

## Key facts

### Lifetime prevalence

- Thirty-nine percent of women interviewed experienced GBV at least once in their lifetime, and 39% of men interviewed perpetrated GBV at least once in their lifetime.
- IPV is the most common form of GBV experienced by women followed by abuse in pregnancy, attempted rape, non-partner rape and sexual harassment.
- Forty-four percent of ever partnered women experienced, while 37% of ever partnered men reported, perpetration of some form of IPV in their lifetime.
- Emotional IPV is the most commonly experienced and perpetrated form of IPV in lifetime experiences. Forty percent of ever partnered women experienced, while 30% of ever partnered men perpetrated, emotional IPV in their lifetime.
- Twenty-five percent of ever partnered women experienced, while 20% of ever partnered men perpetrated, physical IPV in their lifetime.
- Thirteen percent of ever partnered women experienced, while 9% of ever partnered men perpetrated, economic IPV in their lifetime.
- Thirteen percent of ever partnered women experienced, while 5% of ever partnered men perpetrated, sexual IPV in their lifetime.
- Thirteen percent of women experienced abuse during pregnancy.
- Seven percent of women were raped by non-partners in their lifetime whereas 15% of men reported raping a non-partner in their lifetime.
- There was under-reporting of IPV and rape to the police and medical providers by women in lifetime experiences.

### Prevalence rate 12 months prior to the study

- More than a tenth (12%) of women experienced, and men perpetrated, some form of IPV in the 12 months prior to the survey.
- Emotional IPV was the most commonly experienced and perpetrated form of IPV 12 months prior the survey.
- Equal proportions (9%) of ever partnered women experienced and men perpetrated emotional IPV in the 12 months before the survey.
- One percent of women were raped by non-partners in their lifetime while 2% of men admitted perpetration.
- There was under-reporting of experiences of IPV and rape to police and medical providers by women in the 12 months prior to the study.



Take Back the Night Mosselbay Summit Study Visit, Western Cape, South Africa. Photo: Ntombi Mbadlanyana



"I, Candice, grew up poor and didn't have much as a child. My parents divorced for the second time when my father started taking drugs. My mother got involved with a man who sexually molested me.

When I was four years old, she got involved with another man. I remember my mother fighting with a woman in my presence. I later found out that the man my mother was dating was married. I was heartbroken.

I became friends with a girl who stayed in a block of flats away from where I stayed. She invited me to her birthday party. I met her father and his presence instilled a sense of fear in me. When it was bed time I asked if I could sleep over and they agreed. That was the first time that my friend's father hit me with a belt. He said my mother had given him permission for him to beat me but I later found out she never knew about the incident.

My mother married him two weeks later and on their wedding night I witnessed her being beaten for the first time. I saw him rape her numerous times. He also put her face under the shower and dragged her through rose bushes. I also remember a time she came running to my room covered in blood so that she could hide and protect herself. My mother got involved in criminal activities to provide for her husband and she often neglected me. Sometimes, my stepfather would come home drunk and beat me. He would pull down my panty and beat me on my back until I blacked out. Then he would tell me to cool off in the swimming pool and said that if I told my mother he would kill her. I was so scared of this man and resorted to hiding myself in the top of my cupboard when I returned from school.

The first time anyone found out I was being abused was when I was in the change room at school. My teacher saw the bruises and asked me what happened. I was afraid to tell her but eventually did after she promised me that everything would be okay. The school contacted my mother and that evening she confronted him about it, and he physically abused us and I suffered a cracked rib and cheekbone. When I was 10 years old he was caught in the bath with me but nobody did anything about it.

At the age of 13 I met and got involved with a 24-year-old man for three years and during that time he exposed me to pornography and other very uncomfortable things. I was raped by three men and three weeks later I was beaten by my stepfather. I was taken out of school in Grade 8 by a psychologist who thought I was too stressed at home and at school.

By the time I was 16, I was already taking drugs every day until I was 18. I also found out that my stepfather had been putting dope (heroin) in our food daily since I was seven years old. I met my eldest son's father at the age of 17 and he was a charmer. He also used drugs. After four months of dating, he demanded sex from me.

He insulted the way I looked and said things like 'look how nice other girls dress, they have straight blonde hair and yours is curly'. He cheated on me on numerous occasions though he accused me of infidelity. The constant beatings resulted in a miscarriage. When I fell pregnant again, he wanted me to have an abortion and spiked my drink with drugs. I got sick and a doctor had to make a house call. One day, he punched my three-month-old son in the stomach and that's when I decided to leave him.

My husband never helped me with the house chores or the children. He beat me when I was pregnant. He punched me countless times, kicked me in the back and hit my head against the ground. I laid charges against him but dropped them because he promised to change but three weeks later, it was the same again. He lost us our last home and that's how I ended up in a shelter, and because I had no job."

This story shows that females of all ages can be victims of violence. From a very tender age, Candice was sexually molested. She also saw her mother suffering domestic abuse. Later in life, she also experienced abuse at the hands of her intimate partner. This shows the cyclical nature of GBV: from infancy to old age, the life of an average woman is characterised by abuse. This chapter outlines the extent of the different forms of abuse in the Western Cape Province.

According to the UN Declaration on the Elimination of Violence against Women, GBV against women includes violence perpetrated by the state, by intimate partners and by non-partners. GBV includes physical, sexual and emotional violence in family including battering, dowry-related violence and marital rape. GBV also extends to non-spousal violence and violence related to exploitation and physical, sexual and psychological violence occurring within the general community. This includes rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere (Amnesty International Report, 1995: 8). The forms of GBV

measured in this study are intimate partner violence (IPV), sexual harassment and rape. This chapter presents the rates of different forms of GBV experienced by women and perpetrated by men in their lifetime and in the 12 months before the survey.

### Sample description

The survey consisted of 750 women and 742 men from different demographic and socio-economic backgrounds from across the province. Researchers collected background information about the participants.

**Table 3.1: Demographic, socio-economic and relationship characteristics of participants**

	Women		Men	
	%	N	%	N
<b>Age group</b>				
18-29	31.6	237	56.0	415
30-44	46.7	350	25.9	192
45+	21.7	163	18.1	134
Total	100	750	100	741
<b>Level of education</b>				
High school incomplete and lower	43.3	325	41.2	306
High school complete	56.7	425	58.8	436
Total	100	750	100	742
<b>Race</b>				
Black African	29.2	219	23.5	174
Coloured	49.7	373	48.6	360
Indian	0.8	6	1.2	9
White	18.4	138	26.2	194
Other	1.9	14	0.5	4
Total	100	750	100	741
<b>Have you worked to earn money in the last 12 months</b>				
No	54.1	406	43.2	319
Yes	45.9	344	56.8	420
Total	100	750	100	739
<b>How much did you earn before tax and including benefits</b>				
R 1-500	3.4	11	3.5	14
R 501-1 000	11.3	37	6.0	24
R 1 001-2 000	26.1	86	15.8	63
R 2 001-3 000	31.0	102	40.5	161
R 2 001-5 000	16.1	53	17.4	69
R 5 001-10 000	10.3	34	12.3	49

	Women		Men	
	%	N	%	N
R 10 000-20 000	1.8	6	4.5	18
Total	100	329	100	398
<b>Ever in an intimate relationship</b>				
No	8.5	64	9.1	68
Yes	91.5	686	90.9	675
Total	100	750	100	743
<b>Ever had sex</b>				
No	11.0	82	11.4	83
Yes	89.0	661	88.6	647
Total	100	743	100	730

Table 3.1 shows that the majority of the sample population was older than 30. Forty-seven percent of women and 26% of men were within the ages of 30-44 years. Twenty-two percent of women and 18% of men were 45 years and older. More than half of the women and men had completed high school or higher formal education. The sample was also predominantly coloured people with 50% of the women and 49% of the men being of the coloured race. Female and male black Africans were 29% and 24% of the population respectively. The majority of the women and men were sexually active and had had an intimate relationship.

### GBV in a lifetime

GBV is a complex issue and there is a gap in literature backed by empirical evidence on the extent of violence against women (Tjaden, 2000). The current study examined the extent and nature of GBV in the Western Cape Province. It measured both the lifetime prevalence of GBV and prevalence in the 12 months prior to the survey. Researchers ascertained lifetime prevalence when a respondent admitted to ever experiencing or perpetrating any one of the acts of GBV.

Figure 3.1: Any experience of GBV by women or perpetration of GBV by men

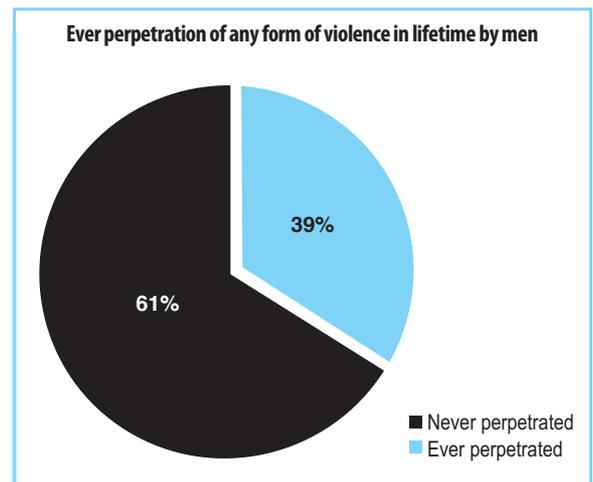
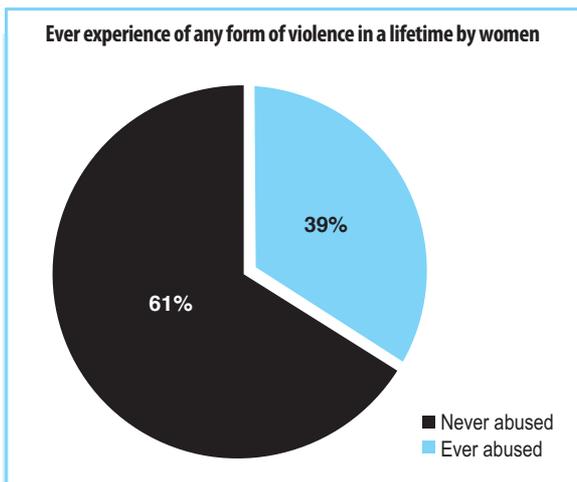


Figure 3.1 shows that 39% of women participating in the study had experienced some form of violence in their lifetime while an equal proportion of men (39%) admitted to perpetrating violence against a woman. This measure of GBV included all forms of violence occurring within intimate partner relationships and non-partners. This finding is a telling sign of the high levels of lifetime experience of GBV among women in the province. Social institutions that legitimise and ignore VAW promote the high prevalence of VAW. Compared to the other provinces where the study has been undertaken, Western Cape records the third highest experience prevalence rate after Limpopo at 77% and Gauteng 51%. KZN recorded the lowest at 37%.

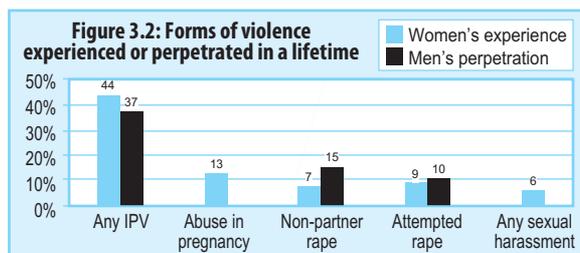


Figure 3.2 shows that the predominant form of violence experienced by women and perpetrated by men is intimate partner violence (IPV). Forty-four percent of women experienced, while 37% of men perpetrated, IPV. The domestic sphere places women at greater risk of gender violence because society has given men greater control and power in sexual relationship (Strebel, 2006).

More than a tenth (13%) of women experienced various forms of violence during pregnancy in their lifetime. Women were also vulnerable to violence from non-partners. Seven percent of women experienced, and 15% of men perpetrated, non-partner rape. Nearly a tenth (9%) of women experienced attempted rape in their lifetime and 6% experienced sexual harassment.

## Intimate partner violence

Intimate partner violence (IPV) encompasses any physical, emotional, economic or sexual violence occurring between partners in an intimate relationship. The intimate relationship is not restricted to married couples but extends to unmarried couples such as girlfriend and boyfriend. This type of violence is often considered normal when it should be considered a criminal act (Bott, 2005). Bonds formed in intimate relationships, and economic and emotional dependency make women hesitant to report acts of violence against them (Bott, 2005). Forty-four percent of the women surveyed had experienced, while 37% of the men had perpetrated, some form of IPV in their lifetime.

**Physical violence** is the intentional use of physical force, potentially causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, use of a weapon, use of restraints or one's body, size, or strength against another person.

**Sexual violence** includes abusive sexual contact as well as the use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed. It is also the attempted (or completed) sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act because of, for example, illness, disability, the influence of alcohol or other drugs, intimidation or pressure.

**Psychological/emotional violence** involves trauma to the victim caused by acts, threats of acts, or coercive tactics. Psychological/emotional abuse can include, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family.<sup>15</sup>

<sup>15</sup> Saltzman et al 2002.

**Economic violence** involves denying the victim access to money or other basic resources, controlling the victim's finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency, and gaining financial independence.

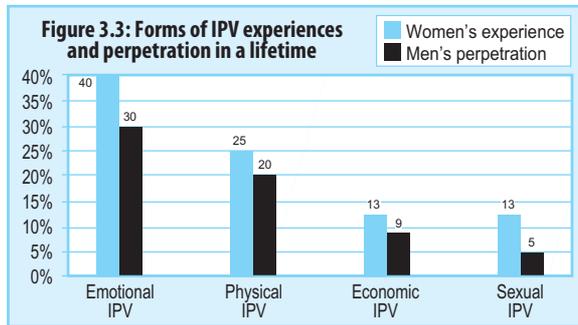


Figure 3.3 shows that emotional violence was the most experienced and perpetrated form of IPV with sexual violence being the least. Four out of ten (40%) of the ever partnered women experienced, while three out of ten (30%) of ever partnered men admitted perpetration of, emotional violence. This tallies with the trend observed in the other provinces. A quarter of women experienced, and 20% of men perpetrated, physical IPV. Thirteen percent of women suffered both economic and sexual abuse. The Western Cape is the only province where higher proportions of women compared to men reported all forms of IPV. This shows that women were more forthcoming in admitting experience of the various forms of IPV than men were

Megan recounts the emotional abuse she suffered: *"I would come back home to find prostitutes sleeping there. I had no say and if I confronted him about it he would call me names and make me be the one in the wrong. If I told him they must leave, he would tell me that I should leave instead."*

in admitting perpetration. This might imply that women felt empowered to speak out about the violence that they suffered in their domestic lives.

### Emotional IPV

Researchers assessed emotional abuse with six questions that asked about experience or perpetration of a series of different acts that were controlling, frightening, intimidating or undermined women's self-esteem. The survey asked women participants if a current or previous male partner had ever insulted them or made them feel bad, belittled or humiliated them in front of other people, threatened to hurt them, stopped them from seeing friends, done things to scare or intimidate them, or boasted about or brought home girlfriends. Researchers asked men if they had done any of these things to a current or previous female partner.

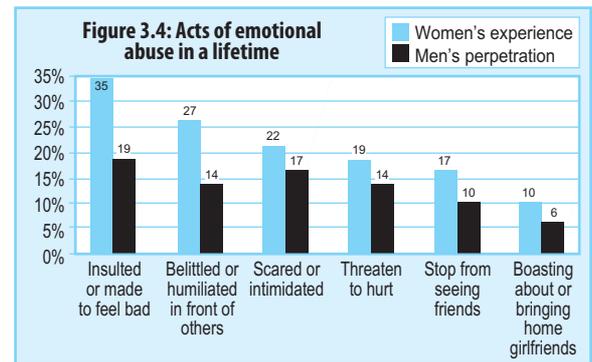


Figure 3.4 shows that the most commonly experienced act of emotional violence was being insulted or made to feel bad. Thirty-five percent of the women were insulted or made to feel bad by their partner while nearly a fifth (19%) of men admitted to perpetrating this form of abuse. Twenty-seven percent of women were humiliated in front of others, 22% intimidated, 19% stopped from seeing friends, and a tenth said their partners boasted about or brought girlfriends home. Physical abuse may accompany emotional abuse although some women have said that emotional abuse and degradation is more difficult to endure than the physical abuse (Heise et al, 2002).

## Acts of emotional abuse from 'I' Stories

Emotional abuse was also the most prevalent form of IPV among the 18 women who gave personal accounts of their experiences. More than half of the women (10) experienced emotional violence, half of these reported that they were insulted and called names by their partners. The accounts show that emotional abuse such as name calling is used by perpetrators to instill a sense of powerlessness and low social position in the women. Four women who experienced emotional violence reported that their partners had cheated on them or accused them of cheating. Some men questioned paternity of their children, insinuating that their partners had cheated. Two women reported that their partners prohibited them from visiting friends or relatives.

## Physical IPV

Researchers in this study ascertained experience of physical IPV by asking five questions about whether women had been slapped, had something thrown at them, been pushed shoved, kicked, hit, dragged, choked, beaten, burnt or threatened with a weapon. Similarly, the survey asked men if they had done any of these acts to their intimate partners.

Physical IPV was the second most common form of IPV with a quarter of the women experiencing, and one in five of the men perpetrating, that type of IPV.

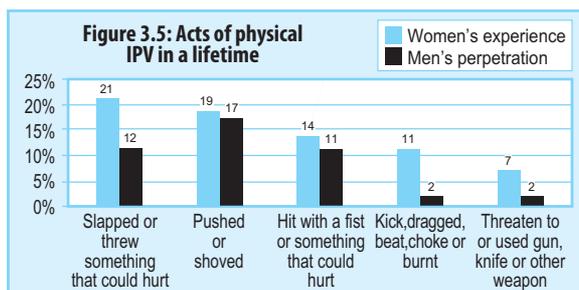


Figure 3.5 shows the most common act of physical IPV reported by the women was slapping or having something that could hurt, thrown at them (21%).

Nearly a fifth (19%) of the women were pushed or shoved, 14% hit with a fist or dangerous object, 11% kicked, dragged, beaten, choked or burnt and 7% were threatened with a weapon. A lower proportion of men reported perpetration of these various acts of physical IPV.

*“One night he became so aggressive that he punched me in the mouth and I started bleeding. I screamed loudly but no one bothered to check on me. The next morning, he stabbed me with a scissors in my left leg and I decided to leave... after two weeks I went back to him.”*

By Ayesha

## Acts of physical abuse from “I” Stories

The “I” Story accounts indicated that eight out of 18 women experienced physical abuse. Acts of physical abuse included being beaten, smacked, pushed, punched, thrown on the ground, hit with a weapon, and receiving threats of deaths. Women are vulnerable to physical abuse due to unequal power to make household and sexual reproductive health decisions. In a society that does not punish male perpetrators, women are vulnerable to repeated abuse. Women who stay in the abusive relationship believing that the partner will change, or because they were advised to stick it out or were economically and emotionally dependent on the partner, suffer recurring physical abuse accompanied by sexual and economic abuse. Additionally, alcohol and substance abuse triggered and worsened violence in survivors' homes. Women are at greater risk of experiencing physical violence from a partner than from other people (Garcia-Moreno, 2005).

**Table 3.2: Frequency of physical IPV**

Frequency	Women's experience %	Men's perpetration %
Never	75.5	79.7
Once	12.9	11.7
More than once	11.7	8.6

Table 3.2 shows that more than three quarters of both the women and men never experienced or perpetrated physical violence. More than a tenth (12%) of

women suffered, while 9% of men perpetrated, physical IPV more than once in their lifetime. There was little difference between the proportion of women suffering physical IPV once in their lifetime and suffering it more than once. This suggests that women who experience physical violence once are at greater risk of repeat victimisation.

The findings show that family members and institutions such as the justice system offering support to survivors of violence should strengthen their response approaches. The justice system should be quick to offer appropriate help to the survivors as well as extend punitive measures to offenders to prevent repeat victimisation.

### Economic IPV

Economic or financial abuse takes many forms, including:

- Controlling the finances; withholding money or credit cards;
- Giving the partner an allowance;
- Making a partner account for every penny spent;
- Stealing or taking money from a partner;
- Exploiting a partner's assets for personal gain;
- Withholding basic necessities (food, clothes, medications, shelter);
- Preventing a partner from working or choosing a career;
- Sabotaging a partner's job by making them miss work.<sup>16</sup>

This study looked at the following types of economic IPV: withholding money for household use; prohibiting a partner from earning an income; taking a partner's earnings or forcing a partner and children to leave the house. Economic IPV was the third most prevalent form of IPV experienced by women (13%) and perpetrated by men (9%).

*"I refused to give him money and one of his friends laughed at him and he asked them to leave. He grabbed me by my hair and sexually assaulted me to punish me and show who the man of the house was."* Romalla

<sup>16</sup> <http://www.4woman.gov/violence/types/emotional-cfm>

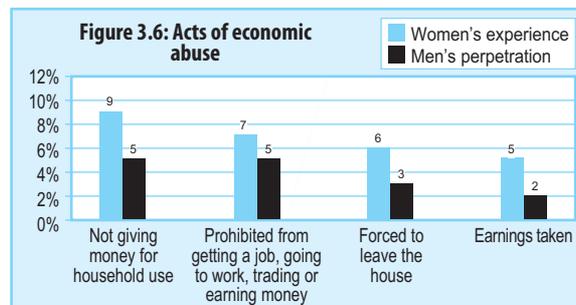


Figure 3.6 shows the most common act of economic abuse was being refused money for household use. Nearly a tenth (9%) of women were refused money for household use, and 5% of the men admitted to this. Seven percent of women were prohibited from going to work, 6% were forcefully evicted from the house and 5% had their earnings taken. Five percent of the men prevented their partners from going to work. Economic abuse of women in intimate relationships rests on unequal power distribution in terms of household and financial decision making. Women who are economically dependent on their husbands are less likely to report any violence against them (Bott, 2005).

### Acts of economic abuse from "I" Stories

Seven of the 18 women experienced economic violence. Common acts of economic violence included deprivation of money or basic amenities and partners demanding money from them. Drug and alcohol abuse was implicated as a trigger and driver of economic violence. This indicates that there is a need to continue empowering women economically. However, it is very important to change the attitude of men about the use of violence in intimate violence first. Women in KZN experienced similar forms of economic violence. However, in KZN alcohol or drug abuse was not as much of a trigger as was the culture. The patriarchal culture with some of its repressive practices was the dominant driver of GBV in KZN.

## Sexual IPV

Sexual violence<sup>17</sup> includes:

- Non-consensual completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight;
- Non-consensual contact between the mouth and the penis, vulva, or anus;
- Non-consensual penetration of the anal or genital opening of another person by a hand, finger, or other object;
- Non-consensual intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks.

All the above acts qualify if they have been committed against someone who is unable to consent or refuse. Sexual violence is therefore an umbrella term for either completed or attempted sex acts without the survivor's consent, or involving a survivor who is unable to consent or refuse.

The survey assessed sexual IPV experienced by women with three questions inquiring if their current or previous husband or boyfriend had ever physically forced them to have sex when they did not want to. Questions also asked whether respondents had had sex with a partner because they were afraid of what he might do and whether they had been forced to do something sexual that they found degrading or humiliating. Thirteen percent of the ever partnered women reported experience of sexual IPV in lifetime. A lower proportion of the men (5%) reported perpetration of sexual IPV.

**Table 3.3: Frequency of sexual IPV**

Frequency	Women's experience %	Men's perpetration %
Never	87.2	95.0
Once	3.8	4.0
More than once	9.0	0.9

Table 3.3 shows that four percent of the women suffered sexual abuse by an intimate partner once in their lifetime. Nearly a tenth (9%) of the women were

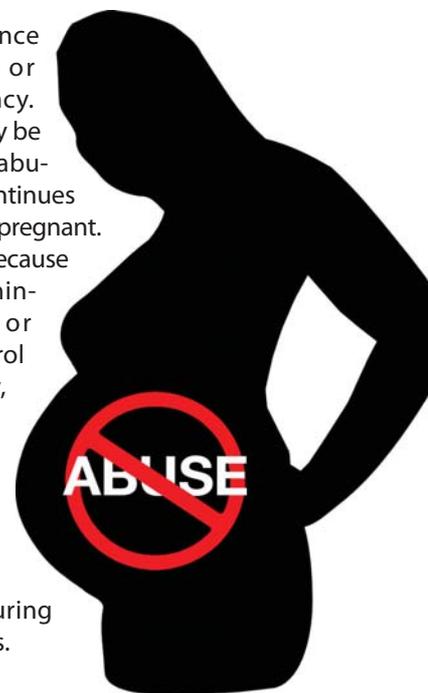
raped more than once in their lifetime. This is twice the proportion of women raped once, and may suggest that there is a pattern of repeat sexual victimisation among women. Only 1% of the men admitted to perpetrating sexual abuse more than once.

## Acts of sexual abuse in "I" Stories

Sexual abuse was one of the most prevalent forms of IPV in the "I" Stories accounts. Seven out of 18 women suffered sexual abuse. Sexual abuse acts comprised coercion into having sex, having to do uncomfortable sexual activities, molestation and exposure to pornography. Sexual violence has serious consequences on the sexual reproductive health of women. Women are at higher risk of infection with STIs including HIV/AIDS. Other documented effects of sexual violence include unintended pregnancy and mental ill-health.

## Abuse in pregnancy

Intimate partner violence can be prompted or intensified by pregnancy. Abuse in pregnancy may be due to a longstanding abusive relationship that continues after a woman becomes pregnant. It may also commence because of reasons such as unintended pregnancy or suspicion of birth control sabotage. In this study, we explored the occurrence of intimate partner violent behaviour towards pregnant women. We asked women if they experienced acts of abuse during any of their pregnancies.



<sup>17</sup> Violence and associated terms by Basil and Saltzman (2002).

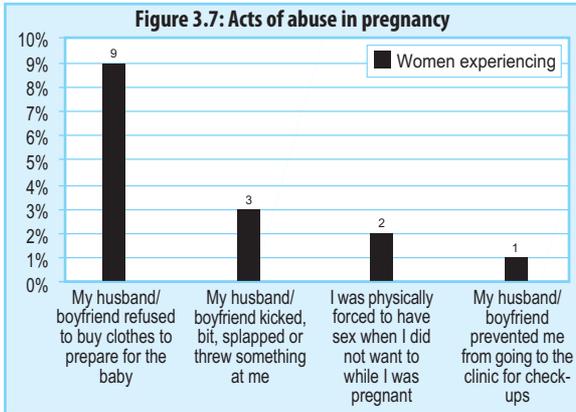


Figure 3.7 shows that some of the women experienced economic, physical, sexual and emotional abuse during their pregnancies. The most common act of abuse experienced was the partner refusing to buy clothes to prepare for the baby. Nearly a tenth (9%) of the women who were ever pregnant reported experiencing this. Three percent of the ever pregnant women suffered physical abuse while 2% were raped by their partners. One percent of ever pregnant women were prevented by partners from attending antenatal clinic during pregnancy. Seven women who were ever pregnant experienced abuse during at least one of the pregnancies. A study conducted in Germany that looked at stress caused by intimate partners, showed that high levels of stress during pregnancy can cause an unborn child to have lifelong mental scars.<sup>18</sup> Therefore, there is need to advocate for maternal stress and GBV screening in pregnant women in order to take precautionary measures.

### Non-partner rape

Studies show that South Africa has the highest rate of rape in the world (Jewkes et al, 2006). Some of the factors that trigger rape among men are an exaggerated sense of sexual entitlement and fulfilment of fantasies of power (Jewkes et al, 2006).

We assessed the rape of women by men who were not their intimate partner through three questions.

The study asked women whether they had been forced or persuaded to have sex against their will by a man who was not a husband or boyfriend, or whether they had been forced to have sex with a man when too drunk or drugged to stop him. Lastly, we asked women whether they had been forced or persuaded to have sex with more than one man at the same time. The last question is an indicator of gang rape.



Take Back the Night Mosselbay Summit Study Visit, Western Cape, South Africa.  
Photo: Ntombi Mbadlanyana

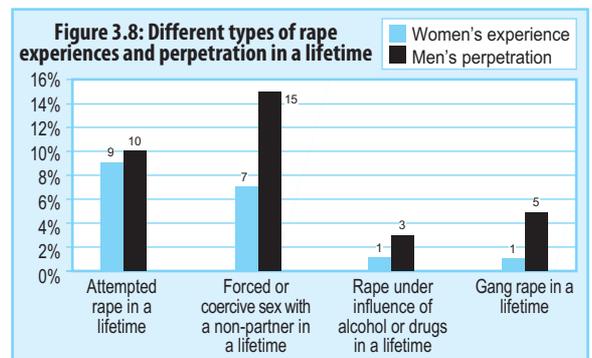


Figure 3.8 shows that attempted rape was the most common, and gang rape the least common, rape experienced by the women. Nine percent of the women suffered attempted rape while 10% of men

<sup>18</sup> <http://www.dailymail.co.uk/health/article-2016452/Babies-born-stressed-mothers-struggle-emotional-scars-life.html>

admitted attempting to rape a woman in their lifetime. Seven percent of women experienced, and 15% of men perpetrated, non-partner rape. One percent of women were raped under the influence of drugs or gang raped at least once in their lifetime. This calls for promoting positive attitudes of masculinity among men that should start among young boys.

### Frequency of rape

The survey phrased the questions on rape such that the respondent provided information on the frequency of occurrence of incidents. Respondents could indicate whether they had been raped on one occasion or on two or more occasions.

**Table 3.4: Frequency of non-partner rape and attempted rape**

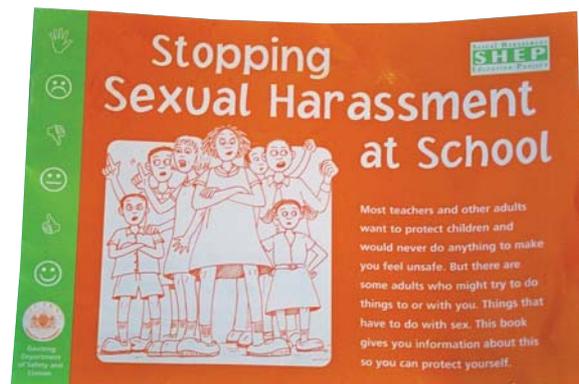
Any non-partner in a lifetime	Women's experience %	Men's perpetration %
Never	93.3	85.0
Once	3.4	10.2
More than once	3.3	4.8

Table 3.4 shows that 3% of the women were raped once while 3% were raped more than once. The proportion of men admitting to raping a non-partner was higher than the proportion of women reporting being raped by a non-partner. The survey observed a similar finding in Gauteng, Limpopo and KZN. It would be interesting to know why a greater proportion of men compared to women disclose perpetration of rape. A possible explanation that would need validation is that, in these communities, being raped is considered a shameful thing and, in most cases, the victim is blamed. Thus women would be reluctant to speak out. We explore this further in Chapter 4 of this report.

In the study, a tenth of men said they had raped a non-partner at least once in their lifetime. Five percent of the men admitted to raping more than once. There is a need for stringent measures against men who rape in order to prevent initial and repeat perpe-

tration. Almost half (eight) of the women who shared their "I" Stories experienced rape at the hands of non-partners.

### Sexual harassment



The SADC Protocol on Gender and Development defines sexual harassment as any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another, whether or not such sexual advance or request arises out of unequal power relations. The South African government enacted the Protection from Sexual Harassment Act (Act 17 of 2011) on the 27th of April 2013. The Act is designed to give effect to some of the most fundamental human rights contained in the Constitution of the Republic of South Africa, 1996 (the Constitution). It affords victims of harassment an effective remedy against such behaviour and introduces measures that will enable the relevant organs of state to give full effect to the provisions of this Act. The Act stipulates that any person who alleges that he or she is being subjected to harassment (as defined) to apply to a Magistrate's Court for a protection order against harassment.

Researchers asked women participating in this study about experiences of sexual harassment in the workplace, schools, whilst using public transport and when seeking help from traditional healers.

**Figure 3.9: Sexual harassment experiences by women in a lifetime**

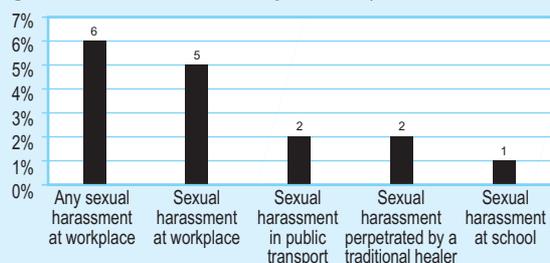


Figure 3.9 shows that 6% of the women experienced some form of sexual harassment in their lifetime. The most common form of sexual harassment experienced by women occurred in the workplace. One in every twenty (5%) of the women who had ever worked suffered sexual harassment in the workplace. The lowest proportion (1%) of sexual harassment occurred in school. Two percent of women were sexually harassed in public transportation. These figures were relatively low in comparison with the findings from Gauteng, Limpopo and KZN studies.

### Extent of underreporting GBV in lifetime

The survey asked women who reported experience of physical IPV and rape in their lifetime whether they reported the incidents to the police or health facility.

**Table 3.5: Extent of reporting GBV in a lifetime**

Criteria	%
Proportion of all women who were physically abused and who reported abuse or threats to police in lifetime	2.6
Proportion of all women who were physically abused and who reported abuse or threats to medical doctor in lifetime	1.4
Proportion of all women who were raped and reported incident to police in lifetime	1.6
Proportion of all women, who were raped and reported incident to medical doctor in lifetime	0.9

Table 3.5 shows that the women underreported violence. Only 2% of women who were raped reported the rape to police while only 1% reported to a medical doctor. This indicates critical underlying problems in the province that need to be explored. Women find it difficult to report violence in societies where survivors are stigmatised and blamed while perpetration of violence is legitimised or ignored (Bott, 2005). In most cases, sexual harassment is trivialised and victims are taken as lacking a sense of humour.<sup>19</sup>

**Figure 3.10: Comparison of actual experience prevalence and reported GBV in a lifetime**

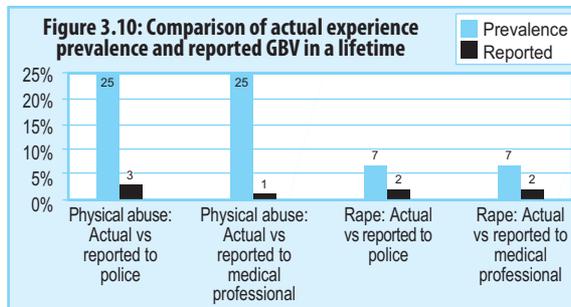


Figure 3.10 shows that the extent of reporting to the police and medical health provider was lower than the extent of physical and non-partner rape. There was a significant underreporting of GBV experience to police or health services. Three percent of the women who were physically abused, reported the incident to the police while 1% of the women reported to the medical health care providers. In order to address the challenges of underreporting, it is imperative to understand the reasons why victims do not report either to the police or health service providers.

### GBV in past 12 months

Researchers asked women and men participating in the study who reported ever experiencing or perpetrating GBV, whether their experiences or perpetration had occurred in the 12 months prior to the survey.

<sup>19</sup> Gender Links, 2014, Regional Barometer.

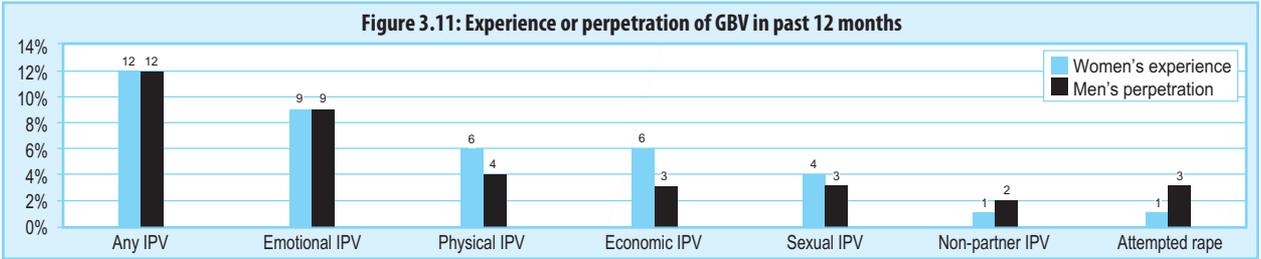


Figure 3.11 shows that IPV was the most common form of GBV followed by attempted rape and non-partner rape in the 12 months prior the survey. Twelve percent of the women experienced, while 12% of men perpetrated, IPV in the 12 months prior the survey. Emotional violence was the most common form of IPV while sexual violence, the least. The same proportion of women (9%) and men (9%) had experienced and perpetrated IPV respectively. Six percent of the women experienced physical abuse and economic abuse. More women reported experience of physical, economic and sexual abuse while a lower proportion of men reported perpetration of these various forms of abuse.

One percent of the women respondents were raped by non-partners in the 12 months before the survey while the same proportion of men (1%) raped women they were not romantically involved with during the same period. Three percent of the men admitted attempting to rape a non-partner in the 12 months prior to the survey.

**Extent of reporting GBV in past 12 months**

We asked women who reported experience of physical IPV and rape in the 12 months before the survey whether they reported the incidents to the police or health facility.

**Table 3.6: Extent of reporting GBV in past 12 months**

Criteria	%
Proportion of all women who were physically abused and who reported abuse or threats to police in past 12 months	1.4
Proportion of all women, who were physically abused by partners, injured and sought medical attention in past 12 months	1.6

Table 3.6 shows that, as with reporting in lifetime experiences, the majority of women did not report their experiences of violence in the last 12 months to police and medical health care providers. One percent of the women who were physically abused or threatened by partners reported the incident to the police while 2% of these women reported to medical providers.

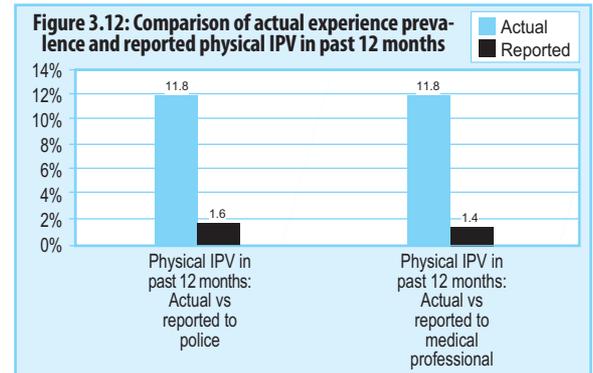


Figure 3.12 shows that reporting of violence was very low. However, a slightly higher proportion of women reported physical abuse to a medical doctor than to the police. This suggests that there is an urgent need to explore factors that hinder women from reporting. Physical IPV and sexual coercion have serious negative consequences on sexual reproductive health of women (Bott, 2005).

**Conclusion**

The findings presented in this chapter confirm that GBV is prevalent in the Western Cape Province and should receive urgent attention. As we saw in Gauteng, Limpopo and KZN, the dominant forms of violence

occur within the domestic domain. Emotional IPV records the highest prevalence rates. These findings give insight to the magnitude of violence in the province. There is need to focus on prevention strategies based on these findings. Policy makers need to give adequate attention to the domestic domain where much of the violence is occurring. Interventions should seek to address the root causes of violence in both the public and private domains. In this way, we can prevent GBV. Despite the high prevalence of violence when compared to international standards, women are not reporting their experiences of violence to the police and medical

health providers. The findings of research done elsewhere indicate that IPV is not reported to the police because women felt the police would not adequately resolve the challenge of violence they were faced with (Tjaden, 2000).

There is a need to educate the community to treat violence against women, especially IPV, as a major social problem. The community and individuals need to be encouraged vigorously to change the attitudes that promote the culture of silence. We need further research to understand the factors that promote under-reporting of violence.