unlike many prevalence surveys that have been conducted which focus on few aspects of gender based violence at a time, the Gender Based Violence Indicators Project used a combination of research methodologies to test a comprehensive set of indicators and establish a baseline of VAW in Gauteng province. Another unique aspect of this study was the recruitment of men in a bid to canvas and understand the extent of gender violence perpetrated by men from their perspective. This is important as it assists in corroborating the extent of reports made by women.

Structure of the report

The report comprises ten chapters as follows:

- **Chapter one** covers the context, background to the research, objectives and
- **Chapter two** covers methodology and limitations.
- **Chapter three** covers the extent of the different forms of VAW.
• **Chapter four** explores the causes of VAW.
• **Chapter five** elucidates the health and social consequences of experiencing VAW
• **Chapter six** charts progress made and existent gaps in the response to VAW at community, government and civil society level
• **Chapter seven** assesses support mechanisms in place to assist survivors of violence from the survivor and service provider perspective
• **Chapter eight** covers VAW prevention strategies such as campaigns, media and political leadership
• **Chapter nine** covers the gains and efforts required to improve integrated approaches to ending VAW. Emphasis will be put in reviewing the National Action plan (NAP) in Gauteng and the Thuthuzela Care Centres.
• **Chapter ten** summarises conclusions and recommendations
CHAPTER TWO: METHODOLOGY

The project used a combination of research methodologies to test a comprehensive test of indicators and establish a baseline of gender-based violence in the province. The project components are:

**Figure 2.1. Project components and objective measures summary**

<table>
<thead>
<tr>
<th>In summary</th>
<th>Prev/Attitude survey</th>
<th>Admin data</th>
<th>Qualitative</th>
<th>Costing ex</th>
<th>Media monitoring/discourse analysis</th>
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<td>Effect</td>
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<td>Response</td>
<td>X</td>
<td></td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Prevention</td>
<td>X</td>
<td></td>
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<td>X</td>
</tr>
</tbody>
</table>

**The prevalence and attitudes survey**

The main research activity is a prevalence/attitude/costing survey covering a sample of 511 women and 487 men. Electronic questionnaires loaded onto palm held computers (PDA’s) were used to collect data. The two survey questionnaires one for women’s experience and the other for men’s perpetration were designed to capture data on extent, effect, response and prevention of GBV. All the other research components are used to compliment the survey and for triangulation purposes.

**Sampling**

The survey was a cross-sectional household survey of women and men in all selected households. A two stage proportionate stratified sampling strategy was used to identify a representative sample of women and men above 18 years of age. Statistics South Africa provided the 2001 census sampling frame which was used as the primary sampling frame for this study. A random sample of 75 Primary Sampling Units (PSUs) was drawn using cluster sampling. The sample size calculation was based on achieving sufficient statistical power to estimate the prevalence of (a) experience of gender-based violence among women and (b) experience of perpetrating gender-based violence among men with acceptable precision.

*(Extract from an ethics approval application submitted to the Medical Research Council Ethics Review Committee; and of which a letter of approval was obtained in December 2009).*
**Inclusion criteria**
Men or women over 18 years of age that were mentally competent and slept in a selected household at least 4 nights per week were eligible for the study. Fieldworkers informed eligible men and women about the study and obtained written consent. Fieldworkers used random selection to select one participant in a selected household where there was more than one potentially eligible respondent.

**Ethics Approval**
Ethics Approval to conduct the study in Gauteng was obtained from the Medical Research Council.

**Questionnaire development**
The initial questionnaire was developed in English and translated into Zulu, Sesotho and Afrikaans. The translations were back translated into English and checked by multilingual speakers to verify consistent translations. The draft questionnaires were piloted by 20 men and 20 women from a PSU not sampled for the study.

**Questionnaire content**
The questionnaires included questions on the following:
- Attitudes towards rape
- Relationship control among women and men;
- Prevalence and patterns of childhood trauma among women and men;
- Experiences of witnessing of, and intervening with VAW among women and men;
- Risk/protective factors for experiencing VAW including:
- Socio-demographic characteristics, attitudes, partner characteristics, substance use;
- Prevalence and patterns of women’s experience of violence and associated health risks, including:
  - HIV risk factors including condom use, concurrent partners, number of sexual partners and transactional sex;
  - Health consequences associated with experience of GBV including:
  - Self-reported Sexually Transmitted Diseases (STI)s, HIV testing, unwanted/unplanned pregnancy, substance use, depression and post-traumatic stress disorder among women;
  - Prevalence and patterns of men’s perpetration of VAW and associated risk factor and health risks, including:
  - Association between gender attitudes, relationship control and perpetration of VAW among men
  - Association between men’s perpetration of GBV and HIV risk factors including condom use, concurrent partners, number of sexual partners, substance use and transactional sex;
  - Health consequences associated with perpetrating VAW:
  - STIs, HIV testing, fathering a unplanned pregnancy;
  - Awareness of campaigns against VAW and relevant legislation (including Domestic Violence act and Sexual Offences Act);
  - Men’s perpetration of intimate partner violence (IPV)
  - The impact of economic abuse on women’s lives.
Community access
Community mobilisation facilitated access to the study sites. Researchers first contacted and explained the study aim and methods to the local ward councillor in each area. The councilors provided letters of support used in gaining access in some stringent areas.

Data Collection
Data collection occurred between April to July 2010. Interviews were conducted using 4 local language translations – i.e. English, Afrikaans, Zulu and Sesotho. Men were asked about their perpetration and experiences of violence while women were asked about their experiences.

Statistical analysis
Stata version 10, with the “svy” commands used to analyse survey data taking into account the stratification and cluster design of the sample. No efforts were made to replace missing data. Standardised formulae were used to calculate response, refusal, eligibility and contact rates. 96% of the selected households were contacted and only 89% were eligible achieving a 75% response and a 7.7% refusal rate. The refusals in this study are typical to any other GBV research studies, which require the exploration of agonizing personal experiences.

The data from the survey was used to provide information about the rates of and factors associated with emotional, physical, economic, sexual abuse by both intimate and non-intimate partners, sexual harassment, personal and community attitudes towards gender equity and rape. All data was disaggregated by gender, age, relationship status, education, socio-economic status, attitudes, experiences and perpetration of GBV.

Administrative data
Administrative data was gathered to document the extent of GBV as recorded in public services namely, the criminal justice system (police, courts), health services, and shelters. The main purpose of collecting and analysing administrative data was to complement the results of the prevalence and attitudes survey data. It is widely accepted that administrative data does not accurately provide information on the extent of gender-based violence, mainly due to the high levels of underreporting. In fact, in the words of Sylvia Walby: ‘...it would be most unwise to treat such data as a guide to the actual level of violence is that if it were used as an indicator it might create a perverse incentive to minimise the amount of violence over time in order to suggest improvements’. However, this data provides a basis for assessing the costs of GBV and – most importantly – it can provide information on the use of services by victims and the areas in need of improvement.

3 Response rate = proportion of achieved interviews in all the eligible households.
3 Contact rate=proportion of all the cases where a member of the household was contacted by the interviewer, even though they subsequently refused to answer or they were unable to give any type of information. Calculated: number of contacted households / number of selected households
3 Refusal rate= proportion of all the estimated eligible cases that refused to answer. Calculated: number of refusals/number of eligible households
3 Eligibility rate = proportion of eligible cases among the total cases. Calculated: number of eligible households/number of selected households

4 Walby, S, op cit.
5 Ibid.
“I stories”

“It’s a therapy, it heals you; when you put what is bothering you on paper you see things more clearly. It builds your character; makes you strong.” A comment by Sweetness Gwebu, a survivor of partner violence and author of an “I” Story

The comment above is an excerpt from one personal testimony of a woman who experienced a broad spectrum of gender violence, recorded in GL publications called the “I” stories. As part of the overall project calls for first hand accounts of gender based violence were made between 2004-2010. Survivors of GBV were identified through support organisations working with survivors of GBV. Writing workshops were held in collaboration with the partner organisations. Participating women wrote stories of their personal experiences of violence. Given that VAW is a sensitive and traumatic experience, trained counselors were in attendance during the writing process.

Participants submitted their first draft of writing for editing. Once the story was in final draft form, the editor sent the article to the writer to ensure that the editing had not resulted in a change of meaning or intention.

To date, GL has published the following “I” Story books with stories from South Africa

- The I Stories: Polygamy - the heart of the matter
- The I Stories: Speaking out on gender violence in Southern Africa Volume 4, 2009
- The I Stories: Speaking out on gender violence, South Africa 2008
- The “I” Stories. City of Johannesburg Councillors Speak Out
- The I Stories: Speaking out on gender violence in Southern Africa, Volume 1, 2004

Political Discourse

Based on the assumption that messages passed on by political leaders in their discourses do have an impact on the way their constituencies access knowledge and shape their opinions on GBV and act thereof, GL employed a political discourse analysis methodology to gauge the merits of politician speeches about or against GBV. A total of 1956 speeches were accessed from the official Government Communication and Information System: http://www.gcis.gov, parliament official site: http://www.parliament.gov.za, and from the site of the Parliamentary Monitoring Group: http://www.pmg.org.za for the period April 2009 to 31 March 2010. Other speeches were obtained from political party websites. Only official written speeches or records of Parliament debates were analysed, as they are texts of an official nature and cannot be subject to misinterpretation or debate in terms of their emission.

Audience Perception research
This complimentary research aims to explore the implicit and explicit implications of statements made by functionaries on gender sensitive issues, and to explore how these statements, and the way in which they are reported by the media can influence public perception, thought and actions. The objectives were achieved through the analysis of off the cuff statements made by functionaries on selected gender sensitive case studies, as reported by the media. 4 case studies were identified that deal explicitly with GBV or gender sensitive issues as follows:

1. Sexual Identity (Specifically the case of Caster Semenya)
2. Sexuality
   • Homophobia: The Innovative Women Exhibition and comments made by Lulu Xingwana
   • Hate crimes perpetrated against homosexuals: corrective rape incidents; the case of Eudy Simelane
3. Polygamy and promiscuity (specifically, the case of President Jacob Zuma)
   • Jacob Zuma taking on wife number 5, Thobeka Stacie Madiba, and taking his fiancé (soon to be wife number 6), Gloria Bongekile Ngema on an official state visit to Washington.
   • Jacob Zuma fathering a child out of wedlock with Sonono Xhosa
4. Julius Malema on gender sensitive issues (a series)

Media Monitoring
The extent and manner of GBV coverage in the news was measured as part of the Gender Links Gender and Media Progress Study. This project analysed the GBV content in the media over a period of one month. The media monitoring on GBV assessed whether GBV is a prominent topic, where it is located in the newspapers, depiction of victims, sources of GBV stories and their gender, the voice of victims is heard, gender of the reporter, and other important elements related to news reporting which have bearing on the manner and extent of GBV coverage.
SAMPLE DESCRIPTION
A total of 511 women and 487 men were interviewed in the study.

Table 2.1. Socio-demographic characteristics of women and men participating in the study

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29 years</td>
<td>30.5%</td>
<td>156</td>
<td>41.1%</td>
<td>200</td>
</tr>
<tr>
<td>30-44 years</td>
<td>36.2%</td>
<td>185</td>
<td>32.9%</td>
<td>160</td>
</tr>
<tr>
<td>45 + years</td>
<td>33.3%</td>
<td>170</td>
<td>26.1%</td>
<td>127</td>
</tr>
<tr>
<td><strong>Nationality:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South African</td>
<td>91.5%</td>
<td>465</td>
<td>95.5%</td>
<td>466</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black African</td>
<td>86.0%</td>
<td>436</td>
<td>86.9%</td>
<td>424</td>
</tr>
<tr>
<td>Coloured, Indian and Other</td>
<td>4.5%</td>
<td>23</td>
<td>3.1%</td>
<td>15</td>
</tr>
<tr>
<td>White</td>
<td>9.5%</td>
<td>48</td>
<td>10.0%</td>
<td>49</td>
</tr>
<tr>
<td><strong>Educational level:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school incomplete and lower</td>
<td>57.3%</td>
<td>291</td>
<td>46.4%</td>
<td>226</td>
</tr>
<tr>
<td>High school complete or higher</td>
<td>42.7%</td>
<td>217</td>
<td>53.6%</td>
<td>261</td>
</tr>
<tr>
<td><strong>Worked in the past 12 months</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44.2%</td>
<td>224</td>
<td>65.8%</td>
<td>321</td>
<td></td>
</tr>
<tr>
<td><strong>Monthly income of workers:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-1000ZAR</td>
<td>19.0%</td>
<td>41</td>
<td>10.5%</td>
<td>33</td>
</tr>
<tr>
<td>1001-5 000ZAR</td>
<td>56.5%</td>
<td>122</td>
<td>55.3%</td>
<td>173</td>
</tr>
<tr>
<td>5001 ZAR or more</td>
<td>24.5%</td>
<td>53</td>
<td>34.2%</td>
<td>107</td>
</tr>
<tr>
<td><strong>Often or sometimes without food</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42.3%</td>
<td>214</td>
<td>40</td>
<td>195</td>
<td></td>
</tr>
</tbody>
</table>

Table 2.1 shows almost equal proportions of women participants in all three age categories, 18-29 years, 30-44 years and 45 years and over. The men interviewed were somewhat younger, with 40% aged 18-29 years and only 26% aged 45 and over. The majority of the sample was Black South Africans, but 10% of men and women interviewed were white and 8% of women and 5% of men were of other nationalities. This reflects the demographic composition of Gauteng Province.

The men interviewed were relatively better educated than the women, with 54% having completed matric versus 43% of women. Men were more likely to have worked in the past year than women (66% v. 44%) and earned more. Among men, 35% earned more than R5000 per month, compared to 25% of women. There was no difference, however, in food insecurity, with 40% of men and 42% of women disclosing that they often or sometimes are without food at home.

A total of 29 women residing in Gauteng with an age range of 18-53 years were recruited as part of the I stories initiative.
South Africa is well-known for having high levels of crime. Violence and injuries are the second leading cause of death and lost disability-adjusted life years in the country (Seedat et al 2009). Whilst most violence is gendered, forms of intimate partner violence and sexual violence are the most common forms of violence experienced by women of reproductive age. There are no reliable national data for the prevalence of intimate partner violence, but the best population-based estimates, from 1998, identified a lifetime prevalence of physical violence of 25% and past-year prevalence of 10% in adult women in three provinces. Studies undertaken with men, including population-based samples, and with subgroups of women suggest that this prevalence might be an underestimate. More than 40% of men disclose having been physically violent to a partner and 40–50% of women have also reported experiencing physical or sexual violence. In 1999 the homicide rate of women was six times the global average, and half of all women were killed by an intimate partner (Abrahams et al 2009). South Africa also has an unusually high rate of rape, affecting children and adults, women and men. In 2008 a survey of men in the Eastern Cape and KwaZulu Natal provinces found that 28% of men disclosed ever having raped a woman, whether a partner or non-partner (Jewkes et al 2009). Contrary to most international trends, men were more likely to have raped a woman who was a stranger or acquaintance, than to disclose rape of a partner.

This chapter reports on the extent of violence reported by women in the prevalence survey, police reporting and the "I" stories. Where statistics were not easily available desktop research was used to fill the gap. Even so it is noteworthy that we were unable to obtain and report on some critical forms of violence against women such as harmful cultural practice, hate crime, femicide and human trafficking.

The legal system is failing women
An I Story by Mamokhothu Santho

Mine is a story of a fairy tale marriage that went horribly wrong and of a decade-long fight for justice that has seen me lose everything, including my most precious treasures: my two sons.

It is hard for me as a South African woman, writing my story in 2006, to understand what democracy has brought when every avenue I have pursued has left me more hopeless and disempowered than before.

What does justice mean, when I the victim am victimised even more; when every system seems to work to the benefit of the perpetrator? I have been to every court. I have canvassed ministers, deputy ministers and even the Deputy President. I am breaking my silence because it is time we as women put the facts as they are: the legal system is not working for us.

At the beginning, I was madly and unconditionally in love with this man. He was seven years my
senior which made me feel secure. I believed he was mature and would take good care of me. He convinced me that we were meant for each other. On the 18 July 1992 we tied the knot.

We lived happily for the first few months. But in April 1993, six months after I gave birth to our first child and nine months after our wedding my husband’s behaviour began to change.

One day he came home drunk after work accompanied by two females and a male who claimed to be his friends. One of the women asked why I was not employed and told me that I was too fat. My husband left with the trio and came back at two o’clock in the morning. I freaked out and refused to open the door for him. When I eventually opened the door he beat me up.

This marked the beginning of what would become a way of life for me with this man. The incidents became many. I documented all the abuse I suffered like on May 24 1997 after we moved into our new house. He accused me of playing loud music. I protested and he beat me up with a knob kerrie until it broke into two pieces. After this he forcefully made love to me. Three days later I contacted an NGO that provides counseling. I went to Bloemfontein magistrate court to apply for a court interdict. This infuriated him and marked another turning point in our relationship. My life became more miserable.

On a fateful day in November 1997 we had another fight after he came home after two o’clock in the morning. When he got home he tried to force himself onto me and I resisted. I needed him to explain where he had been all night. He beat me and threatened to kill me. I managed to free myself and escaped from our bedroom into the children’s bedroom, broke their window and jumped through. I was stark naked with no panty, bra, shoes, nothing. Blood was oozing all over my body. I ran to the neighbor’s house. I went to report him to the police and he was arrested at his Nedbank offices. He appeared in court and was released on bail of R 1 500. That was supposed to compensate for the pain and misery.

I filed for a divorce in February 1998 and moved to Johannesburg after I had received advice from a psychologist who ironically had been tasked by my husband to assess whether I did not have a mental illness. My husband was in denial. Ironically, the court granted my husband custody of the children despite the fact that the earlier psychologist had concluded that my husband was the one with a problem and not me. I on the other hand, was granted “reasonable access” to the children.

It was difficult to visit my children as I relied on public transport from Johannesburg and would sometimes fail to get to the venue we were supposed to meet on time. Since then this has become the struggle to gain the so called reasonable access to see my children. The magistrates do not listen to me.

In October 1998 when my first son was five and the second three years I began to fight for custody of the children. After going through an assessment my husband’s personality profile was found to be “favorable”. Reading the court records I sometimes wonder if we are talking about the same man. According to the white Afrikaner judges of Bloemfontein, his conduct is directed towards the welfare of the children; he is warm hearted, has showed good leadership; has internal control over his emotions; is well educated and has a good job.

On the other I am considered to be unstable, unpredictable, impulsive, selfish and self centered. After all I have been through it hurts to read these comments. I had not sought employment because I wanted to be available for my family and be a good wife. Now I was considered too poor
to take care of my own children. I had supported my husband from the time he had nothing to the time he had made it in corporate life. This was just another case of women’s unwaged work.

I made another attempt to get custody of my children and requested an inquiry held on the 19th January 2001. In support of my husband, the family advocate quoted a certain professor A. Hofman B.P Pincus who says: “The word mothering devotes a function rather than persona and this function does not necessarily reside in the biological mother. It seems now to be generally recognized that for mental health and proper character development young children need the emotional security that comes from stable surroundings and a recognized and predictable routine”. I lost the case.

Meanwhile I had filed assault cases against my husband. To my horror all the lodged dockets went missing at the magistrate’s court. I believe that my husband used connections to hide all the vital information: court book, charge sheet, tapes, and dockets. The documents were eventually found and my husband was fined a mere R4000, compared to the R20 000 that I spent in my quest for justice. What justice! In January 2001 I filed for damages under civil claims in the same court. In February 2003 I received R 17 000.00 as a settlement.

I made a third attempt to get custody of the January 2002 when I discovered that he had moved from Bloemfontein to Klerksdorp with the children without notifying me. I literally spent a week searching at all schools for my children and eventually found them at Brothers College.

The enquiry, held in September 2002, concluded that I was unnecessarily putting the children through emotional stress; that my constant resistance to accepting custody orders is to the disadvantage of every one; and that despite being tormented during my marriage, I must for the sake of the children accept that my ex-husband now has other relationships and so on.

They also concluded that I have a tendency to undermine professional opinions and recommendations: from psychologists, counselors and advocates. They intentionally avoided comments about his failure to give me reasonable access to the children as granted by the court. This was manipulated to make it seem like I was crying over a broken marriage, rather than concern for my children.

The past nine years have been a painful and expensive struggle to see my children. The last time I saw them was in December 2002. This is because my husband’s behaviour became frightening. Each time I went to see the children I had to have a lawyer. It became unaffordable for me to see my boys.

I am at a dead end where to turn to for legal representation and help. For three years I have been waiting for the outcome of my complaint with the Free State Law Society. I am breaking my silence during the Sixteen Days of Activism 2006 to help me overcome the torture that for more than a decade has crippled me emotionally, physically and financially. If there is anyone out there listening, my question to you is: where is justice, when a woman who is abused ends up losing everything, including her own children?

The story by Mamokhothu Santho unique and heart rending as it may be is reflective of the violence women suffer regularly at the hands of men who are supposed to be loving them and in some cases at the hands of strangers. Violence against women in this report refers to any act that results in, or is likely to result in, physical, sexual or emotional harm or suffering to women,
including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life as shown in Mamokhotu’s story.  

**Rate of violence**
The UN Declaration on the Elimination of Violence against Women defines VAW as encompassing.

In addition to violence perpetrated by the state there is physical, sexual and psychological violence in family including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women. VAW also includes non-spousal violence and violence related to exploitation; physical, sexual and emotional violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution” (Amnesty International Report, 1995, p 8)

**Figure 3.1.** Any experience or perpetration of VAW by women and men

<table>
<thead>
<tr>
<th>Experience of any form of violence in lifetime by women</th>
<th>Perpetration of any form of violence in lifetime by men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever abused</td>
<td>Ever perpetrated</td>
</tr>
<tr>
<td>48.73%</td>
<td>24.50%</td>
</tr>
<tr>
<td>Never Abused</td>
<td>Never perpetrated</td>
</tr>
<tr>
<td>51.27%</td>
<td>75.50%</td>
</tr>
</tbody>
</table>

Figure 3.1 shows that some 51.3% (263) of all women recruited in the study had experienced some form of gender violence in their lifetime while 75.5 % (370) of all men said they perpetrated some form of violence. About one in five (18.13%) women experienced and over a quarter (29.0%) men said they perpetrated violence in the past 12 months.

**Different forms of violence in lifetime measured in the prevalence survey**

**Figure 3.2: Forms of violence: experiences and perpetration in a lifetime**

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6 Article 2 of the 1993 UN Declaration on the Elimination of Violence against Women
Figure 3.2 presents the prevalence of each of the types of violence (emotional, physical, sexual and economic) experienced by women in the province, and perpetrated by men. The graph shows that for all types more men disclosed perpetration than women reported experience of victimization. The most common form of violence experienced by women and perpetrated by men was emotional violence, followed by physical, sexual and economic abuse.

Most of the violence is still viewed as private. About a third of men and women had intervened over violence in another relationship with about one in six having done so in the past year. This statistic is another indicator of high rates of violence in the home.

The 29 I stories participants reported having experienced either emotional/verbal/psychological, sexual, physical, economical or physical abuse. The perpetrators ranged from partners/husbands to strangers.

**Rate of emotional violence**

Emotional violence includes acts, threats of acts, or coercive tactics. It can take very many forms, but commonly includes, but is not limited to, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources. Although it was not measured in this study, stalking additionally included as a type of emotional violence, and further is increasingly being recognised as a precursor to homicide.

Although the questionnaire asked about the frequency of acts of emotional violence, these are often hard to assess as its nature is such that it is often on-going within a relationship, taking multiple forms, and provides much of the context of intimidation, control, manipulation, undermining of self-esteem and fear. This context provides a backdrop against which the (usually) more intermittent acts of physical and sexual violence occur, and explains why it is so difficult for women to disentangle themselves from violent relationships. Emotional violence was reported by 43.7% women and perpetration disclosed by 65.2% men.

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Saltzman, 2002
Figure 3.3 shows the prevalence of different types of emotionally abusive acts disclosed by women and men. The most common form of emotional abuse was men insulting women or making them feel bad, with nearly half of all men (47.5%) disclosing having done this and experiences reported by a third of women (32.8%). A third of women had been threatened with violence by a partner and a quarter said they had been scared of intimidated. Attempts at social isolation in the form of stopping women from seeing friends were disclosed by one in five women. A further form of emotional violence was men boasting about or bringing home girlfriends. One in seven women (15.2%) said that they had experienced this and nearly one in ten men (8.8%) disclosed having done this to a woman partner. In the past year, 13.0% of women said they had experienced one or more of these forms of violence, and 14.0% of men admitted to perpetrating such violence.

**Rate of physical violence**

Physical violence is the intentional use of physical force. Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; and use of a weapon. The effects include death; permanent disability (blindness, deafness, epilepsy, loss of mobility); hospitalization for broken bones, concussion, head and spinal injuries, gynaecological problems; losing an unborn baby, or birth defects; infertility; treatment for broken teeth, cuts, headaches, concussion; bruises, pain, trauma; and staying home so people don't see the bruises.
Physical violence was the second most common form of violence reported in the survey. The research assessed experience of physical intimate partner violence by asking five questions inquiring about whether women had been slapped, had something thrown at them, pushed or shoved, kicked, hit, dragged, choked, beaten, burnt or threatened with a weapon. Overall 33.1% of women disclosed that this had ever happened and most of these women had experienced multiple forms of violence or violence on multiple occasions (30.8%). The prevalence reported here is higher than that disclosed in the MRC Three Province study (25%), but the explanation may be largely due to improved survey methodology (Jewkes et al 2001). It is somewhat lower than the prevalence found in a sample of women in antenatal care in Soweto in 2001 (Dunkle et al 2004). Over half of men (50.5%) disclosed perpetration and usually more than once (43.4%).

More than one in eight women (13.2%) had experienced physical Intimate Partner Violence (IPV) in the past year, but fewer men disclosed recent perpetration (5.8%). Almost all women who disclosed having ever experience physical violence (30.8% of all women interviewed) and almost all men disclosing perpetration (43.4% of the total) had experienced or perpetrated more than one episode of physical violence. Whilst there may have been under-reporting of physical violence by those who had experienced it/perpetrated it only once, the finding also suggests that physical violence is often experienced on multiple occasions. The rate of physical violence perpetration on multiple occasions was higher than that disclosed by men in the Eastern Cape/KwaZulu Natal study, where 30.7% of men disclosed multiple acts of physical violence (Jewkes et al 2009).
Rate of sexual violence
Sexual abuse is nonconsensual completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight; nonconsensual contact between the mouth and the penis, vulva, or anus; nonconsensual penetration of the anal or genital opening of another person by a hand, finger, or other object; nonconsensual intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks; or nonconsensual non-contact acts of a sexual nature such as voyeurism and verbal or behavioral sexual harassment. All the above acts qualify if they are committed against someone who is unable to consent or refuse. Sexual violence is therefore an umbrella term for either completed or attempted sex acts without the victim’s consent, or involving a victim who is unable to consent or refuse.

Partner rape experienced by women was assessed by three questions inquiring if their current or previous husband or boyfriend had ever physically forced them to have sex when they did not want to; whether they had had sex with him because they were afraid of what he might do and whether they had been forced to do something sexual that they found degrading or humiliating. Rape of women by men who were not their partner was assessed by asking three questions. The first asked whether they had been forced of persuaded to have sex against their will by a man who was not a husband or boyfriend, the second asked about whether they had been forced to have sex with a man when too drunk or drugged to stop him, and the third about being forced or persuaded to have sex with more than one man at the same time. The latter is an indicator of gang rape.

Figure 3.4: Different types of rape experiences and perpetration

Figure 3.4 shows the prevalence of rape disclosed in the survey. Overall 25.2% of women had ever had an experience of being raped by a man, whether a husband or boyfriend, family member, stranger or acquaintance while an even higher 37.4% of men admitted to ever raping a woman. Overall, 18.8% of women had experienced this on one or more occasions, a figure identical to the proportion of men disclosing perpetration. In all 12.2% of women disclosed that they had been raped by a man who was not their husband or boyfriend while 31.0% of men disclosed having raped a woman who was not a partner.

8 Violence and associated terms by Basil and Saltzman (2002)
An additional 1.8% women had experienced an attempted rape, when a man had tried to force them but had not succeeded, but not been raped. 12.7% of men had attempted to rape a non-partner. 4.2% of women had been raped when drunk or drugged and 1.6% of women disclosed gang rape. 14.4% of men had forced a woman to have sex when she was too drunk or drugged to refuse and 6.9% of men had engaged in gang rape.

Women who shared their stories about raped described repeated rape that was perpetrated in intimate relationships or by strangers. Experience of being raped by a stranger or acquaintance varied by age and race. Younger women under 29 years were twice more likely to disclose that they had been raped than women aged 30-44 years. Sexual violence had often provided the context of their first experience of sex, with 8.5% of women describing this as forced or as rape. In other studies about 7.4-7.6 women reported forced first sexual intercourse at age 15 years or older.9

There is no comparable data on experiences of rape disclosed by women in South Africa, but the 2008 survey of men in KwaZulu Natal and the Eastern Cape does present comparable data for men. In that study overall 28% of men disclosed having ever raped, 21% had raped a non-partner, 14% a partner and 9% had been involved in a gang rape (Jewkes et al 2010). With the exception of gang rape, all these forms of rape were disclosed more often by men in Gauteng.

**Rape in the past year**
The prevalence of disclosure by women of rape in the past year was particularly high, with 7.8% that is nearly one in 12 women, having said they had been raped in the past year. The proportion of men disclosing past year perpetration was lower, 4.7%. This figure was identical to the proportion of men disclosing past year rape perpetration in the Eastern Cape/KwaZulu Natal survey.

**Rate of reporting rape to the police**
Only 3.9% of women who had been raped by a partner or non-partner had reported it to the police. Rape by an intimate partner was least often reported, with only 2.1% of women experiencing this ever reporting. 7.8% of women raped by a stranger or acquaintance had reported the incident. Thus one in 13 of the women who had experienced non-partner rapes had ever reported this to the police and overall only one in 25 women who had been raped had reported it. About half of the survivors of violence who did report to police had confided in family members. The other half choose not to confide in either family or police. The majority of those that report to the police have also confided in family.

**Rate of economic violence**
Economic or financial abuse takes many forms, including, controlling the finances, withholding money or credit cards, giving a partner an allowance, making a partner to account for every penny spent, stealing or taking money from partner, exploiting a partner’s assets for personal gain, withholding basic necessities (food, clothes, medications, shelter), preventing a partner from working or choosing a career or sabotaging a partner’s job by making them miss work.10 Overall 22.3% of ever partnered women had experienced economic abuse and 28.5% of ever partnered men disclosed perpetration. Nearly half of the women (9.3%) who said this had ever

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9 Dunkle et al., 2004, Pettifor et al., 2009
10 [http://www.4woman.gov/violence/types/emotional-cfm](http://www.4woman.gov/violence/types/emotional-cfm)
occurred had experienced economic violence in the past year compared to 5% men who said they had perpetrated such acts.

“He stopped caring for the family. When I asked him to buy clothes for the kids he argued that he was the one working so he needed to look good unlike the kids who stay at home. He always said he did not have money. But when he went for these “meetings” he always bought gifts for his girlfriend and put them on top of the wardrobe”. - I have found my voice, Annah Maduma Matshidiso

**Figure 3.5: Economic violence experienced by women and perpetrated by men**

![Figure 3.5](image)

Figure 3.5 shows that the most common act of economic violence reported by women, and corroborated by men, was not being given money necessary to run the home when this money was available.

Nearly one in ten women experienced having been evicted from home, a similar proportion to that reported by women in Mpumalanga in the MRC Three Province study in 1998 (9.2%).\(^{11}\) Previous research has shown that evictions emanated from attempts by women to complain against extra-marital affairs or other forms of abusive behaviour such as spending money on girlfriends instead of family.\(^ {18}\)

An even higher proportion of men (9.5%) than women (7.3%) said that they routinely take women’s earnings. Taking earnings was also reported through I stories. In the case of Gladys Dlamini, her husband took her earnings and still refused to contribute to home essentials.

Analysis of I stories also showed some men insisting that their partners stopped working in order to fulfill their traditional roles. In turn, the same men would not provide financial support or stall in responding to their partner’s needs. Forbidding women to work or earn has been

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\(^{11}\) Jewkes *et al.*, 1999
shown in a previous study as a means of ensuring that women are economically dependent. Women who do not work have a lesser ability to resist other abusive acts.

**Intimate partner violence and its multiple forms**

The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

Almost all the men and women interviewed (over 95%) had been in a heterosexual relationship. In all, 75% of women and 84% of men said they were currently married or had a heterosexual partner; one percent disclosed having a partner of the same sex. Only 63% of women and 58% of men were in cohabiting relationships. Having more than one current partner was disclosed by 10% of women and 25% of men, and many women (28%) and men (25%) suspected or knew their partner had other partners.

Table 3.1. Intimate partner violence experience and perpetration in lifetime

<table>
<thead>
<tr>
<th>Experience</th>
<th>Experience %</th>
<th>Perpetration %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Abused</td>
<td>51.2</td>
<td>78.3</td>
</tr>
<tr>
<td>Sexual only</td>
<td>2.3</td>
<td>1.90</td>
</tr>
<tr>
<td>Physical only</td>
<td>2.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Emotional only</td>
<td>6.5</td>
<td>10.5</td>
</tr>
<tr>
<td>Economic only</td>
<td>0.6</td>
<td>1.0</td>
</tr>
<tr>
<td>Emotional and economic</td>
<td>5.3</td>
<td>6.1</td>
</tr>
<tr>
<td>Physical and sexual only</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Emotional, Economic and sexual only</td>
<td>2.5</td>
<td>2.4</td>
</tr>
<tr>
<td>Emotional, Economic and Physical only</td>
<td>17.5</td>
<td>36.1</td>
</tr>
<tr>
<td>Emotional, Economic, Physical and sexual</td>
<td>13.8</td>
<td>13.3</td>
</tr>
</tbody>
</table>

Table 3.1 shows that 51% of ever partnered women had experienced some form of violence within an intimate partnership while 78% of ever partnered men disclosed having ever perpetrated violence against a female partner. 13.8% of women reported experiencing all the forms of violence; a statistic very similar to the 13.3% of men who reported perpetrating multiple forms of IPV.

An interesting observation from the analysis of I stories is that many women abused by their partners do not have the economic power to walk away from abusive relationships. Many of the women make excuses for abusive partners and many feel that they are to blame for their abuse. Such acceptance of abuse and its normalization also makes it difficult to walk away.

These findings show that contrary to the usual assumption that the family or extended family is a safe place where one is loved and cherished, women are still unsafe and at risk of abuse within their homes. These results and qualitative data from the “I” stories show that most of the violence is still addressed in the family domain. About a third of men and women had
intervened over violence in another relationship with about one in six having done so in the past year. This statistic is another indicator of high rates of violence in the home.

**Rate of sexual harassment at work**
Overall 2.7% of women who had ever worked disclosed that a man had ever hinted or threatened that they would lose their job if they didn’t have sex with him. 2% of women had been told they would have to have sex with a man in order to get a job.

**Rate of sexual harassment by teachers**
School-related gender-based violence can be broadly clustered into two overlapping categories: explicit gender (sexual) violence, which includes sexual harassment, intimidation, abuse, assault and rape, and implicit gender violence, which includes corporal punishment, bullying, verbal and emotional abuse, teacher’s unofficial use of students for free labour and other forms of aggressive or unauthorised behaviour that is violent.12

Sexual harassment by teachers was not very commonly reported, being disclosed by 1.4% of women. 1.0% disclosed that a teacher/principal/lecturer ever hinted or threatened that they could fail exams, get bad marks, or that their schooling would be damaged if they did not have sex with him. 1.2% had been sexually touched by a teacher.

**Rate of domestic violence reported to South African Police Services**
A comparison of self reporting of violence by the participants in the survey with results from an analysis of a South African Police Service (SAPS) dataset of all crimes committed against adults in Gauteng that were coded as “domestic violence” indicates a high degree of under-reporting.

The 3.9% of cases reported in the survey is however more than the 0.03% per adult women that reported experience of domestic violence to the police from April 2008-March 2009(Table 3.2).Comparison of the survey results and SAPS data results shows a huge discrepancy that is indicative of the high rates of underreporting of violence against women

Using the STATSA mid-year population estimate for Gauteng for 2009, an estimated 0.09% of men and 0.3% of women reported a case of domestic violence over the time period (Table 3.2). These statistics for victimisation of women are way below the one in five (18.13%) women who said they had experienced violence in the past year in the survey.

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12(Akiba et al., 2002) conducted a study on school violence in 37 nations, based on TIMSS data. This report viewed school violence largely in terms of delinquency, youth crime and classroom disruption. Although figures on rape are provided, there was no attempt to distinguish sexual violence from other forms of school violence.
### Table 3.2: Prevalence of domestic violence as reported to SAPS 2008/2009

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Census population*</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3,207</td>
<td>20.96</td>
<td>3,451,069</td>
<td>0.09%</td>
</tr>
<tr>
<td>Female</td>
<td>12,093</td>
<td>79.04</td>
<td>3,515,397</td>
<td>0.3%</td>
</tr>
<tr>
<td>Total</td>
<td>15,307</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The data from the South African Police Service (SAPS) for the period April 2008 to March 2009 (Table 3.2) shows that more women than men reported being victims of domestic violence while more men than women were recorded as perpetrators. This is serves as justification to our efforts to measuring extent, causes, effects and efforts to end violence against women.

Physical violence reported as common assault in accordance with the Domestic Violence Act was the most commonly reported form of VAW (Table 3.3). Nearly two thirds (63.19%) of cases opened were for common assault. Over a quarter of cases (28.62%) were for assault with the intent to do grievous bodily harm.

### Table 3.3: Type of offence victims reported to the police

<table>
<thead>
<tr>
<th>Offence</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contravention of a protection order</td>
<td>533</td>
<td>3.48</td>
</tr>
<tr>
<td>Common assault</td>
<td>9,667</td>
<td>63.19</td>
</tr>
<tr>
<td>Assault grievous bodily harm</td>
<td>4,378</td>
<td>28.62</td>
</tr>
<tr>
<td>Murder</td>
<td>138</td>
<td>0.9</td>
</tr>
<tr>
<td>Crimen injuria</td>
<td>64</td>
<td>0.42</td>
</tr>
<tr>
<td>Attempted murder</td>
<td>137</td>
<td>0.9</td>
</tr>
<tr>
<td>Rape</td>
<td>303</td>
<td>1.98</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>24</td>
<td>0.16</td>
</tr>
<tr>
<td>Sexual offence</td>
<td>11</td>
<td>0.07</td>
</tr>
<tr>
<td>Rape of wife by own husband</td>
<td>12</td>
<td>0.08</td>
</tr>
<tr>
<td>Attempted rape</td>
<td>7</td>
<td>0.05</td>
</tr>
<tr>
<td>Abduction</td>
<td>9</td>
<td>0.06</td>
</tr>
<tr>
<td>Any crime of indecent nature</td>
<td>3</td>
<td>0.02</td>
</tr>
<tr>
<td>Indecent assault</td>
<td>6</td>
<td>0.04</td>
</tr>
<tr>
<td>Compelled self-sexual assault</td>
<td>1</td>
<td>0.01</td>
</tr>
<tr>
<td>Attempted rape of wife by own husband</td>
<td>1</td>
<td>0.01</td>
</tr>
<tr>
<td>Compelled rape</td>
<td>5</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Apparent from the police report was the racial bias in the crime categories registered. White women and men were more likely to be victims of common assault than other race groups (Table 3.4). Black/African women and men were more likely to report assault with the intent to do grievous bodily harm.
Table 3.4: Victims by race and offence reported

<table>
<thead>
<tr>
<th>Offence</th>
<th>Black</th>
<th>Coloured</th>
<th>White</th>
<th>Indian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contravention of a protection order</td>
<td>403</td>
<td>66</td>
<td>54</td>
<td>10</td>
<td>533</td>
</tr>
<tr>
<td>%</td>
<td>3.07</td>
<td>7.72</td>
<td>4.74</td>
<td>5.49</td>
<td>3.48</td>
</tr>
<tr>
<td>Common assault*</td>
<td>8,162</td>
<td>530</td>
<td>852</td>
<td>123</td>
<td>9,667</td>
</tr>
<tr>
<td>%</td>
<td>62.2</td>
<td>61.99</td>
<td>74.8</td>
<td>67.58</td>
<td>63.19</td>
</tr>
<tr>
<td>Assault with intent to do grievous body harm*</td>
<td>3,956</td>
<td>219</td>
<td>168</td>
<td>35</td>
<td>4,378</td>
</tr>
<tr>
<td>%</td>
<td>30.15</td>
<td>25.61</td>
<td>14.75</td>
<td>19.23</td>
<td>28.62</td>
</tr>
<tr>
<td>Murder</td>
<td>117</td>
<td>3</td>
<td>12</td>
<td>6</td>
<td>138</td>
</tr>
<tr>
<td>%</td>
<td>0.89</td>
<td>0.35</td>
<td>1.05</td>
<td>3.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Crimen injuria</td>
<td>40</td>
<td>11</td>
<td>10</td>
<td>3</td>
<td>64</td>
</tr>
<tr>
<td>%</td>
<td>0.3</td>
<td>1.29</td>
<td>0.88</td>
<td>1.65</td>
<td>0.42</td>
</tr>
<tr>
<td>Attempted murder</td>
<td>97</td>
<td>5</td>
<td>33</td>
<td>3</td>
<td>138</td>
</tr>
<tr>
<td>%</td>
<td>0.74</td>
<td>0.58</td>
<td>2.9</td>
<td>1.65</td>
<td>0.9</td>
</tr>
<tr>
<td>Rape</td>
<td>292</td>
<td>17</td>
<td>5</td>
<td>1</td>
<td>315</td>
</tr>
<tr>
<td>%</td>
<td>2.23</td>
<td>1.99</td>
<td>0.44</td>
<td>0.55</td>
<td>2.06</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>23</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>%</td>
<td>0.18</td>
<td>0.12</td>
<td>0</td>
<td>0</td>
<td>0.16</td>
</tr>
<tr>
<td>Sexual offence</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>%</td>
<td>0.07</td>
<td>0.12</td>
<td>0</td>
<td>0.55</td>
<td>0.07</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>%</td>
<td>0.18</td>
<td>0.23</td>
<td>0.44</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>Total</td>
<td>13,123</td>
<td>855</td>
<td>1,139</td>
<td>182</td>
<td>15,299</td>
</tr>
</tbody>
</table>

100  100  100  100  100
Hands and fists were the most commonly used weapons during the episodes of violence reported to the police, with 60.46% of cases reporting this as the primary instrument. Blunt objects were commonly used (10.96%) and these included bats, batons and sticks. Sharp objects such as knives or screwdrivers were used as the primary weapon in 6.38% of cases reported to the police. Firearms were used in 1.21% of cases. Verbal abuse was reported as the primary instrument in about 1% of cases. A considerable amount (3.29%) of entries was categorized into the non applicable, unknown and other weapon groups.

There were however some potentially important limitations of the SAPS dataset that should be noted. It is unclear what the circumstances were which led data capturers to use the “domestic violence” variable and this may have varied from station to station. No data on the relationship between the perpetrator and the victim is available. This means that crimes occurring in a domestic setting such as an adult male child abusing an elderly male parent could have been captured as “domestic violence”. This affects the validity of the results and as such should be interpreted with some caution.

In 2001, he came home just after midnight and woke me up demanding a cup of tea. I declined and he became aggressive. He threatened to shoot me to death. I woke up went to the kitchen in tears, plugged the kettle to make tea. Reaching for the cup in the cupboard, for some reason I decided to turn and as I did so, he released the trigger and shot me. Fortunately, the bullet did not go straight into my head but became lodged close to my scalp.” - Walking away with nothing, By Mmabatho Moyo,*

“The beatings went on and on, to an extent where I was stabbed with a knife several times on my body and face. I stayed with the hope that things would eventually change. The worst incident was when he beat me with a “Panga,” which left me with a terrible scar on my head.” - Healing on the outside, but still scarred within, By Harriet Nhlapo
Rate of human trafficking
The SADC Gender and Development protocol defines human trafficking as:

the recruitment, transportation, harbouring or receipt of persons, by means of threat, abuse of power, position of vulnerability, force or other forms of coercion, abduction, fraud or deception to achieve the consent of a person having control over another person for the purpose of amongst other things, sexual and financial exploitation\textsuperscript{13}.

GL views the trafficking of women as VAW for two reasons:
• Trafficking is a crime that thrives and capitalises on vulnerability. Part of women’s greater vulnerability in Southern Africa compared to men relates to their lower status, lower educational level and other forms of discrimination in social, economic and political life
• Certain forms of trafficking for example sex trafficking and domestic service explicitly enlist women who can then be subjected to extreme exploitation including sexual abuse by their traffickers\textsuperscript{14}.

Human trafficking is a serious though inadequately documented problem in South Africa. Due to its porous borders and economic supremacy in the region, South Africa is an ideal destination for various categories of migrants from regional and extra-regional locations. Consequently Gauteng Province, especially metropolitan Johannesburg the central hub of economic activity in South Africa has emerged as one of South Africa’s main destination and transit points for trafficked persons. The efficient and ever growing transportation infrastructure within the province also makes the area highly accessible for traffickers and users of trafficked persons.

Currently South Africa faces great migration-related challenges such as high prevalence of irregular migration, particularly from Zimbabwe, including women and unaccompanied minors; lack of effective migration management policies and border management; rising xenophobic sentiments that in some cases turn into actual violence against migrants; high prevalence of communicable diseases such as HIV and AIDS and tuberculosis; and brain drain due to the mass departures of skilled nationals. The need for improved and coordinated migration management policies is critical for the Government of South Africa.

Currently there is no available statistics and comprehensive insight into the prevalence or patterns of trafficking into or out of South Africa . The major challenge to the collection of the

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\textsuperscript{13} SADC Protocol on Gender and development
\textsuperscript{14} See case profiles in IOM (2008) ’No experience necessary’: The internal trafficking of persons in South Africa
data is difficult chiefly because of the hidden nature of the crime and the difficulty in accessing trafficked women (some of whom would not define themselves as trafficked), the difficulty in developing effective research methodology and the poor understanding of the term trafficking (e.g. conflating it with general sexual exploitation or smuggling).

South African Police records subsume data on human trafficking on a range of crimes, including abduction, kidnapping, rape, and assault, thus are not useful in informing the actual extent of trafficking in the country. The main sources of data on trafficking in Southern Africa come from a handful of primary research studies and anecdotal experiences from organisations that support trafficked women. In 2010 the International Organisation on Migration (IOM) an organisation mandated to assist victims of trafficking reported that it had assisted 306 victims of trafficking in Southern Africa during the period January 2004 – January 2010\(^2\) translating to an average 51 cases per year for the whole of the Southern African region. Almost 30% of the IOM cases were SADC nationals; the rest were from Asia, Eastern Europe and other African countries\(^15\).

In March 2010, National Prosecuting Authority (NPA) commissioned the Tsireladzani study a program designed to gather data to close the knowledge gap regarding the extent and patterns of human trafficking. Findings from the study indicate that victims of trafficking were mostly women, girls and boys who were trafficked for a variety of purposes, including prostitution, pornography, as domestic servants, forced labour, and for criminal activity.

**Rate of femicide**

The most extreme form and consequence of intimate partner violence occurs when a woman is killed by her intimate partner. Research conducted by the MRC on women killed in 1999 shows the mortality rate from IPV was 8.8 per 100,000 women, a rate more than twice that of the United States. Mortality from IPV was elevated among those 14 to 44 years and women of color. Blunt force injuries were more common, while strangulation or asphyxiation were less common. (Abrahams et al 2009).

Research has shown that femicide often does not occur in isolation but is linked to sexual violence has been observed in other studies. Abrahams et al (2008) reported a rape homicide rate of 3.65 per 100 000 women over the age of 13 years\(^16\).

**Hate crimes**

"Call Me Names, but Gay Is Not Ok," headline of a July 2008 article in South Africa's Sunday Sun by Jon Qwelane,

On 1 December 2006 South Africa made history by becoming the fifth country in the world, and the first in Africa to legalise same-sex marriage. Although South Africa has one of the most progressive legislation that recognises gay rights, many people and even those in top government positions are homophobic as depicted by utterances such as the above. Argued from a cultural, religion or morality perspective, the ill-treatment of lesbian and gay people is somewhat accepted in South African. Attacks on lesbians because of their sexual orientation and/or gender identity are a unique form of VAW. Hate crimes occur at the extreme end of a continuum that includes hate speech. Hate speech is dehumanizing and is in itself a form of

\(^{15}\) Statistics provided by SACTAP staff, Pretoria IOM office, South Africa , 25/1/10

\(^{16}\) Abrahams et al (2008)
Anecdotal evidence points to the prevalence of ‘corrective rape’, the rape of lesbians to ‘cure them’ by ‘making them straight’.

Keba Seboatane told her story of being raped by a man she thought was her friend. “I got a bit tense when he started giving me the ‘you make me sick look’. He locked the door. I was really confused he was swearing me and saying how much he hates people who pretend. I then asked him what he was talking about. He was furious with the lesbian life I was living. He said that I should stop taking other people’s girlfriends and that I was beautiful and capable of getting myself a boyfriend. I got angry and started arguing back. He slapped me on the face, and warned me not to shout at him or will regret it. He said: “Tonight I’m going to change you, and as from now on you are my girlfriend.”

Similarly Lindiwe Radebe was attacked with a group of friends by several men.

“They surrounded me and started kicking me and continued calling me names. I remember one of them said “You think you’re a man wena stand up and fight!” I could not do anything. This went on for a couple of minutes. It was terrible. I only managed to stand up through God’s mercy. But one of them continued slapping me and hitting me with fists while the other one attempted to throw a stone at my face. Fortunately, I managed to block the stone from hitting my face with my left hand but my thumb was hurt and was seriously bleeding.” - Is it a crime to be a woman who loves other women?, Lindiwe Radebe

Radebe recalls the re-victimisation by police officers who attended to her at the police station where she went to report the incident. Upon learning about her sexual orientation, the officer’s attitude abruptly changed.

I vividly remember him changing his facial expression. He looked at me and exclaimed “What?” I repeated what I had said before - “I am lesbian”. He stared at me again. My friend got irritated and answered on my behalf. She reiterated “She said we are lesbian”. Then the real emotional trauma began. He started giving a lecture about how wrong and unholy it is to be a lesbian. I became really angry and asked him if he wanted to help me or not. He told me that I had an attitude problem and that is when I asked to see the station commander.

Often hate crime has gone over to the most extreme extend of homophobic inspired murder as was shown by the murder of prominent lesbian Eudy Simelane.
Harmful cultural practices

Harmful practices endanger the health and well being of the girl child and women. They constitute all behaviours, attitudes and/or practices which negatively affect the fundamental right of women and girls, such as the right to life, health, dignity, education and physical integrity. Examples of harmful traditional practices include witchcraft and targeting of women as purveyors of the practice and female genital mutilation which is not widespread in the country but may be occurring among migrants and refugees. Other practices include virginity testing, abduction, forced and early marriages and certain practices of widowhood. These practices which occur within the private domain are difficult to monitor as women in many communities remain subjugated and submissive to oppressive cultural and traditional practices. Women

Case study 1: Politicians choose to be silent about sexuality and homophobia.

Despite the fact that hate crime is proving to be a real and pervasive issue worthy of concern in South Africa, politicians still do not speak out openly about the issue.

In April 2008, Eudy Simelane, a 31 year old ex-professional football player for Banyana Banyana and vocal activist for the gay and lesbian rights, was stabbed multiple times, gang raped and left for dead in a drainage ditch. Although the motive of her attackers remains contested, Simelane's work as an activist against hate crime, and her openness about her sexual orientation as a lesbian woman, led fellow activists, members of the public and the media to believe that the attack may have been motivated by homophobia.

Cases of hate crime, or crimes perpetrated against minorities as a direct result of their membership in that minority group have been well documented. Hate crime against homosexuals, including corrective rape; the rape of a lesbian woman in an attempt to either 'correct' her sexual orientation, or punish her for being gay, is not a new phenomenon and has been on the increase in recent years. Hate crime against homosexuals as most common in communities and societies where homosexuality is not accepted.

Four men were put on trial for Simelane’s murder; two were convicted and sentenced while the other two were acquitted due to insufficient evidence.

Despite the media coverage received, very few statements made by political functionaries condemning the crime were found to have been reported by the media.

The reason for the silence of politicians is unknown, however, in focus groups conducted to explore public perception, the suggestion was that the silence may have been the intentional avoidance of a social and cultural hot topic. One focus group participant stated “I think they should have said something, because they are influential, and they know people listen, maybe through could have educated people.” Others felt the silence was favorable to functionaries making controversial statements like President Jacob Zuma had about homosexuals, “when I was growing up, unqungili (homosexuals) could not stand in front of me. I would knock him out.” (Mail & Guardian 05 Mar 2010), or Julius Malema had on the issue of rape, one participant stating “if you cannot be sincere in what you say about these things then you should keep quiet”. Findings from focus group discussions with men and women show that as an audience they were disappointed at the failure of political functionaries to use this unfortunate incident to educate people and raise awareness on and against hate crime.
themselves maybe unaware of their rights and subscribe to mistaken beliefs that it is acceptable to accommodate men and their religious or cultural community.
VAW occurs in a culturally and socially specific context. The status of women, gender norms, and socioeconomic status have been identified as potential exacerbating factors towards VAW across different cultural settings. A wide range of studies agree that there are individual, family/relationship, community and societal factors that increase the likelihood that a man will abuse his partner as shown by the ecological model framework.

**Figure 4.1. The ecological model of factors associated with VAW**

<table>
<thead>
<tr>
<th>Societal</th>
<th>Community</th>
<th>Relationship</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>High unemployment</td>
<td>Family dysfunction</td>
<td>Gender, age &amp; education</td>
</tr>
<tr>
<td>Economic, social and gender inequalities</td>
<td>High population density</td>
<td>Inter-generational violence</td>
<td>A family history of violence</td>
</tr>
<tr>
<td>Poor Social Security</td>
<td>Social isolation of females &amp; family</td>
<td>Violence Poor parenting practices</td>
<td>Witnessing GBV</td>
</tr>
<tr>
<td>Masculinity linked to aggression &amp; dominance</td>
<td>Lack of Information</td>
<td>Parental conflict</td>
<td>Victim of child abuse or neglect</td>
</tr>
<tr>
<td>Weak legal and criminal justice system</td>
<td>Inadequate victim care</td>
<td>Involving violence</td>
<td>Lack of sufficient livelihood &amp; personal income</td>
</tr>
<tr>
<td>Perpetrators not prosecuted</td>
<td>Schools &amp; workplaces not addressing GBV</td>
<td>Association with friends who engage in violent or delinquent behavior</td>
<td>Unemployment</td>
</tr>
<tr>
<td>No legal rights for victims</td>
<td>Weak community</td>
<td>Parental conflict involving violence</td>
<td>Mental health and behavioral problems</td>
</tr>
<tr>
<td>Social and cultural norms support violence</td>
<td>Sanctions against GBV</td>
<td>Poor safety in public spaces</td>
<td>Alcohol &amp; Substance abuse</td>
</tr>
<tr>
<td>Small fire arms</td>
<td>Safety in public spaces</td>
<td>Friction over women’s</td>
<td>Prostitution</td>
</tr>
<tr>
<td>Conflict or post-conflict</td>
<td>Challenging traditional</td>
<td>Low socio-economic status</td>
<td>Refugee Internally displaced</td>
</tr>
<tr>
<td>Internal displacement &amp; Refugee camps</td>
<td>Gender roles</td>
<td>Socio-economic stress</td>
<td>Disabilities</td>
</tr>
</tbody>
</table>

Figure 4.1 shows the combination of these factors into one ecological model. The model which explains why some of the violence occurs as well as why some men are more violent than others and why some women are consistently the victims of abuse. Understanding the reasons for and the factors associated with experience or perpetration of gender violence is a precursor in the design of gender violence prevention interventions.

**Background characteristics associated with experience and perpetration of violence against women in the prevalence and attitudes survey**

*Gender violence knows no class, no age, no status core and no tradition. You may be poor as a church mouse, or be rich, living in a luxurious house, and still you have no peace if you are in an abusive situation. Abuse attacks like a slow poison and destroys you physically, mentally and spiritually. Abuse does not knock at the door when it comes, but it creeps in unexpectedly in a quite happy marriage and*
Age
Age is not a risk factor to intimate partner violence. There was no significant difference across the age groups in the prevalence of experience or perpetration of either physical or sexual, or emotional or economic IPV among the ever-partnered women and men in this study. Given that younger men have fewer years in relationships than older men; this finding is consistent to a common observation that men who will be abusive generally exhibit abusive behaviour early in their relationship history.

In contrast experience and perpetration of being raped by a stranger or acquaintance varied by age.

Figure 4.2. Experience or perpetration of rape by a stranger or acquaintance disaggregated by age

Figure 4.2 shows that younger women under 29 years were twice more likely to disclose that they had been ever raped than women aged 30-44 years. On the other hand men who were older (over 45 years) were less likely to disclose having raped a non-partner. There was nearly a twofold difference in the proportion of men aged 30-44 and that of men aged 45 and over disclosing rape perpetration. These findings are in line with a recent study which found that men aged 20-40 years were more likely to have perpetrated rape than younger men.  

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18 Jewkes et al 2009
**Race**

There were no statistically significance in the proportions of women experiencing and men perpetrating non-partner rape by racial group, however the proportion of white women reporting physical or sexual IPV was much lower in absolute terms than the proportion of Black African women reporting this.

**Figure 4.3. Proportion of non-partner rape survivors and perpetrators by race**

![Figure 4.3](image)

Figure 4.3 shows that Coloured or Indian women were nearly three times more likely to disclose rape by a stranger than Black African or White women. Most of the women in this race category were Coloured. Whilst this finding is not mirrored by that reported among men, other research has found a much higher prevalence or disclosed rape perpetration among Coloured men. In this study differences in perpetration of VAW by racial group and nationality were not statistically significant, although the proportion of Black African men disclosing rape was substantially higher than that of other racial groups.

Whilst men’s disclosed perpetration of emotional and economic abuse did not differ by racial group, their perpetration of physical and sexual abuse did differ significantly. White men were much less likely to disclose this, although the proportion that did so was still very high (45%).
**Nationality**

Nationality is a risk factor for sexual or physical IPV. It is however not associated with increased risk of non-partner rape, economic and emotional violence.

<table>
<thead>
<tr>
<th>Table 4.1: Nationality disaggregation of survivors and perpetrators of violence</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>South African</td>
</tr>
<tr>
<td>Non South African</td>
</tr>
</tbody>
</table>

(p=0.046) (p=0.947) (p=0.289) (p=0.205) (p=0.898) (p=0.691)

Table 4.1 shows that whilst there was no difference in the proportion of women who had been raped by nationality, women who were not of South African nationality were statistically significantly more likely to report having experienced physical or sexual IPV. Differences in perpetration by nationality showed no statistically significant difference.

The findings from the survey are consistent with many studies that have shown that most demographic and social characteristics of men and women documented in survey research are not associated with increased risk of IPV. Like in other studies household characteristics such as household size were not associated with IPV.

**Child abuse**

Experience of childhood abuse was common for both women and men interviewed in this study. An example of how girl children are abused is given by the following I story excerpt by N.Tintela.

In this study several prior childhood experiences were associated with experience or perpetration of abuse in adulthood. Exposure to sexual abuse in childhood by girls increased the risk of abuse as adults.

In this study men that had experienced child sexual violence were more likely than those who had not to perpetrate sexual violence against their female partner. Men who watched their mothers beaten were more

“When I was eight years old, we were playing house with my friends when an older man (a friend of my brothers) got into the bed with me and raped me. He told me not to cry or make a noise. At the time I did not know what was happening to me. I felt so afraid and guilty. When I took a bath that night, my mother noticed the blood on my panties. She asked me to open my legs and checked me, but then said nothing. I have lived with this terrible guilt all my life. I have tried to block it out but when the same thing happened to my daughter several years later, it all started to come back...My daughter was raped when she was six years old and my husband blamed me for it. I was so devastated I wanted to die. He used to tell my daughter that she was stupid that is why they raped her. Whenever he said those words, I felt a sharp pain piercing my heart. I thought of all the pain my father caused me and my mom.” - I am angry, but I am also a survivor, Nono Tintela
likely to perpetrate physical violence. Men who were physically abused in childhood were more likely to be physically violent against their partners and were also more likely to have done more than once. Men who were neglected as children were more likely to perpetrate emotional violence against their partners. This is consistent to previous research showing that boys who are abused are at increased risk of perpetration, especially of rape. Gupta found that physical abuse in childhood was also connected with the risk of men being perpetrators of physical violence against their female partner.\textsuperscript{19} Malamuth 1995, found interpersonal violence, delinquent behavior and hostile attitudes towards women as being significantly associated with child rape experience.\textsuperscript{20} These and previous findings of this review signify that violence is an example of a practice learned from childhood and later modified in life.

**Alcohol**

Given that South Africa has one of the highest levels of alcohol consumption per drinker than anywhere else in the world, it was imperative to investigate its relationship with VAW. Alcohol consumption in the past 12 months among men was associated with ever perpetration of violence and all of the forms of violence. Men who drank alcohol were more likely to sexually abuse their partners and do so more than once. Rape was also associated with alcohol consumption. 4.2% of women had been raped when drunk or drugged while 14.4% of men had forced a woman to have sex when she was too drunk or drugged to refuse.

These findings are consistent with previous research which has problematised the abuse of alcohol and drugs. Some men who participated in the 1999 MRC three provinces study described using alcohol in a premeditated manner to enable them to beat their partner because they feel that this is socially expected of them\textsuperscript{25}. Although alcohol is known to reduce inhibitions, cloud judgment, and impair ability to interpret social cues the relatively high occurrence of alcohol abuse by men who abuse women, should not be interpreted as a causal relationship. The observed relationship is an overlap of two separate but frequently occurring social problems.

**Relationship factors**

There is indication that in the relationships explored there was a huge expectation that the women will obey their partners or be less of a challenge to male dominance in the home. Such expectations endorse hierarchical and patriarchal gender order. The resistance by women that men should control their earning power or that they should accept his girlfriends further proves support of a benevolent patriarchy. It seems women will willingly obey their husbands given that the manner in which control was enacted did not appear violent to them.

**Reasons given for conflict**

Although in some instances it is possible that abuse happens without conflict and provocation, some possible reasons for conflict were explored in this study. It is likely that much of the conflict could have been related to men’s views of gender roles and perceptions that they owned and had a

\textsuperscript{19} Malamuth, 1991, 1995

\textsuperscript{20} Malamuth, 1991, 1995
right to control their women and their households. Some explored statements related to cause of conflict explored included

- “If someone insults me, I will defend my reputation, with force if I have to.”
- “I would be outraged if my wife asked me to use a condom”
- “There are times when a woman deserves to be beaten.”
- “I think it is right for a man to punish his wife when she does wrong”

Rape of partners could have arisen from the belief in male sexual entitlement in a relationship. Although community attitudes were perceived as supporting this belief, there was disparity between the proportions of men and women agreeing to it. Fewer women than men thought that a married woman was sexually obligated towards her husband and could not refuse her husband sex whenever he wanted it.

Social constructionist theory recognises that norms for masculinity, femininity, roles allocated to women and men, and sexual scripts vary widely across communities. Previous research suggests that societies with stronger ideologies of male dominance tend to have more IPV. The culturally specific links between gender roles and VAW in South Africa in the same manner are rooted in social norms around gender relations, including those that excuse or legitimate the use of violence. The results of the survey show a general acknowledgement of abuse occurring as a component of gender relations as shown in the following "I" story.

“I treated her like my own property that I had bought. In my mind I thought beating your wife makes you a good man and respected”

An excerpt from an I story by Siphiwe Didishe

I grew up in the high density areas. I could safely say that my behaviour was influenced by the life I was exposed to especially by people I used to hang around with. My criminal activities turned me into an abusive person at that time. I became a stranger to my community and my family, because I was abusive towards them. I will relate a story to you that eventually changed me from my nature to someone who lives a better life.

In early eighties I paid lobola for a woman I loved. I treated her like my own property that I had bought. She was not allowed to visit her family. I remember one day we were arguing about her not visiting her family. I ended up beating her so much that she was hospitalised. After her release from the hospital she went back to her family where she was accepted. She decided that she did not want to see me again. I wrote her letters and phoned her begging her to forgive me and come back home and promised her that I will never beat her again. I even asked her friend to talk to her for me. Eventually she agreed and came back home, I tried so hard to change and welcomed her home with gifts.

When she returned home things were fine for two to three weeks. After this I turned back to be an ‘abusive husband’. It got worse; I would beat her for allegedly taking a long time at the shops and even for talking to our neighbours. Basically I beat her up for petty reasons. She became so afraid of me because she knew that I had a gun and I was a criminal.

I started to bring my girlfriend into our house and we would share the bed and sometimes make her sleep on the floor. I really was abusing my ex-wife emotionally and
physically. When she complained, I would tell her that I paid lobola and the girls are to relieve her from having sex with me. While I was doing all the bad things her family and my family were not happy but they could not do anything as they were also afraid of me. I remember my mother said to me what I am doing makes her sad and she is even scared to go around the streets, because of the community. She only went out when she was going to church.

The abuse went on until my wife became pregnant. When she told me, I was happy and excited to be a father. I stopped beating her, I guess it changed me somehow. Until one day when I came home. I heard people arguing, it was so noisy. I could hear it from the gate.

When I got into the house, it was my wife and my sister arguing. I tried to sit them down and understand what was wrong and make peace between the two. After failing to resolve the matter, my wife told me that, she was moving out of the house, because of my sister. We fought by exchanging words, until it got to the point where, I lost my temper and started beating her until she miscarried. Blood was all over the house, I still regret that day. I do not know what had got into me. I took her to the hospital and she was admitted. Days after that incident I was arrested for house breaking. I was sentenced to five years. It did not end there; I was still doing wrong in prison.

When I look at my life and the all the things I have done I am not proud of them. In my mind I thought beating your wife makes you a good man and respected. I have done wrong to many people. I would not blame anyone who has not forgiven me. I wish I could turn back time. Abuse is never a good thing especially towards a woman. However there is no use to hold on to the past as life must go on.

I suppose I the times I’ve spent in prison made me look at life in a different way. I have grown as a person. I am now living a clean and healthy life. I feel that what is important is that I am still alive and I must appreciate that and learn from my mistakes. I should forgive myself in order for the community and all the people I have hurt to forgive me.
Community factors

Experience of GBV and willingness to take action at a community level

The prevalence questionnaire asked both men and women whether they had been witness to violence against women in their communities. Those that had witnessed were further asked whether they had intervened in some way.

Figure 4.4: Experience of GBV and willingness to take action by women and men

Figure 4.4 shows that although participants had witnessed the violation of women in their families and community only 1 in 3 persons had intervened. This is either reflective of a community that treats VAW as a private affair or worse still a community that condones violence. Also evident from these results is that men are more likely to know and take it up with other men who abuse women. The inability of women of women to intervene may be as a result of the lower status they hold in the status which is often enforced by a patriarchal social structure.
Figure 4.5: Intervention steps taken by women and men

Figure 4.5 shows that the most common intervention was to stop the man from abusing, and only a little more than 1 in 10 interviewees had reported the abuse to the police. The failure to report VAW to police by both women and men is indicative of irresponsible citizenship. It is a social duty of every citizen to report crime they have witnessed.

Reporting to the family is confirmation that some abuse never gets reported to police because it has been internally resolved within the family

**Dominant ideas of masculinity: Emphasised gender hierarchy**

In any setting ideas of what it means to be a man or what constitutes successful manhood is linked to the violation of women’s rights. VAW may be seen as an expression of male powerfulness and dominance over women. Challenges to exercise of this power is then seen by men as a threat to their masculinity.
Figure 4.6. Personal and community gender attitudes of men and women

- Figure 4.6a shows the responses of men and women on questions around gender relations. Men were more supportive of equality than women, but their attitudes around gender relations in the home were more conservative than those of women. This is shown by higher proportions of men agreeing that women were expected to obey their husbands (86.7%). It is noteworthy that some women affirm negative gender roles. This is evidence to the fact that traditional gender roles of male dominance are often mutually agreed upon. However, the condemning views
expressed by both women and men show that traditional gender roles are slowly being challenged. This may be attributable to the empowerment of women seen by conservatives as the correspondingly growing disempowerment among men.

The more liberal views of women compared to men is indicative of the bottleneck of women’s empowerment programmes that have tended to concentrate on women as though they thrive in isolation. This poses as an explanation for why empowered women still fail to be progressive in their intimate relationships. Interventions to change the knowledge, attitudes, motivation, or behavioral skills require the involvement both women and men. The exclusive involvement of women without addressing men is likely to upset the interaction patterns without offering viable alternatives. It becomes imperative that VAW intervention programmes take account of the social context of particular communities in order to have significant impact.

Figure 4.6 depicts that most men and women felt that their communities endorsed a notion of gender equity expressed as support for men and women being treated ‘the same’. However their community’s attitudes to gender relations in the home differed greatly from this. This is shown by even higher affirmation of the notion that women should obey their husbands. The results suggest that although participants perceived their community as supporting gender equality, ‘the equality’ related to the public arena of non-intimate relations. In the home, completely different standards were applied. Traditional values and culture are seen playing a role in endorsing these gender relations.

Both women and men had overall attitudes that were more liberal than their perceived community attitudes. The differences between personal and perceived community attitudes show that although many of the participants are familiar with traditional gender roles that condone VAW, they are also aware of shifting power dynamics between men and women.

**Sexual entitlement in marriage and the legitimacy of violence**

“He forced me to have sex with him. If I said I was tired he forced me or beat and said he paid lobola for me. I must give him anything that he wants.” – Glady Dlamini, Taking a Stand
Figure 4.7: Personal and community attitudes about sexual entitlement in marriage and legitimacy of violence perceived by men and women

Figure 4.7 shows that fewer women than men thought that a married woman was sexually obligated towards her husband and could not refuse her husband sex whenever he wanted it. The great majority of women, and over two thirds of men similar did not think there was obligation. Over half of the women and men interviewed perceived that their community generally expected male entitlement to sex to accompany marriage. This was expressed as support for the idea that married women cannot refuse their husband sex and therefore cannot be raped by him. There was almost no difference in the proportion of women and men that thought a woman could be raped by her husband.
Social norms and views on rape

**Figure 4.8: Personal and community attitudes about rape by men and women**

Figure 4.8a shows that the majority of women and men did not personally agree that women were to blame for rape wanted it to happen or would not be raped if they fought back.

Figure 4.8b shows that more women than men perceived community social norms to be generally blaming and stigmatising against survivors of violence. This is evident by a higher proportion of women than men agreeing to their communities’ negative rape attitudes.

The above findings show that violence against women in the region is entrenched in gender inequity at both a community and relationship level which impairs and annuls the enjoyment by women of their human rights and fundamental freedoms. All of South Africa’s ethnic groups are patriarchal with men dominating over subservient women. The ability for men to control women is continues to be seen as a sign of masculinity.
**Conspiracy to silence**

There is still a huge gap between women that are abused and those that speak out. Most of the women who have been abused (86.87%) have not spoken about the abuse. This may be because most women (18.8%) suffer at the hands of intimate partners making speaking out difficult as they fear the reactions of those around them. As much as speaking out is empowering and helpful some women are still victimised for it. About 1 in 7 women who spoke out were later victimised. This is in consistency with some of the perceived community attitudes that stigmatised and blamed survivors.

Only 3.9% of women who had been raped by a partner or non-partner in the survey had reported this to the police. The survey shows that about half of the survivors of gender violence do not go to the police, instead confiding in family members as Thandeka in the excerpt did. The other half choose not to confide in either family or police. Such levels of unreported abuse are reflective of a conspiracy to silence.

“**My mother told me that I must forget about it because she and my grandmother had been raped. This is something that just happens in the family. After that day it was never talked about. No one asked me how I felt. As a result I felt dirty and had low self esteem.”** - Rape will not be my daughter’s legacy!, Thandeka*

**Comparison between the 1998 Three Provinces Study and the 2010 Gauteng Province Study**

Twelve years have passed since women in Limpopo, Mpumalanga and the Eastern Cape were interviewed for the Three Province Study and asked about their personal attitudes towards gender relations and their perceptions of attitudes generally held in their community.

In Gauteng in 2010, for almost every dimension of gender relations, the attitudes personally held by women were significantly more gender equitable than those measured in the Three Provinces in 1998.
Perceptions of attitudes of the community were also substantially more gender equitable on every dimension measured except expectations that wives would be unable to refuse to have sex with their husband. There was no difference between the two studies in the proportion perceiving this to be the general view of the community.

Whilst recognising that Gauteng was not a province surveyed in 1998 and attitudes then may have been more gender equitable than those in more rural provinces, it seems likely that there has been real change in attitudes since 1998. However, given that over half of women believe a woman should obey her husband, it is impossible to escape the conclusion that before we get general support for gender equity we have a long way still to go.

The Three Province Study did not assess the attitudes of men and so we have nothing to compare the 2010 Gauteng attitudes of men against. Yet it is notable that they are consistently more gender inequitable than attitudes expressed by women. This may explain why the prevalence of experience of gender-based violence has remained high, despite substantial shifts in the attitudes of women.
"The consequences of GBV are pervasive, affecting the health and well-being of survivors, their families, and their societies."²¹

GBV has a negative and serious impact on the physical, emotional, and social wellbeing of survivors especially women. Women interviewed in this study were asked questions on a range of indicators of their health, including on contraceptive use, condom use, HIV testing and results, sexually transmitted infections, and aspects of their mental health.

Physical injuries
"He started pushing me. He pushed me until he threw me out of the window. It was from the 4th floor to the ground. Both my legs and my spine were broken. I spent three months in a General Hospital sleeping. When I came out of the hospital, I opened a case against him but nothing was done because my husband was friends with one of the officers. ... I moved back home to my husband. Oh...oh...oh...God, after three days he had started swearing and pointing me again. Remember that by that time I could not walk fast, I was still on crashes. That was the beginning of the end. One day he hit me with hammer on my head. I was bleeding so badly and that was a good chance to get him arrested”. - When abuse can lead to disability, Germina Setschedi

Experiencing episodes of GBV has been associated with immediate genital and bodily injuries. Women who contributed to the “I” stories mentioned a myriad of experiences that affected them physically, not just during the violence but also long after. Many women reported that the violence left them with physical scars that range with severity. For women, these scars are a source of shame, especially if they are on the face, arms, or other visible area.

An older woman recalled that she was bedridden for over a week due to the assault she got from her husband. Further to the series of violence episodes in her life she sustained a broken eardrum from one of the beatings. Another woman lost her baby during pregnancy as a result of a beating from her partner. Despite this the physical abuse continued.

Sexual Health
"Before being raped I hadn't had a partner since my divorce in 1996. I just had a HIV test done and it came back negative. So I told myself there's no way you can be raped once and get it and I said I'm not going to bother going back and I didn't bother. Last year in January something just told me: "Hey Mickey just go and test yourself." I had a boyfriend who wanted to get married so we both went for tests. His was negative and I was positive. What do I do, where do I start, where do I go?” - I'm doing well and surviving by Mickey

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²¹ Heise et al. 1999
Victims of sexual violence like Mickey are at an increased risk to HIV and other sexually transmitted infections and urinary tract infections.

**Figure 5.1. Sexual health consequences associated with rape by non partner in prevalence survey**

Figure 5.1 show that women who had been raped by non-partners were statistically significantly more likely to have tested for HIV and been found to be HIV+. They were also much more likely to have been told by a health worker that they have a sexually transmitted infection.
Figure 5.2 show that women who had experienced sexual or physical IPV were statistically significantly more likely to have tested for HIV and been found to be HIV+. They were also much more likely to have been told by a health worker that they have a sexually transmitted infection.

These findings are in keeping with several studies which have revealed increasing links between violence against women and HIV and AIDS. Women who experience sexual assault in South Africa, like women in other parts of the world, are at higher risk of HIV/AIDS.22 One survey among 1,366 South African women showed that women who were beaten by their partners were 48 percent more likely to be infected with HIV than those who were not23 as there is a correlation between risky sexual behaviour and violence. As any form of coerced sex carries a high risk of HIV infection, sexual assault is a major contributory factor to the pandemic.

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Mental Health

Figure 5.3. Mental health consequences associated with rape by non partner in prevalence survey

Figure 5.3 shows that nearly one in four of women that had been raped had attempted suicide. More than 10% had had suicidal thoughts in the week before the interview. A third of victims of rape had very high levels of depressive symptomatology, suggesting current depression. Depression was much more common among raped women, but the difference in prevalence of depression between those who had and had not been raped was not statistically significant. A quarter of raped women binge drank alcohol monthly or more often. More than a quarter of women who had been raped had symptomatology indicative of a diagnosis of post-traumatic stress disorder (PTSD). These findings indicate a particularly high burden of mental ill health among women who have been raped.
Figure 5.4: Mental health consequences associated with sexual or physical intimate partner violence in prevalence survey

Figure 5.4 shows that nearly one in five women who had experienced sexual or physical intimate partner violence had attempted suicide and more than 10% had had suicidal thoughts in the week before the interview. A little more than a third of victims of sexual or physical intimate partner violence had very high levels of depressive symptomatology, suggesting current depression. Depression was much more common among abused women. About a quarter of abused women binge drunk alcohol monthly or more often. These findings are indicative of a particularly high burden of mental ill health among women sexually or otherwise abused by their partners.
Secondary victimisation

“The next day I took a long bath. I looked at my bruised legs and I saw the blood in my underwear. I ignored the obvious fact. I could not admit that he raped me. I am a strong woman. I went to another party the next night. The same people were there, it was a different scene. Everyone stared at me as I entered the room with a tired smile. The guys pointed and made comments about me. That’s when they started teasing and singing at me, saying that I was drunk and had sex with their friend.” - Date rape can happen to anyone, Cara Ann

The effects of repeated rape on women who shared their personal testimonials included emotional and mental health problems. Some of the women like Cara above felt despondent to deal with even the other kinds of violence that they experienced. This profoundly suggests that the risk of experiencing violence increases from the first time a woman becomes a victim.

Costs of leaving

Costs of leaving an abusive relationship were explored in focus group discussions with abused women who had fled their homes and turned to places of safety. There were a number of costs related to leaving an abusive partner that is financial, material, and relationships. Most of the women reported that the financial costs of transportation to the shelters were relatively affordable and constituted less of an inconvenience compared to loss of material goods which the women valued such as collectables, and crockery. Loss of resources such as property, clothes and furniture was common. Important documents such as identity document and certificates were also amongst the losses sustained as a result of leaving an abusive partner.

These kinds of losses potentially impacted on women’s sense of self, and well-being as they led to a shift in their socio-economic status compared to where they had been prior to leaving the abusive partner. Transfers between shelters took place at the cost of the shelters, which some women perceived as implying a degree of care displayed by counselors in the shelter. Unlike other women, the disabled woman in the group made a conscious decision to seek help at a shelter in search of independent and self-reliance. The cost to her meant that the rewards she would incur would be better compared to living in isolation.

Costs to the economy

The department of Community Safety in the Gauteng Provincial Government received a total amount of R35.8 million for safety promotion through Ikhaya Lethemba for the period 2009-2010. The funds were to be channeled towards providing a comprehensive package of services for abused children and women. To further assist in the victim empowerment, funds totaling R4.9 million were allocated for the re-conceptualisation of the decentralised victim empowerment model (Speech by Gauteng MEC for finance and economic development, Mandla Nkomfe, on the occasion of the tabling of the 2009/2010 Gauteng budget to the legislature, 24 February 2009. http://www.treasury.gpg.gov.za/docs/BudgetSpeech2009.pdf)
TO FOLLOW
Responding to GBV requires a multi-sector approach that follows the same categorizations of the ecological model. The family, community and national government should be capacitated to respond well to survivors of violence.

**International treaties**
One of the structural indicators for measuring political commitment to end GBV is the ratification and adoption of legal instruments and the existence of institutional mechanisms which facilitate the elimination of GBV. South Africa is partisan to conventions to combat gender based violence, through membership and collaboration in various bodies that are opposed to gender based violence. South Africa is among the 12 member states who have committed to the provisions of the SADC Gender and Development Protocol in 2008. The overall objectives of the Protocol are to provide for the empowerment of women, to eliminate discrimination and to achieve gender equality and equity through development and implementation of gender responsive legislation, policies, programmes and projects. It is the role of South Africa as a signatory government to ensure implementation, monitoring and evaluation of these above mentioned efforts.

**Legal instruments**
"An effective legal framework is a precursor for ending violence against women. It demonstrates a government’s commitment to uphold citizen’s human rights."

**Domestic Violence Act No. 116 of 1998**
The South African legislature has been actively engaging issues of gender violence since the new dispensation (refer to annex 2). The Domestic Violence Act No. 116 of 1998 was passed in 1999 which seeks to protect women, men and children against violence taking place, regardless of sexual orientation. The Act speaks of a “complainant”, being the individual in a domestic relationship who is suffering the harm, and a perpetrator who has allegedly committed an act of domestic violence is referred to as the “respondent”. The acts of abuse or domestic violence can be any one or all of the following:

- physical abuse
• sexual abuse
• emotional, verbal and psychological abuse
• economic abuse
• intimidation
• harassment
• stalking

The Act seeks to afford victims of domestic violence the maximum protection that the law can provide and to introduce measures which seek to ensure that the courts and police officials give full effect to the provisions of this Act. Since domestic violence manifests in many forms, acts thereof may be committed in a wide range of domestic relationships. Such relationships, in this sense, broadly encompass individuals who are or were in a romantic relationship, whether married or not, family members and persons residing or who have recently resided together in a common household. Such a broad and all encompassing definition of domestic violence potentially poses a challenge when analysing SAPS data in a bid to extract the extent of gender based violence. A proposal has been made to SAPS to include an additional relationship.

**Awareness of the Domestic Violence Act**
The participants in the study were asked if they heard about the domestic violence act.

<table>
<thead>
<tr>
<th>Have you ever heard about the Domestic Violence Act?</th>
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<tbody>
<tr>
<td><strong>Women’s responses</strong></td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>26.06%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever heard about the Domestic Violence Act?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men’s responses</strong></td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>22.76%</td>
</tr>
</tbody>
</table>

The findings show that over 70% of women and men interviewed had heard about the domestic violence act.

More oftenly referred to as the sexual offences act (SOA), this legislation came into operation as from 16 December 2007. SOA expands the definition of rape to encompass rape of men and use of any object in sexually assaulting another person. This received much approval from stakeholders as it indicated a commitment to be less limiting in the application of the law on sexual assault. However, there has been a great deal of confusion in the reported police statistics on sexual assault.

Public awareness of legislation
Although the basic legislation is in place, there is a wide gap in public awareness and implementation. More has to be done in publicizing newer legislation. Evidence from the prevalence and attitudes survey shows that only 36.4% of women and 55.9% of men in the prevalence survey had heard of the Sexual Offences Act (SOA). Surprisingly even older legislation like the Domestic Violence Act is also relatively unknown to many with 26% of the women and 22.8% of the men saying they had never heard about it.

**Trafficking legislation**

There is still no national anti-human trafficking legislation or policy in place and this has been a matter of concern given that the country provides an ideal market for the services of trafficked persons from regional and extra-regional locations. In March 2010, an Anti-Trafficking Bill was introduced to Parliament and the Tsireladzani comprehensive study on human trafficking that includes other countries of the SADC region has been launched.

**Institutional mechanisms**

Further to the commitment of heads of states by ratifying to international and regional frameworks, departmental efforts are important in ending gender violence. Most government departments have been oriented towards response and support. These and other non-governmental initiatives collect some information related to GBV as a routine exercise. Oftenly however this data may not be readily usable in relation to GBV because of the manner by which it is collected. Minor adjustments to the recording process could make this data more useful. The data although not giving the most accurate estimates of the extent GBV provides a snapshot guide to services used and the means by which they are used by survivors of violence. In addition to providing a guide to access and use of services, the information is useful as a basis for estimating the cost of GBV.

**Criminal Justice System**

**Recording of domestic violence separately by SAPS**
Recently SAPS responded to civil society’s request to differentiate between reported cases of domestic violence and other cases. This resulted in the SAP adopting a policy of categorizing those reported cases that were domestic violence related using a tick-box (SAP/GL). This would enable the police to provide on the reliable administrative data that distinguished domestic violence across all reported crimes.

**Gaps in SAPS DV data**

Analysis of the South African Police Service (SAPS) dataset of all crimes committed in Gauteng that were coded as “domestic violence” for the period 2008 to 2009 proved problematic. In South African law, there are a range of offences that can be labeled as domestic violence. These include common assault, assault with the intent to do grievous bodily harm contravention of a protection order, murder, crimen injuria, sexual offence, abduction, indecent assault, rape of wife by own husband rape, compelled rape, pornography and sex work. This categorization potentially poses important limitations of the SAPS dataset that should be noted. It is unclear what the circumstances were which led data capturers to use the “domestic violence” variable and this may have varied from station to station. No data on the relationship between the perpetrator and the victim is available. This means that crimes occurring in a domestic setting such as an adult male child abusing an elderly male parent could have been captured as “domestic violence”. This affects the validity of the results and as such should be interpreted with some caution. It is also unclear whether an episode of violence perpetrated against an intimate partner outside of the home would have consistently been captured using the “domestic violence” code.

Whilst murder is another category under the domestic violence act, it is difficult to ascertain which of these are female murders and more specifically femicides. There is need for SAPS to capture data on the relationship between the perpetrator and the victim if ever this statistic is to be obtained. Previous research on murder dockets by the SAPS shows that it is possible to ascertain the circumstances surrounding murder. Routine inclusion of this information when capturing data will go a long way in providing femicide statistics.

Conflation of sexual offences which includes pornography and sex work, as afore mentioned, in police reports masks the true statistics of violence occurring in the home as well as the exact rape statistics. The result is that we are never certain that there is an increase or decrease in the actual extent of sexual offences as reported by police or whether more or less people have been charged for running brothels or soliciting sex. It is imperative that the domains where the offences take place are confined to the “public” or “private/home” as elucidated in the *Declaration on the Elimination of Violence against Women*. The Domestic violence category is not reported separately in annual police reports and this warrants attention given the extent shown by the survey results.
Low arrest and conviction rates
“People came to watch with none offering any help. I was embarrassed and humiliated by the beatings in front of the people. My son tried pleading with him to stop, but his father threw him away. After beating me, he again ran away because he feared arrest. He was given another suspended sentence, but he never went to jail.” - Finding strength is not easy, Puni Matsimbi

A CSVR study published in 2008 of the attrition of rape cases in Gauteng province report depicted the ineffectiveness of the justice system which results in the failure to convict perpetrators. In that CSVR study 50.5% of reported cases resulted in arrests but only 42.8% of the perpetrators were charged in court. Only one in five reported cases actually resulted in a trial. 55% of the rape cases were disposed by the courts. Cases were mainly closed when the perpetrator could not be identified or located. 15.6% of rape convictions received less than the mandated 10 years sentence while life imprisonment was rarely observed. Among the main gaps identified were the need for more training of police and health providers on how to collect forensic evidence and record information. Only two thirds of evidence collection kits were completed, and just half sent to the forensic laboratory. Poor information and evidence collection by police contribute to low rates of arrest and prosecution of perpetrators (Tracking Justice Report). Even survivors of VAW have felt let down by the system as depicted in an I story except by N Tintela. The failure to convict or administer justice coupled with possibility of secondary victimisation may act as a deterrent to the reporting of violence.

Restorative rehabilitation for perpetrators
The NPA and the Department of Justice and Constitutional Development (DoJ&CD) has developed a programme supporting Restorative Justice Approaches to domestic violence. Policy Guidelines have been developed for Victim Offender Mediation in domestic violence cases.

Health Sector

National Management Guidelines for Sexual Assault Care
Women that have been raped have particular health needs including the prevention of pregnancy, HIV, and other sexually transmitted infections; counselling services and the management and documentation of injuries. The “National Management Guidelines for Sexual Assault Care” (“National Guidelines”) developed by the South African National Department of Health (DOH) in 2004 are one of the greatest achievements of the health care sector in

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24 N J Christofides, D Muirhead, R K Jewkes, L Penn-Kekana, D N Conco
responding to GBV. The National Guidelines includes both general health standards for sexual assault management as well as specific standards relating to medical-legal examination and documentation, psychological support, reproductive health, and HIV. HIV related standards include voluntary testing and counselling, provision of post exposure prophylaxis (PEP), follow up HIV testing, pregnancy including emergency contraception and referral of HIV positive patients for further HIV management.

**Access to health services by rape survivors**

4906 rape survivors were seen at Gauteng public health services after rape in 2009. According to the South African Police Statistics for April 2009 to March 2010 there were 15,645 sexual offences reported to the police. This means that for a similar period of time there were over 5000 more cases of rape reported to the police than attended public health services. However, there is missing data from some health facilities for some months in the time period which means that this is an under-estimation of the number of victims/survivors seen at health facilities.

89.4% of the adult survivors presented at a health facility within 72 hours of the rape occurring. 4776 (97.4%) were offered HIV tests. Over a quarter (28.1%) of the survivors were HIV positive when they presented at the public health facilities. These survivors were therefore not eligible for post-exposure prophylaxis. Only 3198 adults were eligible for PEP. However 2698 adults received PEP

**Health personnel attitude**

The National Guidelines also provide an implementation framework to improve the quality of health care provided to sexual assault patients across South Africa, and to reduce the secondary trauma commonly associated with the process of seeking sexual assault care. Despite the good operational framework in place, the attitudes and capability of health workers as significant role players in the provision of care to GBV victims remains poor. This is shown by a history of lack of detection of women experiencing domestic violence at the health facilities. In one South African study of obstetric public health services in the Western Cape, many patients reported clinical neglect, as well as verbal and physical abuse from nursing staff (Jewkes et al., 1998).

Survivors of violence among them lesbians face secondary traumatisation resulting from discriminatory attitudes of service providers as shown by the story of Seboatane.

> "I told him [the doctor] that the guy raped me because I was a lesbian. As soon as he heard this he stopped writing and posed questions regarding my sexuality. He said: “Why are you a lesbian at this age? Do you know that it is against the constitution to make such a decision without the consent of a parent? You are wearing a cross of Christ, did you know that it is an abomination in the eyes of God to be lesbian.” – Who are you to tell me who I am?, Keba Seboatane

In other instances survivors have often not been comfortable enough to disclose when asked about it. These limitations in the health care provision can be attributed to lack of training and

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25 Motsei 1993

26 Montalvo-Liendo, Wardell, Engebretson et al, 2009a
This chapter explores the adequacy, accessibility and effectiveness of GBV support services to from an institutional and a survivor perspective. The aim is to evaluate support mechanisms in place to assist survivors. The evaluation will make use of data from the prevalence and attitudes survey and administrative data provided by different GBV support organisations. Focus Group Discussion of Survivors were also conducted for women that previously stayed in shelters.

**Places of Safety**
A place of safety or shelter is a residential facility that provides short-term accommodation for victims of domestic violence in a crisis situation. People admitted at the centre can stay for a variable periods of time, depending on their circumstances.

As I write this story, I am living in a shelter where I am getting help to lay charges and pursue my case. Because this is a case of date rape, or rape by someone I know, I am getting very little co-operation from the police, who fail to understand how you can be raped by someone you know. Even though my rapist is well known, he has not been apprehended. - One man’s love eases the pain of another’s assault, By Proudia Mosupi

**State-run institutions**
Ikhaya Lethemba is a state-run, one-stop-centre that provides the necessary sanctuary to victims of gender violence and their families (including children), in terms of their healing and empowerment, as well as the prevention of secondary victimization. This is done with the view that the victims will be able to re-enter society and be able to sustain themselves in future. Services provided at the centre include:

- A 24-hour counseling and emotional support service
- Trauma debriefing
- Legal Advocacy
- Medico-legal services
- Court preparedness programmes
- Life skills and Skill development programmes
- Police assistance, and
- Temporary accommodation..

In addition from Ikhaya Lethemba, regional Victim Empowerment Centres (VECs) have been established at Police Stations that assist Ikhaya Lethemba in the Victim Recovery programmes. The main function of these Centres is to support and refer victims, if necessary, to Ikhaya Lethemba or other service providers.

Regional Victim Support Centres (RVOs) have also been established in Gauteng. These Centres together with Ikhaya Lethemba, with their regional coordinating teams, offer various victim support and empowerment services, including the work of social workers.

The Gauteng Department of Community Safety conducted a baseline Victim Satisfaction and Empowerment study during December 2009 to April 2010 among all victims that have stayed at Ikhaya Lethemba or accessed VECs/RVOs since 2006 using both qualitative and quantitative research methodology. The study was aimed at determining the satisfaction levels of victims.

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27 GDCS Baseline Victim Satisfaction and Empowerment study
towards the victim empowerment centers (VECs) /RVOs and towards Ikhaya Lethemba, as well as ascertain the recovery levels of victims. Centres that formed part of the study were:

- **Pretoria:** Atteridgeville (F), Garankuwa (F) and Laudium (SF)
- **West Rand/JHB:** Kagiso (FF) and Magaliesburg (SF)
- **East Rand/North Rand:** Daveyton (FF), Tembisa (FF) and Sebenza (SF)
- **Vaal/Merafong:** Ratanda (F) and Boipatong (SF)
- **JHB/Soweto:** Hillbrow (F) and Naledi (Zola) F.
- **RVOs:** Duduza, Orange Farm and Sharpville

**Figure 7.1: Number of victims staying at Ikhaya Lethemba per year**

The victims that accessed services during 2006 to 2010 included women between the ages of 19 and 56, mostly speaking Zulu, English, Tsonga or Ndebele. Most of them were Black, Coloured and Asians with relatively moderate levels of education, were unemployed and mostly living in formal housing structures. More than half of the women accessing shelter services had experienced physical followed by emotional and sexual violence.

Majority of victims knew their perpetrators and less than half still have contact with their perpetrators. Victims to a very large extent are prepared to recommend these VECs/RVOs to other people in their local communities, and they would make use of their services again in future if needed. The victims have identified a range of problems facing these Centres.

**Table 7.1 Views of women that have accessed VECs/RVOS or Ikhaya Lethemba services (adapted from the GDCS Baseline Empowerment study 2010)**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Victim comments about VECs/RVOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>High levels of satisfaction</td>
<td>• I had no other place to stay after the incident</td>
</tr>
<tr>
<td></td>
<td>• The VEC took me to the hospital</td>
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<tr>
<td></td>
<td>• The VEC took me to the to the court</td>
</tr>
<tr>
<td></td>
<td>• The VEC took me to the Ikhaya Lethemba</td>
</tr>
<tr>
<td></td>
<td>• Took care of me in during the night</td>
</tr>
</tbody>
</table>
- The staff gave me support
- The staff comforted me and made me feel better
- I received food
- I was treated with respect and dignity
- They saved my life
- The staff listened to my problems, very attentively
- They were there for me in every way possible and still are
- I received professional counseling received
- The staff was helpful and supportive
- I was respected as a woman of victim of crime
- I was taken to shelter immediately
- Follow-up was done on my case
- The staff arranged everything for me and my kids
- I was assisted me in getting protection order
- I felt safe
- I was welcomed me with open arms
- I felt protected
- I was helped us a lot
- I received support
- It was a safe place to stay
- The staff was professional
- I was referred to other service providers
- They know how to treat victims
- They were professional and did not judge us as victims They do their job to protect human violence
- They helped me so much
- Everything went well
- Got support, and they were patient with us here
- Responded quickly and very caring
- The social workers are professional and have respect
- People are treated well
- They understand our situation
- People treated with respect and patiently
<table>
<thead>
<tr>
<th>Aspect</th>
<th>Victim comments about VECs/RVOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas of dissatisfaction</td>
<td>• The person that was helping me promised to do follow-ups, but never did it</td>
</tr>
<tr>
<td></td>
<td>• I received no counseling</td>
</tr>
<tr>
<td></td>
<td>• The VECs were taking the sides of the perpetrators</td>
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<tr>
<td></td>
<td>• Short staffed</td>
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<td></td>
<td>• Some staff do not take people seriously</td>
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<td></td>
<td>• They are never on time, because they need more staff and vehicles</td>
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<tr>
<td></td>
<td>• Discrimination against women and take the men’s side</td>
</tr>
<tr>
<td></td>
<td>• There was no one to talk to at the VEC or SAPS station</td>
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<tr>
<td></td>
<td>• The VEC/ SAPS staff protected the perpetrator instead of the victims.</td>
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<td></td>
<td>• Hiding information from us as victims</td>
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<td></td>
<td>• I do not trust the staff</td>
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<td></td>
<td>• I have problems again</td>
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<td></td>
<td>• They were not supportive enough</td>
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<tr>
<td>How to improve services</td>
<td>• Hiring more staff</td>
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<td></td>
<td>• Staff becoming more competent</td>
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<td></td>
<td>• More police vans</td>
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<td></td>
<td>• Must have a private room when reporting the crime of abuse</td>
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<td></td>
<td>• Need furniture</td>
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<td></td>
<td>• Become serious about victim’s problems</td>
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<tr>
<td></td>
<td>• They must learn not to judge victims</td>
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<tr>
<td></td>
<td>• They must learn to take matters seriously and do follow-ups</td>
</tr>
</tbody>
</table>

The views of the survivors were supported by the VEC/RVO staff members who gave diverse opinions on whether victims are satisfied or not in the way that the Centres have tried to support them.
Table 7.2. Staff perceptions on whether or not victims would be satisfied with services *(adapted from the GDCS Baseline Empowerment study 2010)*36

<table>
<thead>
<tr>
<th>Perceived reasons for victim satisfaction</th>
<th>Perceived reasons for victim dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Victims sometimes have a series of appointments at these centres, before being referred.</td>
<td>• Some SAPS staff members at the CSC’s apparently make jokes about victims, or tend to ignore the victims, or are even trying to undermine the work of the volunteers.</td>
</tr>
<tr>
<td>• Professional staff who listen to the victims.</td>
<td>• Poor training of volunteers.</td>
</tr>
<tr>
<td>• Social workers are doing adequate counselling among the victims and follow-ups.</td>
<td>• Improvement on volunteer assessments and referrals; and follow-ups are needed.</td>
</tr>
<tr>
<td>• The CSC and other staff at the SAPS reception areas are doing a good job, and there are usually female staff members on duty to handle sensitive cases.</td>
<td>• Long waiting periods at CSC for victims, as it takes sometimes hours before being attended to.</td>
</tr>
<tr>
<td>• The victims never complain, but talk positively in their neighbourhoods about the Centres.</td>
<td>• Lack of manpower, and non-availability of other professional service providers.</td>
</tr>
<tr>
<td>• Good referral system in place for victims.</td>
<td>• Lack of office resources, such as furniture.</td>
</tr>
<tr>
<td>• The problems of victims are usually sorted out by these Centres</td>
<td>• Lack of communication with victims, and lack of information material for victims.</td>
</tr>
<tr>
<td></td>
<td>• Lack of confidentiality of victim information.</td>
</tr>
</tbody>
</table>
| Like the survivors the staff felt that more could be done to increase client satisfaction levels and improve on the quality of services

Table 7.3: Staff identified areas of improvement *(adapted from the GDCS Baseline Empowerment study 2010)*36

<table>
<thead>
<tr>
<th>VECs/RVOs</th>
<th>Ikhaya Lethemba</th>
</tr>
</thead>
<tbody>
<tr>
<td>More manpower and professional staff was needed</td>
<td>Confidentiality levels</td>
</tr>
<tr>
<td>Communication between the VECs/RVOs and Ikhaya Lethemba should improve</td>
<td>Counseling</td>
</tr>
<tr>
<td>Physical resources at VECs/RVOs, such as trauma rooms, furniture, food, transport, telephones,</td>
<td>Improved referrals to applicable service providers</td>
</tr>
<tr>
<td>bedding and linen, and toys for children should be improved</td>
<td>Addressing some management rules of the Centre</td>
</tr>
<tr>
<td>Organisational functioning could be improved, through better functional structures, streamlined</td>
<td>The very important role of well-trained motivated social workers has also been highlighted in this regard</td>
</tr>
<tr>
<td>CSC referrals, victim safety, and staff motivation</td>
<td>Some service processes and quality thereof</td>
</tr>
<tr>
<td>Accessibility of services for victims (24/7) in terms of getting professional trauma support could be</td>
<td>Staff turnover, and lastly</td>
</tr>
<tr>
<td>improved</td>
<td>Avoiding secondary victimization</td>
</tr>
<tr>
<td>More materials were needed for victims</td>
<td></td>
</tr>
<tr>
<td>More rooms were needed and the privacy levels of victims should be increased</td>
<td></td>
</tr>
</tbody>
</table>

*Non-governmental shelters*
As part of the evaluating the response and support structures available for abused women, women’s experiences and perceptions of using places of safety following gender based violence in their lives were explored. Women were asked about their experiences as clients in these places and their views about services. Shelters used were Bienvenue, POWA and Beit Shalom; and Zimeleni Shelter for the Disabled. These were the few shelters that women visited, and their services and focus differed from one another. The Bienvenue mainly provided sleeping quarters for people in need, but did not cater for specific reasons leading to displaced persons. POWA is the basic standard that provides safety for women who are coming from abusive relationships. Beit Shalom focuses on providing spiritual growth as well as preparing women to overcome their abusive situations. The women became aware of places of safety from either, a friend, relative or neighbor whom they confided in about the abuse they were experiencing at the hands of their partners.

Asked about their choices to approach shelters it was evident that women chose to go to the shelter as they felt they had no other choice as they did not know who they could turn to. One of them said: “I did not know anyone else I could go to”. On the other hand, some women had alternative places they could have gone for refuge and safety, did not. One of them said that it was highly possible that her abusive husband could have gone to look for her at her parent’s house and follow through with his previous threats to harm them. Another woman explained that she needed a place where she could go for “self introspection because she did not want anybody to tell her what to do”. Another reason given was an effort to avoid conflict or “misunderstanding... (and) they would not have understood her moods and depression”.

The discussions indicated diversity of programmes. While one shelter may provide maximum counseling another shelter could be giving very little of that despite the need amongst the women housed at the shelter. Recall also played a part in how much of the positive or negative views women still had of shelters. For example, one woman mentioned that when she was in Beit Shalom, she only received one counseling session and there were not much activity. However, this is in contrast with what she describes in the questionnaire regarding the housemother training and creative skills she learnt while at this shelter. It is also possible that since she is now actively involved in running of a shelter as a housemother, she is comparing how she is rendering services at work compared to when she was a client in Beit Shalom.

**Identified gaps**
Stop Women Abuse Helpline
Since the inception of the National Stop Women Abuse Helpline in 1999 and the change of name to Stop Gender Violence Helpline in 2004, this support mechanism has provided an empowering counseling environment to GBV survivors by providing an anonymous, confidential and accessible service. Callers are given accurate and up to date gender-based violence information to facilitate a continuum of care by providing accurate referrals.

TABLE 1: CALL FLOW: STOP GENDER VIOLENCE HELPLINE

<table>
<thead>
<tr>
<th>Month</th>
<th>Overall Presented calls</th>
<th>% Change in Presented calls (from Previous month)</th>
<th>Answered calls</th>
<th>% of Answered calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2009</td>
<td>3402</td>
<td>37% decrease</td>
<td>2460</td>
<td>72%</td>
</tr>
<tr>
<td>May 2009</td>
<td>3392</td>
<td>3% decrease</td>
<td>2493</td>
<td>73%</td>
</tr>
<tr>
<td>June 2009</td>
<td>3047</td>
<td>10% decrease</td>
<td>2211</td>
<td>72%</td>
</tr>
<tr>
<td>July 2009</td>
<td>3435</td>
<td>12% increase</td>
<td>2638</td>
<td>73%</td>
</tr>
<tr>
<td>August 2009</td>
<td>3790</td>
<td>10% increase</td>
<td>2801</td>
<td>74%</td>
</tr>
<tr>
<td>September 2009</td>
<td>3928</td>
<td>4% increase</td>
<td>2738</td>
<td>69%</td>
</tr>
<tr>
<td>October 2009</td>
<td>4623</td>
<td>36% increase</td>
<td>2847</td>
<td>61%</td>
</tr>
<tr>
<td>November 2009</td>
<td>9514</td>
<td>106% increase</td>
<td>5673</td>
<td>59%</td>
</tr>
<tr>
<td>December 2009</td>
<td>14835</td>
<td>56% increase</td>
<td>9031</td>
<td>60%</td>
</tr>
<tr>
<td>January 2010</td>
<td>5804</td>
<td>61% decrease</td>
<td>3963</td>
<td>68%</td>
</tr>
<tr>
<td>February 2010</td>
<td>4853</td>
<td>16% decrease</td>
<td>3708</td>
<td>76%</td>
</tr>
<tr>
<td>March 2010</td>
<td>4515</td>
<td>7% decrease</td>
<td>3267</td>
<td>72%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>84437</td>
<td></td>
<td>57968</td>
<td></td>
</tr>
</tbody>
</table>

54% of the calls were for counselling services and 46% were referral calls
Prevention strategies as a way of responding to gender based violence involve taking practical initiative to stop people from experiencing abuse, whilst at a reactive level ensuring that if they have experienced abuse there is support to ensure that it does not happen again. This chapter explores some prevention initiatives from Gauteng.

**Figure 8.1. South African GBV prevention model developed by GL**

<table>
<thead>
<tr>
<th>Arenas for action</th>
<th>Communication for social change strategies</th>
<th>Measuring change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Society at large</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political leadership</td>
<td>Targeted messages</td>
<td>GBV mainstreamed into programmes</td>
</tr>
<tr>
<td>Criminal Justice System</td>
<td>Tough laws</td>
<td>Training for personnel</td>
</tr>
<tr>
<td>Media</td>
<td>Increased media coverage</td>
<td>More sensitive coverage</td>
</tr>
<tr>
<td>Sport</td>
<td>Individual sportspersons take up cause</td>
<td>Teams take up cause at big events</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>Mobilise community to create safe spaces.</td>
<td>Public education &amp; awareness campaigns</td>
</tr>
<tr>
<td>Traditional leadership</td>
<td>Training</td>
<td>Harmful practices</td>
</tr>
<tr>
<td>Schools</td>
<td>Increase security in schools</td>
<td>Challenging gender stereotypes</td>
</tr>
<tr>
<td>Religion</td>
<td>Spread the word</td>
<td>Review own practices</td>
</tr>
<tr>
<td><strong>Home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abusive men</td>
<td>Stop violence</td>
<td>Join the campaign</td>
</tr>
<tr>
<td>Abused woman or child</td>
<td>Shelter and temporary life skills</td>
<td>Secondary housing</td>
</tr>
</tbody>
</table>
**Political leadership**
For a national violence prevention strategy to be successful it has to be unified, coordinated and scientifically-informed, well resourced and directed across all clusters of society, government departments and civil society. Beyond just awareness creation, the United Nations (UN) has recommended as a strategy to address GBV, the need to demonstrate clear political commitment to ending it. The UN advises that high-level government officials should consistently and publicly denounce GBV and support necessary changes in community norms that influence GBV-related behaviors of boys and young men. This has however not been the case in South Africa during the study period as evidenced by only a marginal 4.8% prevalence of GBV in sampled political speeches.

**President speaks less about GBV**
A dissection of the president’s speeches in figure 8.8 shows that he is evidently not speaking often enough and in depth about GBV, with most of his speeches having a passing reference. Of the 118 speeches made by the president in the allotted time frame, only 5.93% mentioned GBV. These statistics are evidence of a considerable lack of leadership from the front in speaking about GBV and problematising the issue. It is however noteworthy that the president in his speeches managed to make the linkage between HIV and GBV. Of the 17 GBV related speeches Zuma made, 4 made reference to the link between GBV and HIV/AIDS.

The most mentioned reference by the president were ‘domestic violence’ and ‘gender violence and HIV’ as shown in Figure 8.9. It is notable that the president as a leader has managed to make the linkage between HIV and GBV. The domestic violence clause is consistent with the country’s national constitutional framework.

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Similarly former Minister of Women, Children and Persons with Disabilities, Ms. Noluthando Mayende-Sibiya whose mandate should have a vested interest in addressing GBV, also failed to sufficiently cover the issue of GBV, delivering only 8 of the GBV speeches.

**Minister of Women, Children and Persons with Disabilities speaks more widely about GBV**

The Minister of Women Children and Persons with Disabilities however covered more GBV topics in her speeches than the President. Figure 8.10 shows the frequency at which Mayende-Sibiya made reference to various GBV topics illustrating that she spoke most often about ‘gender violence and HIV’, ‘child abuse’ and ‘rape’.

These findings point to more engagement and addressing GBV at National level and in mandated portfolios as compared to the provincial level. In a time where government has decentralised to provincial level, functionaries at provincial voices ought to run with GBV on their agenda and make their voices count.
The ruling party speaks more of GBV

Figure 8.11 shows that there is disparity in reference to GBV by speakers from different political affiliations. The African National Congress (ANC) spoke more about GBV than any other party followed by the Democratic Alliance, which is the official opposition. Of the available speeches, the ANC spoke proportionately more about GBV than any other political party, at 61.1%. At 19.4% the Democratic Alliance (DA) came in second, followed by the Inkata Freedom Party (IFP) at 6.1%, the African Christian Democratic Party (ACDP) at 5.1%, the United Christian Democratic Party (UCP) at 4.1% and the Freedom Front Plus (FFP) at 1%. Although Speeches were identified for the United Democratic Movement (UDM), none mentioned GBV; it is for this reason that the UDM is not represented in figure five. Speeches by the Pan-African Congress (PAC), Minority Front (MF) and the Congress of the People (COPE) parliamentarians were not obtainable from the GCIS and their official websites and therefore were not analysed in this study. These findings can however explained by the difference in proportions of representation of the different political parties in government. It is only congruent that the ANC, as the ruling party, would have more political functionaries in key political positions and ultimately speaking about GBV.

The ANC the only party that has included gender based violence in its manifesto stating that it intends to “upscale the prevention for Mother to Child transmission of HIV to 95 % in all districts, to combat violence and crimes against women and children by increasing the capacity of the criminal justice system to deal with such violence and to vigorously implement broad based economic empowerment and affirmative action policies and adjust them to ensure that they benefit more broad sections of the South African People”. This shows a degree of gender mainstreaming in the party’s thrust

Although current political discourses on gender-based violence could be indicted as being just rhetorical, their impact should not be underestimated. Many citizens potentially take their cues from the concepts and words passed on by politicians in public speeches and appearances. From that point of view, they can be part of a wider strategy to conceptualise and disseminate shared social values. On the other hand, political discourses can also be used as a strategic public awareness and accountability tool for civil society.
Violence against women and children rhetoric

As noted in figure 8.12, the frame of reference most commonly used when addressing issues around GBV was ‘violence against women and children’ at 58.8%, with the preferred frame of reference, ‘gender-based violence’, being used in only 25% of instances. It should also be noted that where President Zuma and Deputy President Motlanthe did mention frames of reference of GBV, they both alternated between ‘Gender-Based Violence’ and ‘violence against women and children’. As evident in 39 speeches functionaries more often identified the survivors of GBV as ‘women and children’ than any other. This is illustrated by Mayende-Sibiya who in her speech; 16 Days of Activism Debate Media: Part of the Problem or Part of The Solution? Stated, “We are trying to mobilize as many partners as possible to ensure that we reduce the rampant cases of abuse of women and children in our society”. In 3 speeches, functionaries identified only children as survivors of GBV, while women were identified as survivors in only 11 speeches. Even where the correct frame of reference- ‘gender-based violence’- was used, functionaries failed to identify men as survivors of GBV.

Although the option to identify survivors as ‘women, children and persons with disabilities’ was not an option given in this study, it should be noted that it was referenced in 3 of the speeches. This is most likely a direct result of the amalgamation of these groups by the Ministry of Women, Children and Persons with Disabilities, the dangers of this superseding that of the grouping of women and children. Government lumped together of these groups as vulnerable hence the formation of ministry mandated at addressing “women, children and people with disabilities”. Such framing should however be seen as problematic as the issues and needs of women and children, vulnerable as they are, are not the same.
Rape and child sexual abuse was the most mentioned form of GBV in the speeches constituting 14.7% each of the speeches as shown in figure 11. This is not surprising given the high prevalence of rape cases in South Africa and its association to the dreadful incurable killer HIV virus that has claimed many lives. Despite the holistic definition of GBV outlined in this study, non-physical violence and abuse were not as commonly noted by functionaries as physical and sexual violence and abuse. Emotional abuse, for example was addressed in only 1.3% of speeches, and psychological violence in 1.7% of speeches. Combined non-physical violence/abuse made up only 7.6% (combining emotional abuse, psychological violence, maintenance/economic violence and sexual harassment).
Extent references backed by police statistics

Most of the references to extent of GBV were statistical figures as shown in Figure 8.14. Where statistics were used to express extent, they were more often than not sourced from statistics by the South African Police Service (SAPS). By referencing police statistics only in their speeches and not referring to the huge underreporting there is a possibility that political functionaries are not fully problematising the full extent of GBV and are also conveying only a tip of the iceberg to citizens. One example of this being DA leader Helen Zille who, in her speech entitled “Where is the Minister of Women, Children and Persons with Disabilities?” noted; “In a 16 day period, 144 women and children will be murdered, 2200 will be raped and sexually abused. And nearly 7900 will be physically assaulted”.

Ecological model conceptualisation of GBV causes

Causes of GBV in this study were to be located either with the individual, the community, society or other as shown in figure 8.15. Interestingly most of the causes of GBV were located in the societal domain. This is almost comparable to the findings of the survey that showed societal attitudes that could potentially perpetuate or condone GBV. How these attitudes could necessarily lead to abusive behaviour is subject to other discussions. It is however noteworthy
that in locating causes of GBV in society, functionaries indicate an acknowledgement of the structural nature of GBV, speaking to the need to redress social and cultural norms that affirm or support GBV.

**Little reference to potential effects of GBV**

As illustrated in figure 8.16, only 23.2% of speeches made reference to potential effects of GBV on survivors. One of these speeches was the budget vote speech to the National Council of Provinces by the Deputy Minister of Social Development, Bathabile Dlamini’s in which she made mention of effects of GBV, specifically the ‘negative effects on women’s reproductive health, contracting HIV and other, stating:

“While we focus on prevention, we should equally ensure that those affected receive the necessary support. If we can deal with this problem successfully, we will simultaneously address associated problems such as crime, unwanted pregnancies, and HIV infections.”
HIV/AIDS is the main effect referred to

Figure 8.17 shows that of the speeches that mentioned effects of GBV, as in the speech by Minister Dlamini, 28.6% noted contracting HIV as a potential effect. It is encouraging that functionaries are making the connection between GBV and HIV because it indicates that there is recognition that addressing GBV will have positive knock-on effects, more specifically, that in addressing and decreasing the prevalence of GBV, HIV infection rate will potentially be reduced. The second most noted effects, both at 14.3%, were, ‘negative effects on women’s reproductive health’ and ‘physical health and wellbeing’. Although mental health was only referenced in 5.7% of speeches it is indicative of the understanding of some functionaries of the linkage between experiencing GBV and mental ill health.

Figure 8.17 also indicates that functionaries are not affording enough attention to the financial cost of GBV at micro levels yet in reality victims often have to go for days off work and at times relocate as they flee from their abusers. It may also be because of the general thinking that victims are accessing “free” or heavily subsidised services and thus are not having much out of the pocket expenses. According to the findings, macro financial costs were addressed in 11.4% of cases and micro financial costs in only 2.9% of speeches.
Response

Survivors mostly encouraged to report to the police

The most common action proposed, as outlined in figure 26, was to speak out to the police. This is an encouraging finding given prevalence of underreporting of GBV to police. Despite calls by political leaders for survivors to report to the police, there is still a huge gap between women that get abused and those that report to police. Only 3.9% of the women who participated in the prevalence and attitudes survey that were raped reported to the police. Others who did not report to the police had shared their experience with family or friends. Although efforts are made to encourage reporting the police, leaders who can influence change in the criminal justice system should put more effort at increasing effectiveness and restoring the public’s confidence in the system. Failure of the system to convict criminals and the possibility of secondary revictimization often keeps people from reporting crime.

The 365 day national action plan is the most commonly referred integrated approach

34% of speeches made mention of integrated approaches as shown in figure 40. For the purpose of this study, integrated approaches refer to the multiple approaches to addressing GBV, or the integration of support, response and prevention approaches. Minister of Social Development Edna Molewa addressed integrated approaches in her keynote address delivered at the Ambassadorial Forum, noting benefits of One Stop Centres for survivors of violence.
Figure 8.22 shows that of the speeches that noted integrated approaches, national action plans at 28.2% and intergovernmental approached, at 23.1%, received the most amount of attention. Thuthuzela case centers were only mentioned in 10.3% of instances. Other strategies were mentioned in 38.8% of instances. President Zuma in his address at the Closing Ceremony of the 16 Days of Activists Campaign made mention of the "17 Thuthuzela Care Centres established across the country in communities with high incidents of sexual violence... (providing) health and welfare services (including a) process for effective reporting and prosecution of offences in a dignified and caring environment by qualified personnel"
Financial commitments hardly feature

Only 1% of identified speeches made reference to financial commitments to addressing GBV, perhaps indicative of the aforementioned unknown cost of GBV at the macro and micro levels.

Cabinet ministers made the most reference to commitment to ending GBV at 34.5%, followed by cabinet deputy ministers at 15.5%, party functionaries and shadow Ministers at 12.1% each, Provincial MECs at 8.6%, and Members of Parliament at 3.5%. It is worthy of note that speeches by President Zuma only accounted for 1.7% of speeches that mention commitment to ending GBV (Figure 20), fewer speeches than the Deputy President Motlanthe (5.2%) and Mayende-Siyiba (8.6%).
GBV Support

Places of safety and police top support services

The most commonly referred to response and support structures were places of safety and the police as shown by figure 8.22. The major challenge faced by abused women in accessing places of safety are however not canvassed in speeches. Some places of safety do not accommodate children of the abused making it difficult for women to choose them over their children. Moving to these places has also proved to be costly to women who have had to leave their valuables and in some cases their source of living and employment. Places of safety are also temporary accommodation and duration of stay is usually prescribed.

Health and counselling services were also part of the support structures referred to. An example is the speech made by Minister of Health Dr. Aaron Motsoaledi at the Outline of the National HIV Counselling and Testing (HCT) Campaign in which he referred to a plan that was in place, for among other things, "post exposure prophylaxis for rape survivors at all health facilities".

Female functionaries were more inclined to encourage support from police and shelters or places of safety where as men were more inclined to encourage support from integrated crisis services like Thuthuzela Centres. This difference could be attributed to whichever option they considered more helpful or general awareness and reference to existing support structures or organisations. Both male and female functionaries placed minimal focus on survivors seeking support from traditional leaders, community or family, social and psychological rehabilitation,
and economic empowerment. There should be a drive by political leaders to mobilise for family and community support given that the survey findings show abused women not reporting to the conventional support structures they are recommending but instead turning to their families. Most sexually abused women have also not spoken out of fear of being blamed or stigmatised by their communities. Abused women who spoke out about their experiences in the survey reported being victimised by their communities. Current community attitudes are not as supportive to victims/survivors of abuse

**Prevention**

*Campaigns and legislation top prevention strategies*

Figure 8.23 indicates that where women were more inclined to emphasize events and campaigns to end GBV and less inclined to consider events and protests against GBV, male functionaries on the other hand referred more to legislative measures. Both men and women failed to recognize the role of media as a prevention tool in addressing GBV.

![Figure 8.23: Prevention measures mentioned by women and men](image-url)
Unfriendly police, cultural norms and lack of implementation of legislation major challenges in addressing GBV

Ineffective or unfriendly police (12 speeches), cultural beliefs that support or are cultural justifications of GBV (8 speeches), and a lack of implementation of legislation addressing GBV (5 speeches) were among the most common cited areas of concern.

The political discourse analysis study findings indicate that politicians are not speaking frequently enough about GBV. Where GBV is mentioned, it is often in the context of other issues and rarely is the main topic of the speech. Given the fact that when GBV is mentioned and found to be the main topic of speeches, more often than not, this occurs either on or in direct reference to either the 16 Days of Activism Campaign or days commemorating women and/or children. This suggests that functionaries are addressing GBV during certain times not because they are committed to ending GBV, but because they are obliged to show support. It was also found that speeches given around the 16 days campaign by the same functionary tended to be very similar, with often little more than a date change. This is a disheartening find, making it evident that that GBV is not a priority for most functionaries.

The conceptualization of GBV by functionaries also raises concern. Rarely is GBV considered holistically, and instead is covered often superficially within a narrow framework that identifies men as perpetrators and women and children as victims. Functionaries need to start actively engaging with issues around GBV, including less popularized aspects like same sex violence and hate crimes against homosexuals as well as addressing GBV topics, such as non-physical and economic forms of abuse and violence more often. Functionaries should also consider the benefits of delinking violence perpetrated against women with violence perpetrated against children.

The way in which GBV is conceptualized speaks to how it is addressed and the strategies best suited to addressing the problem. Consequently concern is raised over the way in which functionaries conceptualize GBV because of the impact this may have on the response, support and more importantly, prevention strategies necessary to address GBV.

The same concern is raised in regards to what functionaries understand to be the causes and effects of GBV. According to the findings of the political discourse analysis, functionaries are
failing to consider all variables. One could argue that this suggests that functionaries themselves have limited understanding of the multifaceted components that compose GBV in the country. For example, of the effects noted by functionaries the emotional, psychological and financial effects on the survivor were often not considered, despite the fact that these are effects often left behind long after the perpetration of violence. What this translates to is functionaries conveying limited information about GBV to the public.

The commitment made by functionaries to addressing GBV also leaves a lot to be desired. Although functionaries are making commitment to ending GBV, not enough responsibility is being taken by the state in doing so.

As outlined in this study indicates that GBV is not an area of real priority. The general lack of attention given to the issue and the lack of detail in speeches given by politicians portrays a general lack of engagement.

The findings should encourage key political figures to speak more frequently about GBV. However before doing so, these key functionaries must gain a better more holistic understanding of the issues surrounding GBV in the country. If political discourse is to positively contribute to the goal of ending GBV in South Africa, it is important that political functionaries be deliberate and calculating in determining how they address GBV. Functionaries should also consider in earnest embarking on a 356 day campaign against gender violence.

**Gender discourse**

The extent to which gender violence features in political discussions/debates/ campaigns in South Africa is very small as most debates tend to focus on responses on what other politicians have said about their female political counterparts. An example was the debate around ANCYL Julius Malema and his sexist comments on Helen Zille and before then his comments on the behaviour of the woman who lodged a rape case against current President of South Africa, Jacob Zuma. The comments elicited a lot of debate, but for many the focus of these debates was seldom on the implication of these comments and sentiments for the fight against gender based violence, which remains a serious scourge in South Africa but on the politicians who said them. During the period leading up to the April 2009 elections, GBV only featured during the one debate that was on gender and the elections. This is part of the misinterpretation of GBV as being only a women’s issue.

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**Leadership from the front?**

*Public perceptions about Zuma’s lifestyle*

President Jacob Zuma, as the person holding the highest office, should be the most influential political figure in South Africa. There is thus a higher expectation and a greater amount of responsibility placed on the State President than on any other functionary to show by his statements and accompanying appropriate lifestyle a commitment to address GBV. What Zuma says, but more importantly in this case, what he does thus becomes worthy of public scrutiny. It is for this reason that his speeches have been singled out time and again during the political discourse analysis, and for this reason that The President finds himself as the subject of the following case study.

**Case study 2: Polygamy and Promiscuity – President Jacob Zuma**

The practice of polygamy; where men take on more than one wife, is common place in many cultures around the globe. In the South African context polygamy as a Zulu cultural practice has
received a great deal of attention in the media over the past few years owing to the fact that President Jacob Zuma, a self professed polygamist, has been married 5 times. Currently, Zuma has 3 wives, wife, Kate Mantsho Zuma, committed suicide in 2000 and wife and ex-cabinet minister Nkosazana Dlamini-Zuma divorced him in 2008. Zuma also has two finances, Swazi Princess Sebentile Dlamini, and Gloria Bongekile Ngama. Alongside his polygamy Zuma has also engaged in sexual relationships outside of marriage. He has confirmed fathering Gloria Nongekile Ngama’s child in 2005, and fathering his 20th child with Sonono Khoza. Zuma was also acquitted 2006 of rape charges after engaging in a sexual relationship with the daughter of a family friend.

The issues around Zuma’s polygamy and promiscuity have received wide spread media coverage both locally and internationally, placing the cultural practice of polygamy under the spotlight. Polygamy is a practice that often brings into question the rights and empowerment of women and the inequity that patriarchal practices like polygamy encourage. The issue of promiscuity is highlighted alongside polygamy in this instance because Zuma has engaged in both and has called on culture to justify his actions.

Public perception:
Polygamy was only perceived acceptable in specific circumstances when all parties involved played an active role in making the decision to engage in polygamous relationships. However the majority of participants felt that monogamy was by far the safer option. There was however a gender difference in these perceptions. Male participants were more approving than women on the issue of polygamy.

Although none of the participants felt they were influenced to be more promiscuous as a result of Zuma’s statements, many participants did note that it was dangerous for a political figure like the president to not only act in the way he had, but to justify his actions. The youth were noted as being the group most likely to be influenced by a President, who one participant suggested, justified and glorified promiscuity.

GBV Training

Police officer training
A major improvement in the criminal justice system has been the training of police on gender issues, with the aim of improving attitudes and alleviating the secondary victimization that often occurred when victims of GBV and especially rape reported at the police stations (ref). SAPS has put in place a number of short-term courses on gender-based violence for its members namely “First Responders to Sexual Offences Learning Programme (2008)”; “Sexual Offences Course for Investigating Officers”; “Domestic Violence Learning Programme” and “Family Violence, Child Protection and Sexual Offences Learning Programme”, which consists of a four week residential training. SAPS have developed training materials around the Sexual Offences Act aimed at first responders’ personnel. This includes for instance, “the SAPS emergency responses” and “Police at community service centres”.

Health personnel training
Training of medical practitioners needs to cover all forms of gender violence and their health consequences. These strides were implemented through the development of curricula for
gender screening at the initial consultation in clinics and hospitals, *Vezimfihlo* 29. *Vezimfihlo*! is a training program whose aim is to equip counsellors who work in VCT settings to address gender issues, particularly gender-based violence. The programme gives an overview of gender-based violence as a public health concern. Health workers are trained to identify, consult and on appropriate communication and response skills which help them to improve services for abused patients. Under this programme counsellors are encouraged to provide care in a way that maximizes protection for women and assists in processes that encourage men to test, including couple counseling.

There has been a recommendation for a comprehensive client-centred health sector response to gender-based violence to enable provision of high quality care even in rural area. 30 Improvements in medico-legal practices and services related to rape and sexual assault can lead to higher conviction rates, particularly documentation of injuries. 31

**Media training**

A review was conducted on the work done by Gender Links (GL) with the mainstream media in South Africa on improving the quantity and quality of coverage of gender violence over the last seven years. As illustrated in the Figure 8.21, key elements of the GL strategy are as follows:

- Working directly with the mainstream media, through research, training, developing gender policies, continuous engagement, and providing useful links, contacts etc.
- Working with gender activists to develop strategic communication skills and package their issues more effectively to ensure media coverage.
- Providing bridging services between activists and the mainstream media through the Opinion and Commentary service, especially working with survivors of gender violence to tell their own stories, providing content that is often difficult for the media to access due to lack of trust, time and skills constraints.
- Using IT to maximise impact, build skills and capacity.

**Training for traditional leaders**

Despite having little understanding of the concept of domestic violence, traditional leaders play a particularly important role and oversee the traditional justice systems and structures which, in

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29 *Vezimfihlo*, an IsiXhosa term meaning “reveal the secret.
30 SAGBVI, 2001
31 Jewkes, Christofides, Vetten, Jina, Sigsworth, et al., 2009
rural areas, continue to be used more regularly than the formal criminal justice system. Project Ndabezitha is a national project which has been rolled out in all provinces in the rural areas. The project acknowledges the specific experiences of rural women and the role of traditional leaders in addressing gender violence in their communities. It began after a realisation that interventions to prevent or respond to gender violence are minimal in rural areas especially in terms of public awareness, training and victim-support service provision.

Project Ndabezitha, a partnership between the Department of Justice, the National Prosecuting Authority (NPA) and the National House of Traditional Leaders (NHTL) was launched in 2004 aims to train traditional leaders in rural areas to mediate in domestic violence cases. This initiative also makes it possible to create a referral system between traditional leaders and prosecutors because in rural areas it is often traditional leaders who are the entry-point into the criminal justice system.

<table>
<thead>
<tr>
<th>Traditional leaders speak out</th>
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<tbody>
<tr>
<td>In interviews for this research, traditional leaders involved in Ndabezitha attested to the importance of this approach:</td>
</tr>
<tr>
<td>“The programme is excellent because it is reminding us of things that we sometimes forget, like the values that have been lost. It has (also) shifted my mindset a lot. I understand the Domestic Violence Act better now especially the provisions that I was not aware of. For example I did not know that one can obtain a Protection Order (which prevents violence from reoccurring if order is upheld). The fact that there were going to be certificates issued made us happy. Project Ndabezitha will definitely have an impact on my community because if one has information they become equipped. Now we can spread the word that domestic violence is a crime and one can be reprimanded by the law. A lot of people in South Africa do not know about the Act and only become aware of it when they get into trouble. Now every committee meeting I hold I am going to tell them about the Act. When people come to me to report family matters I will be able to point them that it is wrong and that will lead to prevention (secondary prevention).” Chief Tshabalala, Durban.</td>
</tr>
<tr>
<td>“Levels of reporting of gender violence are low in my community despite the higher level of incidence. However the family or victim in which it is happening may not be aware that it is gender violence. This could be because culture makes it difficult for people to understand GBV bringing in the antagonism between customary law versus statutory law. For example if a husband demands his food to be served by wife and she responds by saying that she is tired it could cause friction and eventual abuse of the woman by the man. This is despite that everyone has rights including to feel tired. Project Ndabezitha encourages confidence as a traditional leader. I can now differentiate between customary law and statutory law as well as respect for women’s rights. It was not clear to me that if you force your wife to do something it is actually abuse. Traditional leaders will now be able to go and teach traditional councillors hence a multiplier effect.” Chief Mboneni Mjoli, Durban</td>
</tr>
</tbody>
</table>

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Project Ndabezitha is being rolled out in phases. The first phase which has been completed entails conducting a Domestic Violence training of trainers on domestic violence using a Unit Standard manual. These trainers comprise selected traditional chiefs and prosecutors who will in turn train other leaders to facilitate sessions on domestic violence.33

The second phase involves building capacity for traditional leadership and prosecutors to be able to conduct Victim Offender Mediation Services as a way of promoting secondary violence prevention through restorative justice. It targets first time offenders and puts them through a programme to prevent reoffending. Through this intensive skills programme, the traditional leaders will acquire knowledge and understanding as to who does what, when and how in the justice value chain when managing cases of domestic violence from the restorative justice perspective. It recognises the critical importance of harmonising the retributive justice system and restorative justice system.31

The project is worth ensuring that it is sustainable in that it targets traditional leaders who are role models and respected in rural areas. It promotes community participation and emphasises the complementarities of traditional and constitutional legal systems. The project is helping to deal with the operational problems experienced in the criminal justice system especially in dealing with domestic violence which is usually deemed as a private matter31.

Training for faith based organisations

Because religious structures tend to reinforce patriarchal values there is great need to bring them on board in a meaningful way. It is significant that Hope World Wide, one of the few religious networks involved in preventing GBV, is a global rather than local network. Clearly, far more work needs to be done with religious organisations.

Overarching campaign

'We will strengthen and place far greater emphasis on prevention through forging effective partnerships with all stakeholders, including schools, parents associations, community based organisations, the media, local government, traditional and religious leaders and the private sector; as well as develop criteria for monitoring the effectiveness of such campaigns’ - Kopanong Declaration, 365 Days of Action to End Gender Violence, May 2006

Prevention strategies can either be a proactive stance to stop people from ever experiencing, or reactive measures to ensure that there is no revictimization. Violence prevention programmes therefore need to be holistic and build on evidence targeting those at risk (primary prevention) or those who have been victims or offenders in order to reduce re-victimisation or re-offending (secondary prevention).
Annual 16 Days of Activism campaign on No Violence against Women and Children

Since the launch of the international 16 Days of Activism Campaign for no Violence against Women and Children Campaign in 1999 the South African Government has run an annual parallel campaign that includes issues relating to violence against children. This takes place annually from the 25th November (International Day of No Violence against Women) to the 10th December (International Human Rights Day).

During the annual 16 days of activism, communities, policy makers, law enforcers, politicians, members of government, civil society speak in unison about the extent of the scourge, the interventions and the shortcomings regarding these. The one thing that the campaign has done is to set period of time to focus the nation on this scourge of society. The impact of the 16 Days of Activism against Women and Child Abuse is a question that gets asked every time during the campaign. At 11 years since its inception the 16 Days of Activism Campaign for no Violence against Women and Children Campaign is the main social mobilization tool against the prevalence of acts of abuse against women and children in South Africa. A 2008 GCIS tracker study reported that it was the second most known government event in South Africa, after the State of the Nation Address (GCIS Tracker Survey:2008).

Other notable successes of the campaign have been:

- Growth in public awareness of the campaign and its messages, (Average Awareness Over 12 Month Period (~ annual average), a) 2003 – 16%, b) 2005 – 26%, c) 2006 – 33%, d) 2007 – 30%, (GCIS Tracker, 2008),
- Growth in 16 Days Campaign activities at provincial and local government spheres, coupled by active participation by communities
- Commitment by government in partnership with NGOs to fight the scourge 365 Days of the year. This commitment has resulted in the development of the 365 Days National Action Plan against Gender Based Violence.
- Consistent participation by government sector departments, provincial governments, civil society, the South African Police Services, religious formations, the media, and South African Business.

Men and women recruited in the prevalence and attitudes survey were asked about their knowledge of the 16 day campaign to end violence against women and about the messages that they were most familiar with.
Figure 8.5 shows that a high proportion of women and men interviewed in this study are aware of the 16days campaign. However more men are aware of the campaign than women. These findings show a remarkable rise in awareness of the campaign compared to the GCIS 2008 Tracker study. According to a study done by the Government Communication and Information System in 2007, 33 percent of South Africans were aware of the 16 Days campaign, compared to 16 percent in 2003 (www.joburg.org.za).

Despite the many successes of the campaign there is need for improved co-ordination among civil society organizations – and amongst civil society and government in the development and implementation of communication strategies. The more civil societies partner with governments, the more opportunities avail themselves for a sharing of best practices for the eradication of violence against women and children. This provides an opportunity for local, national and international partnerships.

Participants in the survey were most familiar with the 2009 national government launched 2009 “Don’t look away, act against abuse” campaign which focused on generating an increased awareness of the negative impact of violence on women and children as well as society as a whole.
Figure 8.6 “Do not look away, act against abuse” slogan tops the most familiar message by men and women

Participants were also asked about their main source of campaign knowledge.

Figure 8.7 TV is the main source of GBV campaigns knowledge by men and women

Figure 8.7 shows that TV constitutes the main source of campaign knowledge for both men and women.
Public awareness campaigns

Lack of programmes for men and boys

There is still a lack of programmes for boys and men on gender-based violence prevention and communication/negotiation skills developed and funded by the national government. Despite this, there are a growing number of civil society programmes targeted at men.

Understanding the relationship between prevention, response and support.

While the focus is on primary prevention, the model through the NAP emphasises that good response and support mechanisms should also contribute to prevention. There are a number of methods recommended to prevent gender-based violence. Prior to the SADC Gender and Development Protocol, South Africa had made advances through the development of a 365 Days Action Plan to end Violence against Women and children. The plan is an expansion of the efforts observed in the 16 days of activism against violence against women; and came about through multi-sectoral partnerships between government and civil society organizations.

The key focal areas of implementation include legal, social, economic, cultural, political services; awareness, education and training; integrated approaches and budgetary allocations. For example, tough laws and their implementation should serve as a deterrent to GBV. Shelters should not only provide temporary refuge but empower women to leave abusive relationships, thus preventing secondary victimisation. Working in unison, prevention, response and support strategies can both reduce and GBV, and ensure redress for those affected.

Stepping up targeted primary prevention interventions at three key levels:

Apart from the public awareness campaigns, initiatives to empower abused women should also seek to change the way that their families, communities and society address GBV and vice versa.

Media

“The only way to deal with rape in this country is to get it out there.” SABC reporter Sandy McCowen

The media is a powerful tool to achieve this because in addition to reflecting and reporting on society, media has the potential to shape public opinions and perceptions. The media calls attention to social issues and problems, and can serve to hold leaders accountable to citizens, reminding them of promises and taking them to task when they fail to deliver. In the same manner the media plays an important role in reducing the levels of GBV by covering stories that encourage prevention and ensuring that the voices of survivors of violence are heard.

Soul City Institute for Health and Development Communication (SC IHDC) is a social change project seeking to make an impact at the individual, community and socio-political level. It is an NGO established in 1992 with a view to promoting health from a holistic standpoint, based on advocacy through “edutainment” defined as ‘the art of integrating social issues into popular and high quality entertainment formats, based on a thorough research process’.
IHDC is accessible at different levels, and powerfully persuasive as it is rooted in community experiences, as well as successfully responding to complex social and health issues. The information provided impacts on social norms, attitudes and practices, aimed at the individual, community and socio-political environment. Violence prevention and children’s life skills development are some of the key areas of focus.

- Ensure through these campaigns and media publicity that politicians are put under the spotlight and make gender violence a political priority.

Although the media does not have a prevention agenda per se, heightened awareness of the issues is a prerequisite for all prevention strategies. GL works with media organisations to cement gender awareness and sensitivity into institutional practice through developing gender policies.

**Research**

The findings of the Gender and Media Progress research study\(^{36}\) conducted by GL shows a qualitative improvement in coverage of GBV, especially during the Sixteen Days of Activism. Increased sensitivity by the media in way gender violence is reported reduces the secondary victimisation that can often occur through callous reporting.

- There is a marked improvement in media awareness and coverage of GBV particularly during the Sixteen Days of Activism. Increased sensitivity by the media in way gender violence is reported reduces the secondary victimisation that can often occur through callous reporting.

- GBV and stories that mentioned GBV accounted for only 3% of all the topics covered (Figure 8.22). This is reflective of GBV being perceived as a relatively minor compared to other kinds of crime. It must however be noted that certain forms of GBV get much higher coverage, e.g. sexual assault. Rape coverage at 24% constitutes the highest proportion of coverage on GBV, followed by child abuse (18%) and domestic violence (12%).

- Men speak for women even on issues that affect them most intimately. This is shown by women making up only 24% of sources in stories about or that mention GBV.

- Much of the source information is from the courts resulting in a heavy male

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\(^{36}\) GL Gender and Media Progress research study:

![Figure 8.22. Proportion of GBV stories vs other stories – in the media](file://C:/Users/YourName/Documents/Gender%20and%20Media%20Progress%20research%20study/GBV%20stories%20vs%20other%20stories%20-%20in%20the%20media.png)
bias because most reporters are male. The voices of those affected are not heard. Women that experienced GBV only constitute 15% of those who speak on GBV. In such instances the experiences of women are often trivialised or covered insensitively, for example in the use of images, names etc. that could lead to secondary victimisation. Women are often blamed portrayed as victims rather than survivors. There is a tendency to sensationalise or exonerate the perpetrators.

The above findings of the GMPS study in South Africa make it clear that initiatives such as the "I" Stories, which facilitate these unheard views and voices to occupy places in mainstream media, can be a powerful strategy to tackle social exclusion.

Improvement in media coverage of GBV
The media’s attitude and approach towards coverage of gender violence is work in progress. GL as an organization that tackles any manifestation of gender inequality and bias in the media, has been actively engaging with the media in terms of how best to cover gender based violence stories and delivering coverage that is informative, respectful, substantive and is gender balanced. Through different initiatives such as training, seminars and debates, amongst others, GL has brought the media on board and has involved it in a broader societal dialogue about these issues. The outcome has been a much more empowered media that makes fair, balanced and fair and gender sensitive reports as shown by Germina Setschedi’s story appeared in the Mail and Guardian

Training the media to cover GBV is still led by civil society organizations such as GL and there is little input at the media house level. Media houses are encouraged to take initiative and integrate this training into their own in-house training programmes so as to institutionalize the teaching of this theme.

Identifying approaches and strategies that work, based on communication for social change theories and using these in the design of future interventions.

Developing more effective monitoring and evaluation tools
One of the challenges that arise from the SADC protocol target to halve GBV is the absence of baseline data to use as a comparison in monitoring, the impact of all initiatives. Although the NAP sets a target towards developing indicators and tools and to have baseline data for effective impact assessment, the South African government has not yet conducted studies to measure the extent and prevalence of gender-based violence, in order to have a baseline against which to assess the impact of its interventions to halve violence by 2015. GL and MRC in conducting this research seeks to bridge this research gap.

It is noteworthy that up to now most of the programme statistics are outputs rather than outcomes. Ultimately, prevention campaigns must be able to demonstrate that their impact moves beyond information and awareness to create knowledge, wisdom and behaviour change. This in turn should lead to a quantifiable reduction in GBV.

In light of this it is imperative that context specific research is carried out and tools developed for the purpose of monitoring and evaluating programmes as well as informing the different
indicators referred to in Annex 1. There is need for government to commit to such initiative and fund research that regularly informs on different aspects of GBV

**Segmentation**
CHAPTER NINE: INTEGRATED APPROACHES

The integrated, multi-sectoral approach of government in addressing violence against women includes some of the following measures:

- The 365 Days National Plan of Action to end Gender Based Violence
- The involvement of men and boys as partners in fighting violence against women and in changing attitudes and the behaviour of boys and men
- The establishment of the Equality Courts and dedicated Sexual Offences Courts
- The Victim Empowerment programmes and the Thuthuzela care Centres where victims have access to services such as the police, counseling, doctors, court preparation and prosecution.
- The development of a Local Government Gender Policy Framework

365 days National Action Plan to End Violence against Women and Children (NAP)

“We will strengthen and place far greater emphasis on prevention through forging effective partnerships with all stakeholders, including schools, parents associations, community based organisations, the media, local government, traditional and religious leaders and the private sector; as well as develop criteria for monitoring the effectiveness of such campaigns” - Kopanong Declaration, 365 Days of Action to End Gender Violence, May 2006

From 3-5 May 2006, 264 delegates gathered at a conference in Benoni, Johannesburg to develop a plan of action to address the high levels of violence against women and children in South Africa. The conference agreed on the need to deepen and strengthen the activism to end gender violence and to extend the 16 Days of Activism to 365 days of action. Two outcome documents from this conference are the Kopanong Declaration (see Annex 3) and the National Action Plan to End Violence Against Women and Children (NAP) which proposed a set of targets, indicators and timeframes through which monitor the impact of interventions addressing violence against women and children (by both government and civil society). Although the plan was drafted and agreed upon at the Kopanong meeting, 3 years from its official launch, proper implementation of the plan is still not tangible. Major setbacks with implementation mainly include the allocation of resources for implementation given that when the plan was launched there was no budgetary vote for it. Other limitations have been the level of civil society engagement and the lack of a sound monitoring and evaluation strategy for the plan.

The most significant development to date around the NAP at a government level could be cited as the set up of a Secretariat for the NAP at the NPA SOCA Unit. However, there have been budgetary constraints rendering the unit not entirely effective. On the other hand, the split of GBV related interventions to different government departments - for example the set up of the Ministry of Women - makes it more difficult to deal with the issues. As pointed out earlier, one notable setback has been the lack of cohesion between government and civil society.
As of 2010 there have been efforts to revive the NAP and stakeholder meetings have been convened by GL with provincial consultations in line. These consultative processes will be useful in assessing the implementation of the NAP and map a way forward at provincial level. Through these meetings civil society priorities to be included in the updated NAP have and will be identified. Means of engaging civil society in the review and implementation of the NAP will also be explored. The localisation of these plans is also part of the agenda.

**Localising the NAP**

Little is known about the existence of a localized province specific action plan for Gauteng. However in her 2010 state of the province address, the premier Nomvula Mokonyane, pledged to continue to rollout localised victim support services in line with the Ikhaya Lethemba model, making them more accessible to women and children in need. She also alluded to providing and ensuring the effective functioning of the 134 victim empowerment centres across the province.37

**The NPA’s Thuthuzela Care Centres**

One of the progressive measures to addressing sexual violence is the integrated approach to prevention, service provision, and support of rape victims through the *Thuthuzela*38 Care Centres (TCCs). TCC’s are one-stop facilities for managing sexual assault cases and were introduced as part of South Africa’s national anti-rape strategy. The facilities are aimed at reducing secondary trauma for the victim, improving conviction rates and reducing the cycle time for finalising cases at the court level (NPA, 2010). These centres are in operation in public hospitals in communities and ten facilities are operational in six of the nine provinces in South Africa, four based in Gauteng province. A range of essential services are available – from emergency medical care to counsel to court preparation – in a holistic, integrated and victim-friendly manner. The *Thuthuzela* project is donor funded and led by the National Prosecution’s Authority’s Sexual Offences and Community Affairs Unit (SOCA).

“At the heart of the success of the Thuthuzela approach is the professional medical and legal interface and a high degree of cooperation between victim and service providers from reporting through investigation and prosecution of the crime, leading up to conviction of the offender. Offender conviction rates are up too. Higher levels of awareness have resulted in an increased numbers of cases reported at police stations and taken immediately to a Thuthuzela Care Centre”. Advocate Majokweni

37 http://www.gep.co.za/?module=menu&sub_module=display_content&id=28 State of the Province Address by Gauteng Premier Nomvula Mokonyane, Gauteng Legislature, Johannesburg 22 February 2010

38 *Thuthuzela*, an IsiXhosa term meaning "comfort", used in the context of providing a caring environment in the midst of hurtful experiences experienced in rape and sexual assault cases. According to the NPA SOCA Unit, the word "comfort" awakens feelings of warmth, freedom from emotional and physical concerns, safety, security, being pampered and cared for and, above all, reinforcing dignity, hope and positive expectation all of which are attributes and feelings that are realised in the establishment of the Thuthuzela Care Centres.
Services offered at the TCCs

- Welcome and comfort from a site coordinator or nurse.
- An explanation of how the medical examination will be conducted and what clothing might be taken for evidence.
- A consent form to sign that allows the doctor to conduct the medical examination.
- A nurse in the examination room.
- After the medical examination, there are bath or shower facilities for the victims to use.
- An investigation officer will interview the survivor and take his/her statement.
- A social worker or nurse will offer counselling.
- A nurse arranges for follow-up visits, treatment and medication for Sexually Transmitted Infections (STIs), HIV and AIDS.
- A referral letter or appointment will be made for long-term counselling.
- The victim (survivor) is offered transportation home by an ambulance or the investigating officer.
- Arrangements for the survivor to go to a place of safety, if necessary.
- Consultation with a specialist prosecutor before the case goes to court.
- Court preparation by a victim assistant officer.
- An explanation of the outcome and update of the trial process by a case manager.

A study was conducted in 2007 to assess the extent to which the health care services provided by the Thuthuzela Care Centres comply with the National Guidelines for Sexual Assault Care, with an emphasis on HIV-related issues. All the 10 sites provided voluntary counselling and testing (VCT) for HIV; however, the quality of counselling varied from site to site. The PEP starter pack was not offered to all patients including those who postponed testing for HIV with the exception of one site. Patients were not given the full 28 day pack of PEP after the starter pack which is not consistent with national and international guidelines. It was common for patients not to return for follow-up and testing and this was linked to the fact that most centres do not provide support and incentives for patients to return for further counseling and repeat testing for HIV. Most centers did not have skilled personnel in dealing with children and patients with special needs although children formed a great proportion of their clientele. Many of the doctors were not adequately trained in dealing sexual assault cases while there were unfilled forensic nurse positions in some of the sites. The identified gaps compromise capacity for delivery of quality services in the TCCs. One downside result from the assessment was that the design of some sites was not conducive for protecting patients from secondary victimization.

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USAID, 2007
Sixty three Sexual Offences Courts have been established nationwide, with the staff comprising of a committed cadre of prosecutors, social workers, investigating officers, magistrates, health professionals and police, and some located in close proximity to the TCCs. The extent of involvement of the courts in addressing gender violence crimes has been observed in the findings of a preliminary report which states that 22-24% of court cases were categorized by sexual offences nationally in 2003 and 2006. Furthermore, 40-90% of prosecutors’ time was spent on dealing with sexual offences matters either in courts or civil society meetings in the Eastern Cape and KwaZulu Natal. This attests to the demand for an effective criminal justice system. These specialized courts performed well in relation to conviction rates, reaching an average of 70%. Even better performance was seen in those linked with the TCCs.  

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40 Braam and Lawrence, 2009.
CHAPTER TEN. CONCLUSIONS AND RECOMMENDATIONS
REFERENCES

• USAID South Africa Program in Support Of PEPFAR: Thuthuzela Care Centres FY06.Final Report on the Compliance Assessment of the Thuthuzela Care Centres with National Department of Health Guidelines for Managing HIV in the Context of Sexual Assault .31 July 2007
ANNEX ONE
INDICATORS
(Adopted from a working paper written for an Expert Group Meeting on indicators to Measure Violence against Women, by Sylvia Walby: October 2007)

What are indicators?
Indicators summarise complex data into a form that is meaningful for policy makers. The focus here is on indicators and statistics that measure the ‘scope, prevalence and incidence’ of violence against women. It does not address indicators of policy developments, which are considered elsewhere (UN DAW 2005b; Kelly 2007).

Purpose of indicators
Indicators constitute a key link between an evidence base and policy making. There have been many policy innovations to reduce and eliminate violence against women; much political goodwill; and much rhetoric. In order to decide whether initiatives are having a positive impact it is necessary to know whether the situation is deteriorating or improving. There are many forms and types of knowledge about the nature of violence against women and the policies to stop this. Often these data are too complicated to support the decision-making of policy makers without the input of considerable time and expertise.

The purpose of indicators is that they provide a simple summary of a complex picture, abstracting and presenting in a clear manner the most important features needed to support decision-making (Berger-Schmitt and Jankowitsch 1999; Luxembourg Presidency 2005; UN Economic Commission for Latin America and the Caribbean 2004; Statistics Canada 2002; Walby 2005a).

General criteria for indicators
Several criteria for the selection of the indicators have been developed (Berger-Schmitt and Jankowitsch 1999; UN Economic Commission for Latin America and the Caribbean 2004; Statistics Canada 2002). In general, indicators should:

• Summarise complex data;
• Be unambiguous and easy to interpret;
• Enable an assessment as to whether an improvement or deterioration has occurred;
• Be meaningful and relevant to policy makers, service providers and the wider public;
• Be capable of being supported by reliable and robust quantitative data;
• Be neither so many as to confuse, nor so few as to mislead;
• Be available at regular intervals and be comparable over time;
• Be comparable between countries and population groups.

Specific criteria for indicators of violence against women
In addition to the general criteria for any indicator, there are criteria specific to the field of violence against women. While there is consensus on the criteria, there has been varying resolution of the tensions contained within them. The best way to resolve these tensions is discussed below using academic, statistical and policy literature. The criteria include:

• Inclusive scope of the full range of types of violence, as noted in the UN definition, but not so specialised as to prevent comparison between countries, thereby balancing local specificity with international comparability;
• Meaningful measurement of the extent of the violence, using the appropriate balance between the concepts of prevalence and incidence;
• Meaningful measurement of severity of the violence, especially in relation to its impact.

There are two technical considerations for the indicators:
• Consistent identification of the time period: both a longer period (for example, lifetime or since 16 years old) and a more recent period, (for example, last year);
• Consistent identification of the same population sub-set, e.g. age and marital status.

There are two further criteria relating to policy and data collection:
• Consistent with indicators in adjacent fields, so as to facilitate the mainstreaming of violence against women into mainstream data collection and policy development while still being sensitive to the nuances in the specific field of violence against women;
• Practicality of data collection; availability of data and existing use of indicators.

**Matrix of GBV Indicators**
<table>
<thead>
<tr>
<th>Name of indicator</th>
<th>Definition</th>
<th>Disaggregation</th>
<th>Source</th>
<th>Use of data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXTENT OF THE PROBLEM</strong></td>
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</tbody>
</table>
| Rate of violence | *Calculate:* number of women between 15 and 65 yrs of age who are victims of violence (physical, sexual, psychological) by current or former partner in the last year, and over lifetime, divided by the total number of women in the survey, multiplied by 100 | **Sex**  
- Women  
- Men  
  - Age  
  - Rate of violence according to the following age groups: 15-19, 20-29, 33-39, 40-49, 50-65 | Population survey (adapt from WHO) with one questionnaire for women and one for men; confirm extent to which women experience violence versus men report perpetration; Qualitative research to some extent | The data can be used to understand the problem and form based for prevention and response mechanisms |
| Rate of sexual violence | *Calculate:* number of women between 15 and 65 years of age who are victims of sexual violence by a current or former intimate partner in the last year, and over lifetime divided by the total number of women in the survey, multiplied by 100 | **Link with HIV and AIDS- sexual assault**  
- Aware- PEP  
- Not aware  
- Sought took PEP  
- PEP unavailable  
- Sexual assault resulted in HIV and AIDS?  

**Ethnicity and race**  
- Rate of violence against women by | Population survey; Qualitative research to some extent | To determine extent of the problem.  
- Used to inform the roll out of hotspots for sexual violence such as rape  
- Used to inform administration of PEP |
<table>
<thead>
<tr>
<th>Name of indicator</th>
<th>Definition</th>
<th>Disaggregation</th>
<th>Source</th>
<th>Use of data</th>
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</thead>
<tbody>
<tr>
<td>Rate of physical violence</td>
<td>Calculate: number of women between 15 and 65 years of age who are victims of physical violence by a current or former intimate partner in the last year, and over lifetime, divided by the total number of women in this age group in the survey, multiplied by 100; Confirm with information from shelters</td>
<td>ethnicity/race</td>
<td>Population survey, Shelters</td>
<td>Used to determine extent of the problem; which groups are most affected and what response and prevention mechanisms can be put in place</td>
</tr>
<tr>
<td>Femicide</td>
<td>Calculate: No of female murders; also domestic violence per 100 000 of population</td>
<td>Employment status</td>
<td>Dept of Police</td>
<td></td>
</tr>
<tr>
<td>Rate of psychological and economic violence</td>
<td>Calculate: number of women between 15 and 65 years of age who are victims of psychological violence by a current or former intimate partner in the last year, divided by the total number of women in this age group, multiplied by 100</td>
<td>No education, primary education, secondary education, higher education</td>
<td>Department of Social Development, Shelters</td>
<td>Used to determine women economic empowerment and life skills programmes</td>
</tr>
<tr>
<td>Name of indicator</td>
<td>Definition</td>
<td>Disaggregation</td>
<td>Source</td>
<td>Use of data</td>
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</tr>
<tr>
<td>Rate of trafficking</td>
<td><em>Calculate:</em> number of women between 15 and 65 years of age who are victims of trafficking violence by a current or former intimate partner in the last year, divided by the total number of women in this age group, multiplied by 100</td>
<td><strong>Pregnancy</strong>&lt;br&gt;• Rate of violence against pregnant women&lt;br&gt;• Rate of violence against women who are not pregnant&lt;br&gt;Relationship with the perpetrator&lt;br&gt;• Rate of violence against married women&lt;br&gt;• Rate of violence against single women who live with a partner&lt;br&gt;• Rate of violence against women who are separated</td>
<td>IOM and other initiatives</td>
<td>Used to inform crafting of legislation and policies on trafficking, Used to inform response mechanisms</td>
</tr>
<tr>
<td>Rate of femicide</td>
<td><em>Calculate:</em> number of women between 15 and 65 years of age who are victims of femicide by a current or former intimate partner in the last year, divided by the total number of women in this age group, multiplied by 100</td>
<td></td>
<td>Dept of Police</td>
<td>Used to understand the problem and inform policy makers on how to stem the problem.</td>
</tr>
<tr>
<td>Rate of violence in schools</td>
<td></td>
<td><strong>Risk factors</strong>&lt;br&gt;• Age of first violence&lt;br&gt;• Sexual abuse as child&lt;br&gt;<strong>Where violence took place</strong>&lt;br&gt;• Perpetrators home</td>
<td>YBS- Youth Behaviour Studies; Dept of Education</td>
<td>Used to understand the problem and use the information to develop school curricula so that interventions can begin while they are still young.</td>
</tr>
<tr>
<td>Name of indicator</td>
<td>Definition</td>
<td>Disaggregation</td>
<td>Source</td>
<td>Use of data</td>
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</tr>
<tr>
<td>Profile of female victims of violence</td>
<td><em>Calculate:</em> the number of victims according to the criminal statistics;</td>
<td>• Victim home</td>
<td>Prevalence and Attitudes Survey &amp; Qualitative research</td>
<td>- Data used to determine extent of the problem and use the information to build places of safety including half way houses as a response.</td>
</tr>
<tr>
<td></td>
<td>- Calculate: the number of victims according to surveys;</td>
<td>• Public place</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- <em>Identify:</em> any other statistical data concerning female victims e.g.,</td>
<td>• School</td>
<td></td>
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<tr>
<td></td>
<td>the number of women seeking assistance in the health system, the</td>
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<tr>
<td></td>
<td>number of victims seeking refuge at crisis centres.</td>
<td></td>
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</tr>
<tr>
<td>Background information on the female victims (all numbers should appear as both</td>
<td><em>Relation to the perpetrator</em></td>
<td></td>
<td>Shelters</td>
<td>- Determine extent of the problem and resources that need to be budgeted towards addressing the scourge</td>
</tr>
<tr>
<td>total amounts and as % of the whole female population)</td>
<td>- Age</td>
<td></td>
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<td></td>
<td>- Marital status</td>
<td></td>
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<tr>
<td></td>
<td>- Citizenship</td>
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<tr>
<td></td>
<td>- Any other relevant background information e.g., educational background</td>
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<tr>
<td></td>
<td>labour status</td>
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</tbody>
</table>

- Reported
- Not reported
- Reported and withdrawn
- Intending to report
<table>
<thead>
<tr>
<th>Name of indicator</th>
<th>Definition</th>
<th>Disaggregation</th>
<th>Source</th>
<th>Use of data</th>
</tr>
</thead>
</table>
| Profile of male perpetrators                          | - Calculate: number of perpetrators seeking assistance at crisis centre  
- Calculate: the number of perpetrators according to surveys  
- Identify: any other statistical data concerning male perpetrators e.g., the number of women seeking assistance in the health system, the number of victims seeking refuge at crisis centres. |                                                                     | Prevalence and Attitudes Survey and Qualitative research                                                                                   | Inform rehabilitation programmes                |
| Background information on the perpetrator              | **Relation to the victim**  
- Age  
- Marital status  
- Citizenship  
- Any other relevant background information e.g., educational background, labour status |                                                                     | Prevalence and Attitudes Survey and Qualitative research                                                                                   | Inform rehabilitation programmes                |
<table>
<thead>
<tr>
<th>Name of indicator</th>
<th>Definition</th>
<th>Disaggregation</th>
<th>Source</th>
<th>Use of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes towards GBV</td>
<td>Questions that measure attitudes</td>
<td>Link between attitudes; experience of violence; perpetration of violence</td>
<td>Prevalence and Attitudes Survey</td>
<td>Inform public education and awareness programmes to help change mindsets and ultimately the behaviour</td>
</tr>
<tr>
<td>EFFECT OF THE PROBLEM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost at macro level</td>
<td>Cost to police, health services</td>
<td>Costing GBV study; Administrative data for Police; health</td>
<td>Inform national gender budgeting processes</td>
<td></td>
</tr>
<tr>
<td>Cost at micro level</td>
<td>Loss of work time; health; permanent injury; psychological costs</td>
<td>Prevalence and Attitudes Survey</td>
<td>Inform local level budgeting processes</td>
<td></td>
</tr>
<tr>
<td>RESPONSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrated approach</td>
<td>Existence of a National Action Plan with clear targets, timeframes; coordinating structure; no of different stakeholders involved. Budget</td>
<td>Gender ministry and related institutions.</td>
<td>For coordination of programmes and budgets to ensure multiplier effects and maximum impact.</td>
<td></td>
</tr>
<tr>
<td>Political commitment</td>
<td>No of times GBV is mentioned in speeches of key political figures (President; deputy president; minister of safety/security) in one year as % of overall no of speeches</td>
<td>Mentioned during Sixteen Days and others women’s events; mentioned in mainstream speeches.</td>
<td>Presidency; Government information services and website</td>
<td>To gauge level of political will to end gender violence</td>
</tr>
<tr>
<td>Legal framework and effectiveness of the criminal justice system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of indicator</td>
<td>Definition</td>
<td>Disaggregation</td>
<td>Source</td>
<td>Use of data</td>
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</tr>
</tbody>
</table>
| Constitutional                            | By 2015<br>• Gender equality provided for in Constitution.  
• Bill of Rights takes precedence over customary law. |                | Constitution, laws                          | Used for peer review to ascertain at what stage each country is. |
| Legal                                     | • Specific laws for domestic violence; sexual assault; sexual harassment; trafficking |                |                                             | Used for peer review to ascertain at what stage each country is. |
| Existence of specialised facilities        | One stop centres: No served compared to no of reported cases.  
Sexual offences courts: No served compared to no of reported cases. |                | Attorney General; National Prosecution Authority | Ascertain conviction rates and gauge level of access to justice |
<p>| Training of personnel                     | % police, magistrates etc who have received gender training                  |                | Police; Dept of Justice                     | To ascertain each country's needs.                |
| Knowledge of legal rights                 | % women in survey aware of laws and rights                                   |                | Population survey                            | To inform advocacy campaigns                     |</p>
<table>
<thead>
<tr>
<th>Name of indicator</th>
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<th>Disaggregation</th>
<th>Source</th>
<th>Use of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of under reporting</td>
<td>Calculate: % cases in survey divided by % cases reported to police; compare with % cases reported to hospitals; confirm with no who reported experiencing violence but did not report</td>
<td>Sexual violence Physical violence</td>
<td>Population stats confirm to DOH stats; Police stats (NB new police stats on domestic violence in SA); health stats</td>
<td>To understand the causes of under reporting and inform interventions</td>
</tr>
<tr>
<td>% of cases withdrawn</td>
<td>No of cases withdrawn divided by no of cases reported in one year X 100</td>
<td>Sexual violence Physical violence</td>
<td>Police plus reasons for withdrawal; analysis of case dockets</td>
<td>Determine level of access to justice</td>
</tr>
<tr>
<td>% cases that lead to conviction</td>
<td>No of cases that lead to conviction divided by no of cases reported x 100</td>
<td>Sexual violence Physical violence</td>
<td>Courts; analysis of case dockets</td>
<td>Determine level of access to justice</td>
</tr>
</tbody>
</table>

**Support**

<table>
<thead>
<tr>
<th></th>
<th>Definition</th>
<th>Disaggregation</th>
<th>Source</th>
<th>Use of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive treatment and care</td>
<td>By 2015 ensure availability of Emergency contraception Access to PEP Prevention STD</td>
<td></td>
<td></td>
<td>Use the information for peer review and apply pressure on countries lagging behind</td>
</tr>
<tr>
<td>Legal assistance</td>
<td>% women who experience violence</td>
<td>Source of legal support</td>
<td></td>
<td>Determine level of services needed</td>
</tr>
<tr>
<td>Shelters</td>
<td>No of clients serviced by shelters compared to prevalence</td>
<td></td>
<td>Shelters; Department of Social Development</td>
<td>Determine level of services needed</td>
</tr>
<tr>
<td></td>
<td>% state support for shelters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of indicator</td>
<td>Definition</td>
<td>Disaggregation</td>
<td>Source</td>
<td>Use of data</td>
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</tr>
<tr>
<td>Secondary housing</td>
<td>% women who go to shelters who are assisted with secondary housing</td>
<td></td>
<td>Shelters</td>
<td>Determine level of state commitment to providing secondary housing, used for peer review</td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td></td>
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<tr>
<td>Overarching campaign</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>National campaign against GBV</td>
<td>How cross cutting What messages How well resourced How well known From what source</td>
<td>Sixteen Days/ beyond Sixteen Days</td>
<td>Government information services Prevalence and Attitudes Survey</td>
<td>Improve GBV campaigns and prevention programmes</td>
</tr>
<tr>
<td>Perpetrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation of perpetrators</td>
<td>Existence of programme</td>
<td></td>
<td>DCS</td>
<td>Determine needs for perpetrators</td>
</tr>
<tr>
<td>Effectiveness- No of repeat offenders</td>
<td>No of perpetrators in jail who have a previous record</td>
<td></td>
<td>Sexual offences register; DCS; Population survey</td>
<td>Determine quality of service and review if repeat offenders are many</td>
</tr>
<tr>
<td>Victim empowerment</td>
<td>Speaking out Economic empowerment for</td>
<td></td>
<td>Population survey</td>
<td>Determine how effective empowerment of programmes are</td>
</tr>
<tr>
<td>Segmentation</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Programmes that target men</td>
<td>Messages Outputs Outreach Outcomes</td>
<td></td>
<td>Inventory of prevention programmes; determine effectiveness of the interventions</td>
<td></td>
</tr>
<tr>
<td>Name of indicator</td>
<td>Definition</td>
<td>Disaggregation</td>
<td>Source</td>
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<tr>
<td>Engagement with traditional authorities</td>
<td>Messages Outputs Outreach Outcomes</td>
<td></td>
<td></td>
<td>Inventory of prevention programmes; determine effectiveness of the interventions</td>
</tr>
<tr>
<td>Schools</td>
<td>Messages Outputs Outreach Outcomes</td>
<td>Department of Education</td>
<td></td>
<td>Inventory of prevention programmes; determine effectiveness of the interventions</td>
</tr>
<tr>
<td><strong>Media</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity of coverage</td>
<td>% GBV as % overall coverage</td>
<td>Media monitoring</td>
<td></td>
<td>Informs training needs of media practitioners</td>
</tr>
<tr>
<td>Quality</td>
<td>Who speaks; what are stories about; stigma; stereotypes.</td>
<td>Media monitoring</td>
<td></td>
<td>Informs training needs of media practitioners</td>
</tr>
</tbody>
</table>
ANNEX TWO
LEGAL FRAMEWORK

Domestic Violence Act
The Domestic Violence Act 116 of 1998 was established to support the endeavors of the state to fulfill its obligations under chapter 2 of the Constitution, which stipulates that everyone have the right to freedom and security of the person, including, the right “to be free from all forms of violence either public or private sources; (the right) not to be treated or punished in a cruel, inhumane or degrading way.” The act also includes the right to “bodily and psychological integrity” defined as the right “to make decisions concerning reproduction, (and) to security in and control over their body”. Under the act, the term domestic violence encapsulates various forms of violence across a wide range of domestic relationships regardless of marital status and cohabitation. The Act affords “the victim of domestic violence the maximum protection from domestic abuse that the law can provide”. Domestic violence, according to the Domestic Violence Act, includes physical; sexual; emotional, verbal and psychological; and economic abuses; intimidation, harassment, stalking, and damage to property.

Sexual Offenses Act
The Criminal Law (Sexual Offenses and Related Matters) Amendment Act 2007 aims to better equip South African common and statutory law to deal adequately with all aspects of sexual offences and to also ensure that basic protection is afforded victims of such crime. In accordance with the United Nations Convention on the Elimination of all Forms of Discrimination against Women 1979, the United Nations Convention on the Rights of the Child 1989, and the bill of rights under the constitution of South Africa, the Act aims to move South Africa towards the total eradication of abuse and violence against women and children. The amendment Act aims to “afford complainants of sexual offences the maximum and least traumatising protection that the law can provide”, to introduce measures which seek to enable the relevant organs of state to give full effect to the provisions of (the) act”. The act thus criminalizes all forms of sexual abuse and exploitation irrespective of the sex of the complainant or offender. The definitions afforded sexual offences and exploitation are extensive, and include compelled assault, compelled self-sexual assault, sexual offences against, and sexual exploitation of children and sexual assault or exploitation of persons with mental disabilities.
Current Laws on Trafficking

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 2007, trafficking of person for sexual purposes affords wide definitions for both victims and perpetrators. The definition of the perpetrator includes both those who directly, (though orders, supervision or recruitment) and indecently (though coercion and encouragement) bring about the sexual trafficking of a person, with or without their consent. And also offers support for the person who has been trafficked, sating that they are “not liable to stand trial for any criminal offence, including any migration-related offence, which was committed as a direct result of being trafficked”

The 2010 Prevention and Combating of Trafficking in Persons Bill passed in accordance with the Bill of Rights, the United Nations Protocol to Prevent Support and Punish Trafficking in Persons and the United Nations Convention against Transnational Organised Crime 2000 sets out guidelines on legislation to both prosecute the person convicted of bringing about the trafficking of another individual, and to support the victims of trafficking. In offering support to the victim, the Bill recognises the correlation between inadequate socioeconomic opportunities and trafficking, suggested that the former often increases the likelihood of individuals becoming victims of trafficking. The Bill also outlines the treatment and penalties that should be afforded those charged with bringing about the trafficking of another individual. The Bill seeks to assist in the prevention and combating of trafficking in persons through a number of measures including increasing public awareness campaigns and ensuring these measures reach rural communities.

The United Nations Office on Drugs and Crime (UNODC) Model Law Against Trafficking in Persons notes that given the trans-bound nature of trafficking in persons, addressing trafficking in persons needs to be at a transnational level and must “rise above jurisdictional limitations, and the State must cooperate bilaterally and multilaterally to effectively suppress this crime”

The 2010 Prevention and Combating of Trafficking in Persons Bill thus outlines the support offered to foreign victims of trafficking, including temporary or permanent residence, dependant on circumstance, and affords them the same services as citizens of the Republic. Deportation is only considered if this is seen as being in the best interest of the victim and if returning them to the place from where they were trafficked will not compromise their safety. These services include gaining access to accredited organisations which can offer accommodation, counselling reintegration into families and communities and rehabilitation. Minor victims are also afforded specific and appropriate access to mechanisms of support.

Constitutional provision on the Bill of Rights taking precedence over customary law

Chapter 12 of the 1996 Constitution of the Republic of South Africa recognises the legitimacy of traditional leaders and the customs and customary law they observe. This is further encouraged through both provincial and national legislation. The constitution stipulates however that this is “subject to the constitution”. Customary law can thus be applied, where relevant, by the courts in so far as it does not infringe on, or contradict with, the constitution and “any legislation that specifically deals with customary law” (1996 Constitution). The bill on the establishments of the National House of Traditional Leaders includes in the powers and duties of the House to “preserve the culture and traditions of communities” but also stipulates that customary law and customs should be transformed and adapted to “comply with the provisions of the Bill of Rights in the Constitution”, particularly in regards to “preventing unfair discrimination, promoting
equity; and seeking to progressively advance gender representation in the succession to traditional leadership positions” (National House of Traditional Leaders Bill. 2008). The House must too, “compliment and support the work of the government at national level” (National House of Traditional Leaders Bill. 2008).

**Constitutional provisions for Gender Equity**

The Bill of Right outlined in Chapter 2 of the 1996 Constitution prioritizes democratic values specifically those of human dignity, equality and freedom. Accordingly, the bill denounces unfair discrimination if solely on the grounds of gender and sex, and encourages National Legislation to act to prevent such discrimination. Equity is defined as being inclusive of all rights and freedoms under the constitution, including but not limited to the law, human dignity, property, housing, health care, food water and social security, education, freedom and security of the person; the right “to be free from violence torture, cruelty, inhumane or degrading” treatment, and the right to “bodily and psychological integrity”.

Section 181, chapter 9 of the Constitution calls on the establishment of independent state institutions, to support constitutional democracy. The Commission for Gender Equality is one of six such established state institutions. The Commission on Gender Equality Act 39 of 1996 as amended by Public Service Law Amendment Act 47 of 1997 states that the role of the Commission is to “promote gender equality and to make recommendations to Parliament or any other legislature with regards to any laws or proposed legislation which affects gender equality and the status of woman”. The functions of the Commission extend to the monitoring and evaluation of state, public and private institutions, bodies, organisations, in order to make relevant recommendations. The Commission on Gender Equality Act specifically notes too that the Commission can evaluate “any systems of indigenous law, customs or practices”. The Commission is also tasked with must increasing public awareness on relevant issues so as to promote gender equality.
ANNEX THREE
THE KOPANONG DECLARATION
365 DAYS OF ACTION TO END VIOLENCE AGAINST WOMEN AND CHILDREN

We, the participants at this watershed conference to agree on a coordinated and comprehensive approach to ending violence against women and children;

Consisting, as we do, of 260 representatives from all spheres of government; constitutional bodies; civil society; business; unions; faith-based organisations; traditional authorities and international cooperating partners including United Nations Agencies;

Concerned, that ten years after our Constitution came into force and despite the ratification of several international human rights instruments the rights of people who suffer gender violence are still daily violated;

Convinced that the Age of Hope depends on all South Africans living in an environment where they are free from fear and able to exercise and enjoy their full human rights;

Aware that the Sixteen Days of Activism campaign needs to be sustained all year around;

Recommit ourselves to the following fundamental provisions of the Constitution:

- The equality clause which outlaws unfair discrimination on grounds of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
- The right to human dignity.
- The clause on freedom and security of the person which states that everyone has the right to “bodily and psychological integrity”. This includes the right to make decisions concerning reproduction; to security and control over one’s body and to dignity.
- Socio-economic rights such as right to adequate housing, health care services, food, water and social security.
- The statement that in cases where customary law or any law conflicts with the Constitution, the Constitution takes precedence.

Commit ourselves to finalising a detailed action plan whose overarching objectives are to:

- Strengthen and place far greater emphasis on prevention through forging effective partnerships with all stakeholders, including schools, parents associations, community based organizations, the media, local government, traditional and religious leaders and the private sector; as well as develop criteria for monitoring the effectiveness of such campaigns.
- Ensure men work together with women in eliminating patriarchy.
- Create a safe physical environment.
- Promote a holistic, empowerment approach to eradicating violence against women and children that takes account of the intersection of race, class, location, disability and sexuality and of the role of poverty and economic inequality in fuelling this scourge.
- Eradicate violence against women and children in a targeted and measured way over the coming decade, based on baseline data on sexual offenses, domestic violence, sexual harassment, hate crimes and identity based violence to be established as part of the action plan.
• Develop, enact and implement a comprehensive legislative framework that gives effect to the rights of all citizens especially women and children to be free from gender based violence; cost the laws in place and develop business plans, for their implementation.
• Ensure an integrated case management system operating on minimum standards with a view to reduce cycle times and increase conviction rates of perpetrators of gender violence.
• Eliminate secondary victimisation by improving services to survivors of gender violence and ensure that every survivor has access to comprehensive treatment, victim friendly care that is standardised and coordinated between the various service providers.
• Provide effective support and help to empower survivors of gender violence to reclaim their lives and dignity; as well as to rehabilitate perpetrators.
• Put in place effective monitoring and evaluation mechanisms.

We further commit to ensuring that the following priority actions, at a minimum, are taken before the 2006 Sixteen Day campaign that starts on 25 November 2006:
• The Sexual Offences Bill is passed after a further round of public comment.
• The Children's Bill is passed as part of the development, promulgation, resourcing and implementation of legislation and policy to effectively prevent and respond to violence against children harmonised with international conventions, standards and norms.
• An audit of all specialised services (forensic clinic services, one- stop centres, Victim Empowerment Centres etc) is conducted to determine what exists and to develop a best practice model.
• A strategy is developed for the management of sexual offences including the establishment of sexual offences courts, with participation of NGO service providers;
• The drafting of a joint, integrated training plan on violence against women and children and a body to co-ordinate the above.
• Development of implementation plans for all existing policies and procedures on gender violence including the National Policy on Sexual Assault Care Practice. This should include provincial and civil society representation and should have a strong public education and awareness component.
  • Formulate a policy framework on partnerships between government and non- governmental organisations in the provision of shelters and places of safety to include all stakeholders, including local government.
  • Canvas the draft action plan extensively with all stakeholders, especially those not represented at this conference, and those that have the capacity to ensure that this plan is effected at community level, such as local government, schools and traditional authorities.
  • Put in place the coordinating structure for the National Action Plan including a multi-sector task team comprising representatives of all the working committees and a Council of Deputy Ministers chaired by the Deputy Minister of Local Government as the champion of the Sixteen Day campaign.
  • Put in place a secretariat with the necessary technical support to ensure effective capacity and implementation.
  • Find mechanisms to ensure relevant disaggregated data; agree on key targets and baselines for the effective monitoring and evaluation of the action plan; and put in place a computerised tracking system to be developed with assistance from the Department of Treasury;
• Finalise the short term action plan for the next six months by June and receive any additional inputs for the medium term action plan by the end of June with a view to adopting the 2007 Action Plan at the end of this year’s Sixteen Day campaign on 10 December.
We commit to collective resource mobilisation to ensure that these actions are taken. We will hold each other mutually accountable for the actions we have pledged to ensure that every woman and child in our nation is able to enjoy the rights to which they are entitled by our Constitution.
Agreed this 5th day of May 2006.