

THE WAR AT HOME

Gender Based Violence Indicators Project

GAUTENG RESEARCH REPORT
SOUTH AFRICA



by Mercilene Machisa, Rachel Jewkes, Colleen Lowe Morna and Kubi Rama

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. GL achieves its vision by coordinating the work of the Southern African Gender Protocol Alliance formed around the sub-regional instrument that brings together all key African and global commitments for achieving gender equality. Working with partners at local, national, regional and international level, GL aims to:

- Promote gender equality in and through the media and in all areas of governance.
- Develop policies and conduct effective campaigns for ending gender violence, HIV and AIDS.
- Build the capacity of women and men to engage critically in democratic processes that advance equality and justice.

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 Project

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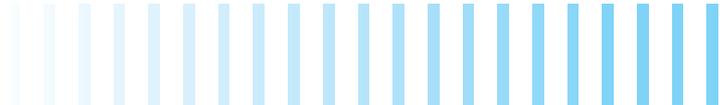
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The Gender Based Violence (GBV) Indicators Project is a regional research study aimed at testing tools to measure and monitor the extent, effect, cost of and efforts to end violence against women in light of the Southern African Development Community (SADC) Protocol on Gender and Development's target to halve levels of GBV by 2015. This is a report of the first phase of this work, a study conducted in Gauteng Province in 2010, which we plan to cascade to other South African provinces and SADC countries, initially Botswana and Mauritius.

Our appreciation goes to the nearly 1000 women and men that consented to participate in this study.

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Nwabisa Jama Shai, GL GBV Indicators Research Manager before Mercilene Machisa took over, 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. Shai was part of the reference group that met regularly to review progress and contribute to the research. Jewkes, Christofides and Shai contributed sections to the report and reviewed the first draft.

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GL Chief Executive Officer Colleen Lowe Morna, Deputy Director Kubi Rama and Justice Programme Manager Loveness Jambaya Nyakujarah, conceptualised and raised funds for the project and oversaw the research and stakeholder consultations.

Mercilene Machisa, GL GBV Indicators Research Manager assisted with the data collection, management and analysis of the prevalence and attitudes study, and coordinated the writing of the report, including writing several chapters. GL Deputy Director Kubi Rama wrote sections of the report and assisted with the editing, as did GL Communications Manager Danny Glenwright. Mona Hakimi did the proofreading for this report.

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Nwabisa 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

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Nicola Christofides is a senior lecturer in the School of Public Health at the University of Witwatersrand where she heads up the Masters in Public Health Programme. Prior to this she was a specialist scientist at the Gender

and Health Research Unit, Medical Research Council. She has more than 10 years research experience in the area of GBV, HIV/AIDS and reproductive health, with a particular focus on the health service response. She has published in a range of different journals including the British Medical Journal, WHO Bulletin and AIDS Care. She was instrumental in developing a curriculum on rape management for medical students which is part of the graduate entry medical programme at Wits. More recently Christofides has been involved in the development of in-service training curricula for doctors and nurses on the management of rape in the public health sector. She also served on the task team that developed the first comprehensive Department of Health Policy on Sexual Assault.



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Acronyms

AIDS	- Acquired Immune Deficiency Syndrome
ANC	- African National Congress
ARV	- Anti retroviral
CS	- Court Services
DA	- Democratic Alliance
DOH	- Department of Health
DSD	- Department of Social Development
DV	- Domestic Violence
DVA	- Domestic Violence Act
GBH	- Grievous Body Harm
GBV	- Gender Based Violence
GCIS	- South African Government Communication and Information System
GDCS	- Gauteng Department of Community Safety
GDHSD	- Gauteng Department of Health and Social Development
GL	- Gender Links
GMPS	- Gender and Media Progress Study
HIV	- Human Immuno Deficiency Virus
IDMT	- Inter-Departmental Management Team
IKLT	- Ikhaya Lethemba
IOM	- International Organisation for migration
IPV	- Intimate partner violence
MRC	- South African Medical Research Council
NGO	- Non Governmental Organisation
PEP	- Post Exposure Prophylaxis
NAP	- National Action Plan to end violence against women and children
NPA	- National Prosecuting Authority
RVO	- Regional Victims Office
SAPS	- South African Police Services
SADC	- Southern African Development Community
SOCA	- Sexual Offences and Community Affairs Unit
STATSA	- Statistics South Africa
STI	- Sexually Transmitted Infections
TCC	- Thuthuzela Care Centre
UN	- United Nations
UNIFEM	- United Nations Development Fund for Women
VAM	- Violence Against Men
VAW	- Violence Against Women
VEP	- Victim Empowerment programme
VEC	- Victim Empowerment Centre
VCT	- Voluntary Counselling and Testing
WHO	- World Health Organisation

Foreword

By Maleshoane Motsiri*



I make time to go and visit older women to find out “how a girl child should behave” and what they mean by “being a good wife”. I also ask them how they feel about girl children and young women of today. I debate a lot with them about their cultural and religious beliefs. This is not because I don’t respect culture or religion but because their beliefs have contributed to who we are as their daughters and women of today.

As women we have been made to believe that we are weak; that we cannot think constructively; that what we feel is of limited importance; and that we must be submissive. We have been told to work in the kitchen and work from sunrise to sunset making sure to please fathers and husbands. Women are not allowed to complain about being tired. If they refuse to have sex this

is taken as a sign that they are committing adultery somewhere.

For this reason, boys have grown up believing that women are slaves, with no feeling nor blood running through their veins. That is the reason why women abuse in this world is still so rampant. And oh, the reason why most women are still doing nothing about the abuse is because even the justice system sucks. “We all have equal rights,” says the Bill of Rights, but the question is, how many women benefit from those rights?

Its not true that abuse is decreasing. The fact is that cases are not reported in the first place, so how can they be decreasing? Women fail to report cases as a result of what they go through in police stations. If they manage to open a case

successfully then the justice system fails them so they see no use.

The question remains: are we doing enough as a society, the community, the government, families, schools, churches and as individuals to support survivors of violence? We must empower women to be independent, have confidence in themselves, to stand together, to respect each other, to learn and understand their rights and most of all to fight for what is rightfully theirs. We must not be scared. We must not beg or look down. For we have the strength and the power to map our own destiny. Why are there women in parliament; why are there women leaders; why are there women directors of companies if women are stupid and weak? What are we afraid of in our homes, in our communities?

The government message is: *Don't look away!* The slogan of the Gender Links "I" Stories that I have participated in since 2007 is: *Bua, Khuluma, Speak Out!* I have survived abuse; I have written about it and I have spoken about it. Speaking out gives you wings to fly. It releases you from the stresses and the depressions that you carry every day in an abusive relationship. It builds you and shapes you. It is a feeling only you can understand.

The butterfly is the symbol of the "I" Stories brand that these women and men have created, as well as a profound metaphor for their lives. The stories

are powerful narratives of the pain of abuse, and very often the triumph of surviving and moving on.

This research report gives facts and figures to the reality we as women have long been aware of: 51% of women in the Gauteng province say that they have experienced; and 76% men conceded to perpetrating GBV. The "I" Stories are woven through the research report to remind us of the human face of GBV.

By telling their stories the "I" Stories participants are adding their voices to lobbying and advocacy campaigns on GBV. Behind every strategy, national action plan and campaign there is a real woman who has experienced the most unimaginable violations of her human rights. These women are not numbers but important drivers in any strategy to address GBV.

With only four years to go until 2015 when the Southern African Development Community (SADC) Gender Protocol requires us to halve gender violence, we must maintain the momentum. May I add my voice to the new slogan of the Southern African Gender Protocol Alliance that has shifted from 2015, yes we can, to 2015, yes we *must!*

Motsiri is one of 55 women who have participated in the "I" Story project. She has since become a counsellor and vocal advocate for women's rights.



Executive Summary



Take back the night march through Johannesburg, November 2009.

Photo: Colleen Lowe Morna

Over half the women of Gauteng (51.3%) have experienced some form of violence (emotional, economic, physical or sexual) in their lifetime and 75.5% of men in the province admit to perpetrating some form of violence against women.

Emotional violence - a form of violence not well defined in domestic violence legislation and thus not well reflected in police data - is the most commonly reported form of violence with 43.7% women experiencing and 65.2% men admitting to its perpetration. 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.

Yet violence against women is still regarded as a private affair with only 3.9% of women

interviewed reporting this crime to the police. One in 13 women reported non-partner rape and overall only one in 25 rapes had been reported to the police.

These are some of the stark findings of the Gauteng Gender Violence Indicators project study conducted by Gender Links (GL) and the Medical Research Council (MRC). The survey in South Africa's most densely populated and cosmopolitan province shows that while political conflict in the country has subsided, homes are and communities 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 prevalence of gender violence in the province. It covered the period April 2009 to March 2010.

Unlike police data that relies on reported cases, the study involved self reported behaviour and experiences obtained through in-depth interviews with a representative sample of 511 women and 487 men: 90% black and 10% white, reflecting the demographics of the province. Eight percent women and 5% of the men interviewed were foreigners. This is also in keeping with the make up of the province.

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 that the majority of gender violence cases consist of violence against women and these cases result in the extensive and well documented adverse health consequences (Krug et al 2002). Comparing what women say they experience to what men say they do adds credibility to the findings. In almost all cases, men confirmed what women said even more strongly than the women themselves.

The prevalence survey is a component of a broader study to measure the extent and effect of gender violence, as well as response and prevention measures taken. In addition to the prevalence survey, tools used include inter-

rogating administrative data (like police, court and shelter statistics); qualitative research; a costing exercise; political discourse analysis and media monitoring. Together these establish a range of baseline indicators on gender violence for the province.

The study is being cascaded to the Western Cape, Kwa Zulu Natal and Limpopo provinces of South Africa and is underway in Mauritius and Botswana, two countries in the SADC region where GL has satellite offices.

The Gauteng study covered intimate partner violence including physical; sexual and emotional violence and non partner rape. The findings are presented in five categories: the extent; patterns and drivers; effects; responses; support and prevention of GBV. Some of the main findings include:

Extent of GBV

Table I: Extent of GBV

Criteria	Prevalence of GBV survey				Prevalence based on reported cases against the female population in Gauteng	
	Women's experience in a lifetime	Men's perpetration in a lifetime	Women's experience in the past year	Men's perpetration in the past year	2008-2009	2008-2009
	%	%	%	%	Number	%
Rate of violence	51.3	75.5	18.1	29.0	12093	0.3
Rate of sexual violence	25.3	37.4	7.8	4.7	-	-
Rate of intimate sexual violence	18.8	18.2	-	-	349	*
Rate of non- intimate sexual violence	12.2	31	-	-	-	-
Rate of physical violence	33.1	50.5	13.2	5.8	11208	0.3
Rate of economic violence	22.3	28.5	9.3	5	-	-
Rate of emotional violence	43.7	65.2	13	14	81	*
Rate of emotional, economic, physical and sexual violence	13.8	13.3	-	-	-	-
Rate of femicide	-	-	-	-	138 murders	*
Rate of sexual harassment in schools	1.4	-	-	-	-	-
Rate of sexual harassment at work	2.7	-	-	-	-	-

* These are negligible percentages
- Not measured/reported

Table I shows that:

- Half the women in Gauteng have experienced GBV over their lifetime, and 18.1% in the last year.
- One in four women in the province has experienced sexual violence in their lifetime and 7.8% in the last year. A greater proportion of men (37.4%) disclosed perpetrating sexual violence.
- Emotional violence was the most common form of abuse reported by women and disclosed by men, with 43.7% of women having experienced these on one or more occasions and 65.2% of men disclosing perpetration.
- Physical violence was the second most common form of violence reported. Overall 33.1% of women disclosed that this had ever happened; 13.2% in the last year.
- The table shows that in all instances men confirmed what women said even more strongly than what the women themselves said.

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. These figures for victimisation of women are way below the one in five (18.1%) women who said they had experienced violence in the past year in the survey. This discrepancy is indicative of the high rates of under-reporting of violence against women.

Indeed, only 3.9% of women who had been raped by a partner or non-partner in the survey had reported this to the police. Sexual violence by an intimate partner was least often reported, with only 2.1% of women experiencing this ever reporting. Only 7.8% of women raped by a stranger or acquaintance had reported the incident. Thus women had only reported one in 13 of the non-partner rapes and only one in 25 of all rapes. The survey shows that about half of the survivors of gender violence do not go to the police, instead confiding in family members. The other half choose not to confide in either family or police. The majority of those that go to the police have also confided in family.

Patterns and drivers of GBV

Table II shows that:

- High proportions of women and men in the Gauteng sample experienced physical abuse as children, 74.3% and 88% respectively.
- More than half of the sample of women and men experienced neglect in childhood.
- About a quarter of all the women and men in the sample witnessed the abuse of their mother and sexual abuse.

These findings support the ecological model of intimate partner violence. Individual childhood experiences and interpersonal experiences impact on attitudes and behaviour in adulthood.

Table II: Childhood experiences of violence

Childhood experiences	Women's experience estimate %	Men's experience estimate %
Physical abuse	74.3	88.0
Neglect	53.0	67.1
Witnessing mother abuse	30.5	26.2
Sexual abuse	25.3	20.4

Table III: Gender attitudes

	Women strongly agree/agree %	Men strongly agree/agree %
I think people should be treated the same whether they are male or female	82.8	88.7
I think a woman should obey her husband	57.9	86.7
I think this a man should have the final say in all family matters	29.8	53.9
I think a woman needs her husband's permission to do paid work	23.2	37.3
I think that if a woman works she should give her money to her husband	18.9	29.8
I think there is nothing a woman can do if her husband wants to have girlfriends	14.8	10.3
I think it is possible for a woman to be raped by her husband	55	55.1
I think that a woman cannot refuse to have sex with her husband	29.3	38.7
I think that if a man has paid Lobola for his wife, she must have sex when he wants it	23	29.8
I think that if a man has paid Lobola for his wife, he owns her	23	27.3
I think that if a wife does something wrong her husband has the right to punish her	8.8	22.3
I think that in any rape case one would have to question whether the victim is promiscuous	32.4	32.6
I think in some rape cases women actually want it to happen	20.1	15.6
I think if a woman doesn't physically fight back, it's not rape	17.1	19.6
I think that when a woman is raped, she is usually to blame for putting herself in that situation	16.2	18
I think that in any rape case one would have to question whether the victim is promiscuous	32.4	32.6

Table III shows that:

- More than 80% of all the women and men in the sample strongly agreed and agreed that women and men should be treated equally, and about half believed that it is possible for a woman to be raped by her husband.
- Yet 29.3% women and 38.7% men felt that a woman could not refuse to have sex with her husband.
- About a third of women and men thought that “in any rape case one should question whether the victim is promiscuous.”

- There were strongly diverging views of women and men on some issues. For example, 53.9% men believed that men should have the final say in all family matters compared to 29.8% of women. Some 37.3% of men thought that a woman needs her husband's permission to do paid work, compared to 23.2% of women.
- These contradictory findings point to a society in flux, with flashes of progressive thinking among men and women (and signs of growing emancipation among women). But these changes are still framed within patriarchal norms that remain a key driver of GBV.



Gender attitudes pass from one generation to the next.

Photo: Trevor Davies

Effects of GBV

Table IV: Effects of GBV

Criteria	% Women
Percentage of physically abused women who sustained injuries	25
Percentage of physically abused women who sustained injuries and bedridden	11.8
Percentage of physically abused women who missed work as a result of injuries	12.4
Percentage of women who were sexually or physically abused by intimate partners and diagnosed of STI	28.7
Percentage of women who were sexually or physically abused by intimate partners and tested HIV positive	10.9
Percentage of women who were sexually or physically abused by intimate partners and suffered from PTSD	15.4
Percentage of women who were sexually or physically abused by intimate partners and suffered from high levels of depressive symptoms	34.2
Percentage of women who were raped by non-partners and diagnosed of STI	35
Percentage of women who were raped by non-partners and tested HIV positive	5.3
Percentage of women who were raped by non-partners and suffered from PTSD	28.1
Percentage of women who were raped by non-partners and suffered from high levels of depressive symptoms	31.3

Table IV shows that:

- A quarter of the women who experienced physical violence sustained injuries. This leads to longer period required to heal and in some cases a loss of income.
- Almost one third of the women in the Gauteng sample who were sexually or physically abused by an intimate partner contracted a Sexually Transmitted Disease (STI). It is clear from this finding that many women cannot negotiate safe sex with their partners. This increases their risk of contracting HIV.
- Similar proportions of women who were physically or sexually abused by an intimate partner and raped by a non partner suffered from high levels of depressive symptoms. Many had thoughts of suicide.

Table V: Some costs of GBV

Criteria	Cost
Estimated costs of GBV in Gauteng	R61 644 599
Cost in the past year based on an 18.1% prevalence using the STATSA Gauteng population estimate for women (3515397)	R97
Cost in the past year based on a 0.3% prevalence based on reported cases using the STATSA Gauteng population estimate for women	R5097

Gathering data on budgets; spending and number of people serviced is very difficult either for bureaucratic reasons where permission has to be given or because there are poor data management systems. Table V shows that in the year under review the province of Gauteng spent

almost R62 million on services directly related to GBV which would equate to R97 per person using the 18.1% prevalence rate in this study, or R5097 using the 0.03% prevalence rate reported to the police. Either way, it is evident that state spending on GBV is way below what is required.

Response

Table VI: Response indicators

Criteria	Proportion	Number
Proportion of women who know about the Domestic Violence Act	73.9%	
Proportion of women who know about the Sexual Offences Act	36.3%	
Proportion of women who know about the Stop Gender Violence Helpline	44.7%	
Percentage of audited police stations fully compliant with the Domestic Violence Act 2010	9.8%	
Number of Thuthuzela Care Centres in Gauteng 2011		5
Number of Victim Empowerment Centres in Gauteng 2011		122
Number of Regional Victim Empowerment Centres in Gauteng 2011		3
Number of Family Violence, Child Protection and Sexual Offences units in Gauteng 2011		22
Number of Domestic Order applications in Gauteng for 2009-2010		50611
Percentage of Domestic Order applications granted in Gauteng 2009-2010	58.2%	
Percentage of Domestic Order applications withdrawn in Gauteng 2009-2010	21.2%	
Percentage of domestic violence cases finalised in Gauteng 2009-2010	30.2%	
Number of contravention of Protection Orders reported to SAPs 2008-2009		533
Number of rape survivors seen at Gauteng health centres 2009-2010		4906
Number of adult rape survivors who received PEP 2009-2010		2698
Percentage of readily available speeches by politicians which refer to GBV 2009-2010	4.83%	

Table VI shows that:

- Most of the women (73.9%) in the sample knew about the Domestic Violence Act (DVA). In contrast very few women (36.3%) knew about the Sexual Offences Act. This is of great concern given the high levels of stranger and intimate partner rape in the province and country.
- Only 9.8% of the police stations in Gauteng are compliant with the DVA. The absence of the facilities; personnel and resources to assist women who are experiencing domestic violence at police stations contributes to the under-reporting.
- Only 4.8% of over 1000 speeches of politicians monitored during this period mentioned GBV.



Police support the campaign but lack credible data.

Photo: Colleen Lowe Morna

Support

Table VII: Support indicators

Criteria	Number	%
Number of shelters registered with the Gauteng Department of Health and Social Development 2011	21	
Number of shelters managed by civil society 2011	19	
Number of GBV survivors accommodated at shelters in Gauteng 2009-2010	1692	
Number of GBV survivors accommodated at civil society shelters 2009-2010	1143	
Number of women accommodated at Ikhaya Lethemba 2009-2010	449	
Number of counselling sessions conducted at civil society centres 2009-2010	3767	
Number of counselling sessions conducted at victim empowerment centres 2009-2010	1535	
Percentage of callers to Stop Gender Violence Helpline from Gauteng 2009-2010		41%
Percentage of callers to Stop Gender Violence Helpline reporting emotional violence 2009-2010		54%
Percentage of callers to Stop Gender Violence Helpline reporting physical violence 2009-2010		9%
Percentage of callers to Stop Gender Violence Helpline reporting rape 2009-2010		4%
Percentage of men participating in the survey that have ever used the Stop Gender Violence Helpline		11.5%
Percentage of women participating in the survey that have ever used the Stop Gender Violence Helpline		7.2%

Table VII shows that

- Of the 21 shelters in Gauteng, 19 are managed by civil society.
- Sixteen shelters have a total of 445 beds available, or (445x365 days) = 162 424 bed nights in the year. In the period under review, the 16 shelters serviced 1692 people, compared to the 12 093 who reported domestic violence (13% of the total). This does not include those who did not report such violence.
- Dividing the number of bed nights by those serviced, the statistics also show that each woman spent an average of just 95 days in the shelter, or approximately three months. This underscores the absence of secondary support.
- The statistics on types of violence reported bear a close resemblance to the findings of the prevalence survey, with emotional violence topping the list.

Table VIII: Prevention indicators

Criteria	%
Percentage women who access news on GBV from TV	64
Percentage men who access news of GBV from TV	60
Percentage of GBV speeches by politicians made during commemorative days	26.4
Percentage of GBV speeches by politicians which refer to emotional abuse	1.3
Percentage of GBV speeches by politicians which refer to physical abuse	5.6
Percentage of GBV speeches by politicians which refer to sexual abuse	14.7
Percentage of GBV speeches by politicians which refer to economic abuse	1.7
Percentage of GBV speeches by politicians which refer to the link between GBV and HIV	28.6
Percentage GBV stories compared to total	3
Percentage women sources in GBV stories	24

Table VIII shows that:

- There are high levels of awareness of the 16 Days of No Violence Against Women and Children amongst women (77%) and men (83%).
- Most women (64%) and men (60%) get information on GBV campaigns from TV.
- A high proportion (26%) of political speeches on GBV take place on commemorative days.
- Politicians hardly refer to emotional abuse, yet this constitutes the highest proportion of abuse experienced.
- Stories in the media that are about or mention GBV only constitute 3% of the total.
- Women constitute 24% of the sources in GBV stories, even though they are the vast majority of those affected by GBV.

Key outcomes: SAPS agrees to improve data collection on domestic violence

Analysis of the South African Police Service (SAPS) dataset of all crimes committed in Gauteng 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 labelled 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. During a round table meeting on the findings of the research in January 2011 prior to publication of this report, SAPS agreed to four key ways in which collection of domestic violence data will be improved:

- **Adding the nature of the relationship to records of domestic violence:** In future when recording cases of domestic violence police will record the relationship between the perpetrator and the victim. This is critical, because at present crimes occurring in a domestic setting such as an adult male child

abusing an elderly male parent are all captured as “domestic violence”.

- **Creating a category for femicide:** Whilst murder is a category under the Domestic Violence Act, it is difficult to ascertain which of these are female murders and more specifically femicide. SAPS has agreed to capture data on the relationship between the perpetrator and the victim in such cases. This will make it possible to obtain femicide statistics without having to go through every female murder docket.
- **Removing pornography and sex work from sexual offences statistics,** as these mask the true nature, trends and patterns of sexual offences.
- **Including a section on domestic violence** in annual crime reports. This is long overdue and should feature in the 2010/2011 report.

Next steps

The study confirms the disturbingly high prevalence of violence against women in Gauteng; the inadequacy of police statistics; and the extent of under reporting. As this study is launched during Women's Month 2011 there is need to:

- Engage with SAPS to improve collection of administrative data, especially in obvious areas such as femicide.
- Obtain buy-in from the Inter Departmental Committee (IDMT) addressing gender violence in government to cascade the study across all provinces of South Africa to provide meaningful baseline data for measuring progress in achieving the SADC target of halving gender violence by 2015.
- Work through the SADC Gender Unit to cascade the study across the region.
- Use the GBV indicators project to strengthen the 365 Day National Action Plans to End Gender Violence in South Africa and across the region.