

CHAPTER 1

Introduction



We need to work towards a nation free from GBV.

Photo: Jennifer Elle Lewis

Key facts

- ✓ The SADC Protocol on Gender and Development sets a target for SADC member states to halve GBV by 2015.
- ✓ There is a need to establish baseline indicators for measuring GBV much of which is under-reported or unreported.
- ✓ The April 2009 South African election debates often had misogynistic overtones with sexist attacks on women leaders.
- ✓ Decriminalising sex work featured highly on the 2010 Soccer World Cup agenda.
- ✓ GBV is not a priority in the prevailing political discourse.



Grace Dimakatso Maleka.

Photo: Colleen Lowe Morna

My name is Grace Dimakatso Maleka and I was married for 20 years. We were blessed with three children, two of whom are still alive. Since we first lived together we did not have a happy relationship; we used to fight every weekend when he came home drunk.

Shortly after my first child was born in 1990, we separated and I went to my mother's place. He later came to my mother's place accompanied by his mother to apologise for what he had done and he promised not to do it again. As he is the father of my children, I forgave him and offered for us to start a new life with him.

In 1995 I helped him get a new job where I was working. He started to drink heavily again and often came home in the middle of the night. He would insult me in front of my daughter. Each time I spoke to him about his behaviour he promised not to do it again.

On 1 October 2000, the day before starting a new job, a car accident left me disabled. I stayed in

hospital for four months hoping that my leg would be okay. When I went to Baragwaneth hospital, the doctors told me that my leg must be amputated.

I phoned my husband and told him. He responded that the doctors needed to make a plan because he was too young to stay with a disabled woman. He said in front of his family that he could not stay with me if they cut off my leg. I explained to him, "I didn't make any application to be disabled."

The decision to move on with my life despite a disability meant taking a risk into an unknown future full of challenges. Learning that I would not walk properly again was devastating, but I knew that I had to strengthen my state of mind and think positively. That is when I decided to join an organisation for disabled people. They empowered me to know my rights and to accept myself; I started to participate in different activities including those organised by the community and government.

The following year I got a job at Heidelberg hospital. I was later elected to lead women in the province as chairperson for women with disability. I am now a representative for Disabled Women in Africa. Our families disable us, not our disabilities. Women with disabilities enjoy relationships and are indeed highly sexual, just as any women.

It helps me to talk openly, hoping to break stigma and dispel some of the myths attached to disability. I believe that I am a beautiful creation of God. I may not be physically attractive (whatever that means) but I believe my spirit and soul carries a beauty that cannot be measured.

Dimakatso Maleka participated in the November 2009 Gender Links (GL) “I” Stories workshop. She says: “GL helped me because before I was afraid to speak in public about my situation (abuse). The moment I wrote my story, and heard other people's story, I felt healed.”

Maleka has participated in the GL 16 Days of No Violence Against Women campaign since 2009. She has spoken in meetings with decision-makers and community members and does so with strength and confidence. Her story demonstrates the every day prevalence of GBV in our society; its devastating consequences and the need to support woman in abusive relationships to realise their own agency. This is at the heart of the first comprehensive study to establish baseline data and indicators on GBV in the province of Gauteng.

This chapter provides the background and rationale to the study; a country context, a summary of related research and a brief profile of the implementing partners.

Background and rationale

GBV is one of the most common yet unacknowledged and serious human rights violations in the Southern African Development Community (SADC) region.¹ In response to the high levels of violence, and the 2006 call by the UN Secretary General to all member states to develop plans for



Photo: Colleen Lowe Morna

ending GBV, many Southern African countries have shifted from campaign mode to a more integrated programmatic approach to address GBV.

GL has been working in the gender justice arena for the last ten years, using the Sixteen Days of Activism on Violence Against Women as a platform for training activists in the SADC region in strategic communications. These campaigns led to inevitable questions about how such campaigns would be sustained beyond the Sixteen Days. In 2006 GL began working with nine countries in the SADC region to extend the Sixteen Days to a 365 Day National Action Plan strategy to end gender violence.

Developing action plans inevitably led to the need for reliable baseline data, targets and indicators for measuring progress in an arena where most violence is under-reported or not reported at all, leaving administrative data as an unreliable source of information.

In August 2008, SADC Heads of State adopted the Protocol on Gender and Development that, among others, aims to halve gender violence by 2015. This reinforced the need for reliable baseline data against which to benchmark progress. From the outset, GL viewed this as a regional project, piloting it in Gauteng (the most populous province of South Africa) but also in the two countries where the organisation has satellite offices: Mauritius and Botswana. Drawing on the 2007 UN Expert Group

¹ SADC Gender Protocol Alliance Barometer, 2010.

Report on developing indicators for measuring GBV, some preliminary work began in earnest in Southern Africa through an initiative supported by UN Trust Fund and spearheaded by Gender Links. The key players included representatives of government (i.e. gender, justice, health, police, and prosecuting authority), research institutes and NGOs working on gender justice issues.

The UN Economic Commission Africa Gender Centre (UNECA/AGS) commissioned desktop research for the rest of Africa following similar methods used by GL and partners for the pilot project. The Centre for the Study of Violence and Reconciliation has found through administrative data collection and situational analysis that there are gaps in the data collected by many different countries on GBV. Some countries do not even have the recording systems on any aspect of GBV. Laws in the different countries do not regard certain acts of GBV as punitive violations, thus making it difficult for countries to speak the same messages on GBV. This is taking place despite the fact that most countries are in unanimous agreement that GBV is a gross violation of human dignity based on gender, and have made



Photo: Gender Links

demonstrable strides in combating its existence, mainly through ratifications such as the SADC Protocol on Gender and Development.

The work of developing a set of indicators to measure GBV includes the UNIFEM funded expert group think tank meeting took place from 10 - 11 July 2008. Sixteen representatives from government, research organisations, South African and regional NGOs focusing on gender and gender violence issues participated. This meeting sought to get conceptual clarity on what is required as well as get buy-in from key stakeholders on developing a composite set of indicators to measure gender violence that is methodologically solid; pre-tested and can eventually be applied across the region.

The think tank meeting aimed to determine indicators that can be used to measure the extent of the problem (what uniform administrative and survey data could be obtained across all countries); the effect of the problem in social and economic terms; the response and support interventions as measured by the multi-stakeholder National Action Plans to End Gender Violence that are in turn based on the SADC Addendum and draft Protocol on Gender and Development; and the prevention interventions that underscore the importance of a paradigm shift towards prevention rather than simply response mechanisms.

Key conceptual decisions taken at the meeting included the need to incorporate GBV as experienced by both women and men, and mostly perpetrated by men with a greater emphasis on the fact that women are most affected by GBV; to interrogate existing admini-

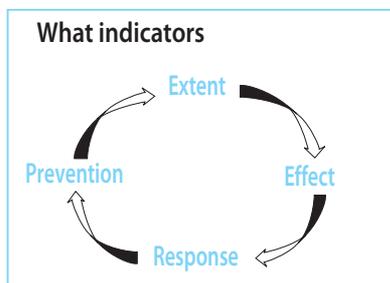
strative data much more closely; to use prevalence studies to determine the extent of underreporting and rarely reported types such as emotional and economic abuse; to combine prevalence and attitude studies and to facilitate more in-depth interrogation of data, for example on whether there are links between being a survivor/perpetrator and various kinds of attitude/behaviour.

Overall the team emphasised the need to test a draft set of indicators in a pilot project at local level before these are cascaded nationally and regionally. This study would gradually build support and buy-in for a comprehensive set of indicators that provides meaningful and nuanced measures of progress or regression.

Unique features of the pilot project

Unlike many prevalence surveys that have been conducted which focus on few aspects of GBV at a time, the set of indicators seek to measure:

- The extent of the problem (what uniform administrative and survey data could be obtained across all countries).
- The effect of the problem in social and economic terms (burden of GBV on society and governments).
- Response and support interventions as measured by the multi stake holder National Action Plans to End Gender Violence that are in turn based on the SADC Addendum and Protocol on Gender and Development.



- Prevention interventions that underscore the importance of a paradigm shift towards prevention rather than simply response mechanisms.

The expert group came up with a set of indicators that can be used to:

- Measure the extent of the problem (what uniform administrative and survey data could be obtained across all SADC countries);
- Measure the effect of the problem in social and economic terms;
- Evaluate the response and support interventions;
- Evaluate the prevention interventions;
- Measure GBV as experienced by both women and men, with the acknowledgment that most GBV is perpetrated by men against women;
- Interrogate existing administrative data more closely;
- Combine both prevalence and exploratory qualitative studies to determine the extent of underreporting and rarely reported types of GBV such as emotional and economic abuse;
- Combine prevalence and attitude studies;
- Facilitate a more in-depth interrogation of data, for example on whether there are links between being a survivor/perpetrator and various kinds of attitudes/behaviours; and
- Measure the economic costs of providing criminal justice and health services.

Scope

Following the completion of the Gauteng study, the GBV Indicators study is being rolled-out in the Kwazulu-Natal, Western Cape and Limpopo provinces of South Africa in 2011. In Mauritius, GL worked in partnership with the Mauritius

Research Council (MRC) to conduct the prevalence study. In Botswana, the project is being spearheaded by the Women's Affairs Department (WAD) housed in the Ministry of Labour and Home Affairs. By the end of 2011, GL will have completed the study in four provinces of South Africa and two SADC countries.

Country context

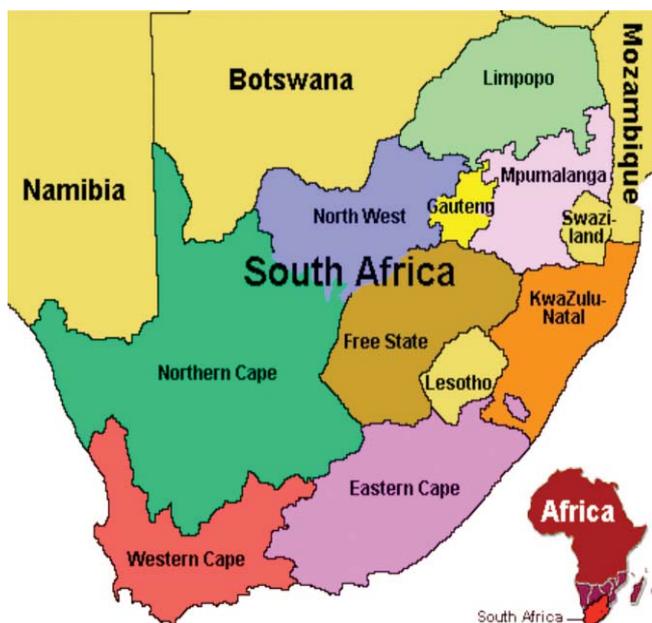
South Africa has a history of interpersonal violence linked to conflict and political struggle.² Violence and injuries are the second leading cause of death and reduction in quality of life, also known as lost disability-adjusted life years in the South Africa.³

Forms of intimate partner violence and sexual violence are the most common forms of violence experienced by women. Gender violence continues to be one of the most common and serious human rights violations occurring in South Africa. GBV is entrenched in gender inequality at a structural and relationship level. South Africa's ethnic groups are primarily patriarchal. Men's control over women is seen as a sign of masculinity. Culture, religion and media reinforce these norms. These norms promote the view that men should be in power within homes and public institutions while women should be in a position of subservience.

Previous GBV research

Since the *Three Provinces Study* conducted in Mpumalanga, Eastern Cape and the (then named) Northern Province by the Medical Research Council (MRC) in 1998, no subsequent study on the prevalence of GBV among women in a community with a representative sample of women in the population (that has used reliable methods and thus provided robust prevalence estimates) has been conducted.

The research used a cluster sampling methodology to draw a randomly-selected sample of women in the province. Researchers interviewed one randomly selected woman between the ages of 18-49 in each selected household: a total of 1306 women in the three provinces: 403 in the Eastern Cape, 428 in Mpumalanga and 474 in the Northern Province.



² www.statssa.gov.za
³ Seedat et al 2009.

The key findings of the MRC study were published in a report entitled “He must give me money, he mustn't beat me”, Violence against

women in three South African Provinces and associated articles and the findings were as follows:^{4,5,6}

Table 1.1: Findings of the Three Provinces Study

Indicator	Eastern Cape	Mpumalanga	Northern Province
% of women ever physically abused by a partner	26.8	28.4	19.1
% of women experiencing partner physical violence in the past year	10.9	11.9	4.5
% women ever raped	4.5	7.2	4.8
% women whose partner had ever boasted about or brought home girlfriends	5	10.4	7
% of women physically abused during pregnancy	9.1	6.7	4.7
% of women experiencing physical abuse who had been injured in the previous year	34.9	48	60
% of women who had experienced emotional or financial abuse in the previous year	51.4	50	39.6
Estimated number of women treated in health facilities for injuries from partner violence per year	121 000	74 294	93 868
Estimated number of days lost from employment due to partner violence per year	96 751	178 929	197 392
Estimated number of days spent in bed due to injury after abuse per year	480 709	154 184	263 871

The study concluded that:

- Emotional, financial and physical abuse are common features of relationships and many women have been raped.
- Physical violence often continues during pregnancy and constitutes an important cause of reproductive morbidity.
- Many women are injured by their partners and considerable health sector resources are expended on providing treatment for these injuries.
- Injuries result in costs being incurred in other sectors, notably to the family and the women's

community and employers and the national economy.

South Africa has a rate of intimate femicide-suicide, (when a woman is killed by an intimate partner who then commits suicide) that exceeds reported rates for other countries. The 1999 *Intimate Femicide-Suicide in South Africa: A Cross-Sectional Study* examined the incidence and patterns of intimate femicide-suicide and described the factors associated with an increase in the risk of suicide after intimate femicide (the killing of an intimate female partner).⁷ A cross-

⁴ Jewkes R, Penn-Kekana L, Levin J, Ratsaka M, Schriber M (1999) “He must give me money, he mustn't beat me” Violence against women in three South African Provinces. Medical Research Council Technical Report, Pretoria.

⁵ Jewkes R, Penn-Kekana L, Levin J, Ratsaka M, Schriber M. Prevalence of emotional, physical and sexual abuse of women in three South African Provinces. *South African Medical Journal* 2001; 91(5):421-428.

⁶ Jewkes R, Penn-Kekana L, Levin J. Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science and Medicine* 2002; 55, 1603-1618.

⁷ *Intimate femicide-suicide in South Africa: a cross-sectional study*, Shanaaz Mathews, Naeemah Abrahams, Rachel Jewkes, Lorna J Martin, Carl Lombard & Lisa Vetten.

sectional retrospective national mortuary-based study was conducted at a proportionate random sample of 25 legal laboratories to identify all homicides committed in 1999 of women aged more than 13 years.

Data was collected from the mortuary file, autopsy report and a police interview. Among 1349 perpetrators of intimate femicide, 19.4% committed suicide within a week of the murder. The homicide rate of women was six times the global average, and half of all women were killed by an intimate partner. Suicide after intimate femicide was more likely if the perpetrator was from a white rather than an African racial background. The attributable fraction shows that 91.5% of the deaths of legal gun-owning perpetrators and their victims may have been averted if this group of perpetrators did not own a legal gun. This study highlights the public health impact of legal gun ownership in cases of intimate femicide-suicide.⁸

In June 2009, the MRC published the study *Understanding men's health and use of violence: interface of rape and HIV in South Africa*.⁹ The study was based on research conducted with a representative sample of adult men living in three districts in the Eastern Cape and Kwazulu-Natal provinces of South Africa. A total of 1738 men were interviewed in the two provinces. The aim of the research was to understand the prevalence of rape perpetration in a random sample of community-based adult men, to understand factors associated with rape

perpetration, and to describe intersections between rape, physical intimate partner violence and HIV. The key research findings were as per Table 1.2 alongside:¹⁰

The study recommended that:

- Rape prevention must focus on changing social norms around masculinity and sexual entitlement, and addressing the structural underpinning of rape.
- Post Exposure Prophylaxis is a critical dimension of post-rape care, but it is just one dimension and a comprehensive care package needs to be delivered to all survivors and should include psychological responses to rape.
- HIV prevention must embrace and incorporate promoting more gender equitable models of masculinity. Interventions that do this effectively must be promoted as part of HIV prevention.

Studies undertaken with men, including population-based samples, and with subgroups of women, suggest that the reported prevalence of GBV might be an underestimate. The GBV Indicators Project conducted by GL and MRC provides the first population-based prevalence data on women for more than a decade and comparative data in the form of reports on perpetration by men. It encompasses the extent, effects, response, support and prevention of GBV, as well as awareness of legislation and services available to the survivors. The research provides important insights into the prevalence of GBV and perpetration of sexual violence in South Africa at the time it was completed.

⁸ Ibid.

⁹ Jewkes R, Sikweyiya Y, Morrell R, Dunkle K (2009) *Understanding men's health and use of violence: interface of rape and HIV in South Africa*. Technical Report. Medical Research Council, Pretoria.

¹⁰ Ibid.

Table 1.2: Understanding men's health and use of violence findings

Indicator	Overall findings
Rape	
% of men who have ever raped a women	27.6
% of men who raped a woman/women in the past year	4.6
% of men who had raped a partner (female)	14.4
% of men who raped a stranger or acquaintance	21.4
% of men who done a gang rape	8.9
% of men who raped a man or boy	2.9
Attempted rape	
Attempted rape of a women/women ever	16.8
Attempted rape of a woman/women in the past year	5.3
Rape patterns	
Men who had raped more than one woman	46.4
Men who had raped 2-3 women	23.2
Men who had raped 4-5 women	8.4
Men who had raped 6-10 women	7.1
Men who had raped more than 10 women	7.7
Rape and HIV	
Prevalence amongst men who had raped	19.6
Prevalence amongst men who had not raped	18.1
Physical intimate partner violence and HIV	
% men who have ever been physically violent to a partner	42.4
% men who have been physically violent in the last year	14.0

Political and social context

The GBV Indicators research began in April 2009. The analysis is based on data for the financial year 1 April 2009 to 31 March 2010, or data collected during 2010. Gender featured prominently in national discourse during this period. Key events included:

- South African elections in April 2009;
- The elections yielded democratic South Africa's first polygamous president;
- Julius Malema, youth leader of the ruling African National Congress (ANC) became the most vocal gender (in)equality advocate;
- Athlete Caster Semenya's sexual identity became "news" headlines around the globe.
- Preparations for World Cup Soccer 2010 kicked into high gear.

In the run-up to South Africa's general elections in 2009, as well as in the period immediately following it, politicians from all sides of the political divide used sexist slurs to attack the other side.



Caster Semenya.

Sexist slurs mar the 2009 elections

At the centre of the storm is the appointment by Helen Zille, leader of the opposition Democratic Alliance (DA), of an all male, 75% white cabinet in the Western Cape, the only one out of nine where the African National Congress (ANC) is not in control. While it is true that President Jacob Zuma behaved in an irresponsible manner by having unprotected sex with an HIV positive woman and claiming that he could not leave a woman in a kanga “in that state” during the rape case against him in 2006, using attack as a form of defence for her cabinet as Zille did is inexcusable. Zille is correct that jobs for the girls do not, on their own, equate gender equality. But she is wrong that having a cabinet so out of step with current day realities in South Africa is acceptable.

One woman at the top of the party means little when only 29% of the members of parliament from the DA are female (down from 35% in the last parliament led by Tony Leon). The numbers are even more paltry for the DA's representation in the National Council of Provinces (20%) and a mere 9% (Zille herself) in the Western Cape cabinet, compared to 64% in Gauteng; 55% in Limpopo and Northwest (led by ANC women).

Indeed, the overall impressive figures of 44% women in parliament; 41% in the national and provincial cabinets; and 38% in the NCOP have come about almost entirely as a result of the ANC's 50/50 quota. The question that needs to be asked is whether South Africa can or should be edging towards gender parity in decision-making, as required by the SADC Protocol on Gender and Development by 2015, on the back of one political party.



The DA's performance gives grist to the 50/50 campaigners who have been calling for a legislated quota that would oblige all parties, including the DA that is vehemently opposed to quotas, to shape up or ship out. The Congress of South African Trade Unions (COSATU) should indeed be adding this to its arsenal of arguments before the Equality Court and Human Rights Commission.

The fact that as a woman Zille argues so fervently in favour of her all male cabinet has already led to the term “the Zille effect” being coined in gender circles to denote “women who behave worse than men” in political decision-making. Other than the lack of specific qualifications by the men appointed by Zille for their tasks that has already extensively been commented upon, one wonders how qualified these men are to address the kinds of issues that Zille says are her priorities such as drugs and teenage pregnancies.

The argument for gender balance in decision-making goes beyond numbers. It is premised on volumes of research that show that having all interest groups represented in decision-making is critical for transparency, responsiveness and good governance. The most basic demographic of any society, the Western Cape included, is that

society comprises of women and men. Following on from the “who feels it knows it” principle, one must ask Zille what her all male cabinet knows about the experiences of women, especially poor black women, in the Western Cape and how “fit they are for the purpose” of addressing the needs of half the population.

Zille's cabinet opens her to accusations of racism and sexism, in exactly the same way as she accused Zuma of being “a self confessed womaniser with deeply sexist views.” It should also be remembered that she opened the sexist slinging match with ANC Youth League leader Julius Malema by calling him an uncircumcised man. It is, however, equally unacceptable for the ANC Youth League to refer to Zille as a “girl” who “appointed an all male cabinet of useless people, the majority of whom are her boyfriends and concubines so that she can continue to sleep around with them.”

Umkhontho we Sizwe Military Veterans Association also entered the fray, accusing Zille of “sleeping with more than her fair share of white males.” In all the mudslinging that takes place between male politicians, one has never heard these men being accused of sleeping around with other women. It's precisely this kind of “gutter” language applied to women politicians that results, the world over, in women shying away from politics. Fortunately, ANC leaders in Luthuli House distanced themselves from utterances that make a mockery of the Constitution and of the ANC's proud history of fighting racism and sexism. The DA apparently also called Zille into line.

Both parties need to focus on the real issues, which are that women constitute the majority of the

poor; the dispossessed and the unemployed; they are not yet equally represented in politics and they are heavily under-represented in other spheres of decision-making including the private sector; the judiciary; the media; academia and law enforcement agencies.

The majority of women in this country are governed by a dual legal system that gives them rights through the Constitution and takes them away through customary law. The net effect is that many women remain minors all their lives: under their fathers, husbands, brothers-in-laws and even their sons.

Photo: Colleen Lowe Morna



South Africa has among the highest levels of gender violence in the world. This is exacerbated by the high levels of HIV and AIDS that are both a cause and consequence of gender violence. It is estimated that one in nine women never report these violations for fear of reprisals by family and because the legal system is at best unresponsive, at worst dismissive of their suffering.

It does not help matters that Zuma failed to silence those who bayed for the blood of his rape accuser and that, after losing her case, she now lives in exile, stripped of her citizenship because she chose to exercise her rights. Nor is it encouraging that the Office on the Status of Women that used to reside in the President's Office has been relegated to a Ministry of Women, Youth, Children and

Excerpt from an article by Colleen Lowe Morna, CEO of Gender Links for the GL Opinion and Commentary Service.

Disability; and that the CGE is in such a toothless tiger.

While the DA needs to understand that you cannot have gender equality without having jobs for the girls the ANC needs to understand that gender equality is a lot more than jobs for the girls. These are the real issues. Let's get back to them.

In March 2007, South Africa adopted the 365 Day National Action Plan for Ending Gender Violence, driven by the sexual offences unit of the National Prosecuting Authority (NPA). The then Office on the Status of Women in the President's office placed coordination of the Sixteen Days of Activism campaign in the Ministry of Provincial Affairs and Local Government.

Post-elections, the President announced a new Department of Women, Children and People with Disabilities, now responsible for the coordination of GBV. Combining women, people with disabilities and children presented some concerns to activists. Women and people with disabilities are adults who should be empowered to exercise their agency while children need to be cared for by both women and men.

In the run-up to the World Cup Soccer 2010, the decriminalisation of sex work featured highly on the public agenda. While some called for the temporary legalisation of sex work, others advocated for a forceful "clean-up" of sex workers. Politicians did not make any clear statements about sex work, its decriminalisation, or measures to protect sex workers.

Sex workers are regularly abused by their clients, boyfriends and third parties in the sex industry, yet criminalisation prevents them from reporting abuse to the police or from seeking legal recourse after robbery, rape or sexual assault. Police harassment of sex workers in the form of assault, repeated arrest, rape, extortion, and demands for sex or money as bribes is well documented.

Conclusions

The events during the year of this research highlighted the need for continuing open dialogue and engagement on issues of gender such as polygamy; promiscuity; sex; sexuality; homophobia and the need for political functionaries to be thought leaders on these issues.

Public discourse on gender and GBV must create spaces for the ordinary citizen to engage leaders on their commitment to gender and to changing women's lives, especially in regard to GBV. It is also clear that there is a need for comprehensive research on GBV from the perspectives of both women and men to help guide and initiate strategies to address the high levels of GBV in South Africa.