

# CHAPTER 2

## Methodology



Mmatshilo Motsei facilitating the follow-up to the "I" Stories workshop in November 2009.

*Photo: Colleen Lowe Morna*

### Key facts

The GBV indicators methodology includes six elements:

- ✓ Household survey of GBV prevalence, service use and experiences and gender attitudes;
- ✓ An analysis of administrative data from the police, shelters, health services and social services;
- ✓ Costing of GBV;
- ✓ Assessing the "I" Stories healing through writing methodology;
- ✓ Political discourse analysis; and
- ✓ Monitoring GBV coverage in the media.



Sweetness Gwabe.

Photo: Colleen Lowe Morna

**W**hile I was at the shelter I wrote a poem for a People Opposing Women Abuse (POWA) competition, and afterwards they asked me to participate in the "I" Stories. They explained to me what it was about and that the stories would be published. At the time, I was really afraid for my story to be published and therefore I did not use my own name. When someone constantly tells you that you are worth nothing, you believe it and you just want to hide away.

*I also feared that my husband would hit back and publish against me and spread lies about me, because I know how he is.*

*The "I" Stories project changed me tremendously. I realise who I am, a woman of multiple talents. I became myself and not what I have been told I am: useless. I am now a role model to my children. I walk in front of them and am confident because I know that children who grow up in an abusive home often lack confidence.*

*The way I feel now, I wish I had not hidden my name. The thing with abuse is that you get used to it and think everything is right. Even when others criticised my husband, I would still defend him and say he is like this, you will get used to him. I saw nothing*

*wrong. Later he isolated me from my friends and family and locked me and the children in the house. My house became a prison.*

*I want my friends and family to read my story and explanation. When I distribute the "I" Stories book to them, it is not necessarily about my story, because all stories are effective. I am empowering my daughter and other women not to repeat my mistakes. When you are with your spouse and you read these stories you will be able to pinpoint some mistakes to your spouse.*

*It is vital that your spouse must know your likes and dislikes. You mustn't compromise. A yes must be a yes and no must be a no. That is another thing that kills us women, we keep on compromising. When they read these stories, women will be empowered. When I read other stories, I compare them and think my story wasn't as bad as theirs. I cried reading the other stories, they are too brutal, and thought I would not have allowed that to happen to me.*

*But I realise if others read mine, they might say the same. I keep on reading them, they never bore me.*

Sweetness Gwabe wrote her "I" Story under a pseudonym in 2007. In her story *Now I see the light* Gwabe wrote about the 37 years of abuse she had experienced because she did not want to deprive her children of a father.

Gwabe grew up in well-off, loving family; her self esteem was low by the time she finally left her husband. Writing her story has restored her self esteem and confidence. Through the "I" Stories project she articulated her story in a safe and supportive environment. Gwabe is a role model to her children.

The “I” Stories provide a space for women who have experienced, or are experiencing, violence to tell their stories using their own voices. The facts and figures are very important but it is equally important to hear the voices of the women who live through GBV on a daily basis. Beyond the responses and services available to survivors of GBV there have to be strategies to rebuild women's souls. After 37 years of abuse, Gwabe's story shows that she is healing and in her own words: “Today I am a proud woman”.

This chapter provides a technical background to the GBV Indicators Project. It covers the definition of GBV; key research questions; tools used and project components.

### Definition of GBV

The 1993 UN Declaration on the Elimination of GBV defined GBV as “any act which 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”.<sup>11</sup> It indicated that this definition encompassed, but was 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; and
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.<sup>12</sup>

For the purposes of this study, GBV includes:

- Physical, sexual, psychological and economic intimate partner violence;
- Rape and sexual assault by a partner, stranger, acquaintance or family member, experienced by adults and in childhood; and
- Sexual harassment at school or work.

### Objectives

The project seeks to contribute to the reduction of the current levels of GBV by 50% by the year 2015 through the comprehensive assessment of the extent and effects and the response to GBV as provided by the National Action Plans to end Gender Violence in South Africa, Botswana and Mauritius. This work will produce high quality, academically rigorous but accessible and understandable research that will lead to policy changes (especially resource allocations) and strengthening of the National Action Plans.

<sup>11</sup> Cited in (2008), Population Council, “Sexual and Gender-based Violence in Africa - A literature review”, available at: [http://www.popcouncil.org/pdfs/AfricaSGBV\\_LitReview.pdf](http://www.popcouncil.org/pdfs/AfricaSGBV_LitReview.pdf)

<sup>12</sup> Ibid.



**Table 2.1: Project components and tools used to gather data**

Research tool/ Indicators	Prevalence and attitudes survey	Administrative data	Qualitative research	Costing exercise	Media monitoring	Discourse analysis
Extent	X	X	X			X
Effect	X		X	X		
Response	X		X		X	X
Support	X	X	X		X	X
Prevention	X		X		X	X

Table 2.1 shows how these tools are used and triangulated throughout the research to answer the key questions relating to extent, effect, response, support and prevention. The flagship tool is the prevalence/attitude study, justified on

the basis that statistics obtained from administrative data do not cover many forms of gender violence, and even those that are covered are under-reported. Some key conceptual issues regarding this study include:

**Stand alone survey versus linkage to existing surveys:** While there are cost and logistic arguments for a GBV prevalence survey being attached to another broad population survey (such as Demographic Health Survey; HIV and AIDS) this dilutes the focus and has potential ethical issues. GBV is a complex, specialised area requiring dedicated attention. By conducting a standalone GBV prevalence survey (the first of its kind) GL and the MRC hoped to establish the principle that such studies and analysis must be routinely conducted.

**GBV versus violence against women:** Unlike previous studies that recruited either men or women, this study made use of two separate questionnaires: for women (focusing on their experiences of GBV) and men (focusing on

perpetration) of violence against women. The focus on women is justified by overwhelming evidence (from the routinely collected South African Police Services Domestic Violence data that shows that 80% of domestic violence survivors are women) that the majority of gender violence cases consist of violence against women. Comparing women's reports of experience and men's reports of perpetration makes this study different from any other GBV study conducted in South Africa.

**Combining a prevalence and attitude study:** The rationale behind doing so is both that this is more cost effective, but also that correlations can be drawn between experiences, attitudes and behaviour when the data is drawn from the same sources.

### GBV prevalence and attitudes survey

The survey was conducted between April and July 2010 with a randomly selected sample of men and women living in Gauteng province aged

18 years and over. A two stage proportionate stratified sampling strategy was used to identify a representative sample of women and men. The sample was stratified according to socioeconomic criteria. 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, and within each PSU, 20 households were randomly selected for interview. One eligible, mentally competent, male or female was selected from those who stayed four nights a week or more in a household. There was no replacement of households or individuals if they did not have an eligible member or that person was unavailable or unwilling to be interviewed.

The resulting sample comprised a total of 1568 households, 794 for women and 774 for men. In each household all women (or men) were enumerated and one was randomly selected for interview. Interviews were conducted in all PSUs and with 511 women and 487 men. Fieldworkers reached 96% of the selected households and found 89% of those had an eligible household member. Among those selected for interview, there was a 7.7% refusal rate. The overall response rate among enumerated and eligible men and women was 75%, which was 73% for women and 77.2% for men.

### **Ethics**

All participants were informed about the study, told that participation was voluntary and the interview would be anonymous and data kept confidential. They gave verbal informed consent to participate. The World Health Organization (WHO) Ethical and Safety Recommendations for

Research on Domestic Violence Against Women were followed in the study.<sup>13</sup> All women were given information on how to access services that helped those experiencing GBV. Ethics approval for the study was obtained from the Medical Research Council Ethics Review Committee in December 2009.

### **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 questionnaires were pretested with 20 men and 20 women from a PSU that was not part of the study. The questionnaires were administered either self-completed or in face-to-face interviews conducted by same-sex fieldworkers in absolute privacy and data was entered on a Personal Digital Assistant (PDA).

### **Questionnaire content**

The questionnaires included questions on the following:

- Socio-demographic characteristics and partner characteristics;
- Prevalence and patterns of physical, sexual and emotional intimate partner violence perpetration and victimisation;
- Prevalence and patterns of rape perpetration and victimisation;
- Prevalence of IPV in pregnancy;
- Prevalence and patterns of abuse in childhood among women and men;

<sup>13</sup> World Health Organization. 2001. *Putting Womens' Safety First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. Geneva, Switzerland: Global Programme on Evidence for Health Policy, World Health Organization. Report No.:WHO/EIP/GPE/99.2.

- Prevalence of sexual harassment;
- Prevalence of injury from Intimate Partner Violence (IPV) and health and social impact;
- Attitudes towards rape, gender equity and gender relations;
- Control of female partner by the male partner, disclosed by women and men;
- Experiences of witnessing of, and intervening, with GBV among women and men;
- Sexual behaviours: including condom use, concurrent partners, number of sexual partners and transactional sex;
- Self-reported Sexually Transmitted Infections (STIs), HIV testing, unwanted/unplanned pregnancy, substance use, depression and post-traumatic stress disorder among women;
- Awareness of campaigns against GBV and relevant legislation (including Domestic Violence Act and Sexual Offences Act); and
- Responses to rape.

### Community access

Community mobilisation facilitated access to the study sites. Researchers contacted the local ward councillors and explained the study. The councillors provided letters of support that were used to gain access to the households.

### Statistical analysis

The study design provided a self-weighted sample. Data files were collated and analyses were carried out using Stata 10.0. All procedures took into account the two stage structure of the dataset, with the PSUs as clusters. No efforts were made to replace missing data. Standardised

formulae were used to calculate response, refusal, eligibility and contact rates.<sup>14</sup>

The data were summarised as percentages (or means), with 95% confidence limits calculated using standard methods for estimating confidence intervals from complex multi-stage sample surveys (Taylor linearisation). Pearson's chi was used to test associations between categorical variables.



Dr Chris De Kock, head of the Crime Information Analysis Centre of SAPS, commenting on earlier drafts of this report. *Photo: Colleen Lowe Morna*

### Characteristics of men and women participating in the survey

Table 2.2 overleaf 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

<sup>14</sup> Response rate = proportion of achieved interviews in all the eligible households.

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

\*Refusal rate = proportion of all the estimated eligible cases that refused to answer. Calculated: number of refusals/number of eligible households.

\*Eligibility rate = proportion of eligible cases among the total cases. Calculated: number of eligible households/number of selected households.

and only 26% aged 45 and over. The majority of the sample were 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 matriculation examinations versus 43% of women. Men were more likely to have worked in the past year than women (66% vs. 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 did not have food at home.

**Table 2.2 Socio-demographic characteristics of women and men participating in the study**

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

### Administrative data

Administrative data gathered to document the extent of GBV as recorded in public services, namely police, health services, social services and shelters. Efforts to obtain court data were unsuccessful.

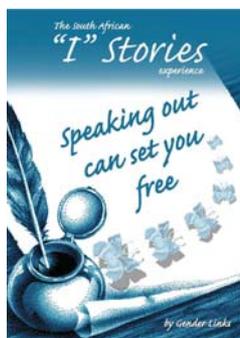
The main purpose of collecting and analysing administrative data was to complement the

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, more especially of intimate partner violence, mainly due to the high levels of underreporting. In the words of Sylvia Walby: "...it would be most unwise to treat such data as a guide to the actual level of violence in 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”<sup>15</sup>

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 survivors and the areas in need of improvement.<sup>16</sup>

### The “I” Stories experience



In 2004 GL started the “I” Stories project as a part of the 16 Days of No Violence campaign. GL worked with women who had experienced violence, and men who used to perpetrate violence, to write their stories. These personal accounts were published

in a booklet called the “I” Stories. Over a five year period, GL has worked with 55 women and 9 men in the Gauteng region to write their stories. The stories provide an opportunity for people who have experienced or perpetrated GBV to tell their stories in their own voices. Excerpts from the stories are quoted throughout this report.

The “I” Stories use writing as a way of healing. In December 2009, a follow-up workshop was held with the women from Gauteng who had been part of the “I” Stories from 2004-2008. The participants who responded to the alumni call spent a weekend writing follow-up “I” Stories.

This report includes an analysis focusing on the how taking part in the “I” Stories project affected the lives of these participants.

### Analysing the societal and individual costs of GBV

Governmental costs are actual expenditures related to GBV, including health care, judicial and social services. Indirect costs represent the value of lost productivity from both paid and unpaid work, as well as the foregone value of lifetime earnings for women who have died as a result of GBV.<sup>17</sup>

From a public health perspective the cost to society can be useful for advocacy initiatives related to prevention, the improvement of budget allocations and actual expenditure at the government level. The financial effects of the different forms of GBV on the response sector and individuals are not well documented and there is little evidence that they are measured at all.

### Media monitoring

The extent and manner of GBV coverage in the media was measured as part of the regional Gender Links *Gender and Media Progress Study* conducted in 2009. This project analysed GBV content in the media over a period of one month. The media monitoring on GBV assessed the extent of GBV coverage, sex of sources, topics covered, depiction of survivors, and sex of the reporters.

<sup>15</sup> Walby, S, op cit.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

The study sought to answer the research questions outlined below.

- What topics are given the most and least coverage in the media?
- What proportion of coverage is specifically on GBV?
- What proportion of coverage mentioned GBV?
- How do media houses in each country compare with each other in their coverage of GBV?
- Of the coverage on GBV, what proportion is on prevention, the effects on victims and others, support and response?
- How do the GBV topics further break down into sub-topics?
- What is the overall breakdown of genres (news and briefs, cartoons, images and graphics, editorial and opinion, features and analysis, feedback, interviews, profiles and human-interest stories)?
- How does GBV coverage break down with regard to these genres?
- Where do the stories come from (international, regional, national, provincial, local)?
- How does GBV coverage break down with regard to origin of stories?
- On average, how many sources per story are there on GBV stories?
- On average, how many stories indicate the connection between GBV and HIV and AIDS?
- Overall, what is the proportion of women and men sources?
- How do individual media houses in each country compare with regard to male and female sources?
- What is the breakdown of women and men sources in the stories about, and stories that mention, GBV?

- What is the breakdown of women and men sources in the further breakdown of the GBV topic category into prevalence, effects, support and response?
- In the case of GBV sources, what proportion are persons living with HIV and AIDS, persons affected by HIV and AIDS, traditional or religious figures, experts, civil society, official and UN agencies or other?

### *Research tools*

Research combined both quantitative and qualitative research methods. Monitors gathered quantitative data on the media's coverage of gender, HIV and AIDS and gender-based violence. Team leaders in each country selected articles for further analysis to give more in-depth analysis to the quantitative findings.

### *Quantitative research*

The quantitative monitoring consisted of capturing data on the media's coverage of gender, GBV and HIV and AIDS using a coding instrument. Data was captured into a database pre-designed for this research. Monitors had to capture a specified set of data from each item. This included information about the item itself, who generated or presented the story (presenter, anchor, reporter, and writer) and who featured in the item.

The process included:

- Filling in standard forms each day for each item monitored with the assistance of a user guide prepared by Gender Links;
- Submitting forms for checking to the team leader who generally monitored at least one medium to better understand any difficulties that the monitors encountered;

- Entering of data into a database;
- Quality control by Gender Links;
- Delivery of the database by e-mail to Gender Links to be synthesised into one central database that has made possible this regional overview report, as well as country comparisons with regional averages; and
- Data analysis and generation of graphs.

### *Qualitative research*

After the quantitative monitoring, articles were selected for further analysis to give more in-depth analysis of the quantitative findings. These case studies highlight best practices in the coverage of gender, HIV and AIDS, GBV as well as areas that need to be improved. The case studies serve to further elaborate and support many of the observations made in the quantitative analysis and answer the following questions:

- How are women and men labelled as sourced in the media?
- Is there a good balance of men and women sources? Do women and men speak on the same topics, or do media reserve specific topics for men only and specific topics for women?
- Does the language promote stereotypes of men and women?
- Are physical attributes used to describe women more than men?
- How are women portrayed in the story? How are men portrayed in the story?
- Are all men and women in a society represented and given a voice in the media?
- What are the missing voices, perspectives in the story?
- What are the missing stories?



Coverage of GBV in the media needs improvement. Photo: Trevor Davies

### Political content and discourse analysis

The views and attitudes articulated by political leaders impact what information citizens access and what issues are discussed in the public sphere. To measure the prevailing GBV discourse articulated by political leaders, GL analysed the content in speeches made by key government functionaries. GL analysed 1956 speeches to assess the extent, understanding and commitment to GBV.

The speeches were accessed from the official Government Communication and Information System (GCIS) - <http://www.gcis.gov>, official Parliament 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 March 2010.

Other speeches were obtained from political party websites. Only official written speeches or records of Parliament debates were analysed. An

example of a political discourse analysis follows. The article provides a gender analysis of the State of the Nation speech and the Budget speech for 2010.

### *Citizens' perceptions*

This complementary research was a qualitative method aimed to explore the implicit and explicit implications of statements made by political functionaries on GBV. It explores how these

statements and the way they are reported by the media can influence public perception, thoughts and actions. Focus group discussions were held with six groups of eight people. Groups were either all male or all female. The process involved a facilitator presenting different off-the-cuff statements made by politicians. This was followed by a discussion about the statements. Focus group discussions were held using media artefacts and semi-structured questions.