

CHAPTER 10

CONCLUSIONS AND RECOMMENDATIONS



Everyone has a right to safety and security.

Photo by Colleen Lowe Morna

Extent

Conclusions

- Surveys show Limpopo has high prevalence of IPV both in lifetime in the 12-month period before the survey. More than three quarters of women (77%) and 48% of men reported experience and perpetration, respectively, of some form of GBV at least once in their lifetime.
- Emotional IPV is the most common form of GBV and yet this is not usually addressed or reported in administrative data.
- Researchers noted high levels of underreporting of GBV as the majority of women who experienced physical IPV or rape by a non-partner did not report this to the police or health care facilities.
- Disaggregating the prevalence of the different forms of GBV by province shows that GBV dynamics are not homogenous throughout the country. Limpopo recorded the highest GBV experience by women and the second highest perpetration by men.

Recommendations

- Prevention efforts at provincial level need to be accelerated and particular attention given to raising awareness among women.
- Provision of psychosocial support should be prioritised and scaled up in responding to GBV.
- More resources should be allocated towards a health sector response that places importance on mental health services.
- Further research is imperative to understand the underreporting of GBV in Limpopo. Service providers including police and health facilities need to improve on victim-friendly service delivery.
- GBV campaigns need to empower women and encourage them to speak out and seek help.
- It is necessary for future research to investigate why women in Limpopo show more reluctance to report IPV and non-partner rape compared to their male counterparts.
- Provincial statistics from this report should be used to gauge the levels of GBV across the country and inform programmes.
- To minimise further amplification of GBV in hotspots like Gauteng and Limpopo, which has shown higher levels of violence, there is need to accelerate inter-

ventions to curb abuse within intimate relationships. In addition, future research is needed to establish the determinant factors that fuel violations of women's rights in the province.

Patterns and drivers

Conclusions

- The study found that age, education and employment status are not significantly associated with IPV experience and perpetration, but significantly associated with non-partner rape.
- Child abuse experience and alcohol consumption by men seem to increase the risk of adult IPV perpetration.
- Women and men in this study exhibited conventional attitudes towards gender relations that tend to drive VAW. Both women and men express acceptances of gender equality in the public but do not conform to this equality in the home. Gender attitudes of men and women are predominantly conservative and what is conspicuous is that not only do men confirm these and conform to them, women also strongly perpetuate attitudes that result in repression of their rights and freedoms.

Recommendations

- GBV prevention campaigns need to consider and target the identified risk groups. In particular, workplace-based initiatives will go a long way in targeting employed men, who are more likely to be perpetrators of non-partner rape.
- There is need for child rehabilitation programmes for abused children coupled with campaigns advocating for reduction of child abuse. Prevention of child abuse may ultimately contribute to prevention of GBV perpetration.
- GBV is perpetuated by a male chauvinistic society that tends to propagate women's subordination. Thus there is a need to engage not only men, but also boys from a younger age, socialising them about gender equality. The government can continue streamlining the education curriculum from primary level to include education about

positive gender attitudes that can promote a culture that does not tolerate violence against women.

Response

Conclusions

- The DVA places responsibilities on only one department, the SAPS, yet it places no corresponding legal obligation on other relevant stakeholders such as the DSD and the Department of Health.
- The data is also not reflective of the number of cases withdrawn by women. As such it is difficult to make inferences about the use of services by GBV survivors.
- Some of the challenges impeding the goal of eliminating violence include lack of dedication and efficiency by key role players in the criminal justice system. This is illustrated in several personal accounts detailing survivors' negative experiences with police.

Recommendations

- There is need for legislative enforcement on the responsibilities of other departments such as DSD, Department of Health and the Department of Housing as far as the effective implementation of the DVA is concerned.
- Data on GBV from the Department of Health, the SAPS and DOJ&CD is not disaggregated by age, sex or by type of GBV.
- More training needs to be conducted with personnel who deal with victims and survivors of violence.

Support

Conclusions

- Limpopo does not have enough shelter services proportionate to the need for them. Even fewer second and third stage shelters exist, leaving women who leave first stage shelters stranded with nowhere to go.
- Both women and men are relatively unaware of the DVA and provisions for protection orders.
- Administrative data falls short in depicting the true extent of GBV within the Limpopo province.

Recommendations

- Government should allocate more resources to existing shelters and for the establishment of new shelters, especially second and third stage shelters.
- Public awareness campaigns should aim to sensitise communities about the DVA and GBV related laws.
- The South African government should adopt the GBV Indicators and commit to allocating resources for periodic GBV studies and dedicated surveys.

Effects

Conclusions

- Women survivors of GBV in Limpopo suffer a range of effects, including physical injury, hospitalisation, loss of work, STI symptoms, economic hardships and stigmatisation.
- GBV also has intergenerational effects because children in abusive homes can be negatively affected.
- Social stigmatisation for women survivors and fear of family fragmentation hampers them from leaving abusive relationships.

Recommendations

- It is essential to strengthen health systems to respond to GBV. Health practitioners need to be trained to provide victim friendly services to survivors. Inclusion of the health sector in the VAW referral system should be mandatory.
- Programmes should prioritise child rehabilitation as a strategy to prevent GBV. There is need for the introduction of school-based GBV prevention initiatives.
- Campaigns should aim to change conservative attitudes towards gender relations and should encourage communities to be more supportive to GBV survivors.

Prevention

Conclusions

- Both women and men are relatively unaware of the GBV campaigns.
- Men in the province seem to have more access to information about campaigns and to participate more in GBV awareness raising events compared to women.

- Television is the most common medium used to access information.
- Initiatives led by local community-based organisations play a vital role in addressing GBV.

Recommendations

- More effective men's mobilisation will require more partnerships between local CBOs like Munna Ndi Nyi and larger men's groups like Sonke.
- GBV campaigns in the province need to be further publicised on television and radio to assume maximum outreach. However, there is need to accelerate efforts to dissemination through other modes, for example community mobilisation and through the print media.

Integrated approaches

Conclusions

- Challenges in the operationalisation of integrated structures and policies include lack of funding for the structures, poor coordination among structure members and poor monitoring and evaluation systems.
- Other issues arising include the inadequacy and ineffectiveness of some of the structures, including the TCCs. Less than half of the cases get referred to courts and the attrition in completed cases leads to case backlogs. This can act as a deterrent to the access of service by survivors.

Recommendations

- More funding and staff allocation is necessary within the various structures that work with GBV victims.
- More training for personnel is also a prerequisite for effective functioning of the integrated approaches.

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